CROSSING OUT:
TRANSGENDER (IN)VISIBILITY IN TWENTIETH-CENTURY CULTURE

by

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Abstract

Spanning the period from the early years of the Cold War to the early twenty-first century, Crossing Out argues that medical theories of gender variance which emerge in the middle of the twentieth century are bound by the Cold-War–era discursive limits within which they were articulated, and that the ideological content of those theories persists into late-century research and treatment protocols. I parallel these analyses with interrogations of literary representations of transgendered subjects. What emerges most powerfully from this analysis of literary works is their tendency to signify in excess of the medical foreclosures, even when they seem consistent with medical discourse. By reading these two discursive systems against each other, the dissertation demonstrates the ability of literary discourse to accommodate multifaceted subject positions which medical discourse is unable to articulate. Literature thus complicates the stories that medical culture tells, revealing complex and multivariate possibilities for transgendered identification absent from traditional medical accounts. In tracing these discursive intersections the dissertation draws on and extends Michel Foucault’s theory of subjugated knowledges and Judith Butler’s writings on the formation of gendered subjects.

Chapter One establishes the Cold War context, and argues that there are significant continuities between 1950s theories of intersexuality and Cold War ideology. Chapter Two extends this analysis to take in theories of transsexualism that emerged in the same years, and analyzes the discursive excesses of a 1950s pulp novel representation of a transsexual. Chapter Three establishes that the ideological content of the medical theories remained virtually unchanged by the 1990s, and argues that multivalent literary
representations of transgenderism from the same decade promise the emergence of unanticipated forms of gender identity that exceed medical norms. Chapter Four is concerned with transgendered children, as they are represented in medical writing and in young adult and children’s literature. Interrogating fiction which negotiates between established medical discourse and an emergent transgender discourse, the chapter argues that these works at once invite and subvert a pathologizing understanding of gender-variant children while simultaneously providing data that demands to be read through the lens of an emergent affirmative notion of trans-childhood.
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Dedication

This is for Tasha, who makes everything possible.
Introduction — Disciplining Fictional and Medical Discourses

The plot of Mark Shane’s 1955 pulp detective novel *Sex Gantlet to Murder*, which I discuss in Chapter Two, hinges on a transsexual character’s tense relationship with a medical professional—specifically, her psychiatrist. A half-century later, the young gender-variant protagonist of Charlie Anders’ 2005 novel *Choir Boy*, which I discuss in Chapter Four, similarly finds himself at odds with his psychiatrist. This similarity notwithstanding, the two works of fiction conclude very differently. In *Sex Gantlet to Murder*, the transsexual character is stripped of her fought-for identity and sent to prison; *Choir Boy*, on the other hand, posits forms of gender identity which cannot be contained within the culturally normative classifications of male and female, and looks tentatively towards a fragile future in which such forms of identity might be realized. Despite this difference, the books nevertheless foreground the spheres of enquiry with which I am concerned: representations of transgendered identity in fiction, medico-psychiatric conceptions of gender variance, the discursive interface between these two seemingly separate forms of knowledge production, and an epistemic shift that has, at least in some quarters, moved from viewing transgendered identities and lives as impossible to viewing them as not only possible, but necessary. These two books might also be viewed as temporal “bookends” for my investigation, which spans from the early years of the Cold War to the early years of the twenty-first century.

I argue that the medical theories of gender identity, gender acquisition and gender variance that emerged in the 1950s and 60s are bound by the discursive limits within which they were articulated; specifically, such theories are coextensive with Cold War era anxieties around gender roles and gender variance, homosexuality, “the family,” and
even communism. Given the power of any period’s overarching discourse—its *episteme*, to use Michel Foucault’s term—to place limits on what may be imagined or articulated, such a finding should perhaps not surprise. What may be surprising, though, is the extent to which, as I argue in later chapters, the unexamined Cold-War–era ideological content of those theories persists into late-century, and even early twenty-first–century, research, published medical literature, diagnostic tools, and treatment protocols. However, a feature common to much of this medical writing, both old and new, is that it contains data that exceeds its Cold War–inflected theorizing; that is to say, the possibility for non-normative gender identification, upon which the work seeks to foreclose, continues to lurk within the research.

Much the same could be said of the fiction I analyze. What emerges most powerfully from my analyses of literary works is their tendency to signify in excess of the constraints or foreclosures of the medical record, even in cases where they seem superficially consistent with that discourse. The importance of reading works of fiction in conjunction with medical texts lies, then, in their inclination towards a heteroglossic proliferation of social voices, a proliferation which Bakhtin identifies as fundamental to the genre of the novel and whose inconsistencies the genre doesn’t necessarily seek to resolve (263, 334). In short, the narratives I examine contain multifaceted data which another cultural formation, in this case medicine, seems incapable of accounting for—indeed, seems actively dedicated to eliminating, impossible though such a task may be. These literary narratives therefore complicate the stories that medical culture tells by revealing complex and multivariate possibilities for transgendered identification that have been absent from the traditional medical discourse.
From a disciplinary perspective, my work falls both within the well-established realm of literary criticism and within the purview of the new field of transgender studies. The latter began taking shape in the early 1990s and reached a significant milestone with the appearance, in 2006, of *The Transgender Studies Reader*. In her introduction to the volume, co-editor Susan Stryker outlines the sphere of the emerging discipline, which, in her account, includes transsexuality, cross-dressing, certain aspects of intersexuality and homosexuality, historical and cross-cultural examinations of gender variance, subcultural manifestations of gender variance, theories of sexed embodiment and of the development of gender identity, and social and cultural institutions whose regulatory practices affect gender expression. She writes:

Most broadly conceived, the field of transgender studies is concerned with anything that disrupts, denaturalizes, rearticulates, and makes visible the normative linkages we generally assume to exist between the biological specificity of the sexually differentiated human body, the social roles and statuses that a particular form of the body is expected to occupy, the subjectively experienced relationship between a gendered sense of self and social expectations of gender-role performance, and the cultural mechanisms that work to sustain or thwart specific configurations of gendered personhood. [. . .] Transgender studies enables a critique of the conditions that cause transgender phenomena to stand out [as seemingly anomalous] in the first place, and that allow gender normativity to disappear into the unanalyzed, ambient background. (“[De]Subjugating” 3)

She further observes that the field is interdisciplinary, drawing on social sciences and psychiatry, physical and life sciences, and the humanities and the arts.

**Narrative and medicine**

One might ask, why read fiction and medical writing together? In particular, why read fiction with gender-variant characters alongside medico-psychiatric theories and treatment protocols concerned with gender variance? I would like to delineate more
clearly some elements of the discursive interface between these two realms of knowledge production.

In a very general way, one could begin speaking to these queries with the simple observation that both literature and medicine are culturally based and culturally bound practices, that both belong to—are produced by and productive of—their culture’s episteme, the overarching discourse or network of discourses whose regulatory power governs what it is possible to think or imagine, express, write down or say within a given culture and in a given era.

If both are bound by the same cultural modes of inscription, then we could suggest that they may have something to “say” to one another. A recent development in the teaching and practice of medicine, referred to most frequently as “narrative medicine,” certainly takes this interdiscursivity as a fundamental tenet, with medical students, as well as practicing physicians, discussing how works of fiction concerned with medical topics can guide them in their own practice of medicine. Literary critics might object that a reductive utilitarianism is at work in such an approach to literature, but this is not the only way in which the students and practitioners of narrative medicine have adopted and adapted the tools of our trade. For example, they learn techniques of literary analysis and criticism, honing these skills by analyzing literature, with its complex and multivariate possibilities for interpretation, and then bringing what they have learned to the analytical task of listening to and diagnosing patients, who can be at least as complex and multivariate as a work of fiction. Just as literary works may require multiple readings, so too might those stories which patients tell about themselves. Such stories can be long and complex, and may be told not only in words, but in “gestures,
physical findings, and silences” (Charon, “Narrative Medicine: A Model” 1897). The journal *Literature and Medicine*, which is edited by Rita Charon, a prominent teacher and practitioner of narrative medicine, is a well-established forum for scholarship that examines the intersection of the medical and the literary.

In short, to address the question of why one might read fiction and medical writing together, we might observe that a fundamental discursive link between narrative and medicine lies in their overlapping semiotic practices. Indeed, as Robert D. Tobin observes in “Prescriptions: The Semiotics of Medicine and Literature,” the term *semiotic* entered the English language as “the medical term for the study of symptoms” (181)—or, as the OED defines it, “the branch of medical science relating to the interpretation of symptoms” (emphasis added)—a meaning the word continues to hold. Kathryn M. Hunter is much concerned with this interpretive character of medicine in her 1991 study, *Doctors’ Stories: The Narrative Structure of Medical Knowledge*, in which she asserts that “[m]edicine is fundamentally narrative [. . .] and its daily practice is filled with stories.” In this connection, she makes the interesting observation that the “medical case, the central narrative account of the study and diagnosis of disease in an individual patient, developed along with that most modern of Western literary forms, the detective story” (21). The forensic element in both these types of narrative informs the analogy that Hunter draws between the expert readings of illness carried out by physicians and the expert reading skills of literary critics: sometimes patients can be “‘read like a book,’ like the text of a newspaper story or a piece of straightforwardly expository prose. In other cases, the ‘interesting’ cases, patients’ stories are less straightforward; they resemble novels or poems, those more complicated works that do not always yield an
easy paraphrase of their meaning” (8). Hunter also observes that the wide range of stories that constitute the daily practice of medicine begin with a patient’s first account of an ailment, which the physician expands in the course of one or more interviews, and eventually “return[s . . .] to the patient as a diagnosis, an interpretive retelling that points toward the story’s ending” (5).

As a result of all this telling and retelling, however, patients can lose control of their stories once those stories enter the realm of medical narrative. A personal account takes on an “official and bureaucratic” quality with an effaced narrator and a prescriptive, seemingly objective tone, and may not reflect the patient’s subjective knowledge or take into account “what most troubles the patient [such as] the pain or the disruption of work or family life or [. . .] the fear that [. . .] ‘it may be serious’ ” (Hunter 6). Thus, “the patient’s story of subjective experience has become a narrative of education and control” (6). In this way, differing expectations of care on the part of both patient and physician can lead to patient “dissatisfaction with contemporary medicine” (123). Similarly, Anne Hunsaker Hawkins refers to the “assumption of the ‘generalizability’ of illness” which “is a part of our modern nomothetic mythology about disease, which assumes a uniformity of experience within a diagnostic category” (5).

Contemplating such an assumption, and its connection to the experiences of losing control of one’s own story and of dissatisfaction with care, takes us toward a consideration of transgendered subjects; medical approaches to gender variance have long been accused of overwriting personal stories and experiences of gender with a globalizing discourse that has laid claim to the “truth” of gender. However, some definitions may be helpful before beginning that discussion, since they foreground some
of the tensions between the transgendered and their health-care providers.

As it is most commonly understood, the term “transsexual” refers to people who do not experience a conventional continuity between their gender identity and their sexed body, and therefore transition (or wish to transition) from living as a member of one of the two recognized sexes to the other; they do so with the aid of hormonal therapies, surgery to reconfigure the genitals, surgical interventions such as chest reconstruction and the removal of internal organs of reproduction, as well as other procedures (such as the removal of facial hair by electrolysis). It should be noted, however, that some people may not pursue all of the available interventions, but still consider themselves transsexual; for example, many who transition from living as women to living as men choose not to have genital surgery, since phalloplasty (the surgical construction of a penis) can produce visually and functionally unsatisfactory results.

“Transgender” is a broader term, referring to people who consider the gender they were assigned at birth to be a false or inadequate account of their gender identification(s); their identities and/or social presentations may combine or move between culturally conventional ideas of male and female, or even, to the extent that it is possible to do so within contemporary culture, exist outside of these possibilities. Some transgendered people pursue hormonal and/or surgical reassignment, while others do not. Because, among the transgendered, there is strong support for the principle of self-identification and self-labelling, there is a considerable array of people who might identify as transgendered, including cross-dressers, drag kings, drag queens, transsexuals, people who live permanently as the “other” gender with the aid of hormones but not surgery, people who live as the “other” gender without either hormones or surgery, people who
identify as both female and male, or neither, and many others. Indeed, transgendered people employ a rich set of self-descriptive terms which is in constant development; in addition to those mentioned above, some other terms are: genderqueer, gender blender or gender bender, gender-gifted, she-male, tranny, transwoman, transman, transfag, androgyne, FTM or F2M (for “female-to-male” or “female-toward-male”), MTF or M2F, bi-gendered and pan-gendered. Some transgendered people are open about their “trans-ness,” and may use it in political ways to challenge the binarized rigidities of heteronormative culture, while others may regard their “trans” status as temporary, becoming or intending to become fully integrated into mainstream culture in their new gender role. It should also be mentioned that, while some people who self-identify using the kinds of terms mentioned above also identify as transgendered, not all do.

The term “transperson” is, in effect, an abbreviation of “transgendered person,” and therefore accommodates a similar diversity of identifications, experiences, embodiments and lives. “Transchild” similarly abbreviates “transgendered child.”

“Intersexuality” is an umbrella term that refers to various somatic conditions in which a person’s combination of sex chromosomes, gonads, genitalia and, in some cases, secondary sexual characteristics are not consistent with culturally dominant ideas of “male” and “female.” The term replaces the older “hermaphrodite,” but is, itself, in the process of being supplanted, at least in medical contexts, by the recently coined “Disorders of Sex Development” (DSD).

“Gender identity disorder” (GID) is a diagnostic classification which has been in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) in one form or another since the third edition, published in 1980. It
regards atypical gender identities as pathological. Transsexuals who wish to transition (especially if they hope to have some or all of the cost of their transitions covered by medical insurance) must receive a diagnosis of GID, although it should be emphasized that not everyone who is diagnosed with GID is transsexual. Given that psychiatric discourse regards childhood as a particularly significant period for the development and inculcation of gender norms, children are included in the diagnostic scope of GID. A related term is “gender dysphoria,” which is used in psychiatric discourse to refer to a feeling of dissatisfaction or discomfort with one’s assigned gender.

I use the term “gender variance” (and derivations such as “gender variant”) to refer generally to the phenomenon and experience of gender atypicality. It is useful for at least two reasons. First, it is not as freighted with the cultural and political connotations that attend a term such as “transgender.” Second, it is non-pathologizing; it does not characterize gender-mixing or -crossing as “disordered” or “abnormal,” nor does it elevate culturally typical expressions of gender to the level of the “normal.”

Finally, I should provide a brief account of the conventions I follow concerning pronoun use. My practice is to refer to non-fictional transpeople by their preferred pronouns; if context requires that I do so for clarity, I will employ the pronouns connected with a transperson’s birth-assigned gender when referring to a pre-transition “self.” In writing about fictional characters, I follow the lead of the narrative. In cases where a person (non-fictional or fictional) experiences shifting gender identifications, my pronoun use shifts accordingly. In cases where no gender attribution can be made, or I feel it would be inappropriate to do so, I follow the practice of many transpeople, adopting the neologism “hir” (which blends “her/his”, or “her/him”). Some transpeople
also replace “she/he” with “ze” (or “sie”), but I opt for the more familiar, if unpronounceable, “s/he.”

**Disappearing voices**

As I mention in the definition of “transgender,” transpeople frequently support the practice of self-identification. Given this, the diagnostic category of GID has been the subject of various critiques in recent years, often on precisely the sorts of grounds I outline in my discussion of narrative and medicine: the assumption of a uniformity of experience within the diagnostic category, and the loss of control of one’s own story. One of the earliest of these critiques is Sandy Stone’s 1991 essay, “The Empire Strikes Back: A Posttranssexual Manifesto,” which I discuss in Chapter Three. Stone charts ways in which transsexuals have traditionally suppressed the complexities of their histories and personal narratives in order to conform to the uniform expectations found in reductive and heteronormatizing medical understandings of gender identity. They have done so in the knowledge that gaining access to the technologies of sex reassignment has, at least in the past, required a demonstration of virtually absolute conformity with diagnostic criteria that, in many cases, bear only a partial or even scant resemblance to their own experience. Stone laments that under such circumstances “[e]mergent polyvocalities of lived experience, never represented in the [medical] discourse but present at least in potential, disappear” (293), and she regards this loss of personal histories as “profoundly disempowering” (295) for transpeople. In a challenge which foregrounds the role of narrative—whether personal or medical—in shaping the lives of transsexuals and, more generally, other gender-variant subjects, Stone suggests the importance of “begin[ning] to
write oneself into the discourses by which one has been written” (299, original emphasis).

More recently, in a close and critical examination of the GID diagnosis in *Undoing Gender* (2004), Judith Butler has observed that, “[a]lthough the stated aim of the diagnosis is that it wants to know whether an individual can successfully conform to living according to the norms of another gender, it seems that the real test that the GID poses is whether one can conform to the language of the diagnosis” (93).

In her examination of GID, Butler is concerned, in part, with debates in recent years about whether the diagnosis should be abandoned, or whether there are convincing reasons for keeping it. She concludes that, while it should ideally be abandoned, since gender variance should not be regarded as pathological, we do not live in ideal circumstances, so there is little choice but to retain the diagnosis for the foreseeable future. Her important contribution to these debates lies in her consideration both of the ways in which the diagnosis enables some people to achieve what is, for them, the absolutely necessary goal—the life or death goal—of a gender transition of some kind (even as it may also restrict or violate them while it enables such a transition), and of the ways in which the diagnosis can be the instrument of a damaging and destructive pathologization from which some people, particularly children and young people, may never fully recover. She notes the necessity for many transpeople to use the diagnosis strategically—that is, they outwardly conform to the GID diagnosis’s pathologizing demands while privately rejecting its claim to know the “truth” of gender—as a way to achieve their ends. While basically accepting of this use for the diagnosis, Butler also points out its limitations and risks. First, it is likely to be available only to “shrewd and savvy” adults (82); children and young people who find themselves subject, voluntarily
or involuntarily, to the diagnosis are unlikely to possess the resources required to maintain this kind of distance. Second, while these shrewd and savvy adults may reject GID’s truth claims, their conformity to those claims nevertheless strengthens the GID diagnosis “as a useful instrument” (87). Thus, while the diagnosis serves their important individual needs, a strengthened diagnosis can nevertheless “take[. . .] on a life of its own,” having effects that such individuals neither intend nor condone (88); specifically, its pathologizing influence may be more readily extended to take in “trans youth, and lesbian, bi-, and gay youth as well,” not to mention “those who suffer [. . .] and who lose certain rights and liberties, including child custody, employment, and housing” because they have been stigmatized by the pathologizing power of a psychiatric diagnosis (88).

In short, Butler submits the diagnosis of GID to a discursive critique which takes in not only the language of the diagnosis itself (language which reproduces gross and simplistic sexist and heterosexist stereotypes of gender as the “truth” of gender) but also the way the diagnosis functions within a wider field of discursive possibility in an ambivalent exercise of power which both enables and disables, both relieves suffering and causes suffering.

Such examinations of the complex interactions between the medico-psychological discourse on gender variance and the broader cultural field within which that discourse operates are undeniably important to any understanding of the place of gender variance within contemporary culture. However, it is also important to understand where the medico-psychological discourse has “come from,” not just in terms of the historical development of a diagnostic category such as GID, but in terms of the discursive conditions, the *episteme*, within which such diagnostic criteria emerged. Indeed, it is a
relatively simple task to trace some of the origins of the current medical discourse of gender variance to research that was carried out in the 1950s—a task which I undertake in my first two chapters—but we may also wish to ask about the field of discursive possibility within which that research was conducted. To this end, I bring the techniques of discursive analysis to my examination of the 1950s origins of our present-day medico-psychiatric understandings of gender variance—understandings which, at least in some quarters, continue to cast gender variance as a “disorder.” My analysis reveals the very important finding that, as I have mentioned, late twentieth- and early twenty-first–century medical discourse on gender identity is rooted in and bound by a Cold War era ethos of “appropriate” gender roles and expression. Given that, as literary critic Joseph Allen Boone has observed, “the normalizing pressures of post-World War II sexual ideology [. . .] continue to riddle western culture at the end of the [twentieth] century” (354), it is vitally important to understand this medical work within its Cold War framework.

The necessity of possibility

But what role does literature play in my argument? As I have mentioned, my examination of literary narratives as instruments that generate, reproduce, and resist the wider cultural discourse within which the medical discourse (as it developed in the 1950s and as it has continued to be used) also functions, reveals ways in which those narratives exceed the medical record, even at times when they appear to be consistent with it. Given Stone’s comments concerning the loss of potential polyvocalities of transgendered experience when that experience is faced with the levelling power of gender-identity diagnoses, the excess found in non-medical narratives is significant, since it complicates the stories that
medical culture tells by revealing multifaceted possibilities for transgendered identification that one does not encounter in the traditional medical discourse.

Of course, one might ask why identifying such possibilities matters. To address this question, I turn once again to Butler’s *Undoing Gender* and a discussion of how we cannot experience our own bodies, or the bodies of others, “without recourse to some ideality, some frame for experience itself.” Butler continues:

[I]f we accept that that ideality and frame are socially articulated, we can see how it is that embodiment is not thinkable without a relation to a norm, or a set of norms. The struggle to rework the norms by which bodies are experienced is thus crucial [. . .] to the intersex and transgendered movements as they contest forcibly imposed ideals of what bodies ought to be like. The embodied relation to the norm exercises a transformative potential. To posit possibilities beyond the norm or, indeed, a different future for the norm itself, is part of the work of fantasy. (28)

I find Butler’s use of the word fantasy potentially confusing here, but she uses it to refer to “an articulation of the possible” whose “critical promise [. . .] is to challenge the contingent limits of what will and will not be called reality” (28–29). In this usage, fantasy therefore “establishes the possible in excess of the real” (29), which is precisely how the works of literature that I examine function, where the “real” has been determined by a set of medical discourses that deems only some forms of gendered embodiment to exist in the realm of the possible.7 *Herein lies the value of reading works of literature in conjunction with the medical discourse.* On the one hand, these narratives have been produced and function within the same discursive field of possibility—the same *episteme*—within which medical theories of gender variance have also been elaborated and function. On the other hand, signifying in excess of those medical theories, they seem to demand that we critically re-examine the medical discourse. Finally, the kinds of works that I examine provide at least one potential horizon for the possible that lies
beyond the possibilities suggested by the medical imagination. Such horizons are vitally important, as Butler points out:

Some people have asked me what is the use of increasing possibilities for gender. I tend to answer: Possibility is not a luxury; it is as crucial as bread. I think we should not underestimate what the thought of the possible does for those for whom the very issue of survival is most urgent. [. . .] The thought of a possible life is only an indulgence for those who already know themselves to be possible. For those who are still looking to become possible, possibility is a necessity. (29, 31)

Theory and methodology, and their application

Michel Foucault’s theoretics of power, and its development in the work of Judith Butler, subtends my analyses throughout, and a Foucauldian understanding of discourse is a fundamental tool in the social and cultural analysis in which I am engaged. Literary critic Donald Bruce observes that such “discourse analysis seeks to underline the regulatory power of specific discursive formations” (73, original emphasis), and that, as a “social, linguistic and historical phenomenon, discourse is closely linked with the existence of social institutions” (74)—institutions which, in my analyses, include the medical and the literary. Bruce makes clear the connection between discourse and culture: discourse is “a dispersion of texts whose historical mode of inscription allows us to describe them as a space of enunciative regularities [. . .] determined by the time and space which define a given epoch.” Thus a period’s overarching discourse—its aggregate of discursive elements—“determine[s] what is sayable” (68–69).

Foucault understands the workings of power as a network of “force relations” within which power is both exercised and resisted in a constantly productive and renegotiated tension. In A Genealogy of Queer Theory, William B. Turner usefully and clearly encapsulates an idea fundamental to such an understanding:
To begin to appreciate Foucault’s understanding of “power,” we must avoid the temptation to ontologize it, to make of it a thing. It is a matter of relationships, of interactions among individuals, and very few relationships are devoid of power differentials. The disciplinary practices and institutions of our culture provide us with myriad expectations about the conduct of our relationships, expectations that make any interaction go more smoothly, especially with strangers. But the expectations may also enable and perpetuate domination. (48)

Foucault rejects the idea of power as a stable set of institutions or systems controlled by an elite and used to subjugate those supposedly without power (although he does regard such structures as “the terminal forms power takes” [Foucault, History 92]). Rather, the exercise of power occurs through the manifold relationships and encounters to which Turner refers: they are, in Foucault’s words, a “moving substrate of force relations which, by virtue of their inequality, constantly engender states of power, but the latter are always local and unstable” (Foucault, History 93); their confrontations, negotiations and struggles occur throughout the social order, within and across all social strata. While the web of force relations may produce hegemonies (Turner’s “perpetuate[d] domination[s]” and Foucault’s “terminal forms” of power) as a result of “support which these force relations find in one another, thus forming a chain or system” (Foucault, History 92), such hegemonic effects remain unstable, both because the power network is subject to continuous (re)negotiation, and because it is imbued throughout with nodes of resistance. And, just as power relationships may solidify into hegemonies, so too may the nodes of resistance coalesce into revolutionary movements. Usually, however, the resistances are, like the power relationships, diffuse, local and unstable, “spread over time and space at varying densities” (96). These “mobile and transitory points of resistance” destabilize by “producing cleavages in a society that shift about, fracturing unities and effecting regroupings, furrowing across individuals themselves” (96). In short, power and
resistance function similarly:

Just as the network of power relations ends by forming a dense web that passes through apparatuses and institutions, without being exactly localized in any of them, so too the swarm of points of resistance traverses social stratifications and individual unities. And it is doubtless the strategic codification of these points of resistance that makes a revolution possible, somewhat similar to the way in which the state relies on the institutional integration of power relationships. (96).

The potential for insurrection, therefore, exists within any discursive framework.

Foucault refers to this rather opaquely as “the tactical polyvalence of discourses,” by which he means, at least in part, that discourses have the potential to be deployed in radically different ways by different speakers, and that varying circumstances can result in “shifts and reutilizations of identical formulas for contrary objectives” (100). Thus,

[d]iscourses are not once and for all subservient to power or raised up against it . . . . We must make allowance for the complex and unstable process whereby discourse can be both an instrument and effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. (100–101)

Foucault’s understanding of power is closely linked to a mode of enquiry that he refers to, in “Society Must Be Defended,” as “the insurrection of subjugated knowledges” (7), and which Susan Stryker observes is methodologically central to the field of transgender studies (“(De)Subjugated Knowledges” 12). His phrase—“subjugated knowledges”—refers to two related concepts. In the first case, he means “historical contents that have been buried or masked in functional coherences or formal systematizations”; although such “historical knowledges [. . .] were present in the” systems and structures which buried them, they become more readily visible later, when “critique [. . .] reveal[s] their existence by using [. . .] the tools of scholarship.” Such
enquiry “allow[s] us to see the dividing lines in the confrontations and struggles that functional arrangements or systematic organizations [. . .] mask” (7). A concrete example of such an interrogation is my analysis, in Chapter One, of a medical case history from the 1950s. The hermaphroditic—or, in more contemporary parlance, intersexed—subject of the history not only possesses a “mixed” body, but there is plentiful data to suggest that he experiences a complex gender identity which straddles and even transcends conventionally binarized notions of female and male, and that his desire similarly exceeds categories of homosexuality and heterosexuality. Nevertheless, the authors of the study represent him as unequivocally masculine in his gender and heterosexual in his desire, a representation that I argue arises from what Foucault might might call the “functional coherences” and “formal systematizations” of a medical culture informed not only by culturally dominant notions of the feminine, the masculine, and sexual desire, but by also by Cold War era anxieties and ideologies. The complexity of the subject’s gender and desire, effaced by these structures, becomes visible through present-day scholarly enquiry.

Second, Foucault uses the term “subjugated knowledges” to refer to “knowledges that have been disqualified as [supposedly] non-conceptual knowledges, as insufficiently elaborated knowledges: naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientifi city,” and he offers as examples “the knowledge of the psychiatrized, the patient [. . .] that is parallel to, marginal to, medical knowledge” (7). Stryker observes that this is “precisely the kind of knowledge that transgender people [. . .] have of their own embodied experience, and their relationships to the discourses and institutions that act upon and through them”
(“(De)Subjugated Knowledges” 13). Concrete examples of such knowledge are examined in my third chapter, which includes analyses both of recent insurrectionary work by transgendered theorists, and analyses of literary representations of cross-gendered identity that are informed by such insurrectionary knowledge. Foucault further argues that contemporary critique is made possible “thanks to the reappearance of these knowledges from below” (7–8). That is to say, these local knowledges provide the impetus for critical examinations not only of present-day institutions and globalizing discourses, but of their historical manifestations as well.

Foucault suggests that some may object to the coupling of these two seemingly separate kinds of knowledge (the one meticulous, scholarly and expert, the other local, singular and marginalized) under the one term—“subjugated knowledges”—but he maintains that discursive critique takes its essential strength from such a linking (8). Stryker provides a succinct summary of his argument on this point, and makes explicit its connection to transgender studies: “Both erudite scholarship and delegitimated ‘knowing’ recapture, for use in the present, a historical knowledge of particular structurations of power. One offers ‘a meticulous rediscovery of struggles,’ while the other preserves ‘the raw memory of fights.’ Transgender studies, through desubjugating previously marginalized forms of knowledge about gendered subjectivity and sexed embodiment, promises just such a radical critical intervention” (“(De)Subjugated Knowledges” 13). I give the last word on this aspect of my methodology to Foucault:

[T]his [critical] activity [. . .] is a way of playing local, discontinuous, disqualified, or nonlegitimated knowledges off against the unitary theoretical instance that claims to be able to filter them, organize them into a hierarchy, organize them in the name of a true body of knowledge, in the name of the rights of a science that is in the hands of the few. (8–9)
From this perspective, my first two chapters are chiefly concerned with the emergence in the 1950s and 60s of the “unitary theoretical instance”—medical theories continuous with Cold War ideology and anxieties—which sought to filter and organize cross-gendered phenomena into “a true body of [medical] knowledge,” while my third and fourth chapters analyze the late-twentieth- and early-twenty-first-century emergence of local, non-legitimated knowledges of gender variance which challenge the continuing currency of a Cold War era medical discourse which perhaps reached its apex in the still-current(ly used) diagnosis of “gender identity disorder.”

Elsewhere in “Society Must Be Defended” Foucault discusses the concept of the sovereignty of the individual, an idea which reappears in the Butlerian theoretics which also inform my work. Foucault observes that, in modern Western societies, one has the impression of being a sovereign self, but such sovereignty is constrained by a grid of disciplinary coercions that ensures wider social cohesion. One is sovereign only insofar as one’s sovereignty is consistent with existing power relations. Seemingly paradoxically, then, one cannot enjoy a measure of sovereignty without the mechanics of discipline, if for no other reason than because, without the discipline, there would be no structure within which to exercise one’s sovereignty (37). Butler’s work in Bodies that Matter (1993) and Undoing Gender (2004), frequently take a similar position. In general, she observes that individual identity—and this includes gender identity—is always constituted in relation to the social realm, which sets out in advance the conditions of social possibility, determining what forms identity may or may not take. Thus, while we may have the impression that our identities are individual and belong to us, they nevertheless emerge only in relation to terms determined by the relations of power in
which we are embedded. Additionally, in *Undoing Gender*, she makes similar observations about the body: “Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever only our own. The body has its invariably public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine” (21). The case of Christine Jorgensen, which I discuss in detail in Chapter Two, succinctly illustrates Butler’s point. In the early 1950s, when Jorgensen entered the public eye, the assumption of American doctors was that she was a “female pseudo-hermaphrodite” (this outdated term refers to someone born with male-appearing genitalia but female reproductive organs) who had undergone a fairly routine surgical “correction” while she was in Europe. In their view, despite a frenzy of sensationalistic media coverage, there was actually nothing remarkable about her case, with such operations being routinely conducted throughout the United States. These medical views were reported in the media, but it was not long before it was believed, and then confirmed, that Jorgensen had never been a “pseudo-hermaphrodite,” at which point her case was represented as a hoax and she, herself, as a sham—just a castrated male “with a deep and tragic problem” (Meyerowitz, *How Sex Changed* 69–72). Although the physical reality of Jorgensen’s body and what she had done with it was no different in either instance, according to the first way in which her case was read, the course that she followed was both medically available and justifiable, rendering her body and identity as intelligibly female within the public realm; she was functioning in concert with the conditions of social possibility. In the second instance, however, her body and identity were not understood as intelligibly female, and what she had done with herself entered the realm of the unthinkable, the abnormal and the pathological, existing outside of the
realm of social possibility. In neither case was her body or identity wholly her own.

One of Butler’s important points in *Bodies that Matter*, which grounds much of the analysis in my third and fourth chapters is that, although being initiated into the status of “subject” confers social recognition, it also limits, since taking up one form of identification inevitably results in the loss of other possibilities. Adopting a term of Gayatri Spivak’s, Butler refers to this as an “enabling violation.” However, she observes, “[t]o be implicated in the relations of power, indeed, enabled by the[m . . .], is not, as a consequence, to be reducible to their existing forms” (*Bodies that Matter* 123), and suggests a “disobedient” subject might reproduce the terms of subjection in ways that destabilize their conventional ends, perhaps by redeploying them in ways not intended by the social realm. For example, one might be implicated within a grid of disciplinary coercions intended to construct a female subject, but find that neither the norm invoked by these calls, nor the norm posited by calls understood as “male,” adequately account for one’s identity. As an adaptation, such a person might function as “female” in some situations—professionally, for example—and “male” in others—socially, perhaps. Here, then, we have “a rearticulation of the law against the authority [that] delivers it” (Butler, *Bodies* 122). Butler continues:

> Here the performative, the call by the law which seeks to produce a lawful subject, produces a set of consequences that exceed and confound what appears to be the disciplining intention motivating the law. Interpellation thus loses its status as a simple performative, an act of discourse with the power to create that to which it refers, and creates more than it ever meant to, signifying in excess of any intended referent. (Butler, *Bodies* 122).

It seems to me that a connection may be drawn between this kind of excess and Foucault’s “subjugated knowledges,” where the kind of local knowledges that Butler refers to, because they exceed what is imaginable within the terms set out by the relations
of power, show a degree of congruency with Foucault’s subjugated knowledges. In both instances, such knowledges not only index the disciplinary intentions of globalizing discourses in the present (and therefore provide an impetus for critique), but also expose how such discourses have functioned in the past (thus providing further opportunities for critique). Tracing such excess is fundamental to my literary analyses throughout all four chapters since, as I have mentioned, the narratives I discuss signify in excess of the medical discourse. The historical works of fiction I examine, as well as some of the recent ones, frequently seek to contain such “overproduction,” recontextualizing it within existing knowledge structures; to express this idea differently, we could paraphrase Foucault and say that these excessive knowledges, while present in the formal systematization that is medical discourse, were nevertheless masked by that formal systematization. On the other hand, several recent literary texts which I examine signify in excess of a medicalized discourse of gender in ways that overtly resist the recontextualization of their excesses—their subjugated knowledges—within familiar realms of knowledge. In either case, analyses of these masked and disqualified knowledges of gender open Cold War era constructions of gender variance to critique.

There is also a connection to be drawn between this resistance to recontextualization and Butler’s discussion, in Undoing Gender, of the role of “fantasy,” which I discussed earlier. Fantasy—“an articulation of the possible” with the potential to “challenge the contingent limits of what will and will not be called reality” (29)—is connected to struggles to rework forcibly imposed norms, as is the strategy articulated in Bodies that Matter of taking up the terms of one’s subjection and redeploying them in unexpected ways that exceed the disciplinary intentions of the law. It is worth observing,
I think, that both these strategies are implicitly creative, and thus Butler’s understanding of fantasy in *Undoing Gender* could be understood to be apply equally to the redeployment strategy: “Fantasy is what allows us to imagine ourselves and others otherwise; it establishes the possible in excess of the real; it points elsewhere, and when it is embodied, it brings the elsewhere home” (*Undoing Gender* 29, emphasis added).

One thing that is important to note here is that even the texts which overtly resist the kind of gendered recontextualization that I refer to above nevertheless generally deploy familiar categories of gender and sex. For example, in Lyndell Montgomery’s short story “Plastic Pearls,” discussed in Chapter Three, the narrator comments on submitting hirself to pre-existing categories of sex, sexuality and gender as a strategy for functioning socially, on the grounds that “something is better than nothing” (139), even though none of the categories adequately reflect hir experience and identity. Likewise, Ivan E. Coyote’s “Just Like My Dad” is a vignette of the interaction between two people who would be categorized as biologically female in conventional knowledge systems, but who, themselves, understand their relationship as that of a father and son. In another example, when the protagonist of Charlie Anders’ novel *Choir Boy*, which I discuss in Chapter Four, is pressured by others to decide whether he is going to be a girl or a boy he typically responds that he does not know which he wants to be; he may avoid being “pinned down” in this way, and even suggestively remarks that there might not be a word for what he is, but such discussions are nevertheless framed in relation to those two supposedly exclusive and fundamental categories of “girl” and “boy.” My point here is that these articulations of resistant identities are all constrained by a discursive regime that conceives of human beings in terms of male/female, masculinity/femininity, boy/girl,
and so on. Thus, transsexualism is posited in terms of a conflict whose resolution includes crossing from one of the two supposedly discrete forms of sexed embodiment to the “other,” while the broader concept of transgenderism also relies on a flexible deployment of those persistent categories of feminine/female and masculine/male. In *Bodies That Matter*, Butler observes that resistant identity “which would oppose its construction” within the relations of power “is always in some sense drawing from that construction to articulate its opposition” (122), but she also makes the important point, mentioned above, that being enabled by the relations of power in this way does not mean that one is necessarily “reducible to their existing forms” (123). Thus, even if the terms available for articulating one’s identity are also injurious terms by which one has been violated, it does not necessarily follow that to be compelled to use these terms, because there are no others, is to be compelled “to repeat the injury in the same way or to stay fully within [its] traumatic orbit” (124). Thus, while the protagonist of *Choir Boy*, or the narrator of “Plastic Pearls,” may be obliged to deploy the very gendered terms by which they have been, and continue to be injured, they nevertheless are engaged in a struggle that seeks to redeploy these terms of subjection in less injurious ways.

It could be remarked that there is a certain “mechanical” quality, for lack of a better term, to Butler’s discussion of such redeployments in *Bodies That Matter*. The “mechanism” would go something like this: (a) Here are the terms of subjection, which (b) one appropriates, and then (c) redeploy in unanticipated ways that destabilize them. Although such a summary perhaps simplifies Butler’s nuanced analysis, it nevertheless gestures toward a difference between *Bodies That Matter* and *Undoing Gender*. While the more recent book is concerned with arguments often similar to some of those found
*Bodies That Matter*, there is a sense of urgency in the newer work which, while not absent in *Bodies That Matter*, is perhaps not as overt. This sense of urgency is evident in the frequent turns Butler makes toward questions of survival, of violence, of liveable and viable lives, and of suffering. For example, she writes about David Reimer’s¹⁰ relationship to norms that produce culturally intelligible male subjects who are deemed sufficiently human to have a social place and voice; her discussion of Reimer makes points that resonate with many of the texts that I analyze. Butler observes that, in spite of the fact that Reimer “has not become one with the norm, [. . .] he is still someone, speaking, insisting, even referring to himself” (72). She continues by noting that “we might ask that he enter into intelligibility in order to speak and to be known, but what he does instead, through his speech, is to offer a critical perspective on the norms that confer intelligibility itself. He shows, we might say, that there is an understanding to be had that exceeds the norms of intelligibility itself” (73). There is a kind of escape posited, here, which is consistent with observations that Butler makes earlier in *Undoing Gender* concerning the advantages of “remaining less than intelligible” when the conditions of one’s intelligibility are “loathsome” and personal survival depends on avoiding them. Such an escape may impair one’s sense of social belonging, but this is better than being destroyed by the norms themselves (3–4). However, there is a fragility to the survival one achieves in partially avoiding the clutch of prevailing social norms. The escape, as essential as it may be to the possibility of a continued existence, is nevertheless no guarantee that that possibility will be realized. Reimer’s eventual suicide underscores both this fragility and the urgency that one often encounters in *Undoing Gender*.

Just as there is an urgency to Butler’s theoretical discussions, so too is there an
urgency in many of the narratives that I am analyzing. Characters in them develop strategies for survival in the face of loathsome forms of social recognition and intelligibility, distancing themselves from gender identities that they did not choose but to which they cannot help but be subject, attempting to forge identities that leave them only partially intelligible, often even to themselves, but are preferable to the impossible option of capitulating to the totalizing demands of prevailing social norms. The survival of the protagonist in *Choir Boy* depends upon his ability to renegotiate the terms of his social intelligibility; the narrator of “Plastic Pearls” must use the forms of recognition available to hir because “something is better than nothing,” the implication being that, inadequate though these forms of recognition may be, s/he would be(come) nothing without them. Indeed, in *Sex Gantlet to Murder*, written some fifty years earlier when such strategies for survival were, arguably, less available, we see such a descent into nothingness as the transsexual character, Johnnie, is silenced and stripped of her female identity, is given over to the police in a death-like state, and is sent to prison. But Johnnie’s fate—or Reimer’s—could easily be, in slightly different narratives, the fates of the characters in *Choir Boy* or “Plastic Pearls.” Writing about the frequency with which transpeople encounter violence, Butler suggests that “life itself requires a set of sheltering norms, and that to be outside it, to live outside it, is to court death” (34). Earlier, I asked why the excess found in fiction, which complicates normative accounts of gender identity by revealing multivariant possibilities for transgendered identity, matters. Here, in Butler’s suggestive comment, we perhaps have one answer.
From sexual chaos to gender variance

Between 1955 and 1957, researchers John Money, Joan Hampson and John Hampson published a series of papers on intersexed children (who they referred to as hermaphrodites) and the development of gender identity. While my research is chiefly concerned with issues of transgenderism, I begin with the research of Money and the Hampsons because it began to influence, almost as soon as it was published, emerging theories of transsexualism and emerging treatment protocols for gender-variant children.

This early work of Money’s has received considerable attention in recent years, but there has been no sustained attempt to understand it as coextensive with prevailing Cold War era ideology and concurrent anxieties around gender roles and gender variance, homosexuality, communism, and the family. In Chapter One, I carry out such an analysis, first providing an account of the era’s fear of supposed sexual “chaos” and then demonstrating that the work of Money and the Hampsons is both subtended by and productive of this wider discourse. Most importantly, however, through a close examination of a detailed case history found in one of their articles, I demonstrate that the seemingly chaotic possibilities of gender and sexuality, which their work seeks to foreclose, continue to lurk not only within the research subject, but within the very research itself. Given the power of any particular era’s overarching discourse to determine the “sayable,” what we find in the work of Money and his associates is a case where only one kind medical knowledge could be produced—knowledge which reduces the complexities of their data to the simple terms of dominant cultural attitudes concerning gender and sexuality—while knowledge which might attend to such complexities remains invisible to them. My account of this case belongs to the class of
critique which Foucault identifies with the first type of “subjugated knowledges”; that is, my analysis reveals historical knowledge that has been “buried or masked” within the “formal systematization” of the medical research (“Society” 7).

The work of Money and the Hampsons has had a lasting influence, not only over the protocols governing medical interventions in the case of intersexed births—protocols which did not change until 2006\(^1\)—but over how gender variance was, and to a large extent continues to be, understood. Understanding their research within the post-war context is therefore vital to understanding not only post-war but contemporary medical views of transgenderism. Chapter Two extends Chapter One’s analysis of the relationship between early Cold War era discourse and intersexual research, taking in the medical research on transsexualism that was emerging during the same years. Here, I analyze cultural reactions to a taxonomic crisis mobilized by the widely disseminated news of Christine Jorgensen’s 1952 sex reassignment, examining a variety of texts from the 1950s and 1960s which grappled with the question of how to define a person like Jorgensen. My wide-ranging discussion is anchored in the first part of the chapter by the 1955 hard-boiled detective novel to which I have already referred—Mark Shane’s *Sex Gantlet to Murder*—but includes forays into the cultural reception of Jorgensen, and into the relation between the disruptive power of “the transsexual” and *film noir*’s disruptive commentary on early Cold War values and insecurities.

Within this discussion, I give considerable attention to *Sex Gantlet to Murder*, possibly a surprising amount, given that it is a relatively obscure pulp novel. However, in the context of my investigation, the attention is warranted because the novel puts forward a complex account of human sexuality that is the concerns of a Cold War culture trying
to make sense of the shifting roles of and relations between women and men, struggling with the supposed dangers of homosexuality, and rocked by news of Christine Jorgensen’s sex reassignment. It also poses problems concerned with human taxonomies of sex and gender that are symptomatic not only of the era’s wider cultural concern with destabilized sexual categories, but of fears that other structures and systems were breaking down, or in danger of doing so. In short, Shane’s novel is a remarkable index of a particular cultural moment, and, as an exemplary instance of subjugated discourse, provides a powerful focus for the complex analysis of culture that I undertake in the first part of Chapter Two.

The second part of the chapter is concerned with mid-century tensions between American and European medical understandings of cross-sexed identity—ruptures between the vocabulary of Jorgensen’s foreign doctors and that of the medical establishment in her native United States contributed to the crisis she precipitated. The chapter concludes with an analysis of the work of Harry Benjamin, whose initial contribution to the medical literature on transsexualism arose directly out of Jorgensen’s publicity. I argue that all of these literary and medical texts, even those sympathetic to transsexualism, betray an interest in producing conditions that would see such subjects “disappear” through absorption into existing categories. (Once again, we are in the theoretical realm of Foucault’s first type of subjugated knowledges.) Thus, those hostile to transsexuals attempt to contain them within the familiar rubric of known forms of “deviancy,” such as homosexuality or transvestism, while more sympathetic voices attempt to contain transsexuals, post-treatment, within the normative confines of heterosexuality. Indeed, these texts frequently give the impression that they are
successful in this project of erasure; however, their best efforts notwithstanding, they do not fully succeed, leaving supposedly threatened heteronormative institutions in continued danger of infiltration and disruption. Throughout the chapter, I argue that such attempts to “erase” the transsexual are consistent with the homophobic and heteronormatizing values of mainstream early Cold War culture, and I discuss the extent to which medical theorizing about transsexualism from this period, as well as the emerging assessment and treatment protocols for the condition, were profoundly enmeshed within the ethos of the Cold War.

Although these apparent attempts to eradicate transsexuals from cultural consciousness could not but fail—having entered the discursive realm, “the transsexual” could hardly be eliminated from it—they nevertheless succeeded in limiting how cross-sexed identification was, and could be, understood well into the final decade of the twentieth century; as a result, narrow, Cold War–era understandings of gender identities, sexual roles, and sexual identity determined for several decades the kind of identity that could be claimed under the rubric of “transsexualism.” In short, there was little sense in these writings that a cross-sexed identity might have its own legitimacy or viability—an idea which is a fundamental principle of late twentieth– and early twenty-first–century transgender activism and politics.

There is a significant temporal leap between my second and third chapters, which takes my analysis from the 1960s to the 1990s. In effect, I begin Chapter Three by “catching up” with the Cold-War–era ideological content of the medical theories—content which persisted through the intervening years—just as these theories are beginning to be challenged by emergent understandings of gender variance. It is worth
observing that this temporal leap strengthens my argument that medical views in the 1990s continued to be rooted in the values that informed research in the 1950s and 60s, underscoring as it does just how little had changed.

Chapter Three, then, is concerned with an epistemic shift, which began in the 1990s, from authoritative, centralized and pathologizing medical views of gender variance towards a dispersed, decentralized and adaptable “transgender” model of understanding that recognizes diverse and local gender expressions as liveable, visible and viable forms of human variability. I discuss this shift in the context of a theoretical and historical framework that springs from reflections on several texts that, with the exception of Judith Butler’s *Undoing Gender* (2004), themselves appeared during the 1990s; in addition to *Undoing Gender*, these texts are Butler’s *Bodies That Matter: On the Discursive Limits of “Sex”* (1993), Sandy Stone’s “The Empire Strikes Back: A Posttranssexual Manifesto” (1991), Susan Stryker’s “My Words to Victor Frankenstein above the Village of Chamounix: Performing Transgender Rage” (1996) and Kate Bornstein’s *Gender Outlaw: On Men, Women, and the Rest of Us* (1994). From Butler’s *Bodies That Matter*, I am interested in the compelling reformulation, in specifically gendered terms, of Louis Althusser’s account of interpellation, in which she suggests that “bad” subjects—those whose seemingly faithful adherence to the terms of gendered subjection “subtly calls into question the legitimacy of the command” (122)—might create a space for disobedience. In some respects, Butler’s discussion is of a piece with the roughly contemporaneous transgender theoretics and life-writing of Stone, Stryker and Bornstein. All three writers are frustrated with the powerful terms through which the medical ideology I discuss in the previous chapter “calls” upon transsexuals to be “good
subjects”—straight men and women, obedient to gendered norms. Each of these writers articulates strategies by which transgendered people might redeploy the terms of such ideology in ways that let them establish themselves as subjects not wholly defined by the social and medical systems through which many have drawn their agency and structured their identities; such strategies are also connected to Butler’s discussion, in *Undoing Gender*, of the power of “fantasy” to “posit possibilities beyond the norm [. . . ,] challeng[ing] the contingent limits of what will and will not be called reality” (28–9).

The chapter is divided into three parts. In the first, I outline Butler’s theoretics of interpellation and its implications for transgendered subjects, observing that the medical framework discussed in the previous chapter is itself an interpellative system, through which transsexuals could attain a level of social existence only to the extent that it was rooted in, and limited by, Cold War era ideals of gender and sexuality. The interpellations that “called” such subjects into social existence had changed little by the beginning of the 1990s, a situation which provided the impetus for the emergence of specifically transgendered theoretics. Part II of the chapter is an analysis of Chris Bohjalian’s *Trans-Sister Radio* (2000), a novel about the intimate relationship between a male-to-female transsexual and a straight woman. Of the novel, I argue that while, on a superficial level, it seems to belong to the emerging discourse of transgenderism, it is in fact complicit with the arguably retrograde ideological positions of the medicalized model of transsexualism. What is perhaps most interesting about the novel is that, as in standard medical understandings of trans-experience, it contains data that might allow the narrative to exceed such received understandings, but this data becomes buried within the strictures of a heteronormatizing ideology dedicated to the “disappearance” of the
transgendered subject. The subjugated knowledges masked by medical discourse remain masked in this text. Part III of the chapter returns to the emergent transgendered theoretics of the 1990s in more detail, examining the ways in which Stryker and Bornstein take up the terms through which they have been constituted as social subjects and redeploy them in ways that not only afford them a degree of control over how they “come into being” as subjects within medico-cultural discourse, but also have the potential to displace the aims of that discourse. As part of this discussion, I suggest connections between their work and a genre of life-writing called pathography, in which patients write about their personal experiences of illness as a means of resisting the control that physicians exert over the “meaning” of their conditions. The latter part of the chapter returns to a discussion of literature, first examining Bornstein’s work as a playwright, and then considering some of her life-writing that is rendered as poetry. This examination of Bornstein’s genre-crossing work leads into my final text, a collection of stories titled *Boys Like Her: Transfictions* (1998) written by a performance collective called Taste This. Of this last text, I argue that its multiple intersections—between its four authors, generic conventions, and photography—produce a multi-layered text that not only explicitly articulates and celebrates diverse and self-defined forms of gender identity, but also, through complex juxtapositions of image and text, promises the emergence of as-yet-unanticipated forms of gender variance. With the transgender theorists, the literary writing of Bornstein and Taste This, and the connections that I draw between their work and pathography, my analysis enters the realm of Foucault’s second type of subjugated knowledges, those knowledges that have traditionally been disqualified, understood as “parallel to, marginal to, medical knowledge” (Foucault,
Chapter Four is concerned with a type of knowledge subjugated not only by prevailing medical and cultural discourses, but by the dependence, vulnerability, and relative inarticulateness of those who possess it. I refer here to the knowledge that transchildren have of their own gender identities, a knowledge which is all too easy to dismiss, to use Foucault’s terms, as “nonconceptual[. . .], insufficiently elaborated[. . .], naïve[. . .], hierarchically inferior[. . .], below the required level of erudition or scientificity” (7). I begin the chapter with the observation that books for young people featuring gender-crossing characters frequently end with reversions to culturally sanctioned and essentialist conceptions of female and male in ways that leave little room for representations of gender-variant children. In such narratives, gender-variance is presented as incompatible with gendered maturity. I observe also that traditional therapeutic approaches to childhood gender-variance function within a similar discursive framework, regarding cross-identified children as cases of arrested development requiring interventions to return them to the path of normative gender acquisition. This is the only way, under such a schema, that they can achieve (heteronormative) “maturity.” In short, the basic pattern of this discursive realm—as it is manifested both in the fiction and in the medical writing—is to view gender variance in the young as a sign of immaturity, a developmental phase which must be left behind if a child is to successfully navigate adolescence and develop into a fully realized and mature adult. In this respect, it is consistent with the Cold War discourse that informs my discussion in earlier chapters. I contrast this discourse with the new interdisciplinary field of Children’s Studies, which emphasizes the importance of hearing and responding to, with a respectful integrity, the
voices and desires of children, rather than regarding childhood as little more than a transitory stage on the way to an adult maturity into which children must be trained and guided, and I note the affinity between this general approach to understanding childhood, and emerging clinical understandings of childhood gender-variance. These emergent approaches seek to positively theorize transchildren, rather than pathologize them, thereby recognizing and supporting diverse forms of gender expression, instead of attempting to “retrain” such children in preparation for the narrow confines of a predetermined and presumptive heteronormative “maturity.” I argue that reading both traditional and emergent clinical approaches to gender-variant children through the lens of Children’s Studies affords an opportunity to re-examine the way such children have been, and often continue to be, understood, and I turn to three works of literature for children and young adults in support of this argument: Robert Munsch’s picture book, *We Share EVERYTHING!* (1999); Gene Kemp’s children’s novel, *The Turbulent Term of Tyke Tiler* (1977); and Charlie Anders’ young adult novel, *Choir Boy* (2005). These stories are particularly interesting for their negotiation between the older, but still culturally powerful, authoritarian understanding of childhood gender variance, and the emerging discourse, with its focus on supporting—desubjugating—diverse forms of gender expression. Their tendency is to adhere to a “liberatory” model of (trans)childhood, but they do so in ways that acknowledge the continuing influence and power of the heteronormative model. That is, these texts seem to invite readers, and other characters, to read their gender-variant children through the traditional lens while simultaneously providing data that demands to be read in terms of the emergent, supportive approach to childhood gender variance. Thus, while these books may seem to
look towards the goal of heteronormative “maturity” that characterizes the kinds of books I discuss at the beginning of the chapter, I argue that to read them in this way is not only to ignore the data that asks us to read differently, but also to read them in collusion with a discursive regime that has systematically denied the legitimacy and agency of transgendered children.

**Embodied gender**

Let me close with a brief discussion of the place of the body in transgendered experience. That the body should be important is hardly surprising. Harry Benjamin wrote in 1953 of the transsexual desire to “correct nature’s anatomical ‘error’” (“Transvestism and Transsexualism” 10, emphasis added) and was, himself, the first North American medical advocate of sex reassignment surgeries. In addition to this support for reconfiguring the body, he also looked to it for the origins of cross-sexed identification, favouring biological explanations for the phenomenon. The body is also a crucial element in transpeople’s personal stories, both old and new. For example, the 1936 edition of Havelock Ellis’s *Sexual Inversion* includes an autobiographical account by a female-born, cross-identifying author who remarks that “I regarded the conformation of my body as a mysterious accident” (235), and expresses a consciousness of the “hiatus [. . .] between my bodily structure and my feelings” (241), and describes hir experience using the now-classic transsexual trope of wrong embodiment: “I thought that the ultimate explanation might be that there were men’s minds in women’s bodies” (241). Similarly, in Magnus Hirschfeld’s 1910 book, *Tranvestites*, one subject states that “I am physically a man, mentally a woman” (83), while another notes the discrepancy between body and
psyche—“Physically, I am a thoroughly developed man[, . . . y]et ever since my childhood I have always felt deeply feminine”—and longs at times for different kind of embodiment: “If I see a mother suckling her child I sigh, ‘If only I had such breasts and could give milk!’” (61, 63–64). Recent examples also abound: Kate Bornstein is unstinting in her descriptions the reconfiguration of her flesh in Gender Outlaw: On Men, Women, and the Rest of Us; Max Valerio has referred to the transsexual body as “[i]ntuition and will concretized in the flesh” (Feinberg, Transgender Warriors 142); Loren Cameron has documented in photographs the materiality of his own convention-defying body and those of other FTMs in his book Body Alchemy: Transsexual Portraits. Further, Judith Halberstam rightly observes that a sense of “wrong” embodiment is not the sole province of transsexuals, mentioning that there are “many varieties of perverse embodiment” (Female Masculinity 162); elsewhere, she quotes FTM transsexual Jordy Jones, giving a sense of some forms that non-transsexual “perverse” embodiment might take: “I have a (genetically female) friend, who identifies as male and passes perfectly. He’s never had a shot [of testosterone]. I certainly know dykes who are butcher than I could ever be, but who wouldn’t consider identifying as anything other than women.”13 Transgendered author Charlie Anders’ book The Lazy Crossdresser14 foregrounds another kind of “perverse” embodiment that may also feel “wrong”: the book is frequently concerned with the cross-dressing male’s relationship to his body, particularly in connection with the frustrations he may experience with clothing designed for women’s bodies.

As a final example of the importance of the body to transgendered experience, I’ll mention gay-male-identified FTM David Harrison. His somatic transition involved
“masculinizing” his body through hormone therapy, but he kept his vagina and skipped the surgical construction of male genitalia; “I enjoy being fucked in my vagina with a penis,” he writes in a succinct summary of his particular intersection of embodiment, gender identity, and sexual identity and desire (132). Stryker contends that “[t]ransgender studies considers the embodied experience of the speaking subject, who claims constative knowledge of the referent topic, to be a proper—indeed essential—component of the analysis of transgender phenomena” (“[De]Subjugated” 12); this declaration seems particularly apt in a case such as Harrison’s.

Stryker also observes that transgender studies’ “critical attention to questions of embodiment and positionality aligns” the discipline “with a growing body of interdisciplinary academic research in the humanities and social sciences” (12). Feminist scholars, for example, have turned toward investigations of embodiment; the October 2006 issue of the PMLA includes a number of reflections from feminist literary scholars on the subject of “feminist criticism today” (Marianne Hirsch, “Editor’s Note” 1514) in which some write about feminist investigations of biology, science and the body. In addition, both Anne Fausto-Sterling (a biologist and a feminist historian of science) and Vernon A. Rosario (who works in the fields of psychiatry and medical history15) argue that explorations of gender as an embodied phenomenon demand an interdisciplinary and interdiscursive approach. Fausto-Sterling maintains that the “insights of many, from feminist critical theorists to molecular biologists, are essential” to “successful investigations of the process of gender embodiment” (235). Rosario writes of the need for “a new integrated approach to sex/gender/sexuality as a biological, psychological, and cultural phenomenon that is rich, diverse, and indefinitely complex and resists all
simplistic reductionism whether biological or discursive” (n.p.).

My research, in reading literature and medical discourse together, is one element in such interdisciplinary and interdiscursive inquiry. I chiefly focus on analyzing socio-cultural aspects of gender formation and experience, but embodiment—gender as an embodied phenomenon—is nevertheless continually present in my discussions. Thus, in Chapter One, I write about the 1950s medical case of Mr. A, whose intersexed body contained, as he puts it, “some kind of female apparatus [. . .] by mistake” which “had been taken out” (Money, Hampson and Hampson “An Examination of Some Basic Sexual Concepts” 315); Chapter Two considers the 1950s fictional transsexual Johnnie, whose conventionally voluptuous female body possesses a troubling male apparatus in the form of “something that hung” (Shane, Sex Gantlet to Murder 144); in Chapter Three, I write about Ivan, from the 1998 short story collection Boys Like Her: Transfictions, who, although female-bodied, is “built like a teenage boy that grew tits by accident” (Taste This, Boys Like Her 116), and Chapter Four investigates Berry, a teenage boy who does grow tits by accident in the 2005 novel Choir Boy. The body is in attendance in each of these episodes, forming and transforming identities.
Chapter 1 — Chaos Contained? Intersex Research and the Cold War

Michel Foucault observes in the first volume of The History of Sexuality that the “world of discourse [consists of . . .] a multiplicity of discursive elements” (100), a dispersion of intersecting socio-cultural “texts” which includes, among many others, political, scientific, medical, and literary discourses. Foucault’s insight speaks to an observation, by historian Elaine Tyler May, which underscores a particular discursive intersection of the military, the political, and the sexual, and of expert and lay understandings: early in the Cold War, according to May, expert opinion and public perception in the United States linked the unchained atom with unchained sex and sexuality. Sex, like the Bomb, was explosive and incomprehensibly dangerous, and the era’s political insecurities and anxieties were, to some extent, continuous with fears of out-of-control or uncontrolled sexuality (80–83, 94–99).¹ In this chapter, I read the normalizing impetus of 1950s medical research on intersexuality (hermaphroditism) specifically within the context of the era’s anxieties about the supposed threat of “sexual chaos.” In the next chapter, I will connect this analysis of the relationship between early Cold War era discourse and intersexual research with the medical views of transsexualism that were developing during the same years.

The 1950s research on intersexuality does not, itself, draw an explicit connection between its aims and Cold War socio-political attitudes, nor was there, during the period, an obvious cultural paranoia directed at intersexuals,² as was the case with homosexuality and communism; however, the work of researchers on intersexuality is necessarily enmeshed in this “world of discourse,” to use Foucault’s phrase. Thus, the prevailing Cold War ideological positions, even if they are not explicitly present in the research on
intersexuality, nevertheless play a role in determining what kinds of scientific knowledge
the researchers were likely to develop and report on. Further, just as the Cold War
discourse to some extent determined what the researchers would—could—discover, so
too was the research itself an element of that discourse, producing and reinforcing it,
generating its values, its prejudices, its beliefs. Of course, through this kind of productive
relationship, discourse not only “transmits and produces power; it [not only] reinforces it,
but also undermines and exposes it, renders it fragile and makes it possible to thwart it”
(Foucault, *History* 101). Thus, while 1950s intersexual research transmitted and
reinforced prevailing Cold War era values, at the same time it produced data—or, to put
it differently, contained within it subjugated knowledges—which resisted such values.

“The attainment of heterosexual maturity is one of life’s main objectives”

“I told you not to lie to me!” the [school] principal roared. “We
happen to have documentary evidence of your filthy misconduct. I have
the moral health of fifteen hundred young people to think of. I would not
hesitate to have you imprisoned any more than I would hesitate to have a
cancer cut out by the surgeon’s knife. [. . .] Things will go easier with you
if you if you give us a full account of your corrupt activities, with the
names of your partners. If you persist in being stubborn and insolent, I
shall have no choice. You will be taken to jail and booked as a common
pervert.”

Steven began to cry, helplessly. The detectives looked disgusted
beyond words, and the man with the brush haircut turned on the boy, his
eyes blazing. “Yah, you filthy swine!” he exploded. “You corrupted my
boy, you drove him to his death and now you stand there snivelling like a
woman! You should be castrated . . . !” (Park 89)

This passage is from Jordan Park’s 1953 novel *Half,*³ at a point when sixteen-year-old
Steven Bankow is under interrogation in connection with the suicide death of his friend
Joe Lieber. While Joe is, in the words of the novel, “that legendary thing, a fairy, a pansy,
a queer, a homo,” (65) Steven is not gay, nor is he responsible for Joe’s supposed
“corruption.” Indeed, earlier in the novel, Steven worked to overcome his own prejudices, establishing a friendship with Joe despite his sexuality, and the vehemence of the accusations Steven now faces cause him to reflect on difference: “God—poor Joe! That’s what it meant to be different. That’s what it meant to be different and noticed” (93, emphasis added). This section of the novel carries a certain ironic weight since, although the school principal and the detectives believe Steven Bankow to be “a fairy,” they do not know that he is intersexed. Despite their ignorance, Steven begins to fear that his difference, like Joe’s, will get “noticed”:

Socially accepted, he was. One slip and the story would race like a brush fire through the school, incinerating him. [. . .]

God, what if they knew? It would be Bankow the freak, the queer. Nobody would pause to think that Bankow the freak was also Bankow the singer, Bankow the friend, Bankow the junior-classman, Bankow the English major. All these categories would be forgotten for the category that would give them a cheap thrill and destroy him utterly. (95–96, emphasis added)4

*Half* was published in pulp format, complete with the requisite titillating and sensationalist cover, but the novel itself is more understated than its package would suggest. Susan Stryker observes that “the book[, which] paints a portrait of working-class Polish-American life while chronicling a young person’s struggle with sexual identity[, . . .] is rich in historical and sociological detail” (*Queer Pulp* 74). Nevertheless, its symbolism and social commentary are at times heavy handed:

[T]he Chicago school board took the plunge and established a co-educational high school. They recognized that co-education was a sounder preparation for life, that it would make for better social adjustment among pupils, that it would encourage boys to be manly and girls to be womanly. Having recognized all this, they located the girls’ branch in one wing of the school, the boys’ branch in another, and built a sturdy brick wall between them. (62)

I have quoted at some length from *Half* because, as a text embedded in the commerce of
language which flows between different discourses, the novel is an index of several Cold War era anxieties. These anxieties include the belief that the supposed moral corruption of one individual can spread, like disease (“a cancer”), through a larger group (hence the interest in the multiple partners that Steven is assumed to have\(^5\)); that the immature are more susceptible to corruption than the mature (“I have the moral health of fifteen hundred young people to think of”) and, by implication, the corollary that the “deviant” is necessarily immature; that social stability (and therefore national security) depend on the assumption of “appropriate” male and female roles (with “manly” boys and “womanly” girls); and, as Steven himself recognizes, that difference, deviation from accepted norms, and breaches of supposedly sacrosanct categories all require suppression or correction (thus Steven’s tears—not to mention his body—violate the “brick wall” between the sexes and elicit the “disgust” of the detectives and the derogatory accusation that he is “like a woman”).

All of these anxieties concerning Steven’s supposed homosexuality point to what Barbara Ehrenreich characterises as, according to the mores of the time, “perhaps the most despicable thing about [. . . homosexuals]: They looked like men, but they weren’t really men” (26),\(^6\) a supposed conflict between appearance and “essence” that is at least as old as Karl Heinrich Ulrich’s nineteenth-century account of the male homosexual psyche as *anima muliebris virili corpore inclusa* (a female psyche, or soul, confined in a male body).\(^7\) Similarly, philosopher Jacquelyn Zita remarks on homosexuality’s “stereotypical[. . .] association with transgendering,” an association within which gay men are not “perceived as *real* men but [. . .] as emasculated or effeminate” (44, original emphasis). (Steven, however, might be understood to fail to fulfil the category of “man”
not because of homosexual desire, or because of a female “essence,” but because his unruly body refuses to be either male or female. Nevertheless, as he rightly surmises, were this fact revealed it would also almost certainly inspire panic.)

As John D’Emilio has observed, the intensity of this fear of “the homosexual” during the Cold War, and his apparent indistinguishibility from (other) men, can be traced at least in part to the 1948 publication of *Sexual Behaviour in the Human Male* by Alfred Kinsey and his associates (D’Emilio 37). According to Kinsey, although only four percent of America’s white male population was exclusively homosexual, forty-six percent had engaged in both heterosexual and homosexual activities or reacted erotically to both men and women (656). Consequently,

persons with homosexual histories are to be found in every age group, in every social level, in every conceivable occupation, [. . . among] single persons and males who [are] married. In large city communities [. . .] an experienced observer may identify hundreds of persons in a day whose homosexual interests are certain. (626–27)

“Experienced observer[s]”8 are crucial here. Unlike ordinary people, such observers have known the homosexuality of many persons whose histories were utterly unknown to most of their friends and acquaintances. [Further, t]hey have repeatedly had the experience of discovering homosexual histories among persons whom they had known for years before they realized that they had had anything except heterosexual experience. (627)

Kinsey used his findings to argue that homosexual activity was simply “an expression of capacities that are basic to the human animal” (666), observing that,

In view of the data which we now have on the incidence and frequency of the homosexual, and in particular on its co-existence with the heterosexual in the lives of a considerable portion of the male population, it is difficult to maintain the view that psychosexual reactions between individuals of the same sex are rare and therefore abnormal or unnatural, or that they constitute within themselves evidence of neuroses or even psychoses. (659)
If, as Kinsey maintained, those with homosexual histories often married and were employed “in every conceivable occupation,” while their homosexuality might be “utterly unknown to most of their friends and acquaintances,” then it could be virtually impossible to know who is or is not queer (as in the case of *Half’s* Steven Bankow). Kinsey goes further, however, suggesting that such a distinction is unhelpful; arguing against clinical and popular conceptions that there are “only two kinds of males and two kinds of females, namely those who are heterosexual and those who are homosexual,” he suggests instead that “[i]t would encourage clearer thinking on these matters if persons were not characterized as heterosexual or homosexual, but as individuals who have had certain amounts of heterosexual experience and certain amounts of homosexual experience” (616, 617). Kinsey’s point of view runs counter to the perhaps more commonly held view that understands sexual experiences as a manifestation of something intrinsic to the person, of some kind of essential identity. Rather, he maintains, people in general display, or have the capacity to display, within themselves features of both of these *supposedly discrete categories*, a view which also brings up the limitations of taxonomic practices: “Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. [. . .] It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes” (639). In addressing such taxonomic limitations, Kinsey developed his famous seven-point scale, within which men (and later women, in 1953’s *Sexual Behaviour in the Human Female*) could be classified according to their relative amounts of heterosexual and homosexual experience; a man with exclusive heterosexual experience is placed at one end of the
scale (a “0”), someone with exclusive homosexual experience would be classed at the
other end (a “6”), with everyone else falling somewhere in the five categories between.
Further, Kinsey maintained that men’s place on the scale shifted, noting that “there may
be considerable fluctuation [. . .] from time to time,” and that “[a]n individual may be
assigned a position in this scale, for each age period in his life” (639). Kinsey’s scale is,
then, a “sliding” scale, a continuum of desire along which one can move in either
direction.

From such Kinseyan views, it is only a short leap to anxiety, and even paranoia,
about the indistinct figure of “the homosexual”—a person who renders the category of
“man” porous and unstable, thanks to his ability to invisibly infiltrate that category,
looking like a man, but not really being one. Furthermore, Kinsey’s scale suggests the
possibility—the supposed danger—that not only might there be a mass of men who
cannot be inserted into either distinct category of desire, but that individuals slip about on
the scale in a kind of ambiguous and chaotic maelstrom of sexual desire and activity.

John D’Emilio observes that, although Kinsey used his statistics to suggest that a sexual
activity as common as homosexuality ought not to be punished, “the information served
not to ameliorate hostility toward gay men and women, but to magnify suddenly the
proportions of the danger they allegedly posed” (37).

Kinsey himself was the subject of considerable paranoia. Some critics “responded
to [his] findings by calling for an effort to bring behaviour into conformity with
prevailing codes. Others claimed that the studies themselves were subversive of the
nation’s moral fibre” (May 101). Subject to the ongoing scrutiny of the FBI (Jones 631–
34) and widely accused of attacking American morals, homes and families, Kinsey was
also, according to his critics, if not an actual communist, certainly an aid to communism (Morantz 575, Jones 723). One typical opinion—accusing him (with admirable concision) of a lack of patriotism, of attacking the institutions of home and family, and of personal communism—appeared in a Boston newspaper in 1953: Kinsey’s work was “a deep, dark Communist plot to overthrow and destroy the American home” (cited by Jones 723).

In the years following Kinsey’s 1948 report, porous and destabilized sexual categories were increasingly understood, because of their assumed continuity with communism, as a threat to national security. In *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (2004), historian David K. Johnson’s analysis of a 1950 session in the U.S. Senate reveals that Senator Joseph McCarthy asserted that “[h]omosexuality […] was the psychological maladjustment that led people toward communism” (16); more generally, Johnson observes, “both communism and homosexuality were widely seen as the result of psychological maladjustment and early childhood development problems” (35). Similarly, May notes that high-ranking people not only in government, but in industry, medicine, science and psychology, believed that communism and sexual degeneracy (including but not limited to homosexuality) were two sides of the same coin: “Men who were slaves to their passions could easily be duped by seductive women who worked for the communists,” while “sexual ‘perverts’ could spread their poison” in much the same way that communists could infiltrate and destroy society; further, “[h]omosexuals were easy prey for communists who used seduction to gain [government] secrets” (May 82–83). According to a 1950 US Senate report titled *Employment of Homosexuals and Other Sex
Perverts in Government, “young and impressionable people” could easily fall prey to “the influence of a pervert” (precisely one of the fears expressed by Steven Bankow’s principal in Half), while “[o]ne homosexual can pollute a Government office” (qtd. in D’Emilio 42). The 1950 views of Republican party national chairman Guy Gabrielson were consistent with such beliefs: “Sexual perverts [. . .] have infiltrated our Government in recent years” and were “perhaps as dangerous as the actual Communists” (qtd. in D’Emilio 41). John D’Emilio aptly sums up the panic around queer sexuality:

“Homosexuality became an epidemic infesting the nation, actively spread by communists to sap the strength of the next generation” (44). D’Emilio’s choice of a disease metaphor is apt here. Writing in the Psychiatric Quarterly in the wake of Kinsey’s first report, one psychiatrist warned that, even if Kinsey’s figures were only approximate, then homosexuality was the “predominant national disease” (qtd. in Johnson 54).

The pressure on men to conform also showed itself in other ways. According to Ehrenreich, “[b]y the 1950s and ’60s psychiatry had developed a massive weight of theory establishing that marriage—and, within that, the breadwinner role—was the only normal state for the adult male. Outside lay only a range of diagnoses, all unflattering” (15). For example, a man who was still a bachelor in his late twenties could well expect to be regarded as emotionally unstable and sexually deviant (15–16) and, once again, Kinsey’s statistics could be made to support such views: “50 per cent of the males who remain single until age 35 have had overt homosexual experience to the point of orgasm, since the onset of adolescence” (Kinsey et al., Human Male 650, original emphases). By contrast, taking on the marriage/breadwinner role was an important developmental milestone, a sign of maturity towards which one could advance.
appropriately, moving through correct stages in the “life cycle.” Ehrenrich quotes a 1953 developmental psychology text that listed the stages, or “tasks,” whose completion demonstrated the achievement of mature adulthood. These tasks included “selecting a mate, [. . .] learning to live with a marriage partner, [. . .] starting a family, [. . .] getting started in an occupation,” and so on. Conversely, one “could get stuck and fail to advance toward maturity.” Men who avoided marriage were, then, immature and afraid of responsibility (17–18), and “‘maturity’ and the ‘tasks’ which led to it quickly entered the psychologists’ vocabulary as professional code words for conformity” (Ehrenreich 17). In short, the non-conforming male was unable to fully enter adulthood and take on the correct masculine role. Furthermore, he was pathological: “In the schema of male pathology developed by mid-century psychologists, immaturity shaded into infantilism, which was, in turn, a manifestation of unnatural fixation on the mother, and the entire complex of symptomatology reaches its clinical climax in the diagnosis of homosexuality. Empirical findings were offered in support of these judgements” (Ehrenreich 20). All in all, “[f]ear of homosexuality kept heterosexual men in line as husbands and breadwinners” (Ehrenreich 24, 26). Similar views were articulated in countries that were America’s Cold War allies. For example, in Britain (by the 1950s “a client of the United States [. . . whose] cold war enthusiasts [. . . also] wanted a cleanup [of homosexuality] in England” [Dellamora 185]) a 1951 handbook “for couples who have met sexual difficulties” maintained that

The susceptibility of so many people to homosexual practice probably denotes a widespread failure of mature development.

[. . . H]omosexuality is, in its essence, a condition of immaturity. [. . .] When a bisexual person turns to homosexual practice, regressions in bearing and character are sometimes conspicuous; and, indeed, this would be expected when any adult person reverts to juvenile ways. For everyone,
the attainment of heterosexual maturity is one of life’s main objectives [. . . .] Naturally, then, it can be offensive to see others apparently shirking adult responsibilities and indulging in immature ways. (Malleson 139–40, emphasis added)

This way of thinking was long-lived, still appearing as fact in developmental psychology textbooks in the late 1970s (Ehrenreich 18). Similarly, sociologist Patricia Cayo Sexton’s 1969 study, The Feminized Male: Classrooms, White Collars and the Decline of Manliness, flatly claims, without providing a single citation or suggestion of evidence, that the “single man is most likely to be an outsider—vagrant, alcoholic, criminal, homosexual, rebel, lunatic” (7, emphasis added).

Women, of course, also had roles to play as potential contributors either to sexual and social degeneration or to the maintenance of stability and security. The relative independence that many had enjoyed during the war, thanks to their entry into paid work, led to the terrifying specter of female independence and consequent moral laxness: because women who enjoy freedom, the argument went, have acquired “male” rights, they are also likely to display “male” (mis)behaviour and (im)morality; unfortunately, when women become sexually lax, the stability of the family is threatened (May 58, 59). Consequently, “[a]fter the war, [. . . g]overnment propaganda urged women to go home as wives and mothers, not only to release jobs for returning veterans, but also to promote the notion that the nuclear family was the foundation of democracy and had to be protected” (May 65). Such propaganda seems to have been successful. For example, although post-war college enrolment was up for white women, their rates of completion dropped. Instead they married the educated men they met at college, while many colleges actually remodeled the programs they offered to women, emphasizing home economics and domestic tasks (May 68–70). For those women who did finish college, the 1953
edition of *Building a Successful Marriage* (which purports to “present in readable form the scientific knowledge that exists about mate selection, courtship and the adjustment problems of marriage” as an aid to “readers who are seeking to build successful marriages”) includes this warning: “[A] woman [who] has a college degree limits her opportunities for marriage if she does not make acquaintances in college which will lead to matrimony” (Landis and Landis vii, 55; emphasis added). Such views of appropriate womanhood were also embraced by publications directed at women, such as the *Ladies’ Home Journal*, which was in the 1950s the most widely circulated North American women’s magazine (Hume 11). In her careful survey of the issues in the years 1952 and 1953, Janice Hume finds that the magazine consistently asked women “to put aside any ambitions to work or finish school” (16) in favour of restricting themselves to the tasks of marrying, raising children and caring for husbands, and Hume quotes a short story whose fictional heroine, although a college student, longs to “throw the Lake Poets back in the lake and don a kitchen apron instead of an academic cap and gown” (14). “Which, of course,” Hume remarks wryly, “she did. [. . .] University education [. . .] could only take a 1950s woman’s mind off what was truly important in her life—marriage and family” (14).11

In short, more women and men were marrying than ever before, and at younger ages than they had in the past. In addition, they were having more children, spaced more closely than before (May 14). Maintaining “traditional” family structures, then, through both marriage and adherence to rigid roles within marriage, was understood to be vital to the containment of a variety of “threats.” As Anne Fausto-Sterling observes, “Postwar ideologues insisted that national security depended on women and men taking up their
appropriate domestic roles” (198). *When You Marry*, another 1953 marriage preparation handbook, articulates the state’s interest in the family this way: “Pregnancy is a social condition quite as much as a biological state. […] Yes, even more, pregnancy is of importance to the community and the state. We find more and more laws introduced to assert the interest of the commonwealth in healthy, robust families” (Duvall and Hill 352–53). And, again, the widely circulated *Ladies’ Home Journal* contributed to this discourse. Hume provides examples of articles which maintained that a woman’s influence in the home was vital to the health of the nation, including a non-fictional story about a woman named Duda, who fled Czechoslovakia and Communism while pregnant. Duda is raising her children as full-fledged Americans who know nothing of their Czech heritage; Hume observes that “Duda’s loyalty […] and her distaste for her former (now Communist) home, served as an example for *Ladies’ Home Journal* readers about the importance of the role of mothers as natural preservers of the republic” (15–16).

Official and popular ideologies thus connected the home and the political realm, taking the view that men in fulfilling marriages would be more resistant to external seductions such as communism and homosexuality. Women who gave their energy to their families would not only be content and feel fulfilled, but would also contribute to national stability and security, and help to prevent moral and political decay, by producing children who would be healthy, strong citizens, and by enabling their husbands to resist temptation (May 85). As Johnson observes, in “a nation on ‘moral alert’ because of the Cold War, stable, monogamous, heterosexual marriages were seen as a key weapon in the arsenal against degeneracy and internal communist subversion” (11). Marriage thus fortified normative categories and behaviours, rendering social norms less susceptible to
the kinds of dangerous slippages which Kinsey’s work seemed to suggest. May sums up the connections between sexuality, maturity, politics and national security:

According to the common wisdom of the time, “normal” heterosexual behaviour culminating in marriage represented “maturity” and “responsibility;” therefore, those who were “deviant” were, by definition, irresponsible, immature, and weak. [. . .] With such ideas widely endorsed, individuals who chose personal paths that did not include marriage and parenthood risked being perceived as perverted, immoral, unpatriotic, and pathological. (82, 83)

The question of pathology brings this discussion to the increasing faith in “experts,” and the phenomenon May calls the “therapeutic approach” to achieving personal fulfillment that emerged in the 1950s.

At this time, people increasingly turned to “experts”—professionals—for information on managing their lives, and that expertise was dispensed in a variety of ways, coming from (as examples) self-help books, medical professionals, or psychoanalysis. The era’s overwhelming interest in the Kinsey reports and Dr. Spock’s childcare texts exemplifies this growing reverence for expert discourse (May 166). “Long-term individual therapy,” May writes, “reached unprecedented popularity in the mid–1950s” (21), and a significant feature of this therapeutic approach to living was its advocacy of personal adaptation for those who found themselves at odds with society; therapy “was geared toward helping people feel better about their place in the world, rather than changing it” (May xxv).12 In the face of the uncertainties of the atomic age, experts seemed to stand for the scientific and technological control of the unknown. They rationalized the anxieties of the era in ways that left the status quo undisturbed and discouraged activism as a possible response to instability (May 21–22). Adapting to society, not resisting it, was the way to create feelings of personal security and integrity.
The expert authors of *When You Marry* put it this way: “Conformity [. . .] pays dividends in emotional stability, creativity, and integrity” (Duvall and Hill 147). “[E]xpertise,” May observes, “reinforced the political consensus by pointing to individual weaknesses, rather than to structural or institutional flaws, as the source of problems” (167). As with the “tasks” leading to maturity, experts defined “appropriate” goals, ideals and behaviours for “normal” people.

It is important to observe that research in recent years has challenged the common conception that North American 1950s culture displayed a monolithic hegemony. Thus, while the expert discourse to which May refers might have placed value on conformity, faith in institutional authority, and adapting oneself to the mores of the dominant culture, there was also resistance to its disciplinary power. (Indeed, one could reasonably suggest that the emphasis on conformity is indicative of an apprehended pre-existing non-conformity.) Examples of such resistance include the black civil rights movement and the counter-cultural Beat poets. Similarly, in *Homosexuality in Cold War America: Resistance and the Crisis of Masculinity* Robert J. Corber analyzes the ways in which gay male writers of the period define “gay male identity [. . .] less by sexual preference than by resistance to the dominant political and social order” (4). These were also the years during which important homophile groups appeared, including the Mattachine Society (1950) (“originally conceived as a political and civil rights discussion group for homosexual people” [Devor and Matte 183]), as well as the Daughters of Bilitis (1955), ONE Institute (1952) (which published the United States’ first readily available pro-homosexuality magazine as well as the first academic journal dedicated to homophile studies [Devor and Matte 184]), and others. 1952 also saw the appearance of *Transvestia,*
a newsletter dedicated to the interests of cross-dressers, which, writes historian Joanne Meyerowitz, can be considered the beginning of “a fledgling transvestites’ rights movement” (How Sex Changed 179). In addition, Virginia Prince (whose work eventually led to the establishment of a broad network of cross-dressing societies) became active in the 1950s, making contact both with other cross-dressers and with sympathetic medical professionals; Prince is sometimes credited with coining the term “transgender” (Meyerowitz 181, King and Ekins n.p.).

However, despite many such nodes of resistance, white, middle class, conservative values set the agenda for the dominant ideological positions of these years (May xxiv–xxv), and a brief comparison of Kinsey’s 1948 Sexual Behaviour in the Human Male and his 1953 Sexual Behaviour in the Human Female (between which came the 1950 Senate report on the employment of homosexuals and other “sex perverts” in government) suggests the rapidity with which the Cold War discourse I have been outlining was articulated and adopted. In 1948, under the heading “Scientific and Social Implications” (of homosexuality), Kinsey wrote:

The opinion that homosexual activity in itself provides evidence of a psychopathic personality is materially challenged by these incidence and frequency data. Of the 40 or 50 per cent of the male population which has homosexual experience, certainly a high proportion would not be considered psychopathic personalities on the basis of anything else in their histories. It is argued that an individual who is so obtuse to social reactions as to continue his homosexual activity and make it any material portion of his life, therein evidences some social incapacity; but psychiatrists and clinicians in general might very well re-examine their justification for demanding that all persons conform to particular patterns of behaviour. As a matter of fact, there is an increasing proportion of the most skilled psychiatrists who make no attempt to re-direct behaviour, but who devote their attention to helping an individual accept himself, and to conduct himself in such a manner that he does not come into open conflict with society. (660, emphasis added)
Kinsey feels he has identified a small trend towards a certain level of acceptance among psychiatric professionals (although he also feels that the findings of science will bring about broader changes “only to the extent that the community will back them” [665]). Tentative though Kinsey is, this passage stands in stark relief to passages from an equivalent section (“Social Significance of Homosexuality”) in *Sexual Behaviour in the Human Female*, where, five years later, he specifically addresses aspects of America’s increasing post-war paranoia: “It is contended that the general spread of homosexuality would threaten the existence of the human species, and that the integrity of the home and of the social organization could not be maintained if homosexual activity were not condemned” (483). In addition to offering brief evidence suggesting how unfounded such fears are (including a specific refutation of the idea that homosexuality threatens “the family”), Kinsey also comments on how profoundly “disturbed over male homosexuality [. . .] we have [become] here in the United States” (477) and observes that “[t]here appears to be no other major culture in the world in which public opinion and the statute law so severely penalize homosexual relationships as they do in the United States today” (483) (with, he feels, the possible exception of England [477]). One of Kinsey’s recent biographers observes that Kinsey was “horrified and disgusted” by this increasingly repressive reaction to variant sexuality (Jones 630).

It was within this rapidly established culture of paranoia and prejudice that John Money, Joan Hampson and John Hampson carried out research on intersexuality at Johns Hopkins during the first half of the 1950s, publishing their findings in a series of articles that appeared between 1955 and 1957.
“Would you have to remove that vagina?” Containing sexual chaos

Money and the Hampsons’ articles have received a fair amount of scholarly attention in recent years for a number of reasons. They charted the course for the medical management of intersexuality, establishing standard interventions in infancy and early childhood that only began to be challenged in the 1990s and continued in “official” use until 2006. They influenced theories of transsexualism that developed in the 1950s and continued unchallenged into the 1990s, and which, if no longer hegemonic, at least continue to be influential despite challenges from transgender activists. And, some fifteen years after these articles appeared, the research reported in them profoundly influenced feminist theoretics. However, there has been no sustained attempt to understand the work of Money and the Hampsons as coextensive with Cold War ideology and anxieties. Given the lasting influence of their work, understanding it within the context of Cold War attitudes, beliefs and anxieties around sexuality seems vital to understanding aspects of, and tensions within contemporary medical views of transgenderism, a subject I discuss in chapters three and four. Further, it seems to me particularly telling that the work of Money and the Hampsons appeared when it did, rather than earlier in the century. In a cultural context in which “everyone” supposedly aspired to “heterosexual maturity,” a context in which “normal” women and men married early and were then expected to fulfil inflexibly separate roles within marriage, it would be a matter of some urgency to determine early whether an intersexed infant was a boy or girl in order to guide her or him into maturation as a “normal” man or woman. (Which is not to suggest that intersexed births and individuals did not inspire anxiety and bewilderment during earlier generations—they did. However, Money and the Hampsons
ushered in a new era of increasingly rigid control.)

In one of their articles, Money and the Hampsons present in considerable detail the case history of a subject who was born with “a small hypospadiac phallus and fused, empty labioscrotum,” and raised male from birth (Money, Hampson and Hampson 1955b 310). Hypospadias is a condition in which a male’s urinary opening is located on the underside of the penis, or even below the shaft of the organ altogether. (Or, to put it another way, “[i]n severe hypospadias,” writes Money and a later collaborator, Anke A. Ehrhardt, “the opening is in the female position. [. . .] A small penis with a severe degree of hypospadias is identical in appearance with an enlarged clitoris” [Money and Ehrhardt 286].) In his eleventh year, the subject of the case history (whose urinary opening was beneath his small, somewhat concealed penis) seemed to be entering female puberty—“his breasts had begun to enlarge and his body had grown increasingly feminine in contour”—and a hospital examination revealed “female” internal organs (uterus, fallopian tubes, ovarian gonads), while testicles and other “organs of the male reproductive system” could not be “discerned internally.” The female organs were removed—“especially as the parents thought their child should remain a boy” (MHH 1955b 310)—and an ongoing program of “male” hormone therapy instituted.20

The researchers relate this case because “it shows convincingly how gender role and orientation may be fully concordant with the sex of assignment and rearing, despite extreme contradiction of the other five variables of sex” (1955b 310).21 That is to say, it supports their argument that, at least for those with “ambisexual contradictions” (1955b 302), being assigned to and raised in one of the two available sexes has far more influence over “the establishment of gender role and orientation as male or female”
than do observable phenomena such as genitalia, chromosomes, reproductive organs, hormonal makeup, and so on. Despite the radical potential of their theorizing—which, for the first time, explicitly attempted the distinction between “sex” and “gender” that eventually informed feminist theory in the late 60s and in the 1970s—the work of Money and the Hampsons was intended to regulate, not liberate. Thus, although they can observe “that sexual behavior and orientation as male or female does not have an innate instinctive basis” (1955b 308) they nevertheless do not “question [. . .] the fundamental assumption that there are only two sexes. [. . .] Their patients required medical treatment because they ought to have become either a male or a female” (Fausto-Sterling 46). As a result, although this boy’s body seems to have demonstrated a certain coherence and functionality of its own, Money and the Hampsons can only understand it as demonstrating “contradictions” that require rectification.

This insistence on rectification represents a shift from earlier research, such as that contained in Hugh Hampton Young’s groundbreaking 1937 book *Genital Abnormalities, Hermaphroditism & Related Adrenal Diseases*. Contemporary scholars who examine this book have responded to it in a variety of ways. For example, Fausto-Sterling sees Young as remarkably open-minded and non-judgemental, readily accepting that some of his subjects were “practicing hermaphrodites” (by which he meant that they enjoyed heterosexual relations with members of both recognized sexes). Fausto-Sterling’s view is that Young did not attempt to force his subjects into treatment. Further, she notes that, in treating those who did seek normalizing procedures, Young made judgements based on “his patients’ psychological and social situations” (not insisting, for example, that someone with ovarian gonads was of necessity a woman, especially if s/he also had
an obvious phallus and identified as a man), and used “sophisticated understandings of the body more as a guide to the range of physical possibilities [for surgical treatment] than as a necessary indicator of sex” (42, emphasis added). Bernice L. Hausman’s views of Young are similar to Fausto-Sterling’s, particularly in connection with his use of psychological and social data (Changing Sex 80), but she notes that Young, “[i]n keeping with his [medical] specialty” (91) was chiefly interested in the surgical “repair” of unconventional genitalia. She cites cases—especially involving children—where Young was quite willing to carry out treatments that expressly contradicted the wishes of patients and their parents. At the same time, she, like Fausto-Sterling, notes cases where he did not attempt coercive treatment (93). If Fausto-Sterling sees Young as non-coercive and open-minded, and Hausman understands his attitudes as varying, showing at different times both flexible and normalizing impulses, Cheryl Chase, by contrast, describes him as an enthusiastic normalizer of genital variations (Chase 190). These varied reactions probably arise from the fact that it is somewhat difficult to reduce Young’s work to a simple, “endorsed” set of treatment protocols; rather, he records a large number of cases which have been approached in a variety of ways. My reading of Young’s cases finds him prepared to acknowledge, with a certain reluctance, the potential for some intersexuals to occupy an ambiguous place not clearly male, female or heteronormative. That is, when circumstances insist on it, he demonstrates the flexibility for which Fausto-Sterling praises him. Of course, Young wasn’t the only pre-war researcher and practitioner working on intersexuality, and at the time there were not widely agreed on standards, practices or protocols concerning sex assignment or surgical intervention; rather, there was a certain flexibility of practice, varying from one practitioner to another
(Hausman 89–93). In his 1946 book, *Hermaphroditos: The Human Intersex*, physician A.P. Cawadias remarks that, despite an “enormous literature on the subject [. . .] clinical and physiopathological views evince so much vagueness that definite lines of therapeutic action are lacking” (viii).

Things had changed by the 1950s, and the shift towards a rigid and binarized treatment protocol for intersexuality, as reflected in the work of Money and the Hampsons, fits a prevailing Cold War era discourse in which there was little tolerance for ambiguity and flexibility, a post-war ideology that sought to contain sexual chaos and enforce traditional gender roles. We can look to one of Young’s cases, that of the much-cited Emma T., a so-called “practicing hermaphrodite,” for an example of the kind of “chaos” that the work of Money and the Hampsons would later seek to control. Emma lived as a woman, was married, and, having a vagina, engaged in “female” (hetero)sexual relations with her/his husband. However, s/he preferred female partners, and had a phallus (which was either a large clitoris or a small, hypospadiac penis, depending on one’s point of view) large enough to facilitate “male” (hetero)sexual relations with women. Young’s examination revealed no internal female organs of reproduction, but Emma did have small, undescended testes. Emma thought it would probably be most appropriate if s/he were a man, given her/his preference for female partners, but when Young asked if s/he would “like to be made into a man,” asserting that this “would be quite easy” to accomplish through surgery (Young 142), Emma refused the offer, wishing to retain a vagina because of the security s/he derived from it. S/he asks:

Would you have to remove that vagina? I don’t know about that because that’s my meal ticket. If you did that I would have to quit my husband and go to work, so I think I’ll keep it and stay as I am. My husband supports me well, and even though I don’t have any sexual pleasure with him, I do
have lots with my girl friends. (Young 142).

For Hausman, the significance of Emma’s refusal is that s/he simultaneously values his/her “masculinity”—indicated by a desire for women—as well as prizing the usefulness of her/his “female organs.” Hausman continues: “What is most interesting here is the way in which his/her experience of sexuality, identity in a sex category, and performance in a sex role were embedded in a complex social, economic and ideological context that he/she refused to make more ‘coherent’ through the excision of some tissue and the building up of some other tissue” (1995 93). As Hausman and others argue, such ambiguity has the power to disrupt western culture’s normative practice of structuring the social order around two “opposite” and contrary sexes, and also threatens, as Julia Epstein puts it, “the hegemony of heterosexuality” (130). Also citing the case of Emma T., Chase plausibly suggests that the emphasis which 1950s researchers placed on prompt postnatal detection and treatment of intersexuality might well have been “at least partly motivated by the resistance offered by adult intersexuals to normalization through surgery” (190–91). Chase’s speculation becomes all the more compelling when considered in light of the work of Daniel G. Brown, a 1950s researcher chiefly interested in transvestites and people who would soon come to be called transsexuals. His writing reveals a point of view remarkably like that which Chase imputes to the intersex researchers. Like Money and the Hampsons, whose work he cites, Brown took the view that, while gender had polymorphic possibilities in early life, variant forms of gender that persisted into adulthood were pathological. He advocated early intervention in such cases on the grounds that, by adulthood, such people were “almost invariably [. . .] so satisfied with [their] adoption of the role of the other sex that [they] will virtually never want to
change” and “consciously resist” therapy ("Transvestism" 1022). In short, since adult gender “deviants” could not, or would not, submit to psycho-therapeutic interventions, such cases needed to be identified and rectified in early childhood: “There is little disagreement that an ounce of prevention is worth more than a ton of cure” (1018).

1950s paranoia around homosexuality also lends weight to Chase’s suggestion, particularly the fear of not being able to tell who is or is not homosexual, a fear which would be compounded in the face of intersexuality and the difficulty of trying to identify someone like Emma T. as female or male, homosexual or heterosexual. Steven Bankow’s questioners in Half were, then, at least partially (if unknowingly) correct in their speculations: if Steven’s body refuses to be male or female, then he might well be “a fairy, a pansy, a queer, a homo” (Park 65)—but, then again, he might not be, and it is this indeterminacy that terrifies. Money and the Hampsons acknowledge these kinds of fears when they write that “[m]ost parents need to be told that their child is not destined to grow up with abnormal and perverse sexual desires, for they get hermaphroditism and homosexuality hopelessly confused” (MHH 1955a 291–92). Early interventions not only fix the child in a sex, they also (supposedly) banish the specter of homosexuality.

Young, then, might express a degree of bafflement over some of his cases (and frequently does), and might consider his subjects to be “unfortunates” (xl), but one does not get the sense that he sees them as threats or as emergencies that must of necessity be rectified.24 Less than twenty years later, however, while Money and the Hampsons could acknowledge (supposed) discontinuities between genitalia, internal reproductive organs, chromosomes, and so on, the sexual chaos suggested by these so-called contradictions required control through surgical and hormonal interventions. In addition, although they
believed that being gendered male or female was not innate or instinctive, their research 
nevertheless suggested that one could not alter one’s gender at will since conventional 
“gender role is established in the course of growing up,” that this process of acquisition 
begins by the first birthday, and that gender is “indelibly imprinted [. . . b]y the age of 
two and one-half years” (MHH 1955b 309, 310). Because of this,

It should be the aim of the obstetrician and pediatrician to settle the sex of 
an hermaphroditic baby, once and for all, within the first few weeks of 
life, before establishment of gender role gets far advanced. [. . .] If the 
external organs are so predominantly male, or so predominantly female 
that no amount of surgical reconstruction will convert them to serviceably 
and erotically sensitive organs of the other sex,[25] then the sex of 
assignment should be dictated by the external organs alone. All further 
surgical and hormonal endeavour should be directed toward maintaining 
the person in that sex. (MHH 1955a 288, emphasis added)

The underlying conservatism of their research project should by now be apparent: even if 
biology and psychology may be flexible, culture and medical practice are not, leaving 
biology and psychology to be subordinated to cultural and medical demands. As Fausto- 
Sterling puts it, although Money and the Hampsons “believed that gender identity 
formation in early childhood is extraordinarily malleable, they also thought that gender 
ambiguity later in life was pathological” (63). Their work, then, attempts to contain an 
explosion of polymorphic sexual possibilities that are embodied by intersexed subjects 
and that threaten heteronormativity. While there might have been other ways to read such 
bodies—in the form of local knowledges produced by the subjects themselves or their 
families (or even, as Young’s work suggests, variable knowledges produced by medical 
culture)—Money and his colleagues developed, to use Foucault’s discourse of subjugated 
knowledges, “the unitary theoretical instance that claims to be able to filter 
[discontinuous, disqualified and nonlegitimated knowledges], organize them into a
hierarchy, organize them in the name of a true body of knowledge, in the name of the
eight of a science that is in the hands of the few” ("Society” 8–9).

As Hausman argues, although the work of Money and the Hampsons asserted a
collectionist rather than essentialist position, “they established a new essentialism that
fixed gender role and orientation within an exclusively heterosexual framework” (1995
98). The example of Money and the Hampsons’ case history mentioned above helps
illustrate this point. The subject was deemed at birth to have a penis—albeit one that did
not conform to cultural standards of phallic perfection—and was raised as a boy. Later, at
the onset of puberty, he was found to have at least some female internal reproductive
organs. These were removed and “male” hormone therapy instituted. Critics of the
approach espoused by Money and the Hampsons might have argued that his “true sex”
was female and that “he” should have become “she” on the grounds that “he” could never
be a fertile male but “she” had at least the potential to be a fertile female. However,
Money and his colleagues argue that there is a distinction to be made between fertility
and the likelihood of “actual child bearing”; just because a person has the biological
capacity to reproduce—the required “chromosomal, hormonal, and gonadal” capacity—
does not mean that such a person will do so. Also required are “the social encounters and
cultural transactions of mating and marrying, which are inextricably bound up with
gender role and erotic orientation” (1955a 290). Someone socialized as male but
converted to female is unlikely to experience such “social encounters and cultural
transactions,” they feel, because, (a) the psychologic disorder which would likely ensue
would make marriage improbable, and (b) socialized as male, the now-ostensibly-female
subject would fall in love with women and never use her fertility. (They write—with
what I take to be unintentional humour—that “[t]he plan to preserve fertile gonads carries the seeds of its own defeat by ensuring that fertility never culminates in reproduction” [1955a 290].) Here, not only is gender constructed socially, so is desire, on at least an implicit level, by virtue of its connection to gender role: those who develop a male gender role necessarily desire females. Further, mating and reproduction are inextricable from socially and culturally constructed “encounters” and “transactions.” Conversely, despite the fact that gender, desire and the conventions of marrying, mating and reproducing are all represented as constructions, there is also an essentialism at work here, as Hausman points out. Desire has a *fundamental* link to gender, and it is apparently inconceivable that either gender or desire could legitimately function outside of the framework of heterosexuality.

Speaking from a present-day perspective—that is, from a perspective that facilitates critique, according to Foucault’s account of subjugated knowledges—there are a number of objections one might raise here. For example, the position that desire is inextricable from gender takes no account of those whose gender apparently has been established in the “normal” way but who nevertheless experience same-sex desire. Also problematic is the implicit conflation of female same-sex desire with a masculine gender role, as is the apparent (although fallacious) assumption that women who experience such desire do not reproduce. What appears to subtend their assertion that people who experience same-sex desire *do not* reproduce is an unspoken conviction that they *should not* reproduce; consequently, a sterile, non-reproductive straight is preferable to a fertile, potentially reproductive queer.

The conservatism of Money and the Hampson’s work as researchers and
clinicians seems part and parcel of the era’s increasing reverence for expertise and its growing tendency to look to therapies as a means to induce conformity. Effecting conformity is so fundamental to their clinical work that nowhere do they even consider that there might be some benefit to challenging cultural attitudes towards intersexuality; all efforts are geared towards altering intersexuals—psychologically and somatically—in order to make them blend into a binarized culture. Indeed, even though, in their professional role as researchers, Money and the Hampsons are able to take the view that “hermaphrodites [. . .] are neither exclusively male nor exclusively female” (MHH 1957 333), in their public role as “experts” they nevertheless insist that children and parents “be disabused of this conception immediately” (MHH 1955a 291). Instead, they should be told that an intersexual is a male or female who is simply “genitally unfinished” (MHH 1955a 294). (Thus, a boy might be told that “the surgeons will finish the penis so that [he] can stand up to urinate” while a “three year old girl about to be clitoridectomized [. . .] should be informed that the doctors will make her look like all other girls and women” [MHH 1955a 294, 295].) Unlike Young, who could observe that the highly polymorphic Emma T. “appeared to be quite content and even happy” (140), there is little recognition in the work of Money and the Hampsons that such an adjustment is possible or, if possible, desirable.

“He would pass anywhere as the advanced graduate student that he was”

In a cultural climate that connects independent women with uncontrolled female sexuality and female seduction with male weakness, and in which male weakness merges with communism, communism with homosexuality and sexual perversion—or, as
Christine Crowle puts it, “in the hysteric climate of the Cold War [where] the enemy was always a demonised conflation of difference [. . . in which] one category leeched into another” (np) and in which the “enemy” could be indistinguishable from “normal” people—in a cultural climate that fears leeching categories, porosity, infiltration—establishing and maintaining categories that permit no slippage becomes profoundly important. Certainly this is central to the work of Money and the Hampsons, who maintain that the subject of their case history is entirely masculine and entirely heterosexual. I have already touched on some of the ways in which they demonstrate this, but will now examine more closely this case history and their arguments concerning it. (Money and the Hampsons do not give their subject a name. To avoid awkward constructions in what follows, I refer to him as Mr. A.)

The content of this case history frequently seems almost purpose-made to uphold the Cold War era attitudes and ideology under discussion so far. The views on marriage and family, women’s roles, homosexuality, and education and career recorded in it could in many respects be considered exemplary for the period, while a kind of “therapeutic” closeting is implicitly endorsed and “expertise” insists on receiving a high degree of deference. At the same time, however, Money and the Hampsons seem barely aware of the extent to which Mr. A’s very embodiment profoundly destabilizes these social conventions, and they seem either unable or unwilling to acknowledge the complexity of his sexual desire. It is within these lacunae in their understanding that we find instances of what Foucault refers to as the first type of “subjugated knowledge”; that is, while the knowledges of the body and of sexuality suggested by Mr. A’s destabilizing embodiment and complex desire exceed Money and the Hampson’s heteronormative frame, such
excesses nevertheless become “buried or masked in [the] functional coherences or formal systematizations” (“Society” 7) of that frame, detectable only as unmarked traces, remnants of the researchers’ redactive and interpretive processes.

The spirit behind Malleson’s 1951 dictum that “the attainment of heterosexual maturity is one of life’s main objectives” appears with particular force in the case study; marriage is one of Mr. A’s chief ambitions, and the researchers show particular enthusiasm for its achievement. The first sentence of the case history indicates its primary importance: “The patient was twenty-four years old and married at the time of psychologic study” (MHH 1955b 310). At a time when psychiatric theory had determined that marriage—undertaken at an early age—was an essential marker of normalcy in adult males, this opening establishes Mr. A as someone who is, at least potentially, unremarkably normal. It is only after introducing him in this way that Money and the Hampsons move to a description of his medical condition. Subsequent to this, marriage or married life receives frequent mention and, at times, detailed discussion throughout the case study. (In fact, only a single page of the seven-page history lacks a mention of marriage—that given over to medical photographs.) The following typical passage illustrates Mr. A’s longstanding intention to marry: “In a sense my life has centered around this problem of getting married in that I have always wanted to get married. It’s been one of the things that I was going to do, if it was humanly possible. That has been a controlling factor and a challenge all the way along, from some of my earliest memories.” And, here, the “masculine” force with which Mr. A speaks of his determination to marry is doubtless intended to impress: “‘Mother was quite sure that I would never marry;’ and was very upset when, with the first serious love affair at nineteen ‘I said I was damn well
going to get married, somehow. Even at sixteen I was thinking about it’ ” (MHH 1955b 312). A little later, Money and the Hampsons note that in childhood he displayed an “Oedipal attachment considered normal in boys” but that, in equally normal fashion, “[e]ventually it gave way to a concern with girl friend [sic] relationships and marriage” (MHH 1955b 318, emphasis added). As we saw earlier, mid-century psychology regarded the immature male—identified as such partially through his refusal to marry—as unnaturally attached to his mother, and this attachment was, itself, a sign of homosexuality. By contrast, Money and the Hampsons’ mention of their subject’s childhood Oedipal attachment and its passing, seems to establish him as a “normal” boy who became a “normal” man—one who is now, and always has been, male. While it would be possible to provide a number of such examples from this case history, it is sufficient to observe that they all drive home the same point, which is that Mr. A exemplifies mid-century expectations of manhood: he has married young and, although a graduate student he is also a (the only?) wage earner, he is heterosexual, he aspires to fatherhood. Marriage seems the ideal container for the threat of sexual chaos represented by the perceived ambiguities of his body, just as it was, according to May “considered to be the appropriate container for the unwieldy American libido” that Kinsey had uncovered (May 88).

Since, as I observed earlier, women played an important supporting role in keeping men from falling into homosexuality, communism and other perversions, Mr. A’s wife in this case history, and her role in his “normal” development, also deserve some attention. Despite Mr. A’s status as a student, the two are nevertheless married and contemplating starting a family through adoption or artificial insemination. On a certain
level, there is little that is remarkable in this, since post-war college-aged women and men were urged to marry, after which “while their husbands remained enrolled, the wives could drop out and have children”; further, “[w]ives could be a help to male college students by taking care of their housekeeping needs” (May 69). Landis and Landis wrote in 1953 that married college men “felt that marriage gave more stability to their lives, made life more purposeful, and made it easier to settle down to work” (114–15), and May quotes a 1949 issue of the *Ladies’ Home Journal* which took the position that such “young men find that they can do much better work if they get the girl out of their dreams and into their kitchens” (69). Mr. A’s case history seems to be following this pattern. However, the view of male “dreams” put forward in the *Ladies’ Home Journal* article quoted by May produces interesting resonations when considered alongside this case history, which gives an account of the young man’s *actual* sleeping dreams—or at least one of them—which he interprets as evidence that he is not “a fairy,” an interpretation which Money and the Hampsons unquestioningly accept. However, the account of this dream is one of several places in the case history which reveals chinks in the edifice of masculine heteronormativity constructed by Money and the Hampsons on behalf of their subject (and presumably also constructed by Mr. A himself, though it is impossible to determine the extent to which the researchers editorialized his account of himself and his life). Here is the passage in question:

The resolution of sexual uncertainties was neatly illustrated in a dream, the only one which he could recall. It was dreamed nearly two years earlier, when he and two fellow instructors from the summer school had visited a man whom they thought homosexual. “I dreamed I was in a church eating supper—stuffed cabbage leaves or something. Rae [whom he subsequently married] was with me and we were sitting with strangers at a table in front of the sanctuary. Homer and Chloe [friends] were at a table within the sanctuary. The altar was off in the transept. I looked up and in
the first pew was this fairy wearing pearl earrings, lipstick and henna in his hair. He was with someone who looked like his mother and was grinning kind of silly. I laughed and went up and told Homer and Chloe to look at him. I came back and was concerned that Rae wasn’t eating anything, so we went somewhere else and had supper together. It was a very happy dream. My big problems were resolved. Chloe and I figured it out. I wasn’t a fairy because I was with Rae and was able to laugh at this other guy. And I was still able to talk to Chloe and Homer who were my friends, but who wonder about my marrying a Catholic girl and my feelings about Catholicism. And although Rae wasn’t quite happy we went somewhere else and were very happy. I remember thinking kind of guiltily that she wasn’t eating, because I was enjoying myself tremendously.

(MHH 1955b 316)

Clearly, this is a passage of extraordinary complexity, and it seems inadequate to merely comment, as Money and his colleagues do, that, thanks to the mockery of the “fairy,” the dream demonstrates, or could be said to precipitate, a “resolution of sexual uncertainties.” Indeed, the unresolved—and unexamined and virtually unacknowledged—sexual uncertainties and boundary transgressions here leave traces of a knowledge subjugated by, as Foucault would put it, the “unitary theoretical instance” which has filtered and organized it “in the name of a true body of knowledge” (Foucault, “Society” 7–9). What, for example, are we to make of the apparent conflation of a suspect religious denomination (Catholicism) and a taboo sexuality (homosexuality), especially given Mr. A’s decision to accept one of these conflated possibilities? Is there a connection between ritualized eating in church (i.e. communion) and the satisfaction of bodily sexual “appetites” which the presence of the “fairy” seem to make explicit? Although Mr. A can publicly “eat” in the presence of the “fairy,” and “enjoy[. . . him]self tremendously,” he and Rae are unable to “eat” together until they retire for a private “supper.” Also, is the dreamed “fairy” the supposed homosexual who Mr. A visited before the dream occurred? That, presumably, is the interpretation we are being asked to accept. But why shouldn’t
the “fairy”—adorned on the outside with trappings of womanhood—be understood as Mr. A himself, who, at one time, was adorned on the inside with the trappings of womanhood? Might this figure represent a fear that an internal “essential” womanhood could reveal itself, thus toppling Mr. A from his socially recognized height of heteronormative masculinity? Similarly, what is the significance of the implied resemblance between this figure and the person of unidentified sex who “looked like his mother”? Do we have two implied males here who nevertheless are also daughter and mother—Mr. A and his mother? Interestingly, in this connection, Mr. A was asked at the age of eleven—when his “anomaly” was “discovered”—whether he would like to be a girl. Although he rejected this possibility at that age, a free association session with Money and the Hampsons elicited the following: “[O]bviously I was, I couldn’t be the daughter or, or the son or . . .” (MHH 1955b 315). He “was” but “couldn’t be” daughter, or son, or . . . or what? He is, but cannot be, both and neither. This, in a nutshell, is the heart of the dilemma which he is and which he faces. His embodiment and psyche suggests he is both (male and female, and by extension heterosexual and homosexual) and neither, but culture insists he cannot be both, but must fulfil only one of either possibility, and, further, that he certainly cannot be neither.

Further, his dream seems to reveal a worry that his future wife might doubt his masculinity and heterosexuality. She is so disturbed in the presence of the “fairy”—in whom her future husband is showing an interest—that she cannot partake in the fundamental sacrament of her religion: a shared meal consumed in and in front of the church sanctuary. What, then, is the nature of the restriction that she places on her future husband’s pleasure, a restriction which produces the guilt that he feels about “enjoying
[himself] tremendously” when in close proximity to this “fairy”/self/other/suggested hermaphrodite? Her discomfort requires him to remove himself, with her, to “somewhere else” where they are alone and presumably “safe.” Clearly there is a suggested rivalry here between the future wife and the supposed homosexual, which is also, more generally, a contest between heterosexuality and homosexuality—but, most importantly, it is a contest between heteronormativity and a sexually complex sense of self that Mr. A can only cope with through mockery (self-mockery?), a sense of self that he is burying—subjugating—in order to manage “the attainment of heterosexual maturity.”

The assertion, made by Money and the Hampsons, that this dream is concerned with “sexual uncertainties” seems indisputable. Also, it seems not unreasonable to view it as a determining factor in Mr. A’s dedication of himself to a heterosexual relationship, including marriage. However, to credit it with producing a resolution of “sexual uncertainties” vastly overstates the case. At best, it seems, it represents a repression of such uncertainties, the reduction of a matrix of sexual possibilities to the very simple terms of dominant cultural attitudes. Further, Mr. A seems aware of that matrix of sexual possibilities, even if he is unwilling to fully acknowledge it. As an example of this awareness we can look to his experience, with college friends, of bragging about sexual experiences with women. At such times, he would

let it be known that I’d been a heller when I was in high school—which of course is very far from true—and was now going steady[. . .]. I would have liked to have been around raising cain, but in addition to what vague moral feelings I had about it I knew damn well I couldn’t. I was very lucky to have any instincts in that direction I guess. I was taking testosterone; if I wasn’t, I don’t think I would have given a hoot for anybody. I was also in a sense fortunate in falling in with a crowd that was all straight too. I don’t think with my particular background I ever would have been sympathetic to the fairy groups. It was too black and white like that, my family tradition, although there had never been anything very
specific about it. (MHH 1955b 316)

Once again, we are looking at a passage that demonstrates a complexity unacknowledged by Money and the Hampsons. Initially, the stereotypically masculine activity of bragging about sexual experience positions Mr. A in a seemingly unassailable heteronormative relation with both women and men. The rapid acknowledgment, however, that his big talk is only talk, gives way to the suggestion that a physical inadequacy—his phallic insufficiency—prevents Mr. A from being a sexual “heller.” However, we then learn that, small phallus aside, he would not have any such drive—“instincts in that direction”—were it not for the interventions of therapeutic hormones. As these layers of masculinity rapidly fall away, one might wonder what is meant by “that direction”; is this an “instinct” towards heterosexuality or for sexuality in general? While it seems we are to understand this as a heterosexual drive, we might wonder further what he means when he says that without the testosterone he would not have “given a hoot for anybody.” Is “anybody” restricted to women, or does it include men? After this, the overt message we take from his relief in “falling in with a crowd that was all straight” was that he wouldn’t have been comfortable with or have liked the “fairy groups.” But there is also a suggestion here that falling in with straights made him straight. By implication then, falling in with queers might have produced a different outcome, and fear of such an outcome seems to have been at least partly responsible for keeping him away from “fairy groups” that he would, in fact, have had ample opportunity to join: “I got to know [. . .] some of the queer flabs around” because one college acquaintance “travelled with a weird group of avant garde writers and knew an awful lot of the fairies” (MHH 1955b 315). Finally, the last sentence of this passage is an apt, if inadvertent, characterization of
tensions between the very real complexity, subtlety and evasiveness of Mr. A’s sexuality and desire, and a Cold War era need to draw discrete boundaries that allow no slippage: how can he say that his “family tradition” was “black and white” in (one presumes) its attitudes toward homosexuality, while claiming at the same time that “there had never been anything very specific about it”? What does it mean to take a black and white view of something unspecified?

As inconclusive as his sexuality seems to be in these passages, Mr. A does nevertheless enter into heteronormativity, and a key figure in this achievement is Rae, his girlfriend and then wife (whose ambiguously gendered name has a certain aptness). As I noted earlier, it is her presence in the dream that, according to Mr. A and to Money and the Hampsons, defines him as heterosexual: “I wasn’t a fairy because I was with Rae” (MHH 1955b 316). Further—and this goes unnoted by either Mr. A or the researchers—it is she who, in (and through) the dream, places limits on his sexuality; her discomfort brings about his withdrawal from the complex of possibilities suggested during the dreamed meal. Thus, although he seems to have come dangerously close to falling into “perversion,” the influence of his (eventual) wife keeps him from this. She is functioning as a Cold War era wife should, according to May’s account of such women, by “prevent[ing her] husband[. . .] from straying from the straight-and-narrow” (May 85).

Immediately after the account of the dream, we learn about their (apparently subsequent) struggle to decide whether they ought to marry. Their quick decision, followed rapidly by the marriage itself, seems to cement Mr. A’s unequivocal entrance into heterosexuality. The author of the 1955 edition of Your Marriage, a book “for those about to be married, or for those who have just been married,” might have approved of this rapidity, since
“excessive delays in marriage [. . .] plac[e] such abnormal and unjust strains upon young men and women that [. . .] the conditions are ripe for the development of crushes and love affairs on a homosexual basis” (Himes vii, 38). 28 Mr. A presumably escapes such a fate through his marriage, an event which might well constitute a double release from the pressure of the “abnormal strains” Himes mentions, given that Mr. A’s body disrupts the very heterosexual hegemony to which he aspires. Although the case history provides little direct sense of the relief he may have felt at having asserted his normalcy through early marriage, one cannot help but suspect that behind his long-standing matrimonial drive is a desire to establish for himself and society that he is an indisputably normal man. Perhaps his feelings resembled those of another intersexual, Mr. A’s fictional contemporary Steven Bankow, after he decided to become “a husband. Any doubts that he was a man would be purged from his heart forever” (Park 107).

Mr. A, then, fulfills at least one of the 1950s standards for male maturity outlined earlier in this chapter, having selected a (heterosexual) mate and married. Two of the other required “tasks” were starting a family, and getting started in an occupation (Ehrenreich 18). I will discuss “starting a family” shortly, after briefly covering “getting started in an occupation.”

Although Mr. A is not yet fully established in an occupation (at the time of the study), he is on his way, being “well advanced toward obtaining a doctorate in one of the aesthetic disciplines” and “[d]uring the academic year [. . .] work[ing] not only at his own studies, but also as a part-time instructor” (MHH 1955b 312). The researchers are impressed with his abilities and make a great deal out of his status as a high-achieving doctoral student, flatly contradicting his view of himself as “slothful” and of “average or
slightly above average intelligence” (312). Where Mr. A’s assessment of himself seems realistic, if perhaps self-effacing, Money and the Hampsons are not convinced, preferring to enthuse over his “outstanding” “accomplishment and achievement” in “the applied, historical [and] theoretical branches of his field” (312). There is more of this sort of thing—a kind of flexing of intellectual muscle which they are carrying out on his behalf—and one quickly gets the sense that the researchers expect readers to take his academic prowess as further evidence of masculinity—Mr. A’s ability to undertake graduate studies becomes a sign of his maleness. Indeed, Money and the Hampsons bizarrely conflate their subject’s academic life with his (achieved) masculinity when they observe, in the sentence which forms my heading for this section, that “He would pass anywhere as the advanced graduate student that he was” (310). (Although, given their enthusiastic promotion of Mr. A’s masculinity, one might wonder at their identification of his field as an “aesthetic” discipline, since “aestheticism” is linked in some contexts with homosexuality or sexual “decadence.” 29 Does their terminology suggest that, at an unconscious level perhaps, they were not convinced by their own assertions concerning Mr. A?)

Because Mr. A has “no organs of the male reproductive system” (311), “starting a family” poses a problem, although, as I indicated earlier, he and his wife are contemplating adoption or artificial insemination. 1953’s When You Marry makes the importance of having children clear: “Wanting a child is as natural as wanting a mate and is a normal manifestation of our growth as persons. [. . .] Having a family is a fulfillment of a couple’s desire to establish a home of their own” (Duvall and Hill 339). Becoming a father, then, could be understood to further cement Mr. A’s status as a “normal” and
“natural” man, demonstrating his (heterosexual) maturity—his “growth as [a] person”—and locating him within that bastion of fulfilled heteronormativity: “a home of [his] own” with a family in it. Further, in case readers might try to deceive themselves into believing it is possible for a couple to be a family, When You Marry assures us that “[t]here are no childless families, just childless marriages, because it takes a baby to make a family out of a marriage” (Duvall and Hill 321). This idea that the coming of a child is a crowning achievement—a “fulfillment”—in marriage is interesting in light of a remarkable rhetorical feature of Money and the Hampson’s case history. I have already quoted the first sentence of the history (“The patient was twenty-four years old and married at the time of psychologic study” [MHH 1955b 310]), and have observed that, given the importance of early marriage as a marker of male normalcy, this beginning suggests that Mr. A is, potentially, an unremarkably normal man. The history ends with an account of the couple’s anticipation of “family life around the meal table”—there are no henna-haired fairies at this meal—“with the children whom they both took for granted they would rear. [. . . L]ater, the moral issues of artificial insemination having been thoroughly threshed out, the wife became pregnant and gave birth to a child” (MHH 1955b 317). The history, then, begins with marriage and ends with the looked-for home and family, the culmination of marriage through the birth of a child. Between this beginning and ending—within this heteronormative frame—we read about Mr. A’s medical condition. This bracketing of the medical information between cultural markers of “normal” development and achievement has the effect of making the intervening matter appear almost incidental, thus implying that there could be no outcome but total normalcy; we could say that the bracketing manages the reading of this otherwise unruly narrative.
More precisely, this effect comes about because Mr. A’s supposed normality comes to the reader as a virtual *fait accompli*: he is married from the outset. It is only after this fact is established that the text examines his earlier life, providing an account *how* the married state has been achieved (being raised as a boy, the resolution of the Oedipal attachment, the existence of early girlfriends, the resolution of sexual uncertainties, the subject’s intellectual superiority, and so on), finally returning to the *always-already achieved* marriage with an account of its crowning achievement (the birth of a child). Thus, while the narrative may apparently entertain other possible endings (falling in with the “fairy groups,” for example) the outcome is never actually in doubt.

Of course, it is difficult, probably impossible, to ascertain the extent to which Money and the Hampsons were conscious agents in producing this powerful rhetorical effect but, intentionality aside, this structuring nevertheless reinforces their explicitly expressed contention that Mr. A is a psychologically and (hetero)sexually normal man. The same can be said of another rhetorical feature—the persuasive strategy of repetition—that links this case history with the rest of the article in which it appears, and with other articles in the series. As a general observation, we might note both that repetition can help readers to stay focussed on a significant piece of information or point of argumentation, and that it can reinforce such information or argumentation. For example, we can compare a passage I quoted earlier (where Money and the Hampsons mention that they chose Mr. A’s history because “it shows convincingly how gender role and orientation may be fully concordant with the sex of assignment and rearing, despite extreme contradiction of the other five variables of sex” [1955b 310, emphases added]) with passages in the pages immediately preceding Mr. A’s history. Writing more
generally about their research subjects (and “the other five variables of sex”), Money and the Hampsons assert the following:

[In all] 19 cases [. . .] in which there was a contradiction between chromosomal sex and the sex of assignment and rearing [. . .] the person established a gender role and orientation consistent with assigned sex and rearing. (MHH 1955b 303–04, emphases added)

Among the 76 patients, there were 20 in whom a contradiction was found between gonadal sex and the sex of assignment and rearing [. . .]. All but 3 of these 20 disclosed themselves in a gender role fully concordant with their rearing. (MHH 1955b 304, emphases added)

[Twenty-three out of] 27 people whose hormonal functioning and secondary sexual body morphology contradicted their assigned sex and rearing [. . .] established a gender role consistent with their assigned sex and rearing, despite the embarrassment and worry occasioned by hormonal contradictions. (MHH 1955b 305, emphases added)

[Though all three had a functional uterus, they had been raised as boys and had a thoroughly masculine gender role and outlook. (MHH 1955b 306, emphasis added)]

There were 23 among our 76 patients who, at the time they were studied, had lived for more than two-thirds of their lives with a contradiction between external genital morphology and assigned sex [. . .]. In all but one instance, the person had succeeded in coming to terms with his, or her anomaly, and had a gender role and orientation wholly consistent with assigned sex and rearing. (MHH 1955b 307, emphases added)

Further, in the third essay in the series, they summarize these results, “affirming” their own findings—

In affirmation of evidence assembled in an earlier paper [. . .] it may be said that, in 95 per cent of our 94 cases, gender role and orientation corresponded unequivocally with the sex of assignment and rearing, irrespective of incongruities. (MHH 1956 43)

These statements—expressed with an assertive and authoritative confidence—sound convincing, but Money and the Hampsons do not reveal how one determines full concordance, thorough masculinity, and so on, despite the fact that their diction (“fully”
“thoroughly” “wholly” “unequivocally”) certainly suggests that there are criteria or standards to which one can entirely conform. (And is any degree of deviation permissible for one to still be considered “thoroughly masculine” or “wholly consistent”?) Speaking from a position of medical authority—and as producers and upholders of medical hegemony—it seems as if the writers need only assert the idea (enough times) for it to become “true.”

Further, the information here, despite being abstract and imprecise, is repeatedly expressed with a high (even absolute) degree of certainty that is strengthened not only by the expert status of the authors, but through an impression of scientificity that comes about in two ways. First, the writers have broken down their discussion of their research subjects into biological “units”; they analyze and discuss each biological “variable of sex”—chromosomal, gonadal, hormonal, and so on—separately. Because the analytical results are virtually identical for each “variable of sex,” this dissection leads to the multiple iterations of the same basic finding. Second, each iteration is preceded by precise numerical data—such as “all but 3 of [. . .] 20” (MHH 1955b 304) or, as in their summary, “95 per cent of our 94 cases” (MHH 1956 43). In short, the careful taxonomy of the “variables of sex,” and the repetitious precision of the numerical information, together have the effect of making vague assertions seem like meticulously tabulated scientific data.

In fact, the researchers do reveal a little about the criteria by which they “measure” full concordance with a gender role, or thorough masculinity, in their definition of “gender role,” which appears early in the first article of the series, and in an expansion of that definition which appears in the second article. The initial definition is:
By the term, gender role, we mean all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to sexuality in the sense of eroticism. A gender role is not established at birth, but is built up cumulatively through experiences encountered and transacted—through casual and unplanned learning, through explicit instruction and inculcation, and through spontaneous putting two and two together to make sometimes four and sometimes, erroneously, five. (MHH 1955a 285)

To which, in the second article, they add:

Gender role is appraised in relation to the following: general mannerisms, deportment and demeanour; play preferences and recreational interests; spontaneous topics of talk in unprompted conversation and casual comment; content of dreams, daydreams and fantasies; replies to oblique inquiries and projective tests; evidence of erotic practices and, finally, the person’s own replies to direct inquiry. (MHH 1955b 302)

The implication here is that acquisition of gender role is almost a mechanical or mathematical process (adding two and two and getting a right or wrong answer) which can later be decoded by those with the expertise to do so (i.e. researchers like Money and the Hampsons); these experts are able to determine someone’s “proper” adherence to a gender role by calculating whether overt behaviours (mannerisms, play, recreational interests), and half-conscious, sub-rational qualities (dreams, fantasies, spontaneous talk) are appropriate or inappropriate, correct or “erroneous.”32 However, as my examination of Mr. A’s dream and other aspects of his case history demonstrates, such decoding is hardly straightforward, despite the certainty with which the researchers present their findings. Nevertheless, Money and the Hampsons position themselves as authorities in possession of the expert knowledge required to read correctly, to determine with certainty whether people have “wholly” fulfilled the criteria. (I should mention that it could be argued that the foregoing discussion somewhat misrepresents Money and the Hampsons, who, in a footnote, caution that their account of gender acquisition does not “represent
adherence to a theory of environmental and social determinism, for experiences
encountered do not dictate experiences transacted in a simple point-for-point correlation.
Transactions are frequently highly unpredictable, individualistic and eccentric, for
reasons as yet not fully ascertained” [MHH 1955a 285]. However, despite this caution,
Money and the Hampsons base their work and their clinical recommendations on the
principle that if you call an “ambiguous” infant a girl [or boy] and treat it accordingly, it
will become a girl [or boy]; they are, then, to a large degree assuming that there will be a
“point-for-point correlation.” Further, in the phrase “for reasons as yet not fully
ascertained” there seems to be a hint of bemusement about the “unpredictable” nature of
gender acquisition, a suggestion that they believe it ought to happen predictably.
Presumably, successfully “ascertaining” the “reasons” for such caprices would allow for
refinements in the algebraics of gender acquisition.)

After a time, the assertive and authoritative confidence of Money and the
Hampsons starts to smack of overcompensation. Phrases such as “All in all, beyond every
possible doubt, this person was psychologically a man” (MHH 1955b 318) ring hollow
when there seem to be so many other interpretive possibilities, and it seems almost as if
Money and the Hampsons do not quite believe their own theory—even if that disbelief is
functioning on a barely conscious level—and therefore need to keep repeating it. This
hint of doubt (also suggested by their use of the word “aesthetic,” as I mentioned earlier)
is visible in other ways as well. As an example, we can return to “He would pass
anywhere as the advanced graduate student that he was.” Why must he “pass” as
something he already is? If he “passes” as a graduate student, is he then, also, “passing”
as a man? Why are Money and the Hampsons implying here that he is merely “passing”
when elsewhere they insist on the authenticity of his status? In asking these questions, it is not my intention to dispute—or, for that matter, confirm—his adjustment as a man. I take as given that such adjustment is both possible and likely. What interests me is the unacknowledged suggestion of doubt that they cast on their own work. Other inconsistencies in these articles reinforce such a sense of doubt. For example, having gone to great lengths to convince readers that Mr. A is a perfectly adjusted man of impressive intellect who has “surmount[ed] the tremendous obstacles imposed by the contradictions of his genital anomaly,” they then suggest that his condition has stunted him intellectually: “[I]t seemed that the logical, systematic literalness requisite for solving psychosexual problems was incompatible with the flashy erraticness of creative insight, penetrating intelligence and a quick mind” (MHH 1955b 317). The peculiarity of this assertion aside (why is it that anomaly, uncertainty and complexity should extinguish “creativity” and “erraticness”?), his “obstacles” have, in this analysis, left his intellect less penetrating and quick than it might otherwise have been. In short, despite all the effort that the researchers have dedicated to demonstrating that an intersexed person, “correctly” treated, can develop exactly as a “normal” person would, there is in the end a suggested bias here in favour of a conformity, conferred by accident of birth on those with conventional bodies, which Mr. A can never achieve; even the best-adjusted somatic deviants can never be the equals of “normal” people.

Similarly, how do we reconcile the assertion of the researchers that “[t]he young man had a straightforward understanding of [the. . .] medical facts” and “an accurate fund of information about himself” (MHH 1955b 313, 317) with Mr. A’s own account of his knowledge? He says, “I’ve gathered that there’d been some kind of female apparatus in
there by mistake and that it had been taken out. I also knew that they were looking for
testes; and didn’t find them. I guess they found a couple of ovaries or something too.
That’s about all I know about it” (315). Does his vagueness (“some kind of female
apparatus in there by mistake,” “a couple of ovaries or something”) belie the assertion
that he possessed an “accurate fund of information about himself”? Furthermore, what is
a “female apparatus”? How does it get into a body “by mistake”? What is the
“something” that might be an alternative for “ovaries”? Again, I do not mean to suggest
that he necessarily should have known more about his condition than he seems to, but I
do think it is significant that Money and the Hampsons insist that he is well-informed
when his own testimony suggests otherwise.

Why did they not strengthen their theoretical position by anticipating other
interpretations of their data in order to refute them? Or, if they wished to ignore such
possibilities, by at least eliminating evidence which produced the inconsistencies?
Similarly, why did they not address other excesses, particularly the complexity and
uncertainty of Mr. A’s gender and desire? Given the power of a particular era’s
overarching discourse to limit the “sayable,” what we seem to have here is a case where
one type of medical knowledge could be produced while others could not be;33 some
forms of knowledge simply were not available to Money and the Hampsons. In short, we
can look to the broader discourse of the Cold War for a cultural ideology that required
Money and the Hampsons, and people like Mr. A, to make sense out of intersexed bodies
only in ways that would not tolerate the possibility of ongoing ambiguity; Cold War
paranoia about indistinct, “leeching” categories, about hidden “enemies” and perversions
that must be exposed—and then, as Steven Bankow in Half fears, disciplined or
eliminated—would make it extremely difficult to sanction such a possibility. Money and the Hampsons were, then, instrumental in putting forward and solidifying theories of, and medical standards and treatments for intersexuality that were consistent with Cold War ideology and anxieties, despite the fact that the polymorphic, seemingly anarchic sexual possibilities that they try to foreclose lurk within their research, and within their research subjects, as very real possibilities.
Chapter 2 — Buried Knowledges: Cold War Transsexualism and Taxonomic Crises

The cover of Jordan Park’s *Half*, discussed in Chapter One, announces that:

Written *today*—with all the knowledge modern science provides us—HALF tells a story more incredible than any in fiction, a story as true as today’s headlines.

*COULD HE CHANGE HIS SEX?*

You’ve heard about “men” like Steven Bankow. You’ve read about them in your daily newspapers. But here—for the first time—a novelist tackles the problem of a man who tries to change his sex. You will never forget HALF. It is a novel for the here and now.

*WHAT WAS HIS BODY’S DARK SECRET THAT MADE HIM NEITHER MAN NOR WOMAN?*

A specific medical and media event almost certainly mobilized the claims of truth and currency made by this jacket copy, as well the discursive commerce that it suggests, a commerce that not only bridges the discourses of science, journalism and fiction but suggests their imbrication: science is here indiscernible from fiction and fiction from journalism. With its references to “headlines” and “daily newspapers,” *Half*’s jacket copy undoubtedly invokes the extraordinary media coverage of Christine Jorgensen’s sex reassignment, coverage which itself seemed to include, in the form of expert testimony from medical professionals, “all the knowledge [of] modern science.” Jorgensen’s story broke in the *New York Daily News* on December 1, 1952 while she was still recovering in a Danish hospital and, within two weeks, fifty-thousand words about Jorgensen had passed through the news wire services; by the end of 1953, more than a million and a half words had been printed about Jorgensen, the approximate equivalent of fifteen books. Jorgensen made her own contribution to this textual proliferation: her five-part “Story of My Life” appeared from February 15 to March 15, 1953 in *The American Weekly*, a weekend newspaper supplement distributed nationally in the United States. At the
insistence of *American Weekly*’s publisher, Jorgensen’s February return to the U.S. coincided with the appearance of the first instalment of her series while, also in February, newspapers and magazines began publishing articles that insisted, as *Time* later put it, that “Jorgensen was no girl at all, only an altered male”¹ (“Case of Christine” 82; Jorgensen *Autobiography* 168; Meyerowitz “Sex Change” 159; Meyerowitz *How Sex Changed* 62–71, 302; Stryker “Introduction” v). The first months of 1953, then, would have been an ideal time to publish a sensational novel “for the here and now” about sexual ambiguity, and there seems little doubt that *Half*’s appearance, in March 1953, was calculated to take advantage of the Jorgensen publicity.² Even the cover art, juxtaposing a handsome but slightly “feminine” blond-haired man with an equally attractive female incarnation of the same person, seems a deliberate echo of the many “before” and “after” shots of the blonde Jorgensen (whose conventional “good looks” also transferred from one sex to another) that had been appearing in the media.

Twenty-first–century readers might be quick to make three connected observations: that *Half* is about a hermaphrodite,³ that Jorgensen was a transsexual, and that the two are rather different phenomena. But such distinctions were more difficult to make in 1953, not least because the term “transsexual” was not yet established within the English medical lexicon. Further, although other terms recognizable to a modern reader were in use (such as transvestite, hermaphrodite, intersexual, invert, and homosexual), the meanings ascribed to them fifty years ago were not necessarily congruent with current understandings; further, one practitioner’s or researcher’s employment of them might not agree with the way another used them, nor was there consensus about where boundaries between categories should or could be drawn; in addition, such terminology was used in
conjunction with—at times interchangeably with—terminology that is no longer current and not necessarily recognizable to a modern reader (such as, “constitutional invert,” “sex-role inversion,” “psychic hermaphrodisism,” “psychosexual hermaphrodite,” “psychogenic intersex,” “genuine transvestism,” and “eonism”).

Jorgensen was aware of the classificatory confusion she engendered, and some years later described the experience of rereading early press coverage which variously identified her as “a male homosexual, a female homosexual, a transvestite, an hermaphrodite, a woman since birth who had devised a sensational method of notoriety for financial gain, a true male masquerading as a female, or a totally sexless creature—the last category placing me in the same neutral corner as a table or chair” (Autobiography xvii). It turns out, then, as a novel about a hermaphrodite, *Half* is consistent with the discourse concerning “sex change” generated by Jorgensen’s publicity. Indeed, another 1953 text which, like *Half*, sought to take advantage of Jorgensen’s extraordinary visibility, also explains sex reassignment in terms of hermaphroditism. In Ed Wood’s film *Glen or Glenda*, the character of Alan/Ann, who undergoes a “sex change,” is identified as a hermaphrodite; further, the film implicitly links her “case” to Jorgensen’s.4

The taxonomic crisis that Jorgensen inspired subtends this chapter. I examine a variety of texts from the 1950s and 1960s which grappled with the question of how to make “sense” of a person like Jorgensen, all of which function as “nodes” in the web of discursive contestation which Foucault refers to as the network of “force relations,” within which power is both exercised and resisted in a constantly productive and renegotiated tension.

In *A Genealogy of Queer Theory*, William B. Turner writes that, “[t]o begin to
appreciate Foucault’s understanding of “power,” we must avoid the temptation to
ontologize it, to make of it a thing.” Rather, power “is a matter of relationships, [. . .] and
very few relationships are devoid of power differentials”; culture has various disciplinary
practices and institutions which “provide us with myriad expectations about the conduct
of our relationships, expectations that make any interaction go more smoothly.”
However, these kinds of “expectations may also enable and perpetuate domination” (48).
Thus, Foucault rejects the idea of power as a stable set of institutions or systems
controlled by an elite and used to subjugate those supposedly without power (although he
does regard such structures as “the terminal forms power takes” [History 92]). Rather, the
exercise of power occurs through the manifold relationships and encounters to which
Turner refers: they are, in Foucault’s words, a “moving substrate of force relations which,
by virtue of their inequality, constantly engender states of power, but the latter are always
local and unstable” (93); their confrontations, negotiations and struggles occur
throughout the social order, within and across all social strata. While the web of force
relations may produce hegemonies (Foucault’s “terminal forms” of power) as a result of
“support which these force relations find in one another, thus forming a chain or system”
(92), such hegemonic effects themselves remain unstable, both because the power
network is subject to continuous (re)negotiation, and because it is imbued throughout
with nodes of resistance. And, just as power relationships may solidify into hegemonies,
so too may the nodes of resistance coalesce into revolutionary movements, although
usually the resistances are, like the power relationships, diffuse, local and unstable. In
short, power and resistance function similarly: “Just as the network of power relations
ends by forming a dense web that passes through apparatuses and institutions, without
being exactly localized in any of them, so too the swarm of points of resistance traverses social stratifications and individual unities” (96). The potential for insurrection, therefore, exists within any discursive framework. Foucault refers to this rather opaquely as “the tactical polyvalence of discourses,” by which he means, at least in part, that discourses have the potential to be deployed in radically different ways by different speakers, which means that “discourse can be both an instrument and effect of power, but also a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (100–101). It is, therefore, important to consider “who is speaking, his position of power, the institutional context in which he happens to be situated” and the consequent “shifts and reutilizations of identical formulas for contrary objectives” (100, emphasis added) that arise depending on such varying circumstances.

The texts which I analyze in this chapter can be understood within such terms. They are nodes in the Cold War era web of force relations, nodes where knowledges of gender variance are produced and consolidated, or resisted and destabilized; indeed, frequently these texts fulfil both such functions simultaneously. Foucault’s insight that seemingly identical discursive formulas may be used for competing purposes is, therefore, important to my analyses, which are necessarily wide-ranging, accounting for multiple sites of knowledge-production (including fiction, film noir, mainstream and popular media, and medical discourse).

My discussion is anchored in the first section of the chapter by a 1955 hard-boiled detective novel, Mark Shane’s *Sex Gantlet to Murder*. This novel approaches its
transsexual character from within the Cold War era terms that I analyzed in the previous chapter, regarding such a figure’s seeming habitation of a variety of supposedly discrete categories as a threat to the heteronormative social order that must be contained. In this way, the book seems to consolidate existing relations of power. On the other hand, the restoration of cultural norms that the narrative effects is so jarring and dislocating that not only does the conclusion of the novel point up the contingent nature of the “normal,” it arguably leaves normativity as vulnerable and unstable as it has been since the opening pages of the book. Part two of the chapter turns to the state of medical discourse on gender-variance in the United States at the time of Jorgensen’s initial publicity, revealing significant tensions between American and European understandings of cross-sexed identity at mid-century. While the two traditions appear to share a common discourse, discursive ruptures between Jorgensen’s foreign doctors and the medical establishment in her native United States contributed to the crisis she precipitated. The third and final section of the chapter analyzes the work of Harry Benjamin, a sexologist, endocrinologist and physician whose writings on transsexualism in the 1950s and 1960s provided the foundation for much subsequent medical theorizing on the subject, even into the present day. Remarkably supple, Benjamin’s work not only generates and fortifies Cold War era ideological positions, it simultaneously brings about new knowledges of cross-sexed identity from within those ideological constraints.

However, all of these texts, even those sympathetic to transsexualism (such as Benjamin’s) betray an interest in producing conditions that would see transsexual subjects “disappear” through absorption into existing categories. Thus, those hostile to transsexuals attempted to contain them within the familiar rubric of known forms of
“deviancy,” such as homosexuality or transvestism, while more sympathetic voices attempted to contain transsexuals, post-treatment, within the normative confines of heterosexuality. In short, there is little sense in these writings that a cross-sexed identity might have its own legitimacy or viability—an idea which is a fundamental principle of late twentieth– and early twenty-first–century transgender activism and politics. My examination of these erasures is informed by Foucault’s concept of “subjugated knowledges,” those supposedly “naive” and “hierarchically inferior” knowledges that authoritative discourse has “buried or masked,” but which “critique [is] able to reveal” using “the tools of scholarship” (“Society” 7). Throughout the chapter, I argue that such attempts to erase the transsexual are consistent with the homophobic and heteronormatizing values of mainstream early Cold War culture, and I discuss the extent to which medical theorizing about transsexualism from this period, as well as the emerging assessment and treatment protocols for the condition, were profoundly enmeshed within the ethos of the Cold War. It is vitally important to understand this medical work within its Cold War framework; Cold War assumptions have been instrumental in producing modern understandings of cross-gendered identity.

These attempts, popular and medical, to render transsexualism comprehensible by bringing it into the realm of the “known” were, of course, informed by a desire to maintain naturalized institutions, conventions and hierarchies—“traditional” marriage and family, heterosexuality, “normal” maleness and femaleness, and so on—in the face of the destabilizing threat that transsexualism posed; such institutions and conventions were (and largely continue to be) built upon the unexamined assumption that it is possible to discern whether a person belongs to one of the two culturally recognized sexes, thus
allowing her or him to take up “appropriate” roles and positions within heteronormative structures. Submitting “the transsexual” to the discipline of existing categories seemingly dissipates challenges to such assumptions by occluding the transitivity of such subjects. Put simply, in the texts I examine here, solidifying transsexuals as either female or male allows them to be incorporated within a binarized economy and hierarchy of desire as either homo- or heterosexual. In the absence of such a solidification, the person of the transsexual challenges the very binaries—female/male, homosexual/heterosexual—that through which desire is traditionally defined. As Sandy Stone puts it in her important essay, “The Empire Strikes Back: A Posttranssexual Manifesto,” “[t]he disruptions of the old patterns of desire that the multiple dissonances of the transsexual body imply produce not an irreducible alterity but a myriad of alterities, whose unanticipated juxtapositions […] exceed the frame of any possible representation” (299), but these “emergent polyvocalities […] present at least in potential,” (293) are elided—subjugated or masked—when such subjects are contained within normative representational frames. Although they come from seemingly divergent institutional and social perspectives, the texts I examine here are linked by their varying attempts to recoup “the transsexual” within “the old patterns of desire,” and may even give the impression that they have succeeded in doing so; however, their best efforts notwithstanding, they do not fully succeed, leaving threatened heteronormative institutions in continued danger of infiltration and disruption.

As an illustration, par excellence, of this disruptive power, I turn first to Mark Shane’s extraordinary 1955 novel, *Sex Gantlet to Murder.*
“What kind of a girl could she be?”

*Sex Gantlet to Murder* is, today, virtually forgotten, but it sold steadily for a few years, going through several printings and reappearing in 1958 under the rather more transparent title of *The Lady Was a Man.* Nevertheless, it has received little critical or scholarly attention, apart from very brief discussions in Joanne Meyerowitz’s *How Sex Changed: A History of Transsexuality in the United States* (90) and Susan Stryker’s *Queer Pulp: Perverted Passions Golden Age of the Paperback* (93). Its relevance to my discussion lies in its inclusion of a transsexual character who functions as a nexus for many of the period’s anxieties. I give considerable attention to *Sex Gantlet to Murder* because it puts forward a complex account of human sexuality that is continuous with the concerns of a Cold War culture trying to make sense of the shifting roles of and relations between women and men, struggling with the supposed dangers of homosexuality, and rocked by news of Christine Jorgensen’s sex reassignment. The book also poses problems regarding human taxonomies of sex and gender that are symptomatic not only of the era’s wider cultural concern with destabilized sexual categories, but of fears that other structures and systems were breaking down, or in danger of doing so. In short, Shane’s novel is a remarkable index of a particular cultural moment, and thus provides a powerful focus for the complex analysis of culture that I am undertaking in this chapter. Further, buried within it are subjugated knowledges of the body, of gender and of sexuality.

Like much pulp fiction, the novel posits a variety destabilizing ideas that it cannot resolve. Nevertheless, culminating with the impending marriage of two characters, *Sex
*Gantlet to Murder*’s final pages may be read as a reassertion of “normal” patterns of desire, and doubtless many of its original readers would have understood the novel this way. However, Johnnie, the transsexual character, profoundly disrupts heteronormativity throughout the book, which suggests that the comic ending should also be understood as a deceptive artifice which reveals the degree to which the characters in the novel have deluded themselves into belief in their own “normalcy.” In this way, the novel simultaneously upholds and critiques an essentialized and naturalized heteronormativity, and the tension thus produced is remarkably similar to tensions within the contemporaneous medical accounts of transsexualism that form the focus of my discussion in the latter part of this chapter.

The story begins with Tony Carter—narrator, ex-cop and ex-con—waiting to use a phone booth in Sacramento, California. Newly released from prison, Tony remarks that the phone booth’s occupant “was of the female gender whose touch I had been without so long that I could not restrain myself from gross imagination” (1). This sentence is only the first of many examples of odd diction and turns of phrase found throughout *Sex Gantlet to Murder*[^8] which, although they may seem at first to be the result of authorial carelessness or ineptitude, become increasingly unsettling as they accumulate. They draw attention to themselves while simultaneously defying interpretation, making it difficult to discern how they ought to be read, or what information should be taken from them; or, indeed, whether they have significance at all. Thus, although the absence of a comma in Tony’s remark, quoted above, is likely to pass unnoticed or be understood as the author’s (or editor’s) sloppiness, this very absence may seem more significant on a second reading, when it seems to stealthily inaugurate a subversive destabilization—of text, of...
gender, of sex and sexuality—which pervades the balance of the novel. A comma would render the sentence rather more lucid than it is: “[S]he was of the female gender[,] whose touch I had been without so long that I could not restrain myself from gross imagination.” Written thus, the reader easily understands that Tony has not enjoyed the “touch” of a woman for a long time, presumably because he has spent time in prison. Without the comma, however, the sentence might be understood to suggest that there are other kinds of female genders and that Tony lost access to only one of them—the kind standing in front of him at the phone booth—while in prison. But this possibility is not immediately apparent, hence the likelihood that a first-time reader would ignore or not even notice the absent comma (or perhaps experience the sentence as a moment of troubled reading that could only be resolved with re-reading). Indeed, in 1955 the idea of multiple female genders would probably have been understood to fly in the face of logic. Nevertheless, by page 30, the gorgeous Johnnie—also of the (a?) “female gender”—explicitly opens up the possibility of gender proliferation, asking Tony about his prison-frustrated sex drive: “Didn’t they have any girls there? Not the real girls—but the kind I hear about?” Tony replies that there were a lot of them and, after a bit, Johnnie returns to the subject:

“What do they call those boys in prison—the boys who imitate girls?”
“Queens.”
“Ever have one, Tony?”
“No. Why do you ask?”
“Just wondered. I suppose you hated the thought of such a thing?” (34)

Tony’s response to this question is intriguingly vague and non-committal, despite the fact that he presents himself as enthusiastically heterosexual and, in the course of the novel, has some form of sexual contact with every young woman he encounters: “Look,
Johnnie, [. . .] I spent three years there, and now I’d like to forget it. Nature is nature, and I’m afraid nature has a lot to do with homosexuals” (34). He’d like to forget what? The general experience of having been in prison? The specific experience of sex with the prison queens? Are we to understand “nature” to mean only the “natural world”—“mother nature,” as it were—or is Tony also talking about his nature, an aspect of which he is “afraid has a lot to do with homosexuals” and which he would “like to forget”?11

Not long after this conversation, the perceptive reader understands that the ambidextrously named Johnnie fellates Tony, although the act is not explicitly described or referred to. Interestingly, Tony’s ruminations suggest that he regards fellatio as a homosexual act, and that he is interested in a more heteronormative encounter: “I wanted to see what Johnnie was like, in a normal sense” (39).12 However, Johnnie resolutely refuses such contact—insisting that sex “has to be my way” (33)—and, although Tony is sexually obsessed with her for the balance of the book, and even resigns himself to further fellatio, the opportunity to enjoy “normal” sex is not forthcoming.

Is Johnnie a “queen” roaming dangerously uncontained and undetected outside prison walls? Not quite. As it turns out, she actually represents yet another “female gender”: unbeknownst to Tony (and, thus far, the reader), she is what would be referred to in modern parlance as a pre-operative transsexual, although the term transsexual never appears in Sex Gantlet to Murder.13 Indeed, while a retrospective classification of Johnnie is relatively easy to make, in the context of the novel she is not as easily defined and there is no convenient category into which she can be placed. As a result, even before the “truth” of her body is revealed, characters in the novel, including Tony—and, perhaps, the novel’s readers—are hard put to “read” her:
I couldn’t figure her out, the enigma that she was. (72)

“[W]e can start with that Johnnie for one example. What kind of a creature is she?”

“Beats the hell out of me.” (72)

“What kind of a girl could she be?” (73)

An unreadable “book,” Johnnie is the (not quite) human corollary of those unsettling, destabilizing turns of phrase that pepper *Sex Gantlet to Murder*. Like them, she draws attention to herself while defying interpretation and subverting systems into which she cannot quite be inserted. Nevertheless, late in the novel the heart of her mystery *seems* dispelled—“the enigma” that she is, solved—when Tony peels away Johnnie’s layers—skirt, slip, shoes, rubber pantie girdle, stockings, blouse, bra—to reveal the “truth” beneath, the “something that hung” (144). Half-way through this disrobing, with Johnnie still wearing her girdle and bra, Tony can remark that she “had a beautiful body, comparable to the best” (144). Not until he removes this final opaque layer can Tony see her body differently, a revelation which stands in marked contrast to a similar scene that comes only two pages later when Tony enters the bedroom of Janet Paige. She is “lying on the bed, uncovered, wearing a transparent pink nightgown” (146). Earlier in the novel, Tony described her (wholly) naked body as “beautiful,” “well proportioned” and devoid of any “unnecessary bulge” (90). Where the opacity of Johnnie’s rubber pantie girdle resists the detective’s truth-seeking (private) eye, produces her “beautiful body,” and controls her “unnecessary bulge,” Janet’s transparent nightgown allows his penetrating gaze to roam at will over a “well-proportioned” body that requires no external aid, either from garments or surgery, to be free of the wrong kind of “bulge.” These contiguous scenes might, then, be understood to re-establish and reinforce a conventionally binarized understanding of sexed human bodies, revealing Janet’s body as “naturally” female, and
Johnnie’s as ultimately reducible, despite appearances, to something “properly” male; they may seem, in other words, to perform the kind of restabilization of heteronormativity that I described earlier. But the novel and its characters are too polyvalent to permit so simple a reading.

By the end of the novel, Tony amasses sufficient evidence to have Johnnie arrested for the murder of Dr. Fleming, the psychiatrist whose care she has been under. Historian Joanne Meyerowitz rightly observes that, going through “at least four printings,” *Sex Gantlet to Murder* “helped inaugurate a pernicious popular tradition that associates male-to-female transsexuals with psychopathic violence” (How Sex Changed 90). Although I agree with Meyerowitz’s assessment, it is too brief, and arguably too dismissive; this novel is far more than its admittedly offensive representation of a transsexual. In particular, the book is an extraordinary catalogue of early Cold War paranoias, and an incisive rendering of the era’s fears around porous categories of sex, sexuality and sexual desire. So, although it seems to make Johnnie a focus for such paranoia, her destabilizing influence is produced by—and itself produces—ruptures that reach far beyond her in a novel which, like Johnnie herself, so overproduces (sexual) meaning that it at times eludes interpretive efforts.

Further, just as the problem of classification that Johnnie poses belongs to a more general sense of instability and paranoia that pervades *Sex Gantlet to Murder*, one can make the parallel observation that the widespread attention given to Jorgensen after her spectacular “outing” by the *New York Daily News* in late 1952 speaks not only to the Cold War fear of indeterminacy in the sexual realm, but to the belief that the broader social and political realms were in a similar crisis of stability.
The rooming house in which most of the characters live, including Tony by the fourth chapter, provides a powerful focus for such concerns. Itself a “reassigned” building (it was once a motel), Tony’s description of the rooming house is unsettlingly reminiscent of prison: it is walled and secure, with a barred door that must be opened remotely; panopticon-like, it consists of several cabins clustered around a “yard”; each cabin is visible from the main building, which is itself referred to by a slang term for prison—“the big house” (17)—used elsewhere in the novel to explicitly refer to prison (2). Tony’s voluntary, if symbolic, return to “the big house” not only reinserts him into the scene of contingent sexual and gender identities which he supposedly would like to forget, it disturbingly collapses the distinction between the inside of the penitentiary and the outside, between literal imprisonment by the state and the systems of social discipline (including those of gender and sexuality) to which people are subject, between incarceration and freedom. Further, as with Foucault’s metaphoric extension of the panopticon into “a generalizable model of functioning[,] a way of defining power relations in terms of the everyday life of men” (Discipline 205), the social microcosm of the rooming house induces characters in this novel to submit to forms of social discipline because they believe they may well be under surveillance at any time, by any one: although no one is quite sure who might be spying, everyone is sure it is happening, as they intimate with such comments as “I don’t want to say any more right now, Tony. I never know who’ll sneak up to a door around here” (45).\textsuperscript{15} Sex Gantlet’s apparent, though unconvincing, (re)imposition of conventional values and morals by the end of the novel—chiefly characterized by the suppression of the dangerous and sexually chaotic Johnnie and the blissfully represented engagement of Tony and Daphne—is achieved in
large part thanks to the culture of paranoia that the rooming house produces, where it is
impossible to tell who might betray you, or who “the enemy” is. The only sure thing is
that he or she is “out there” and indistinguishable from one’s other neighbours. The
house’s inhabitants maintain a thin veil of courtesy that facilitates their social interaction
but barely covers their submerged hostilities and suspicions, so that the entire novel
seems constantly in danger of collapsing under the weight of its own paranoia. In short,
the claustrophobic lives of the “inmates” are emblematic of a wider Cold War context in
which (supposedly) untrustworthy citizens and dangerous, but beguiling, sexual
“perverts” constitute a threat to national security and render society unstable and in
danger of collapse.

“Miss Neutral Zone of 1953”

The cultural anxieties that find expression in Sex Gantlet to Murder are also those that
informed reactions to Christine Jorgensen. In a sense, Jorgensen is one of the novel’s
central characters, despite the fact that she is not explicitly present in it, and she therefore
provides a crucial index to Sex Gantlet to Murder’s discursive place within Cold War
culture. Before continuing with a discussion of the novel, then, it is important to examine
Jorgensen’s ambiguous relation to mainstream Cold War values. She was not the first
transsexual—or was she, like Johnnie, even called a transsexual at the time—but she
was certainly the first person whose change of sex inspired sustained and widespread
popular and medical discussion.

Her story broke during the Korean War under the headline “EX-GI BECOMES
BLONDE BEAUTY,” and David Harley Serlin has observed that the 72-point block
capitals that the *New York Daily News* used for this headline were usually reserved for reports on the war (141). Thus, despite the fact that the former George Jorgensen had not actually served in Korea—nor had he seen armed conflict of any kind in his short career as a G.I. some years earlier\(^\text{16}\)—the headline’s text and visual appearance inserted *Christine Jorgensen* into a discursive framework which implicitly associated her with the communist threat. Jorgensen’s status as a person who defied sexual conventions and mores was, therefore, conflated with communism on at least an abstract level from the inaugural moment of her publicity; further, an anecdote in her 1967 autobiography suggests such a connection was also made explicitly in some quarters. According to Jorgensen, when she returned to the United States after her sex reassignment in Denmark, she told reporters that Europeans had a better understanding than Americans of sexual “problems” like hers, a statement sufficiently “un-American” for her to have been investigated as a suspected communist (253–54). That this should have happened is hardly surprising, given that, as I discuss in Chapter One, porous and destabilized sexual categories blurred into communism in Cold War culture; in this way of thinking, a man who could slide out of manhood into effeminacy—or, in Jorgensen’s case, into womanhood—was a man who, if not already a communist, was likely to become one.

The parallel between the perceived dangers of Jorgensen’s supposedly indeterminate sex and the dangers of communism was perhaps most perfectly illustrated by the soldiers in a demilitarized part of Korea, who declared Jorgensen “Miss Neutral Zone of 1953” (210). As participants in the front lines of America’s struggle against communism, these soldiers positioned Jorgensen in a liminal space congruent with the site of *their* battlefield, a zone in which slippery sexual status occupies the same
contested space as the early Cold War’s competing political ideologies. But Jorgensen’s place in this point for point correlation is complicated by the fact that she, too, is (or at least was) a soldier. On this shifting terrain she is both the threat (communist and sexual) and a (former) footsoldier in the struggle against the threat, and as such implicitly raises the possibility that any of the boys overseas might also be (or at least have the potential to be) similar “double agents”—male/female, American/communist, even heterosexual/homosexual.

Meyerowitz has observed that that initial headline, “Ex-GI Becomes Blonde Beauty,” captured “not just [. . .] a step from man to woman, but suggested a larger cultural leap, from ‘ex-GI,’ the quintessential postwar masculine representation, to ‘blonde beauty,’ the hallmark of 1950s white feminine glamour” (How Sex Changed 62). While this is certainly true, continued press interest in Jorgensen’s earlier incarnation as a soldier (according to Serlin, it took five months before the media lost interest in her military past [158]) also suggests an uneasiness with her habitation of these two seemingly exclusive forms of identity, particularly given that news sources also reported on Jorgensen’s relationship with Air Force Staff Seargent Bill Calhoun, an American stationed abroad whom she had briefly dated while still in Denmark. Not only had she slid across the “neutral zone” from man to woman—a slide which also implies a move across the “neutral zone” towards communism—Jorgensen enjoyed a liaison with a(nother) soldier and man. She does not, then, simply raise the threat that any of the “boys” overseas could be “double agents,” she herself appears to be a specific catalyst through which they might be seduced. Indeed, military officials were sufficiently concerned about her effect on soldiers in general to shut down the German-based
Overseas Weekly, a newspaper with ties to the US military, because it had included coverage of Jorgensen. Army officials withdrew its license to publish on the grounds that that news about Jorgensen was detrimental to the “moral welfare of the military” (Jorgensen, *Autobiography* 210).  

In the previous chapter, I provided an account of the early Cold War cultural climate which connected independent women to unconstrained female sexuality, and female seduction to male weakness; which saw continuities between male weakness and communism, and between communism, homosexuality and sexual perversion; and which understood the “enemy”—communist and sexual deviant alike—to be indistinguishable from the general population. Jorgensen seems to be everywhere in this schema. She is the dangerously independent woman whose “blonde beauty” seduced the unsuspecting soldier abroad; indeed, given the fate of *Overseas Weekly*, apparently male weakness could not withstand even a print version of Jorgensen’s corrupting charms. In addition, she also appears to be the stereotypically “weak” male who is likely to fall into sexual perversion and homosexuality; many people—lay and medical alike—were not sure how to regard her condition, but it was widely assumed that the urge to “change sex” was a manifestation of homosexuality.

Finally, she is the deviant indistinguishable from the general population. Calhoun, who dated her before she was “outed” in the media, had no idea there was anything unusual about her. After her sex reassignment became public knowledge, he declared that “[w]hen I met her she was a girl, and as far as I’m concerned, she’s a girl now. She’s got a personality that’s hard to beat, the best looks, best clothes, best features, and best body of any girl I ever met” (qtd. in Serlin 147). While this positive reaction reflects creditably
on Calhoun’s open-mindedness, it might also be taken as confirmation of the beliefs of those terrified by the prospect that sexual deviants (and communists, for that matter) looked and acted like “normal” people, existed in all walks of life, and could infiltrate the highest levels of government where they would constitute a profound national security risk. Indeed, not only could Jorgensen “pass” as a straight woman, she is, in Calhoun’s account, the exemplar of “normal” womanhood, possessing the best looks, clothes, features and, perhaps most significantly, body. She doesn’t just pass, she sets the standard.

The instabilities of the era

Thanks to her polyvalency, Jorgensen seems to at once be everywhere and nowhere; she occupies several supposedly exclusive categories, which might make slotting her into a single “appropriate” category a difficult task. The effects of such polyvalency are amply illustrated in an encounter, in Sex Gantlet to Murder, between Tony and Dr. Fleming. Their conversation, purportedly about the subject of “changing sex,” is remarkable for its opacity and incomprehensibility. Not only does the reader struggle to understand what these two characters are talking about, they themselves seem unable to express their ideas with clarity, or to make sense of what the other is saying.

Having heard that Fleming is “delving into ways to illegally make women into men and men into women” (46), Tony visits him, wanting “to get him on the subject of the transformation of sexes” (58). (Sex Gantlet to Murder frequently positions itself in relation to the culture’s wider discourse on transsexualism, and this reference to the supposed illegality of sex reassignment surgeries is one example of this.20) Tony
mentions that he has just met Fleming’s young valet Jimmy, who is also the doctor’s lover.

“I can see what line of conversation you wish to cover with me, Carter,” [Fleming] said, as if he read my mind. “And it’s a good subject. I have worked extensively on it for several years.”

“You’re too smart for me to fool, Doctor Fleming. I did want to ask you a few things about supplanting male organs with female organs, and so forth.”

“It can be done, and it has been done. There’s a case being completed in Denmark right now. A complete transformation of a male into a female.” (58)

Despite the fact that there has been nothing in the novel to suggest that Jimmy is interested in sex reassignment, Dr. Fleming immediately understands that this is a conversation about sex change, rather than homosexuality; the “case” he cites, with its mention of Denmark, explicitly invokes the real-life case of Jorgensen.21 In a few quick strokes the text slides from homosexuality to transsexualism and Jorgensen. Tony continues the conversation in a similar vein:22

“Let’s say it will be successful; that this original male was, to begin with, homosexual. Will this transformation leave him—her without any further desire for the female? Or male, if the case be a woman?”

“That, we don’t know yet. But it is our guess that when he becomes a she, she will have no desire for the female. Remember, he had no desire for the female, before the transformation.”

“But, Doctor Fleming, how about if the patient is bisexual?”

“One or the other organ is destroyed completely.”

“Is it possible to perform an operation on a homosexual, bringing him back to his own sex?”

“Since the other two operations are possible, why not? But one who is inclined for his own sex has no reasonable cause to become all man, or all woman.” (58–59)

In Tony’s initial confusing query, not only is it somewhat unclear why the “original” male’s supposed homosexuality should have any bearing on the speculative “success” of the operation, there is, in addition, the suggestion that this homosexual (former) male
harbours at least some desire for women (or men, “if the case be a woman”); Tony wonders if the operation will somehow alter—“cure,” perhaps?—that desire. But how much of a “cure” does a (homosexual) man who desires women require? Very little of one, maybe, if adherence to a heteronormative standard is one’s goal. Or, if the goal is homosexuality “untainted” by any “further” heterosexuality, perhaps the “cure” would involve a removal of that troublesome desire for women. (But is this to be achieved through surgery?) Even if we assume that either of these “cures” is possible, it is difficult to see what being sexually reassigned as female might accomplish in the circumstances—at least until the desire for women is removed, at which point the homosexual male’s body could be “heteronormalized,” through surgery, as female. (This is, one supposes, Tony’s point, but it raises other troublesome questions.) A good deal of the confusion here arises, of course, out of a collapsing of psychology (sexual desire) with somatic morphology (sexual organs). In asking his question, Tony conflates the two, wondering if the subject’s desire will change when his/her body is reconfigured: will the freshly minted woman desire other women, or will the operation also alter her libidinal urges? Put this way, the question is perhaps not unreasonable, but if the original male desired women, and heteronormativity is the goal, why carry out the operation in the first place? Of course, missing from Tony and Fleming’s discussion is any investigation of the subject’s sense of him/herself as male or female, of what we might now call her/his gender identity. But this is perhaps unsurprising, given that Money and the Hampsons had only just begun the theoretical task of distinguishing the concepts of gender and sex—and then only for a specialized medical audience—in the year of Sex Gantlet to Murder’s publication.
Fleming’s response seems to clear up some of the confusion of Tony’s question. He reminds Tony that the sexually reassigned former male has never desired women; he was homosexual, therefore she won’t be, as far as Fleming can tell (although he admits that “we don’t know yet” whether such operations will also have an effect on the nature of desire). To this point, Fleming, unlike Tony, seems able to keep psychology and the soma reasonably separate: we should not necessarily assume that changing one will change the other, he suggests. But then Tony poses a new question:

“But, Doctor Fleming, how about if the patient is bisexual?”
“One or the other organ is destroyed completely.”

For a contemporary reader, Tony’s question seems sensible—following as it does from Fleming’s discussion of desire—but the doctor’s response is jarring, at least until we realize that, in the 1950s, the term “bisexual” had not yet settled into its current definition. It could refer to physical hermaphroditism (which seems to be Fleming’s understanding of the term), or to a psychology which includes both “masculine” and “feminine” characteristics, or to a person’s libidinal attraction to both women and men.23

On the surface, then, it seems that Fleming has understood Tony’s question—it is concerned with physical hermaphroditism—while we twenty-first-century readers may not have. However, Fleming’s response is troubling for at least two reasons. First, having only just distinguished, for Tony’s benefit, the psychological and the somatic, he immediately seems to accept Tony’s reconnection of the two. Second, in allowing this reconnection, his answer seems inconsistent with his previous point, which was that this person’s somatic configuration is unlikely to have an effect on her desire. This time, Fleming implies that (a) there is a direct correlation between what a person has between her/his legs and who she/he will find sexually arousing, and (b), in the case of the
“bisexual,” removing one set of organs will also remove one set of libidinal possibilities.

It is worth entertaining the possibility that we twenty-first-century readers have understood Tony, and that Fleming has not. That is, Tony might be referring to bisexuality in its now-current sense, given that this meaning was available in the 1950s. After all, he began his questions with the example of a (male) homosexual who also desires women, and it was Fleming, not Tony, who asserted that this hypothetical subject has “no desire for the female.” Could it be, then, that Tony’s “But, Doctor Fleming, how about if the patient is bisexual?” (emphasis added) is, in fact, an insistent return to his original point about a bisexually desiring subject whom Tony nevertheless refers to as homosexual—a return which Fleming has misunderstood as a change in the direction of the conversation? As with those disturbing phrases scattered throughout this novel, it is simply not possible to know how we are to read this discussion of bisexuality, and Tony and Fleming apparently cannot figure it out either.

Their next exchange is equally troublesome:

“Is it possible to perform an operation on a homosexual, bringing him back to his own sex?”

“Since the other two operations are possible, why not? But one who is inclined for his own sex has no reasonable cause to become all man, or all woman.”

Leaving aside the deliciously ambiguous “bringing him back to his own sex,” we can first observe that this exchange now unmistakably moves human subjects into a realm where libidinal desires can, apparently, be altered in precise ways through surgical interventions; specifically, queers can be made straight. This contradicts Fleming’s earlier position that surgery is unlikely to alter a person’s desires, as well as his vagueness about what the result might be if it did. Further, we might well wonder about the logical
connection that Fleming suggests exists between “the other two operations”—which alter
a person’s “organs” to produce a (conventionally) coherent alignment between soma and
desire—and the “transformation” now under discussion. How can Fleming say, in effect,
that “since we can surgically reconfigure the body to ‘match’ the psyche, we can also use
surgery to make the psyche ‘match’ the body”? Is it possible to perform surgery on a
person’s sexual desire? What would such surgery look like? Even assuming that such an
operation is possible, doesn’t Fleming’s remark that “one who is inclined for his own sex
has no reasonable cause to become all man, or all woman” entirely undo the rest of his
discussion with Tony? Surely their conversation has been *predicated* on the assumption
that a man “who is inclined for his own sex” has *great* “cause to become [. . .] all
woman.”26

A short time later, Tony muses that, had Fleming (himself homosexual) “the grace
of such an operation on himself, he would have desired to come out a complete woman!”
(60). The speculation is extraordinary, given that Fleming has expressed no such desire
and he lacks stereotypically feminine qualities, but it does foreground something about
the novel that should be fairly clear by now: in *Sex Gantlet to Murder*, homosexuality and
transsexualism are inextricably linked, and at times even indistinguishable. Further, there
seems to be the suggestion that *all* homosexuals are likely to desire such a
transformation, a suggestion facilitated by the absence of information, which I have
already noted, about a person’s self-identification as male or female. Because *Sex Gantlet
to Murder* cannot distinguish outward-directed expressions of sexual desire from inner
expressions of sexual or gender identity, in this book it is simply understood that
someone who experiences same-sex desire also identifies as a member of the “opposite”
sex and is likely, therefore, to want a sex change.

In short, in Fleming and Tony’s discussion, the hypothetical subject’s desire slips unpredictably, sometimes seeming to be for the “opposite” sex, sometimes for the same sex, possibly for both; the subject’s desire and somatic morphology may or may not be continuous, sometimes seeming to be separate, other times seeming to have direct effects on each other which may or may not be controllable through surgery; hermaphroditism may form part of the conversation; a wish for sex reassignment is indistinguishable from same-sex desire; there is also a connection between sex change and heterosexuality, since there is the suggestion that the desired result of reassignment is heteronormative desire (rather than, say, a somatic configuration consistent with an internal sense of self), although other outcomes seem possible. There are at least two important observations that we can draw from this. First, Johnnie is the catalyst for all this confusion. As in the case of Jorgensen, her polyvalency produces disorder; everywhere and nowhere at once, she exceeds the frame of representation and cannot be “boxed” into one known category. Second, heterosexuality is profoundly implicated in all of this. It is a fragile and contingent state: alterable, producible, removable. Johnnie pushes heterosexuality to the limits of its own destruction, and for this reason it is vital—within the frame of the novel—to produce conditions that see her absorbed into one known and controllable category. The threat she poses is perhaps most explicit when she invites Tony to enjoy her as-yet-unmapped pleasures, declaring that “[a]fter I carry out my plan I can be even more than any woman or man can be” (144). She aspires to exist in excess of known categories. Here we would do well to recall Butler’s discussion, in *Undoing Gender*, of the work of fantasy. In her struggle to rework the norms of the body—to exist beyond
what it means to be a woman or a man—Johnnie aspires to fulfil what Butler calls “the critical promise of fantasy,” where fantasy is “an articulation of the possible” which “challenge[s] the contingent limits of what will and will not be called reality.” In this usage, fantasy therefore “establishes the possible in excess of the real; it points elsewhere, and when it is embodied”—as Johnnie hopes it will be when she carries out her plan—“it brings the elsewhere home” (28–29).

Readers might object to my discussion of Tony and Fleming’s conversation on the grounds that that I expect too much consistency and intellectual rigour from a pulp novel whose primary purpose is to titillate its readers. While such a complaint would have a certain legitimacy, I would answer it in two ways, suggesting first that, because the book grounds itself in relation to contemporary events such as Jorgensen’s sex reassignment, and in relation to the period’s medical authority, it invites such scrutiny. More importantly, however, the novel’s manifold inconsistencies and contradictions themselves belong to the period’s broader discourse. So, while the novel might falter under the close scrutiny I have been bringing to it, so too do other discussions of the same phenomena, both popular and medical (some of which I will be discussing shortly). Sex Gantlet to Murder’s instabilities are the instabilities of the era.

“A dame with a rod is like a guy with a knitting needle”

As an index of the breadth of the discursive modalities I am outlining, it is possible to examine Sex Gantlet to Murder in relation to another of the central sites in which the discourse of postwar sexuality was produced, film noir. Although there are no films from noir’s “classic era” (1941–1958) that examine transsexualism or include transsexual
characters, had *Sex Gantlet to Murder* appeared as a movie, it would certainly have been classified as *film noir*. Indeed, many well-known *noir* screenplays were adapted from hard-boiled detective fiction, a number of hard-boiled writers also wrote *noir* screenplays (Krutnik 33–38), and the term, *film noir*, originated in French literary discourse (Corber 55). Furthermore, critic Frank Krutnik points out that some hard-boiled writers eventually sought to emulate *noir*’s visual effects in their writing, (41); such a mutually productive relationship is evident in *Sex Gantlet to Murder*, which, coming after many years of *noir* production, looks very much like *film noir* rendered as a novel. With little change, Shane’s spare language and stark visual detail could easily be the text of a *noir* screenplay.

*Noir*’s deep concern with various forms of personal and social instability links these films to cultural concerns of the post-war and early Cold War years. The characters are untrustworthy and given to betrayal; the police, judiciary and prisons, as well as other social institutions, are corrupt; sexuality is obsessive and “perverse.” The period’s developing fears of destabilized systems and hierarchies (both sexual and political) find expression in *noir*, and post-war culture’s concern with changing sex roles reveals itself in *noir* through on-screen inversions: women in these films actively participate in the action of the narrative, attempt to govern the outcome of their own lives, and are, in the case of the *femmes fatales*, sexually voracious, sexually self-determining, passionate, and inclined to murder. *Noir*’s male protagonists, on the other hand, despite their appearance of toughness, have a tendency to be indecisive, unambitious and passive, or to become so impassioned with a woman that they cannot act rationally (Meyer 20) (which is to say, they cannot act like men). As women found
themselves increasingly pressured to relinquish the independence and paid employment they enjoyed during the war, films noir “suggest that men in the postwar era were inordinately afraid of strong women” (Meyer 12). Noir’s interest in the relationship between the cultural feminine and masculine is, then, continuous with the period’s concerns about shifting sex roles and the post-war scramble to (re)establish “appropriately” gendered roles and behaviours for men and women.

Thus, although noir does not explicitly address transsexualism, it is very much concerned with questions of sex and gender difference. It explores such questions in ways that, as film critic Karen Hollinger argues, “often fail [. . .] to reveal real gender difference or even really to imagine this difference at all”; these “unsuccessful attempts to probe the nature of sexual difference [. . .] foreground [. . .] a societal failure to resolve the contradictions inherent in conventional configurations of sexuality and gender difference” (245). Hollinger’s observation suggests that these films often take an ambivalent or skeptical view of the period’s conventions of masculinity and femininity; such skepticism concerning changing sex roles is part and parcel of noir’s tendency towards social critique.

Critic John Blaser characterizes the femme fatale as a self-defining woman whose impressive intelligence and formidable sexuality are tools she uses to gain independence. Further, although her transgression of socially prescribed women’s roles and behaviours is linked to her eventual punishment and destruction, we should not necessarily view this as a sign of support for the inflexible gender roles of the dominant social order. Rather, the independence and power for which she fiercely struggles is a response to the circumscriptions placed on women in a patriarchal culture, and often a specific response
to a particular man intent on controlling her within a relationship; ultimately, murder is
the means by which she attempts to liberate herself from the oppressions of such a
relationship. Blaser also observes that to regard the powerful woman as uniquely aberrant
within *noir*—and to regard her destruction as indicative of a restoration of the
conventional social order—is to remove her from her wider *noir* context in which all of
society is aberrant, irrational, and corrupt, and all people and their endeavours are likely
to be debased and morally vacuous. When understood within this context, her “come-
upance” can hardly be regarded as a reassertion of an idealized social order; further,
even when films suggest that such a reassertion has taken place, the residue produced by
the *femme fatale*’s transgressions work against such narrative ends (Blaser n.p.).33 As
Sylvia Harvey has observed, “the vitality with which these [transgressive] acts are
endowed produces an excess of meaning which cannot finally be contained. Narrative
resolutions cannot recuperate their subversive significance” (33). Such an account of the
*femme fatale* is crucially important to an understanding of *Sex Gantlet to Murder*, as is
the role played by another common *noir* figure: the homosexual.

In *Homosexuality in Cold War America: Resistance and the Crisis of Masculinity*,
Robert J. Corber analyzes the important place of gay male characters in *noir*, and their
relation to Cold War ideology. He argues that one of the targets of *noir*’s social critique
was the increasingly domesticated, conservative and conformist model of masculinity
that emerged post-war (5), through which men—especially returning veterans—were
inducted into “the responsibilities and pleasures of middle-class fatherhood,” and the
security of “corporate jobs that many men found monotonous and unrewarding” (7). *Film
noir* “was fairly explicit in its opposition to [this] postwar reorganization of masculinity.
The typical noir hero [. . .] expresses nothing but contempt for the domestic sphere” (9).

However, as we saw in the previous chapter, men who did not take on the role of married breadwinner—and, within the realm of fiction, noir protagonists fit this category—were likely to be considered communist and/or homosexual “deviants,”34 and those who could not keep their libidinal drive under control and confined to married life—again, like many noir protagonists—were regarded as “immature” specimens susceptible to communism or sexual degeneracy (May 85, 86). However, Corber argues that, in noir, the heterosexual masculinity of the protagonist is often reinforced through the introduction of a character who functions as a kind of homosexual foil. The contrast between the obviously queer character and the protagonist assured viewers “that the independent, self-reliant hero was straight,” despite suspicious traits such as “his intense attachments to other men” and his “refus[al] to settle down and raise a family” (12–13). Because “many men experienced the postwar shift [. . .] as a threat to their masculinity [. . .], film noir allowed [them] to recover temporarily their masculinity” by “encouraging them to identify with the hard-boiled detective” (14).

However, Hollywood’s Production Code excluded such characters from representation on the screen; it is hardly surprising then, as Corber makes clear, that although noir’s queer characters are marked as homosexual, they are not explicitly identified as such. (In this connection, Corber discusses the character of Waldo Lydecker in Laura at length. Other examples include Gilda’s Johnny Farrell and Ballin Mundson, as well as The Maltese Falcon’s Joel Cairo and, perhaps, Wilmer Cook.35) This masking allowed such characters to slip under the radar of the censors and the Production Code more easily. Nevertheless, their representation in noir was hardly progressive: generally
they are villains, they reinforce homophobic stereotypes, and they are not available as
“point[s] of identification for the spectator” (15, 64). Thus, although film noir contested
dominant Cold War ideology, by daring to represent homosexual characters on screen, “it
did so in ways that undercut its emancipatory potential” (15). Corber also notes that the
characters “explicitly marked as gay [. . .] are linked iconographically with the femme
fatale[. . .] . Like her, they are fastidious about their appearance, wear expensive, well-
tailored clothes, and are identified with luxurious surroundings” (Corber 10). This
connection between homosexual males and independent, ambitious and sexually
voracious women points to a striking feature of Sex Gantlet to Murder. Shane’s novel
takes this iconographic linking one step further, entirely collapsing the femme fatale and
the homosexual, and the dangers they represent, into a single profoundly threatening and
overdetermined (and therefore incomprehensible within existing knowledge systems)
figure: Johnnie the transsexual.

Although Johnnie is a transsexual who aspires to “complete” womanhood, her
role as a femme fatale can be understood, as we have seen, to be a protest against the
circumscriptions that women experience within patriarchal culture; in other words,
Johnnie wishes to be accepted as a “real” woman but refuses to adhere to conditions that
the dominant culture uses to determine who will or won’t “pass” as “appropriately”
female. Johnnie’s defiance—and the murder that it leads to—follows Blaser’s assessment
of femmes fatales in general. She is responding to a controlling sexual relationship in
which she feels trapped, although her relationship complicates, to some degree, the
pattern Blaser identifies: typically, the femme fatale resists the control of a man interested
in seeing her conform to cultural norms of womanhood, while Johnnie’s response is to a
woman who insists that she, Johnnie, fulfill her cultural role as a man. To be specific, Johnnie is involved with Janet, who regards Johnnie as male and wants her to revert to manhood; Johnnie, by contrast, regards their relationship as lesbian but fears that Janet, who has considerable influence over Dr. Fleming, will use this influence to force Johnnie’s reversion to masculinity. From one perspective, this inversion is significant since it underscores the instability of gender within noir, as well as noir’s failure (to return to Hollinger) “to reveal real gender difference,” thus foregrounding society’s “failure to resolve the contradictions inherent in conventional configurations of sexuality and gender difference” (245). From another perspective, however, the inversion hardly seems to matter: like other femmes fatales Johnnie is defying narrowly defined, patriarchal expectations of “appropriate” sex roles and resorts to murder in an effort to extricate herself from such control. First she tries to kill Janet but, failing this, kills Fleming to avoid being “turned completely back to a man” (145). This murder, however, does not guarantee her freedom from culturally defined gender roles and, like other femmes fatales, she is eventually punished for her defiance of the existing social order.

As I established earlier, in Sex Gantlet to Murder transsexualism seems largely indistinguishable from homosexuality, and in some respects Johnnie seems also to fit Corber’s category of the villainous noir homosexual. However, Johnnie does not quite fulfil the role of the homosexual foil—as identified by Corber—who reinforces the protagonist’s heterosexuality. Rather, what makes her a particularly devastating and dangerous femme fatale is that she is not only a sexually fascinating woman who arouses Tony’s heterosexual lust (which, while heterosexual, is nevertheless the kind of uncontrolled sexual appetite that leaves men susceptible to corruption), she is also a
catalyst for his submerged homoerotic desire; that is, she seems to reinforce his overt heterosexuality while simultaneously appealing to an unacknowledged homosexual desire. Her danger lies in her ability to draw others into her web of sexual polyvalency. Thus, Tony seems unable to accept evidence pointing to the “truth” about Johnnie, despite having considerable information at his disposal: he knows that Johnnie is Fleming’s patient and that Fleming is working on “sex change”; Johnnie specifically refuses stereotypical heterosexual coitus with Tony on the grounds that she needs “an operation” (80); he has talked at length with Johnnie, at her instigation, about “boys who imitate girls” (35); Daphne, the maid, has told him that in the five months she has been employed at the rooming house “there has never been a sign of kotex in [Johnnie’s] room” and that one time she accidentally walked in when Johnnie was naked and “thought [she] saw something that women don’t have!” (73). Tony should be putting things together—he used to be a police detective, after all—and it does seem that he might be getting the picture: “It adds up,” he remarks after receiving Daphne’s information. However, he ponders further—“I kept trying to picture her as a man. I’d seen many queens in my day, but not one that looked so nearly a woman as she did. I just didn’t believe it” (78)—and returns to such thoughts, just before their second sexual encounter:

Her voice was odd enough, but it definitely was feminine. I glanced at the hand she rested on her knee. It was long and slim, white as a hand could be. I realized then that, if Daphne saw something hanging, it had to have been strapped on. Maybe Johnnie and Janet were love making and, in order that Johnnie could be the daddy, she had to use mechanical facilities. I had heard of that also. [. . .] Johnnie had moved her hand from her own knee, and had it on my leg. I was remembering the time before, and the anticipation disturbed me a little. (80)

Disturbed or not, Tony nevertheless pushes his misgivings about Johnnie from his mind,
and submits to an encounter which he seems, subconsciously, to consider homosexual. Thus Tony’s inability (or unwillingness) to countenance evidence about Johnnie (evidence that the reader is likely to pick up on) allows him to indulge unacknowledged “perverse” sexual desires and inclinations while maintaining an explicitly expressed belief in his own heterosexuality.

Other characters also appear to pick up on Tony’s unacknowledged desire for men. Janet, remarking on Tony’s sexual frustration, observes that he needs a “girl.” A few lines later, while reversing stereotypical gender roles by carrying Tony’s luggage for him, she then remarks that he needs a valet (43). The slide from girl to valet might be unremarkable were it not for the fact that there is a valet in this novel, Jimmy, who is both Dr Fleming’s employee and the doctor’s lover, and is referred to, by Janet, as the doctor’s “wife” (26). Given that Jimmy is both valet and girl/wife, there seems to be more to Janet’s assessment of Tony’s “need” for both a girl and a valet than initially meets the eye. Later, after Fleming’s murder, Jimmy actually does offer to valet for Tony, providing services which would include not just “[k]eep[ing] your shoes shined, and [. . .] press[ing] your clothes, [but] everything I did for Doctor Fleming” (125–26, emphasis added). Tony replies:

“Jimmy,” I said, placing my hand on his shoulder, as we walked back to the house. “How’d you like to bunk up in my room with me?”
“I’d like that,” he said. “You suppose Millie [the landlady]’ll say anything about it?”
“I think we can get away with it,” I answered. “I’ll talk to her. She didn’t mind your staying with Doctor Fleming, did she?” (128)

Jobless, susceptible to dangerous women, and on the verge of acquiring a boy-wife, this noir protagonist appears well on his way to becoming a quintessential example of failed Cold War era masculinity, becoming a man unable—to return to a phrase from my first
chapter—to achieve “the attainment of heterosexual maturity.” In addition, Tony seems emblematic of the supposedly dangerous and frightening Kinseyan male, also discussed in the previous chapter, capable of both heterosexual and homosexual desire, sliding unpredictably on Kinsey’s seven-point scale.

Although I have been concentrating on Tony, mainly because Johnnie’s influence is most obvious in her relationship with him, the threat she poses is, of course, wider-ranging, affecting other people and social institutions and conventions that govern sexual identities and encounters. Depending on who she is in a relationship with (and she enjoys several relationships) and how that liaison is viewed, Johnnie can appear to be a straight man or a gay man, a straight woman or a lesbian, and her identity within some of these individual relationships is not stable: her connection with Tony begins as heterosexual but slides toward homosexuality (and here we might do well to recall the Cold War fear of leeching categories), while her relationship with Janet develops into something she regards as lesbian but Janet continues to feel is heterosexual. At risk of seeming glib, one might characterize Janet’s relationship to Johnnie this way: Janet is in a lesbian-seeming relationship with a lesbian-seeming, female-seeming male, but hopes that it will become a hetero(-seeming?) relationship with a reluctantly heterosexual male who would rather be female. As Sandy Stone observes, “[t]he disruptions of the old patterns of desire that the multiple dissonances of the transsexual body imply produce not an irreducible alterity but a myriad of alterities, whose unanticipated juxtapositions [. . .] exceed the frame of any possible representation” (299).

As with most femmes fatales, Johnnie’s challenges to the rigidities of the existing sexual and social order do not go unpunished. Looking for evidence that will clear him as
a suspect in Fleming’s murder, Tony convinces Johnnie that he “got into the boy habit” (133) while in prison. (As narrator, Tony maintains that this admission is a ruse, but readers may by now be skeptical about such a claim.) With this encouragement, Johnnie reveals her body to Tony (in the disrobing scene I discussed earlier) in anticipation of an openly homosexual encounter. It is only at this moment, when faced with a relationship that suddenly has the potential to become overtly homosexual, that Tony develops a self-righteous, overcompensating, heteronormative anger: “I had never so badly wanted to beat someone to death” (145). Resisting this violent urge, he drugs her instead, covers her supine form with a bedsheat, and then leads the police to her.

Ostensibly arrested for the murder of Fleming, Johnnie’s punishment has at least as much to do with her ability to force others into a recognition of their own polyvalent potential, their own capacity to blur and transcend the categories and systems that underpin a certain type of socio-cultural stability. Nevertheless, such power has the appearance of being neutralized by the time the homicide investigator inspects her drugged, sleeping body:

Pete, dying with curiosity, lifted the covers high enough to ascertain Johnnie’s sex, then dropped them quickly.
“I didn’t believe it, Carter,” he said. “We’d better go to the office. I’ll radio for the boys to pick her,—him up. (152)

Although Johnnie is drugged, not dead, this scene nevertheless invokes the act of lifting a shroud to identify a body—and, indeed, the investigator is identifying a body type.

Through this symbolic death, Johnnie seems to have lost whatever power she possessed and, after slight hesitation (“her,—him”), the voice of masculine authority places her debilitated body into the seemingly correct (funerary) “box.”
A brief return to Butler’s discussion of fantasy is warranted here. Earlier, I suggested that Johnnie’s aspirations might well fulfil “the critical promise of fantasy,” but in this scene such promise is undone. Butler writes that, while fantasy can “move[. . .] us beyond what is merely actual and present into a realm of possibility” (28), such possibility is also vulnerable to foreclosure: “[T]he foreclosure of fantasy—through censorship, degradation, or other means—is one strategy for providing for the social death of persons. Fantasy is not the opposite of reality; it is what reality forecloses” (29). Having foreclosed on Johnnie’s aspirations, thus bringing about her “social death,” the novel appears to conclude with a restoration of the conventional social order. Tony, it seems, has successfully navigated the hazards that imperil his status as a mature, heteronormative male subject, and is rewarded with an engagement to Daphne, a woman who, unlike Jimmy, is qualified to be a “real” wife by virtue of both biology and disposition: she is the one “good girl” in the book and the only woman who has resisted Tony’s sexual advances. The heteronormality of their developing relationship is capped by the Daphne’s rapturously virginal announcement—in the book’s final sentence—that she wants to sleep with Tony “[t]onight” because “I want to be with you one night before we’re married. I’ve never been in bed with a man!” (156). But reading this ending as an endorsement of the existing social order does not take into account that these precipitous marriage plans are jarring and dislocating. A sudden generic shift—from hard-boiled novel to romance—rings completely false, and the artificiality of this conclusion underscores the artificiality and implausibility of Tony’s rapid conversion from womanizing-tough-guy-with-homoerotic-leanings-and-a-taste-for-dangerous-women to
heteronormative-husband-in-the-making. Marriage is a tacked-on ending, a socially mandated “happiness” that it is hard to imagine Tony remaining interested in for long.

And here we need to return to Harvey’s observation concerning the femme fatale: “Despite the ritual punishment of [her] acts of transgression, the vitality with which these acts are endowed produces an excess of meaning which cannot finally be contained. Narrative resolutions cannot recuperate their subversive significance.” In this connection, one of the extraordinary things about the final pages of Sex Gantlet to Murder is the “disappearance” of Johnnie. She has completely dominated the text and then, after being drugged, is never heard from again. This disappearance is, however, illusory since she becomes, if anything, even more conspicuous thanks to her utter absence and silence. This total suppression of the destabilizing threat that she poses is, one might say, too good to be true. It is an impossible reversion to a pre-Johnnie time when men were men and women were women, a reversion whose unreality merely serves to foreground the fragility of the text’s hard-won heteronormativity. Further, as we have seen in connection with femmes fatales in general, if we regard Johnnie’s removal as an index of a restored social order, we ignore the place she occupies in her broader noir context where all people and institutions display deviancy and corruption. Indeed, there is only one person in Sex Gantlet to Murder who seems free of some kind of “taint,”38 Millie the kindly, widowed landlady at the rooming house, and she commits suicide in the last pages of the novel because she is overwhelmed by the corruption she finds all around her. We might well regard her end as evidence that “normalcy” is dead by the conclusion of this novel, gasping its last in the person of Millie. Certainly her fate points to the vulnerable and contingent nature of the “normal.”
I do not wish to misrepresent this novel. While it certainly does all that I have been suggesting—and much more besides—it is nevertheless profoundly transphobic and homophobic, and there is much in it to offend a contemporary audience. Some transgendered readers might find it particularly distasteful. However, what is extraordinary about *Sex Gantlet to Murder* is that it opens up a huge range of seemingly conflicting sex and gender possibilities that it does not manage to resolve, and suggests questions that it does not, or cannot answer. When it *does* attempt to struggle with the issues it raises, as in Tony and Fleming’s conversation that I analyzed earlier, the result is likely to be garbled and incomprehensible, and lead to, at best, more irresolvable possibilities and questions. Attempts at knowledge-production baffle, and are themselves baffled by, their subject matter.

When we turn to the medical discourse of the period that struggles with the same issues—with the Pandora’s box of polyvalent possibility that figures like Johnnie and Jorgensen seem to have opened—the production of knowledge seems similarly baffled. Earlier, I quoted an observation from Karen Hollinger about *film noir*’s frustrated attempts to explore differences of sex and gender, and it bears requotating here because it (like the cover of *Half* which I briefly discussed at the opening of this chapter) points toward the discursive commerce of the artistic, social and medical realms, a commerce which reveals that medicine was experiencing frustrations similar to those encountered in *film noir*. Hollinger writes:

[F]*film noir* often fails to reveal real gender difference or even really to imagine this difference at all. At the same time, the very project of these films, their repeatedly unsuccessful attempts to probe the nature of sexual difference, foregrounds a societal failure to resolve the contradictions inherent in conventional configurations of sexuality and gender difference. (245)
Dr. Harry Benjamin, an endocrinologist and sexologist who did more, perhaps, than any other person to bring transsexualism—as it is now understood—into medical discourse, published his first article on the subject in 1953, a short time into Jorgensen’s publicity. By 1966, when he published *The Transsexual Phenomenon*, a book which digests his research, thought and publications of the previous thirteen years, he makes remarks that bear a remarkable similarity to Hollinger’s commentary on *film noir*:

> Ordinarily, the purpose of scientific investigation is to bring more clarity, more light into fields of obscurity. Modern researches, however, delving into “the riddle of sex,” have actually produced—so far—more obscurity, more complexity. (5)

It is, then, to these “scientific investigations,” that seem as little able to make sense of the “riddle of sex” as contemporaneous artistic investigations, that I now turn my attention.

**II A Morbid Impulse**

**American transvestites: “Senseless, silly and asinine”**

Earlier I made the claim that *Sex Gantlet to Murder’s* many inconsistencies and contradictions are not merely endemic to that novel but belong to the period’s broader discourse. I now demonstrate, primarily through an examination of the period’s medical writing, some of the ways in which this is so.

I have already briefly discussed Jorgensen, concluding that her polyvalency left established systems in disarray because she could be slotted into a variety of seemingly discrete and irreconcilable categories. In part, this disarray arose out of the fact that, although “sex changes” had been taking place in Europe for a number of decades, there
was no similar American tradition of either research or practice. As a result, when news of Christine Jorgensen’s sex reassignment broke in late 1952, the struggle to make sense of it in America included an invocation of familiar categories—such as hermaphroditism, transvestism and homosexuality—because the theoretical tools needed to comprehend the idea of “change of sex” were not yet in place. I will begin this section, then, by sketching out the state of knowledge in the United States during the years leading to Jorgensen’s appearance as a way of accounting for the extraordinary disruption that she caused. In the latter part of the chapter, I discuss the subsequent struggle, through new research and theorizing, to understand the phenomenon of transsexuality and to contain it within the bounds of Cold War era heteronormativity. Although the era’s transsexual research was, like the research on hermaphroditism/intersexuality discussed in the previous chapter, enmeshed within a discursive web that determined what was “sayable,” an examination of this research reveals that a profound discursive shift came about, driven by a disjunction between European and American understandings of cross-sex identity.

When Jorgensen’s physicians published an account of her treatment in the May 1953 issue of the *Journal of the American Medical Association*, they classified her as a transvestite, and in so doing were following the lead of earlier European researchers, practitioners and theorists, including Magnus Hirschfeld, Havelock Ellis and Felix Abraham. A few weeks earlier, Jorgensen herself had identified her case as one of “transvestitism” in “The Story of My Life,” a classification which she reports taking from her physicians:

“Dr. Hamburger,” I said, with my heart pounding so violently I could scarcely hear my own voice, “Do you think I am a homosexual?”
“No,” he answered, “what you tell me of your emotions and your physical make-up leads me to believe that you may be a victim of a condition called transvestitism. It is a term created by the famous German sexual pathologist, Magnus Hirschfeld, and is applied to a state in which the person has a vigorous feeling that he or she must wear the clothes belonging to the opposite sex, have a name belonging to the opposite sex, and be regarded by society as belonging to the opposite sex.”

“This feeling is irresistible. It usually starts in early childhood and nothing is able to change it.” (Part IV 8)

This excerpt distinguishes between homosexuality and transvestism, and also makes it clear that transvestism consists in more than cross-dressing; rather, the transvestite (as characterized here) identifies, more or less completely, as a member of the “opposite” sex.

Before I examine in more detail the origins of this conception of “the transvestite,” it is worth noting briefly the discursive “leaping” that occurs in this passage. Some of Jorgensen’s diction and phraseology seems to belong to the realm of pulp writing—“my heart pounding so violently I could scarcely hear my own voice”—and it is possible to find similar passages elsewhere in “The Story of My Life.” Her purpose, however, is to provide a serious account of her struggles and of her condition, which leads her to solicit the authority of a respected “man of science”—her physician, Christian Hamburger—whose own publication on the same topic will appear in a medical journal only a few weeks after Jorgensen’s series has appeared in the popular press. Given the temporal proximity of these texts—the scientific account and the popular account—they could be considered complementary documents, each one filling in some of the “gaps” of the other. Indeed, the imbrication of Hamburger’s discourse with Jorgensen’s is further underscored by the presence, in the opening spread of her story’s first instalment, of a prominently placed, boxed quotation with its own pulp quality:
CHRISTINE’S DOCTOR SAYS:
As a doctor, I naturally am interested in the medical significance of Christine Jorgensen’s story, but I am not interested in the medical aspect alone.
Important, I think, is the courageous fight Christine has made. In overcoming a problem that threatened to ruin her life, her fortitude has been extremely inspiring.

--Christian Hamburger, M.D.,
Chief of Hormone Dept., Statens Seruminsitut, Copenhagen, Denmark.

The affinity of Jorgensen’s and Hamburger’s texts, as well as Jorgensen’s negotiation between the conventions of scientific, popular news and pulp writing, further emphasizes the extent to which attitudes and knowledge about “the transvestite” (and, in the near future, “the transsexual”) were being produced simultaneously in a variety of interpenetrating discursive realms: popular media, pulp fiction (as we saw with Sex Gantlet to Murder and Half), medical writing, news media, and so on.

Returning to Jorgensen’s reportage, we can note that Hamburger (as Jorgensen represents him) also solicits an authority: Magnus Hirschfeld. Hirschfeld coined the term “transvestite” in his 1910 study Die Transvestiten: Eine Untersuchung über den Erotischen Verkleidungstrieb (in English, Transvestites: The Erotic Drive to Cross Dress) and it quickly gained currency. However, Hirschfeld was not entirely satisfied with the term, since he felt it referred only to the most obvious aspect of the condition it purported to describe without taking into account other factors, including the complex inner lives of many transvestites (124, 233). In other words, he maintained there was a lot more to transvestism than simply dressing in the clothes of the “opposite” sex. After his death, some of his pupils succinctly expressed his reservations about the term: “We [. . .] readily admit that this name indicates only the most obvious aspect of this phenomenon, less so its inner, purely psychological kernel”; further, “clothes [. . .] must be considered [. . .] as a form of expression of our innermost personality” (Sexual Anomalies 187,
emphasis added).41 Havelock Ellis shared Hirschfeld’s misgivings about the term transvestite, and proposed “eonism,” observing that “Hirschfeld regretted that the difficulty [with terminology] cannot be solved by adopting the name of some well-known subject of the condition as in the terms ‘sadism’ and ‘masochism,’ but thought none sufficiently well-known. He overlooked the well-known Chevalier d’Eon who exhibited this impulse very definitely” (“Eonism” 28).42 Although ultimately Hirschfeld’s term prevailed, Ellis’s was not without influence.

A few words about Hirschfeld’s theory of Zwischenstufen (intermediate phases), are in order here since, although he felt that transvestite subjects required “a new name, a special scientific stamp” (Transvestites 233)—hence his coinage of a term that he nevertheless regarded as “provisional” (234)—Hirschfeld really understood them as a broad grouping within the multivariate spectrum of what he called sexuelle Zwischenstufen: sexual intermediaries. His first articulation of the theory of intermediaries appeared in 1896’s Sappho and Socrates, a pamphlet on homosexuality (Brennan and Hegarty 12), but he continued to develop it into the 1920s, and Transvestites includes a chapter outlining the theory in some detail. Hirschfeld’s ideas concerning intermediaries are predicated on the view that the sexuality of human beings must be understood as manifesting itself along many different axes which fall into four main categories: A – the sexual organs, B – secondary sexual characteristics, C – sexual drive, and D – psychological traits (Bauer 9; Hirschfeld, Transvestites 226). As examples, the distinct axes in group B would include the relative femininity or masculinity of the larynx, chest, pelvis, and hair distribution, while those in group D would grade people according to such separate criteria as their emotions, their manner of thought, their
occupation, and their clothing preferences (Hirschfeld, *Transvestites* 226); in C, Hirschfeld recognized a variety of possibilities for desire that could not be accounted for by the simple binary of homosexuality and heterosexuality (221–22, 226). Intermediaries do not, therefore, fall somewhere on a single linear scale (such as Kinsey’s) but are rather located throughout a vast matrix of sexual possibilities; in a multidimensional conception such as this one, “no final sexual category can do justice to the inexhaustible variability of human sexuality” (Bauer 2). Thus, in the chapter on intermediaries in *Transvestites*, Hirschfeld calculates that there are over 43 million possible configurations of sexual criteria he has laid out, but remarks that the number “could be considered as too small” (227). Further, according to the terms of the theory, there are no absolute men or absolute women; rather, the people who seem so are just predominantly male or female (Bauer 8).

J. Edgar Bauer, in his paper “Magnus Hirschfeld’s Doctrine of Sexual Intermediaries and the Transgender Politics of (No-)Identity,” writes:

Since in this scheme sexual difference is not determined in relation to one single excluded alternative (male or female), but in relation to an open ended system of as yet only partially realized combinations of the masculine and the feminine at different descriptive layers, the sexuality of each and every individual is characterized by a unique complexity. In the last resort, Hirschfeld transforms the act of determining the sexuality of an individual into a task that precludes final closure. (9)

In light of such theorizing, it should come as no surprise that Hirschfeld, and Ellis, for that matter, records a range of cases of transvestism, including subjects whose cross-dressing occurs chiefly in dreams or fantasies, those who cross-dress only periodically, and subjects who feel that they belong to the “other” sex and long for transformation.

Although some of these subjects might later have been classified as transsexuals, neither Hirschfeld nor Ellis made such a distinction. Further, the extent to which no
such distinction was, it seems, even felt to be necessary at the time is apparent from Felix Abraham’s 1931 article “Genitalumwandlungen an zwei männlichen Transvestiten” (“Genital Reassignment on Two Male Transvestites”), the first published medical account of vaginoplasty (surgical construction of a vagina) performed on people who were born male but lived as women. Throughout the article, the patients are referred to as transvestites. There is no indication that Abraham, who was a colleague of Hirschfeld’s, felt that those transvestites who pursued reassignment surgeries might be regarded as a separate clinical entity from transvestites who did not. It seems that, as late as 1953, Jorgensen’s endocrinologist, Christian Hamburger, was also not making such a distinction. For Hamburger, full cross-sex identification was still transvestism.

It is, then, the tradition of Hirschfeld and Ellis within which Jorgensen’s physicians (Hamburger, Georg K. Stürup and E. Dahl-Iversen) were positioning themselves (as well as Jorgensen) when they published their official medical account of her case—“Transvestism: Hormonal, Psychiatric and Surgical Treatment”—in the May 1953 issue of the *Journal of the American Medical Association*. The George Jorgensen who came to them for help was, in their estimation, one of those transvestites who wished to belong to the “other” sex and hoped for some kind of transformation. In the first two paragraphs of their article, Hamburger et al. explicitly connect their work with that of Hirschfeld and Ellis through citations and choice of terminology (“transvestism” and “eonism”). However, this opening is confusing on a number of levels, one of which has been identified by Joanne Meyerowitz. Writing about American media and medical challenges to Jorgensen’s “honest and unshakable sense of herself as a woman” Meyerowitz observes that
The trouble stemmed in part from the use of the term *transvestism* to describe Jorgensen’s desire to change sex. In the European context, the term had a relatively broad meaning and referred to cross-gender identification as well as cross-dressing. [. . .] But in the American context of the 1950s, “transvestism” usually meant crossdressing, generally understood as a psychological aberration and often classified as a “perversion.” (*How Sex Changed* 71)

The problem here, then, is that Jorgensen’s doctors used the term transvestism in a way that American medical professionals did not understand (an observation which serves as a reminder that medical disciplines and discourses are not only historically located, but also culturally located, varying even among cultures with shared medical histories and traditions, such as Europe and North America). Another confusing aspect of their use of Hirschfeld and Ellis is that they redefined the earlier terminology without mentioning they were doing so. As a result, even a reader who was familiar with the work of Hirschfeld and Ellis would likely have found the opening paragraphs of the article on Jorgensen hard to follow.

Meyerowitz’s characterization of the “American context” requires further discussion since, for American medical professionals, transvestism denoted not just cross-dressing, as Meyerowitz suggests, but homosexuality (and, at times, criminality). Nevertheless, as Meyerowitz rightly implies, U.S. doctors had a great deal of trouble with forms of cross-sex identification in which a person feels she or he belongs to “the other” sex.

How, then, was transvestism understood in America in the years leading up to Jorgensen’s sex reassignment? Leland E. Hinsie and Jacob Shatzky’s *Psychiatric Dictionary*, an American reference first published in 1940 and issued in a second edition in 1953, defines “transvestitism” in both editions as “[t]he morbid impulse to dress in the
clothing of members of the opposite sex” (534). This definition, which sidesteps the possibility of identifying as a member of the supposed “opposite sex,” shows up very nearly verbatim (but with the source unacknowledged) in other American medical and popular writing from the period: a 1953 essay, “Fetishism and Transvestism,” in the American Journal of Nervous and Mental Disease, calls transvestism “the morbid impulse to dress in the clothing of the opposite sex” (Peabody et al. 339), while Time, in its article “debunking” Jorgensen’s claim to womanhood, gives a “medical definition” of transvestite as “one who has a ‘morbid desire to dress in the clothing of the opposite sex’ ” (“Case of Christine” 82). These definitions stand in contrast to the opening sentence of Hamburger et al.’s medical report on Jorgensen: “Transvestism has been defined as the desire to appear in the clothes of the sex to which the person in question, according to his or her external genitalia, does not belong” (391). Although superficially similar to the American definitions, this description is significantly different in at least four respects. First, it is tentative (“Transvestism has been defined as”) rather than prescriptive, suggesting that there may be other ways to understand transvestism. The second difference is closely related to the first: by including the phrase “according to his or her external genitalia,” the authors suggest that sex determination is contingent and that there may be other ways, besides genitalia, to decide to which sex a person “belongs.” Third, their definition is concerned with the social (i.e. the desire is not “to dress,” as in the American definitions, but “to appear”), which is consistent with an understanding of transvestism as a manifestation of cross-sex identification; that is, for the transvestite who identifies as the “other” sex it is important to be accepted in society as a member of that sex. Fourth, they do not suggest that transvestism is a morbid
“Morbid” may need clarification for contemporary, non-medical readers. Etymologically, it is from “classical Latin morbidus diseased, sick, causing disease, unhealthy” (O.E.D. 2d ed.). Accordingly, a 1934 dictionary of psychology defines “morbid” as “pert[aining] to or attending an abnormal or diseased condition. (In psychol[ogy] generally confined to tendencies suggestive or productive of disease, and characteristic ideas or behaviour attending them)” (Warren 171). In America in 1953, then, an “impulse” to cross-dress “suggests,” or even “produces,” a diseased condition; further, “the characteristic [. . .] behaviour” (i.e. transvestism) is a behaviour that attends the diseased condition. Cross-dressing, then, could be understood to simultaneously produce and be a product of the diseased condition. Such circularity aside, *Time*’s use of Hinsie and Shatzky’s definition is particularly interesting in its application to Jorgensen. The article notes that Jorgensen’s Danish doctors “diagnosed him [sic] as a transvestite” but then provides an American definition of “transvestite.” So, although the Danish doctors understand a transvestite to be someone who could have a cross-sex identity, the *Time* article not only refuses to acknowledge this possibility, but explicitly allows the transvestite to be only someone whose impulses and behaviour are diseased. This move—that of overwriting the somewhat nuanced European understanding with a rather facile definition—effectively erases, at least in the context of *Time*’s article, the legitimacy of any claim that Jorgensen might make to womanhood, or even to a cross-gendered identity, and, further, denies her any status beyond that of “diseased man.”

Not that *Time* should necessarily be faulted for this, since, just as Johnnie stretched the conceptual abilities of fictional characters in *Sex Gantlet to Murder*, so, too,
was cross-sex identification remarkably difficult for researchers and practitioners to imagine in America during roughly the same period. We have seen how Hinsie and Shatzky’s entry for transvestism completely misses this possibility. In addition, a subsequent section of the entry demonstrates the ease with which transvestism and homosexuality were merged at the time, illustrating the concept of “transvestism” with the example of a “male patient, strongly homosexual, [who] was completely dressed in delicate effeminate clothing underneath his masculine outer garments” (534). While the definition and illustration do not explicitly state that transvestites are always also homosexual, such a conclusion is certainly implied. (Further, this illustration focuses on the private, hidden and clandestine experience of the desire “to dress” and excludes the possibility, found in Hamburger et al.’s definition of transvestism, that a transvestite might wish to function socially as a member of her or his preferred sex.) By contrast, Hirschfeld and Ellis had, earlier in the century, taken pains to carefully distinguish between transvestism/eonism and homosexuality. Of transvestism, Hirschfeld observes that “we at first were inclined to assume that we [. . .] had homosexuality before us” but goes on to fault such an assumption on the grounds that most of the subjects in his study were heterosexual (147–48). Similarly, Ellis opens his study with the remark that “[m]any years ago, when exploring the phenomena of sexual inversion, I was puzzled by occasional cases I met with of people who took pleasure in behaving and dressing like the opposite sex and yet were not sexually inverted; that is, their sexual feelings were not directed towards persons of their own sex” (1). Where Hirschfeld and Ellis predicated their studies on the simple empirical observation that transvestism frequently occurs in the absence of homosexuality, mid-century American researchers seemed to have trouble
imagining transvestism *without* homosexuality.

The difficulty that these researchers had in understanding transvestism and cross-sexed identification as anything other than homosexuality is strikingly illustrated in a 1947 article, “Dream Life in the Case of Transvestism with Particular Attention to the Problem of Latent Homosexuality,” whose author, Ben Karpman, published extensively in the 1940s and 1950s on psychiatry in crime and the law, as well as on sexuality and sexual crime—a publishing record which surely reveals something about his understanding of transvestism.

Butler’s articulation of the role of fantasy speaks to the disjuncture between what the subject of Karpman’s article seems to envision and hope for in his dreams, and how the doctor interprets, classifies and pathologizes the content of those dreams. On the one hand, the subject’s contemplation of female embodiment, the (perceived) pleasures of motherhood, and a future in which feelings like his will be understood take him “beyond what is merely actual and present into a realm of possibility” (*Undoing Gender* 28). On the other hand, the doctor’s authoritative interpretations foreclose this realm of possibility in the name of the “real.” Further, analyzing the article through the lens of Foucault’s “insurrection of subjugated knowledges” (“Society” 7) reveals not only that Karpman could understand his subject’s dream life only within a discursive structure that insisted on the patient’s homosexuality, but also that other possibilities—in particular the possibility that the subject experienced cross-sexed identity—were masked by this discursive structure. In what follows, then, I analyze both the reported dreams (in order to suggest types of knowledge that Karpman’s expert discourse discounted and foreclosed) as well as Karpman’s authoritative analyses of those dreams (in the interests of
demonstrating how the authoritative discourse of the era lacked the conceptual tools required to recognize cross-sexed identity).

As an example, we can consider a dream in which the research subject tries to buy a pair of women’s shoes. In the dream, the store owner “said that he would not sell me any because I was not a queer person. I told him no that I wasn’t queer, but I liked to have lots of women’s clothes on hand” (313). Karpman remarks that “[w]e observe the persistence with which he denies homosexuality. He isn’t queer but likes to have lots of women’s clothes on hand. He splits hairs and postulates a distinction without a difference” (313). Foucault notes that among subjugated knowledges are those “that have been disqualified as [. . .] naive [. . .], hierarchically inferior [. . ., and] below the required level of erudition or scientificity,” and he offers the specific example of “the knowledge of the psychiatrized [. . .] that is parallel to, marginal to, medical knowledge” (“Society” 7). Karpman’s summary dismissal of his subject’s self-understanding, without even asking what it might mean to not be “queer” but nevertheless want to have women’s clothes “on hand,” clearly disqualifies the patient’s knowledge of himself, as does another notably hostile remark: “The patient’s statement that ‘I have nothing homosexual about me’ is rubbish. He has everything homosexual about him except a recognition of his homosexuality” (335). If anything, the patient’s denial of homosexuality seems only to serve, for Karpman, as a further confirmation of it.

In a list of “evidences of latent homosexuality,” Karpman includes the subject’s “wish for the physical development of a woman” and his “dreams of being the mother of a child” (336). While a contemporary reader might balk at Karpman’s insistence that these examples demonstrate latent homosexuality, seeing them instead as evidence of a
cross-sex identification characterized by a profound longing to be female,\textsuperscript{52} one must keep in mind that Karpman is working within a tradition that had long associated effeminacy with homosexuality. In this connection, we need only recall Karl Heinrich Ulrich’s nineteenth-century summing up of the male homosexual psyche—\textit{anima muliebris virili corpore inclusa} (a female psyche [or soul] confined in a male body)—to have some understanding of Karpman’s position.\textsuperscript{53} Foucault’s observations on subjugated knowledges are, once again, helpful. Discounted knowledges, like those of Karpman’s subject, are “buried or masked” by the discursive structures that claim to “organize them in the name of a true body of knowledge” (7, 9). Given that Foucault takes the position that scholarship in the present provides the tools required to reveal such knowledges, we might today observe that the dreams of Karpman’s subject seem to display a complex interplay between two different (but perhaps related) orders of being: homosexuality and cross-sexed identity. Karpman, however, working in a tradition reaching at least as far back as Ulrich, does not appear to have had the conceptual or theoretical tools required to come to such a conclusion, or to recognize cross-sex identity as a phenomenon in its own right.

There is a great deal in the dreams, but the touchstones for my purposes are the subject’s recurring visions of either living as a woman or being a woman, of having a vagina and breasts, of sexual intercourse in which the vagina is penetrated and breasts stimulated, and of being a mother nursing a baby or caring for a young child.

The dreams in which the dreamed subject is a woman reveal one of Karpman’s blind spots, since he entirely misses that in these cases the subject is \textit{not} a cross-dressed man. For example:
My dream was centered in what looked like some commercial art studio. There were several other girls there beside myself. One was a girl I knew who is an artist, Her name is Joan. . . . She and I seemed to be great friends and were talking when some man came up to us. Joan walked away . . . leaving me with this man. . . . He called me Sylvia and looked at me with both hands on my shoulders. I could hear him telling me he loved me, then he took me in his arms and kissed me. . . . One arm was around me and his other hand was feeling my breast. . . . I could feel myself very passionate and was accepting his kisses willingly. (318, emphasis added)

For Karpman, this dream reveals the subject’s “passive homosexuality” in relation to which transvestism is “secondary” since we can “presume [. . .] that he is dressed like a woman, although there is no specific mention of it” (318). Such an analysis misses a central fact of this dream, which is that, at the outset, the subject has explicitly identified himself as female (as one of several “girls”), as well as having a woman’s name and breasts which the lover caresses. To ask whether this is a homosexual or heterosexual dream is to ask a question that, in some respects, cannot be answered; further, attempting such a determination deflects attention from what may be a more important point, which is that the dreamed subject has changed sex.

The subject’s wish for breasts and a vagina is expressed not only in his dreams but forms part of his waking life. He mentions his “desire [. . .] for developed breasts” and relates that “I pull the hair off my chest . . . so that I may appear feminine” (304–305). His sexual dreams invariably include the stimulation of those longed-for breasts (as in the dream quoted above), while in his motherhood dreams they are used for nursing: “My dream of last night was [. . .] like many I’ve had before. I saw myself as the mother of a young baby [. . . who was] nursing at my breast which was like any woman’s and fully developed. [. . .] I was so happy. I was a woman” (322–23). As with the wish for breasts, the subject mentions that at times “I [. . .] wish I had a vagina [. . .] instead of a penis”
In his dreams there are women “who play [. . .] the role of a man in relation to me as a woman [. . .] have dreamed of them having a penis and me having a vagina and able to receive the penis” (306). Karpman takes these dreams as evidence of homosexuality which the subject cannot accept and therefore must substitute a woman with a penis for a male lover, but such a reading seems reductive. What, after all, are we to do with the fact that the dreamed subject has a vagina? Understood more fully—although still in a manner that reduces the complexities of the dream to familiar categories—it could be seen as simultaneously homosexual (male dreamer is penetrated by dream penis), heterosexual in two respects (male dreamer has female lover / male dreamer as woman has female lover as man) and even lesbian (male dreamer as woman has female lover). Again, as in the dream I quoted above in which the lover is male, the complicating factor is that the subject understands himself to be a woman.

Karpman’s view of another aspect of his subject’s dream life is particularly telling. The subject tells of a person who has been appearing in his dreams for two years:

It’s a person who for some reason or other, I have almost made real. . . . Probably like other people have dream girls or men. I would say it is a dream friend. . . . A person like myself; like a myth. Dreamed of this person so often. Almost like a reality. Nothing sexual about the dream. Sort of an understanding. Maybe it’s the way I hope people will some day understand conditions like this. Not having been able to find such a person in reality, I have created one. (329)

Of this dream person, Karpman comments:

The most outstanding thing about it is that the sex of “this person” is never mentioned. Is this “dream friend” a man or a woman? He says, “A person like myself.” Does he mean by that another transvestist? One might think so. But what sort of transvestist? Another man who will join him in dressing up like a woman, or a woman who will complement his own behavior by dressing up like a man? Or is it the mannish woman with a penis who has appeared in some of his recorded dreams? If we go on the theory that his transvestism is a form of homosexuality, then we must
conclude that “this person” of his phantasies is another man [. . .] and that this is another unrecognized homosexual phantasy. (329–30)

Although Karpman’s view that “the most outstanding thing [. . .] is that the sex of ‘this person’ is never mentioned,” is undoubtedly true, we might find ourselves suspicious of his analysis. Karpman cannot help but go through an elaborate and reductive process in order to determine the sex of the figure and, because it suits his purposes, ignores the assertion that there is “[n]othing sexual about the dream” and predictably concludes that the person must be a man and the fantasy homosexual. However, the dreamer explicitly does not sex this figure: “other people have dream girls or men. I would say [mine] is a dream friend” (emphases added). Theirs are girls or men, he is saying, while mine is a friend, mine is specifically neither girl nor man. Further, this friend is “like myself; like a myth.” There is a temptation to guess the myth—that of Hermaphroditus might come to mind—but it may be that he is not referencing a specific myth but simply means that the friend has a myth-like quality. Certainly, however, the reference to myth and to the friend being “like myself” conveys the subject’s sense that both he and this figure exist outside of what others perceive to be real, outside of the binary of female and male and, perhaps, the binary of homosexual and heterosexual. The subject is struggling towards some kind of new knowledge, a knowledge that he maintains does not exist in the present: “Maybe it’s the way I hope people will some day understand conditions like this.” Butler’s words about fantasy have particular resonance here. Fantasy may have the power to articulate the possible in excess of what will be taken as real, but it is also vulnerable to foreclosure by the real “through censorship [. . .] or other means” (29) (means that include, at least in the present instance, psychoanalysis). Thus it is that Karpman reduces the complexity of this dream life to terms—male, homosexual—that conform to what is discursively
imaginable in the time and place in which he lives.

Interestingly, Karpman cites no authorities or research to back up his analysis of his subject. However, other mid-century American researchers—such as psychiatrists D.M. Olkon and Irene Case Sherman, whose “Eonism with Added Outstanding Psychopathic Features: A Unique Psychopathological Case” was published in 1944—did claim to work from a knowledge of earlier authorities. Writing about a transvestite they call M.M., Olkon and Sherman explicitly situate their work in relation to that of Hirschfeld and Ellis while simultaneously demonstrating, rather bafflingly, virtually no knowledge of their writings. Further, they suggest that M.M. (who self-identifies as Mildred) represents a hitherto unidentified type of transvestite—hence the adjectives “outstanding” and “unique” in their title—when in fact Mildred’s case is rather ordinary, as Olkon and Sherman would have known had they read Hirschfeld and Ellis’s case histories.

Olkon and Sherman begin commenting on Mildred’s case by listing various terminology: “Hirschfeld’s ‘transvestite’ [. . .] is grouped by Krafft-Ebing under ‘fetichistic [sic] personality’; Havelock Ellis calls it ‘eonism’ or ‘sexaesthetic [sic]’ inversion’; by still others it is grouped under the caption of homosexuality. All designations, however, are for the purpose of establishing the psychopathic trends in the personality” (1944 164). This last sentence grossly misrepresents the work of Hirschfeld and Ellis, neither of whom felt transvestism was, in itself, evidence of (psycho)pathology. Olkon and Sherman continue to misunderstand or misrepresent Hirschfeld when they write:

We shall use Magnus Hirschfeld’s terminology “transvestite” [. . .] although the designation in this case is inadequate, as he presented many
more personality abnormalities than dressing in female attire. The novelty in this instance is the multiplicity of tendencies which can hardly be understood from one orthodox designation. *The term transvestitism, as used by Hirschfeld, simply refers to an inner urge to dress in female apparel.* We shall, however, point out the other psychopathic trends in addition to transvestitism. (1944 164, emphasis added)

As we know, Hirschfeld was well aware that there was far more to the transvestism of many of his research subjects than a simple urge to cross-dress. Further, several of the “psychopathic trends” supposedly unique to Olkon and Sherman’s subject had already been identified and discussed by Ellis and Hirschfeld; among these “trends” are supposed fetishism, narcissism, masochism and homosexuality.58 Also, Olkon and Sherman maintain that their subject’s “childhood cravings to be a girl” (1944 66) were unusual, despite the fact that the transvestism of the majority of Hirschfeld’s research subjects, and several of Ellis’s, began in childhood.

While one begins to suspect that Olkon and Sherman had not actually read Hirschfeld or Ellis, one does get a sense that Mildred may well have done, and that s/he was aware of what was happening abroad. In the first decade of the twentieth century, Hirschfeld began helping transvestites to get official permission to live in their preferred sex. By the 1920s he was arranging for sex reassignment surgeries, and by 1932 was delighted to have managed to get one such surgery paid for by the state. Although Hirschfeld’s role in these developments ended in 1933 when the Nazis demolished his Institute for Sexual Science, reassignment surgeries continued in Germany at least into the 1940s. Around this time, Denmark, Sweden and Britain—and possibly other countries—also began giving transvestites official permission to cross-live. In addition, at least two cases of sex reassignment took place in England in the 1940s and early 1950s, as well as one in Switzerland (Hirschfeld, *Transvestites* 150–53, Meyerowitz, *How Sex
Thus, when Olkon and Sherman write that “this male in female dress came to the Psychiatric Clinic of the University of Illinois, College of Medicine, requesting that the examining physician give him a written statement to the effect that he is a she” (1944 164), the request seems reminiscent of the European practice of providing expert medical testimony to help transvestites gain official permission to live in their preferred gender. Similarly, Mildred requests sex reassignment surgery, which suggests that s/he knew such operations could be, and had been, carried out. It seems that, had Mildred (and Karpman’s subject for that matter) lived somewhere other than America, hir requests might have been given more serious consideration, especially given hir apparent ability to pass as a woman. S/he had, we learn, “worn women’s clothes constantly for the past seven years,” and “the only occasions on which he had been arrested were when he was in male attire,” while “[w]hen he went about dressed as a woman, he was not apprehended” (1943 635). Under these kinds of circumstances, Hirschfeld had argued in favour of granting such people official permission to live as members of their preferred gender. He reasoned that those who attract public harassment and arrest because the clothing of “their own sex” is ill-suited to them would, in fact, be less of a social disturbance if they lived as a member of the “other” sex (Transvestites 152–54, 266–67), an attitude which explicitly acknowledges the social aspect of transvestism suggested in Hamburger et al.’s definition quoted earlier.

Olkon and Sherman, however, pile scorn on Mildred’s aspirations: “[H]e seemed oblivious to absurdities, such as asking for certification of his femaleness, and [made]
senseless, silly and asinine statements commensurate with mental deficiency; for example, he asked to have an amputation of his genitalia and a vagina constructed” (1944 166). Indeed, what is perhaps most extraordinary about Olkon and Sherman’s article is their determination to present Mildred as an imbecilic psychopath completely without emotional capacity, a characterization that they draw from Mildred’s apparent composure and confidence as a woman, and hir refusal to be ashamed of hir transvestism or to be troubled by the disapproval of others. They provide eight photographs in the service of their argument. In them, Mildred looks comfortable, and is relaxed and generally smiling. Captions let us know how we are to interpret this contentment: “He manifested no concern of bystanders’ opinions [. . .] , denoting emotional stunting. Moreover, his smile portrays complete satisfaction in his exhibitionism and a happy mood” (161). Self-confidence equals emotional stunting and, for some reason, “a happy mood” seems unacceptable to Olkon and Sherman, who further develop their interpretation of this self-confidence in the body of the article, claiming that Mildred’s “composure [. . .] showed the poverty of his emotional equipment and is only to be compared with the poverty of emotion of the low grade imbecile and ‘hardened criminal’ seen in penitentiaries”; further, “[s]uch a degree of emotional frigidity or callousness is seldom encountered even in the psychopath” (165). Of the one photograph in which Mildred wears men’s clothing, they remark that “[h]is pose and facial expression denote dissatisfaction and cruelty, expressions quite at variance with those seen in the accompanying photographs of him in his female attire” (164). Mildred seems to be in something of a bind: as a man s/he is cruel and dissatisfied, but, as a happy woman, s/he apparently suffers from “emotional frigidity” and “callousness,” and is the equal of the “low grade imbecile” and “hardened
I have examined Karpman and Olkon and Sherman in some detail in order to indicate how difficult it was, in the decade leading up to Jorgensen’s sex reassignment, for American medical culture to make sense of what might now be considered cross-gendered identities. Karpman felt compelled to establish that his cross-identifying subject was indisputably homosexual, while Olkon and Sherman, unable to imagine that a person could be psychologically healthy and have a cross-sexed identity (let alone function in society with such an identity), found ways to turn Mildred’s apparent self-confidence into evidence of profound maladjustment. Admittedly, these articles predate Jorgensen’s return to the United States by approximately five and nine years, but things were not much different in 1953. One article from that year, “Fetishism and Transvestitism” by George A. Peabody et al, represents transvestites as thieves and schizophrenics and explains that their behaviours result from domineering mothers, retiring fathers, undersized genitalia, myopia and left-handedness.

At the time when news of Jorgensen hit the American press, then, the clinical view of transvestites in the U.S. was that they were, or might well be, imbeciles, criminals, psychopaths, schizophrenics, and homosexuals.

Christine Jorgensen: “Genuine transvestite”

It was, one presumes, not the intention of Hamburger and his associates to mislead or confuse when they defined Jorgensen as a transvestite, and their definition helped to clear up at least one misconception. When Jorgensen’s story hit the news in early December 1952, the immediate assessment of the American medical community was that she was a
female pseudo-hermaphrodite, born with male-appearing genitalia but female reproductive organs, who had undergone a fairly routine surgical “correction” (Meyerowitz, How Sex Changed 69–70). Time soon summed up the medical views that had been appearing in the press, observing by the fifteenth of December that in the “expert opinion” of doctors there was nothing unusual about Jorgensen’s case; indeed, there were “similar cases in hospitals all over the U.S. right now” (“Great Transformation” 59). In the same article, Time mildly rebuked the newspapers for contributing to the confusion with “semi-learned stories sprinkled with such terms as hermaphrodite and pseudohermaphrodite” (59). Attempting to remedy this confusion, Time waded in with its own semi-learned account of human hermaphroditism under the title of “Mixed Sex.” This short but revealing column begins by blaming doctors for the public’s confusion concerning hermaphroditism “because they have used some of the key words in different and confusing ways” (87). The rest of the column then defines what are, presumably, these “key words”: hermaphroditism, pseudohermaphroditism and homosexuality. It is the inclusion of homosexuality here that is most interesting. Having suggested that Jorgensen was a hermaphrodite or pseudohermaphrodite, Time presumably included homosexuality to make it clear that Jorgensen and the “similar cases [. . .] all over the U.S.” were not homosexuals. Here is the account of homosexuality included in the column:

Because of emotional disturbances, usually in childhood, physiologically normal males may develop the social attitudes of females, and vice versa. Homosexuality is not inherited and has little (usually nothing) to do with hormone imbalance. But many homosexuals refuse to admit this, and they reject the psychiatric treatment which offers them some chance of a normal social life. Many of them wear the clothes of the opposite sex, and pester endocrinologists for hormone injections to make them more, not less abnormal.
A few homosexual men have tried to persuade U.S. surgeons to operate on them to change them to pseudowomen. Most surgeons will have nothing to do with what they consider a crime against nature and the laws of the 48 states. (88)

The negative tone and lack of sympathy stands in marked contrast to the sympathetic view the column takes towards hermaphrodites. They, unlike the homosexuals who “reject [. . .] psychiatric treatment,” do not bear responsibility for their condition, which lies rather with nature (characterized as an incompetent electrician) and an absence of luck: “Sometimes, nature gets its wires crossed and the luckless infant develops one ovary and one testicle, or an intermediate type of ‘ovotestis,’ and some of the genital organs of both sexes” (“Mixed Sex” 87). The “luckless infant” or the adult he or she grows into is entitled to to hormonal and surgical treatment while the type of “homosexual” described in this column is not.64 But the homosexual appearing here is a curious creature. He or she displays, for example, no evidence of same-sex desire (unless we are to understand such desire to be contained within the oblique reference to “the social attitudes of females, and vice versa”). On the other hand, this homosexual does display transvestism, cross-sex identification and a desire to change sex. Once again we see the assumption, so fully developed in Karpman’s article, and also present in Sex Gantlet to Murder, that cross-sex identification equals homosexuality. Notably absent from this account of “key words” is any direct reference to transvestism, which is, instead, absorbed under the heading of homosexuality.

Of course, Time was mistaken about Jorgensen. The magazine’s description of the “homosexual” looks a lot like her (except that rather than stay in the U.S. she went abroad to “pester” and “persuade” her endocrinologist and surgeon) and she was not a hermaphrodite, as her February self-assessment as a transvestite, and her doctors’
corroboration of this diagnosis in the May issue of *The Journal of the American Medical Association*, helped to establish. However, as we have seen, Jorgensen and her doctors understood transvestism in a manner not congruent with American understandings, and this created new confusions. The gap between American and European views of transvestism, and what constituted appropriate treatment for the condition, is tellingly illustrated in a comment of Stürup’s, printed in one of *Time*’s articles on Jorgensen: “In America [. . .] a surgeon can operate on any organ in the body, including the brain. But no, he may not operate on the testes. That is a hypocrisy which the mature society of Denmark refuses to accept” (“Case of Christine” 84).

I suggested earlier that another difficulty with Hamburger, Stürup and Dahl-Iversen’s account of Jorgensen lay in their unacknowledged redefinition of Hirschfeld and Ellis’s terminology, a move which might perplex a reader who was familiar with the work of their predecessors. In returning to this point, I return also to the tentative opening sentence of their article: “Transvestism has been defined as the desire to appear in the clothes of the sex to which the person in question, according to his or her external genitalia, does not belong” (391, emphasis added). The phrase “has been defined as” suggests that there may be other ways to understand the phenomenon, and (perhaps) that Hamburger and his colleagues may be the ones to present such alternatives. They continue: “The word is derived from *trans*: opposite, and *vestitus*: dress, and was coined by the German sexologist Magnus Hirschfeld. [. . .] In English-speaking countries the term eonism is sometimes applied” (391). We seem so far to be in the realm of the familiar, with Hirschfeld’s and Ellis’s terms offered as equivalents. The article continues by differentiating between various conditions in which transvestism “as a symptom” may
appear, such as fetishism and some forms of homosexuality, where the “transvestic urge” is “sexually caused [. . .] and is usually of secondary importance” (391). Again, we seem to be on familiar ground, since this position is in keeping with Hirschfeld and Ellis’s view that, despite apparent overlaps, transvestism is a separate phenomenon from homosexuality, fetishism and other sexual variations. Finally, having dismissed female transvestism (noting only that it “will not be dealt with in the present report”), they write:

There remains, then, the category of transvestic men in whom the desire is so dominant as to justify the designation “genuine transvestism” or “psychic hermaphrodism”; there may be reason to reserve the term eonism for this group. On the basis of the literature, our own observations, and personal letters, the present report sets out to outline the characteristic features of eonism (or genuine transvestism). (391)

This is where things become difficult. What makes the transvestism “genuine” in this (so far) undefined group of men? Does its genuine-ness suggest that such transvestism is no longer merely a “symptom”? What is “psychic hermaphrodism”? Evocative though the term may be, it is never defined nor is it used again in the article. Presented as equivalents, “genuine transvestism” and “psychic hermaphrodism” presumably are intended to shed light on each other but, given that neither has a clear definition, the parallel drawn between them confuses rather than enlightens. Why “may [there] be reason to reserve the term eonism for this group”? Ellis’s “eonism” is a broad and flexible category, but Hamburger and associates here suggest that it should properly be applied to a narrowly defined group (whose characteristics, however, have not been established). Further, if, as they suggested in their opening, “eonism” and “transvestism” are equivalent terms, how can eonism now be presented as the (probable) equivalent of “genuine” transvestism, given that “genuine transvestism” is apparently different from the transvestism/eonism of their opening? Similarly, how is it that they move from using
“genuine transvestism” as their primary term, for which there “may be reason” to consider “eonism” an equivalent, to using “eonism” as their primary term and presenting “genuine transvestism” as an absolute equivalent, as they do when they write: “[T]he present report sets out to outline the characteristic features of eonism (or genuine transvestism)”? Finally, why the need “to outline the characteristic features of eonism” given that Ellis has already done so in his study titled “Eonism”? The answer to this final question would seem to be that Jorgensen’s doctors wish to modify or refine Ellis’s category. A closer look at Ellis strongly suggests that this is, indeed, what Hamburger et al. are up to, although they never clearly articulate this intention.

Having presented the case histories of a number of eonists, Ellis observes that “[w]hen we attempt to classify and account for the cases here brought forward the task is scarcely easy” (“Eonism” 100) because they are often very different from one another. Further, eonism exists in “many gradations” from “very slight” to “profound if not complete form[s]” (36, 91). Despite these difficulties, Ellis does suggest a division of “at least two main types”:

One, the most common kind, [...] is mainly confined to the sphere of clothing, and another, less common but more complete, in which cross-dressing is regarded with relative indifference but the subject so identifies himself with those of his physical and psychic traits which recall the opposite sex that he feels he really belongs to that sex, although he has no delusion regarding his anatomical conformation. (36)

It seems that Hamburger, Stürup and Dahl-Iversen would like to restrict the term eonism to this latter group, who are characterized by Ellis as demonstrating “more complete” eonism, or eonism “in its most highly developed form” although this is not “the most usual and typical form” (100). In offering “genuine transvestism” as a synonym for their more restricted understanding of “eonism,” perhaps Jorgensen’s doctors sought to make
the adjective “genuine” function similarly to Ellis’s phrase “most highly developed.”

Following this extraordinarily confusing opening, Jorgensen’s doctors do, in fact, provide an outline of eonism which looks very much like Ellis’s second group of eonists, but they continue to neglect to mention that they are extracting this small category from Ellis’s much broader designation and applying “eonism” exclusively to it:

Eonists are persons with a fundamental feeling of being victims of a cruel mistake—a consequence of the female personality in the male body. They experience an extremely pronounced desire to wear women’s clothes; this, however, must be understood as only one of the many means through which the person attempts to identify himself with the female sex, to be regarded as a woman by society, to be called by a woman’s name, and to occupy himself with womanly tasks. Men’s clothes are felt to be an intolerable disguise and manly occupations a severe burden. The person conceives it to be against his nature to have to live and act as a man, with never a possibility of being able to follow the spontaneous inclinations of his own “self”; this entails a continual mental stress that may lead to [. . .] suicidal attempts. [. . .] The feeling of “being in reality a woman” will often lead to dislike of, disgust of, or veritable hatred against the person’s own sexual organs, with the logically consequent wish for castration or demasculinization. Attempts at self-castration are by no means rare.[68] (391–92)

This is an unequivocal picture of profound cross-sex identification, and seems to be the type of subject the rest of their article is about; their case history of Jorgensen certainly includes passages consistent with this description. For example:

It became more and more evident to him that he would never be able to fit into society as a man; he felt himself to be a woman, and he could not escape the idea that “nature had made a mistake” in giving him the appearance of a man. [. . .] Primarily he wanted, by castration, to be relieved of the essential source of the detested masculine component of his body; further, he hoped with medical assistance to be able to obtain permission to live on “as nearly a woman as possible.” (393)

For the most part, then, the rest of the article is far less confusing than its opening, although further inconsistencies do come up from time to time. For example, while the authors use the terms “eonism” and “genuine transvestism” interchangeably, as one would
expect, occasionally “transvestism” shows up unmodified, and it can be difficult to tell at these times whether it is the “genuine” form they are referring to, or the broader phenomenon. Similarly, in their discussion of treatments for “genuine cases of transvestism” they suggest that some “patients are able to handle these problems by themselves, by occasionally putting on women’s clothes when they are alone. Others feel the necessity, now and again, of wearing women’s clothes in public” (392). Are they really talking about “genuine transvestites” here? It is hard to imagine someone who fully cross-identifies—who finds existence as a man an “intolerable disguise and [. . .] severe burden,” who “conceives it to be against his nature to have to live and act as a man,” who yearns “to be regarded as a woman by society”—finding much solace in occasional cross-dressing, but that seems to be what the article is suggesting, at least in some cases.

I read this article critically not because I wish to discredit it, but rather because the difficulties it poses point toward its historical significance, a significance that goes beyond the fact that it is a medical report on the first transsexual to have achieved international visibility and celebrity, important though it may be in that respect. What is really striking here is that Hamburger, Stürup and Dahl-Iversen clearly have a sense that a special category is required to describe people like Jorgensen, a category that they struggle to produce without radically departing from existing concepts and terminology. By grounding the new category within the existing framework of knowledge their intention was, presumably, to give both the category and Jorgensen legitimacy by demonstrating that she had antecedents, as well as to demonstrate that their interpretation of Jorgensen was (scientifically) disciplined. Indeed, Hamburger almost explicitly expresses such intentions in another article (“The Desire for Change of Sex as Shown by
Personal Letters from 465 Men and Women”) published later the same year:

The treatment of [Jorgensen’s] case mainly followed the procedure laid down in previous reports (Abraham, 1931, Binder, 1933, Aubert, 1947, Huelke, 1949, Boss, 1950, Bättig, 1952, Glaus, 1952, and Bürger-Prinz et al., 1953). Our patient differed from others previously reported only in that surgical castration followed a period of hormonal castration during which the patient was under careful psychiatric surveillance. (362)

To Hamburger and his associates, then, the condition they were treating was nothing new; they simply followed well-established practices into which they introduced a single refinement. However, unlike previous writers and practitioners, who identified the condition as transvestism, they felt it needed a designation that identified it, not as something entirely new, but as a special kind of transvestism. Ultimately, their article—and their terminology—is confusing precisely because they wanted to hold onto the diagnosis of transvestism while simultaneously transforming the way that diagnosis was to be understood in some cases. Their tie to the European tradition of sex reassignment, then, simultaneously facilitated and circumscribed their work. On the one hand, it allowed them to imagine and carry out Jorgensen’s treatment; on the other hand, it restricted their ability to coin the clear, new, descriptive term that they felt was required. It took another European, but this one long transplanted to the United States, to establish the kind of terminology they were struggling towards.

III Harry Benjamin

Sex: “Dubious and ambivalent”

Harry Benjamin was a German-born and educated physician who specialized in endocrinology and sexology. Having lived in the United States since 1913, he began
championing the term “transsexual” in 1953—although he did not coin the word—and his efforts eventually won it a place within the medical lexicon.

Benjamin regarded himself as something of a “maverick or an outsider” (Meyerowitz, How Sex Changed 46) in the American medical community. In his university days, before emigrating to the United States, he knew Magnus Hirschfeld and, with him, visited Berlin bars frequented by homosexuals and transvestites. He maintained contact with Hirschfeld, visiting and studying at his Institute for Sexual Science in the 1920s and arranging for him to visit the United States in 1930, during which time Hirschfeld stayed at Benjamin’s home in New York and gave lectures in Benjamin’s office. Impatient with what he felt was narrow-minded prudery around sexual matters, Benjamin defended prostitutes and homosexuals and, in the 1920s, began administering feminizing hormone therapies to a cross-dressing male-to-female patient. In the late 1940s and early 50s he was severely frustrated in his efforts to arrange surgical treatments for another such patient, who eventually obtained abroad what was unavailable at home, undergoing surgery in Europe in 1953 (Benjamin 1969 1–3, Meyerowitz How Sex Changed 45–48, Ettner 13–16, Pfaefflin n.p.). He also stood apart from many of his American colleagues in his willingness to take seriously the self-assessments of cross-identifying patients—as is evident in his first letter to Jorgensen—rather than reacting with the kind of hostility found in the work of Karpman, and Olkon and Sherman. He did not know of Jorgensen until she appeared in the news, but her “story and publicity” induced him to solicit her advice and help on behalf of patients of his own who “[n]aturally [. . .] identify with you” and “whose emotional problems [. . .] nobody understands better than you do” (qtd. in Ettner 16–17). Throughout, the letter is
remarkable for its readiness to ascribe to Jorgensen the status of “expert” where her own condition is concerned, its deference to her judgement, and its sincere offer of any assistance he might be able to provide to her.\footnote{71} It marked the beginning of a lifelong friendship and professional relationship.

Jorgensen’s “story and publicity” not only induced Benjamin to introduce himself to her, but to write “Transvestism and Transsexualism,” the first English-language article using the term “transsexualism” to appear in the scholarly medical press. His article (which appeared after months of popular and medical coverage of Jorgensen) is prefaced with this statement: “This article is the result of the wide publicity given to the case of Christine Jorgensen. After having lived as a male for about twenty-five years, she decided to follow her urge to become a woman and underwent a ‘conversion operation’ in Denmark. Sensational stories were printed about her, many of them unscientific, unfair and often antagonistic” (12). The article opens with a distinction so matter-of-fact that it stands in striking contrast to the efforts of Hamburger, Stürup and Dahl-Iversen: “Transvestism, which is also called cross-dressing or eonism[. . .] (Havelock Ellis) is the desire of a certain group of men to dress as women, or women to dress as men. It can be powerful and overwhelming, even to the point of wanting to belong to the other sex and correct nature’s anatomical ‘error’. For such cases the term Transsexualism seems appropriate” (12). Here we see the start of an important discursive shift with far-reaching effects. While in many European countries it had been possible to understand the desire to change sex within Hirschfeld’s flexible category of transvestism, no such possibility had existed in the United States. Benjamin’s efforts started the process of building a discursive framework through which a wish to change sex could be both understood and
taken seriously, and within which such research could be carried out in the United States.

However, there is an important central tension that runs through virtually all of Benjamin’s work: he wants to see sex, gender and sexuality flexibly, and present them as such; at the same time he feels a need to produce, and adhere to, precisely bounded sexual categories. For example, in a later article, “Clinical Aspects of Transsexualism in the Male and Female” he writes, on the one hand, that:

My studies and observations of transsexuals have brought home to me more than anything else the dubious and ambivalent nature of what we call sex. This dubiousness exists as an intrinsic part of nature, and any alteration of the sex status of an individual ought to appear much less “unnatural” than it usually does. Sex has no accurate scientific meaning. Its significance has become more social and legal. Therefore, the term “gender” is often more appropriate. (458, emphasis added)

His appeal to “nature” is important here, because he insists that nature’s categories are not rigid, but are permeable and fluid; the precision of standard distinctions between female and male arise not from the evidence of the natural world, but from social and legal conventions. On the other hand, he notes that “[t]he syndrome of transsexualism was little known when, in the early 1950’s, the sensational publicity of Christine Jorgensen’s ‘sex change’ focused attention on this false gender role orientation” (458, emphasis added). We might well wonder how he can refer to Jorgensen’s “gender role orientation” as “false” while at the same time maintaining that “sex” is “dubious and ambivalent,” is socially and legally contingent. He seems to demonstrate both an adherence to essentialist binaries of sex and gender (which insist on a “correct” alignment of gender roles and corresponding bodies) and a desire to question that essentialism. This central tension in Benjamin’s work arises, I argue, out of his status as a “maverick” who began to develop his theories of transsexualism in America during the early years of the
Cold War. He is caught between his belief in flexible, open categories and the needs of a culture that is becoming increasingly hostile to and feeling threatened by “dubious and ambivalent” sexualities and genders. In a sense, he seems caught between his early twentieth-century European formation and his status as a mid-century American researcher and practitioner. As an element in the Cold War era discourse, his work functions paradoxically, helping to produce, reinforce and reflect Cold War values while simultaneously resisting them.

It is important to understand Benjamin’s work within the Cold War context, particularly because he inaugurated a new era of research on transsexualism to which he, himself, made many contributions. But this research, which has been instrumental in producing modern understandings of cross-gendered identity, is profoundly informed by Cold War era assumptions.

“Fixed boundaries cannot be drawn”

The central tension in Benjamin’s work is a product, at least in part, of his desire to accommodate transsexuals while simultaneously confining the “danger” they represent within the heteronormative order. His impetus to both facilitate “perverse” desires and aspirations, and to heteronormatize them, sets him apart from American researchers such as Karpman, and Olkon and Sherman, who, as we have seen, were neither prepared to sanction their cross-sexed subjects’ impulses nor were they capable of according such subjects a place within the framework of heteronormative identity and desire.

Benjamin developed and refined his simultaneously sympathetic but potentially repressive (because heteronormatizing) take on transsexualism over a period of several
years, during which he articulated ever more clearly a view of sex and gender that is at once flexible and rigid: on the one hand, he advocates for understanding sex and gender as multifaceted, located in a variety of somatic, psychic and socio-cultural sites, and likely to develop within the individual in complex and unanticipated ways; on the other hand, he frequently adheres to a dichotomous and heterosexual ideal. In making sense of much of Benjamin’s work that seems flatly contradictory—to understand him as someone who both upholds and resists the status quo—it is helpful to read his work not only as a product of Cold War tensions, but through the Foucauldian lens I outlined early in this chapter. The push and pull of Benjamin’s polarities situate his work as a node within Foucault’s understanding of power as a network of “force relations” within which power is both exerted (or re-enforced) and resisted.

Where is Benjamin in the web of force relations that, mid–twentieth-century, sought to produce knowledge about and “manage” cross-sexed identity? Does he occupy multiple positions in this discursive grid? More specifically, do his simultaneously flexible and rigid views situate him in competing locations? Although the answer to this last question must surely be yes—consider William B. Turner’s observation, when discussing Foucault in *A Genealogy of Queer Theory*, that “[r]esistance along one axis of power may coexist with attachment to the status quo along another axis” (53)—this then leads to another question: What are the axes of power along which Benjamin’s work can be located? Further, what is the form or function of the power that Benjamin is exercising when, in showing an unusual level of compassion for transsexuals, thus resisting the hostility usually directed at them, he nevertheless seeks, through his sympathy, to fold them into the very heteronormative structures hostile to them? Or, to place this question
more explicitly within the terms of my discussion so far, what kind of power is Benjamin exercising when he works to have the transsexual accepted within Cold War ideologies that he himself implicitly disavows?

To some extent, of course, my discussion of Benjamin has already suggested axes of power along which we might expect to locate his work, with its “competing” liberal-mindedness, more or less consonant with earlier European understandings of cross-sexed identity, and its Cold War era adherence to a somewhat narrower account of sexual normalcy. As we try to account for Benjamin’s ability to keep his feet planted in both camps—he doesn’t tread the ground between two points of view so much as simultaneously occupy both—it is helpful to keep in mind an observation of Judith Halberstam’s in *Female Masculinity*. Although her comment is directed in a general way at more contemporary scholarship, it nevertheless seems germane to an understanding of Benjamin: “In academic conversations, transsexualism has been used as both the place of gender transgression and the marker of gender conservatism. Obviously, transsexualism is neither essentially transgressive nor essentially conservative” (160). She is referring, on the one hand, to the idealization of “the transsexual” as one whose transgression supposedly unmasks the artificiality of conventional continuities between sex and gender, gender and sex, and between these and sexual desire, and, on the other hand, to the vilification of transsexuals for their supposed slavish conformity to such conventions, a conformity, the argument goes, exemplified by their profound essentialization of the relationship between gender and what are understood to be the somatic markers of sex.73 Halberstam rightly makes the point that the polarity is a false one which reduces complex questions to the vacuity of an either/or distinction. A similar polarity subtends
Benjamin’s work, but much of his genius lay in his ability to subscribe to two seemingly opposite understandings simultaneously. He seems to have recognized, decades before Halberstam’s succinct observation, that transsexualism is not fundamentally transgressive or conservative, a recognition that is implicit in his response to the phenomenon.

In his first article on transsexualism, 1953’s “Transvestism and Transsexualism,” Benjamin quickly establishes himself as someone who challenges conventions, declaring that although people may be tried and convicted for certain kinds of behaviour (including transvestism, transsexualism, homosexuality and prostitution) there is nothing inherently criminal about these behaviours: “[t]heir interpretation as ‘crimes’ creates criminals artificially ‘by definition’ ” (12); there are at least two observations to make in connection with this assertion. First, it answers those in the medical community who, as I mentioned earlier in the chapter, regarded cross-sexed identification as criminal or as evidence of criminality. Secondly, and more significantly, with it Benjamin takes the unusual position, for a sexologist of the period, that definitions or classifications can be understood to produce the subjects needed to occupy them.74 It must be acknowledged that he is, here, writing about classifying someone as a “criminal,” and that he might have argued that many of the classifications that were the currency of his work (such as transvestism, transsexualism, and homosexuality) were descriptive rather than productive.75 Nevertheless, Benjamin’s brief analysis of the instability of one class of social category, which comes at the inaugural moment of his (public) professional interest in transsexualism, implicitly destabilizes his ensuing efforts to establish fixed classifications of human sexuality, especially given his own conviction that sexual categories are at least partly socially conditioned. As a result, Benjamin’s work is
frequently marked by a struggle to establish categories that he asks his scientific peers, and other readers of his work, to accept, but which he himself never quite seems able to uphold.

As an example, we can examine his curiously unstable distinction between transvestites and transsexuals, two groups whose members he variously characterizes (often within a single article) as clearly distinct, as porously bounded and therefore difficult to distinguish one from the other, or as more or less congruent. While there are any number of examples of this particular inconsistency in his published work, we need only look closely at two or three examples. We have already seen how, in defining the term “transsexual” in the 1953 article, Benjamin presents the condition as a “powerful and overwhelming” form of transvestism in which a person wants “to belong to the other sex and correct nature’s anatomical ‘error’” (12). Here he characterizes the two as manifestations of a single type of condition, a characterization further developed in the article when he discusses “milder cases” of transvestism which might respond well to psychotherapy, then “more serious cases” requiring endocrine therapy that will feminize (biologically) male transvestites or masculinize (biologically) female transvestites, and, finally, the “most disturbed group of male transvestites [. . .] who want to be changed into women, even anatomically. They are the transsexualists” (13). Here, then, he once again explicitly classes transsexuals within a broader category, that of the transvestite. However, at the same time, he presents the three types of transvestites on a continuum: mild, more serious, most disturbed. The article then, might leave readers with a confused impression. Are we to understand transsexualism as a sub-class of transvestism, and therefore located in a tree-like structure in which each sub-class is separated?
Or is it a condition continuous with the other two forms of transvestism, and therefore located along a linear structure in which one condition could be understood to blend into the next)?

Although Benjamin does not explicitly express the latter view of transvestism/transsexualism in this article, his comments on “the infinite diversity of the male-female scale,” his declaration that it “is well known that sex is never one hundred per cent ‘male’ or ‘female’ [but] is a blend of a complex variety of male-female components,” and his observations that there “may be a decided masculine psyche in a female body” and that “all shades of femininity are possible in a male body” (12), all point towards a tendency to regard categories of human sexuality and sexual identity as porous.

This sense of indecision finds its way into subsequent articles. For example, the following year Benjamin articulated what would eventually become, within the wider medical discourse, a hegemonic distinction between transvestites and transsexuals, observing that “[i]n transvestism the sex organs are sources of pleasure; in transsexualism they are sources of disgust. That seems to me a cardinal distinction and perhaps the principal differential diagnostic sign.”76 However, he appends to this another remark—“Otherwise there is no sharp distinction between the two, one merging into the other” (1954 220)—which makes explicit what was implicit a year earlier, that transvestism and transsexualism can be understood as continuous, perhaps nearly congruent, with one
another. There still appears to be a degree of confusion, then, given that there is little that “sharp[ly]” distinguishes the two, but a “cardinal distinction” can nevertheless be made. In such an account, transvestism and transsexualism seem simultaneously continuous and distinct. His articles from the 1960s show a similar tendency. In this period, he further developed his ideas of the three forms of transvestism outlined above, calling them three “stages” in one article (1964a 105), which suggests the possibility of progression from one “stage” to the next, but referring to them elsewhere as three “groups” (1967b 108), implying more bounded categories. In another article, he cannot decide, introducing the subject by referring to three “types,” a term which (like “group”) suggests fairly bounded categories, but then writes about “the first type (or stage)” before reverting exclusively to “stage” when describing the second and third kinds of transvestites (1964b 459, italics in original).77

A related confusion arises when Benjamin writes, in several publications, that “Stage Three of transvestism is identical with transsexualism” (1964a 105, original italics; also see 1964b 459, 1967b 109). Surely, in light of the views outlined above, it would be more accurate to reverse the sentence and write that transsexualism is identical with stage three of transvestism (given that the purpose of the statement is to shed light not on transvestism but on transsexualism, a subject with which the articles assume the reader is unfamiliar). Further, are we to understand that there are two separate (though identical!) phenomena, or are we talking about one condition with two names? Benjamin does not help clarify matters when he suggests elsewhere that, rather than regard transsexualism as a form of transvestism—as we have been repeatedly asked to do—it may be more helpful to think of transvestism as a type of transsexualism (1967a 429,
In 1967’s “Transvestism and Transsexualism in the Male and Female,” he suggests these two possibilities within one page of each other, making no effort to reconcile the contradiction (1967b 107-08, 109).

As with *Sex Gantlet to Murder*’s peculiar turns of phrase and opaque discussions of sexual variance, all of this might at first strike one as evidence of careless writing or sloppy thinking, but in at least one respect Benjamin’s inconsistencies are, arguably, appropriate and even reassuring: Benjamin is writing about the infinite variety and polyvalency of human sexuality and gender expression in a manner consistent with its protean quality. Just as his subject, seemingly rooted in biological stability, cannot be fully grasped or known, is likely to present new aspects at unexpected moments and mutate in response to novel environmental stimuli, his very writing on the subject suggests stability while refusing to be stabilized. This sets Benjamin apart from figures such as Karpman, and Olkon and Sherman, who come to their research subjects already knowing what human sexuality “should” look like and unable to entertain deviations from that knowledge. By contrast, Benjamin’s genuine struggle to make sense of it all is, intentionally or unintentionally, discernible at a rhetorical level.

Benjamin acknowledges the elusive and confusing quality of his work in his 1966 book, *The Transsexual Phenomenon*. Built upon his clinical experiences, his theorizing, and his published writings of the previous decade and a half, not only was *The Transsexual Phenomenon* the first book-length study of transsexualism, it also profoundly influenced subsequent researchers; indeed, its effects are still felt today in diagnostic and treatment protocols for what is now referred to as “gender identity disorder” (GID). However, despite Benjamin’s recognition that his efforts could seem
nebulous and imprecise, and despite the fact that the book contains a considerably more detailed discussion on distinguishing transsexuals and transvestites than is to be found in his articles, *The Transsexual Phenomenon* actually does little to clarify such questions.

He revisits his idea that there are three kinds of transvestites (18), calling them “groups” in this case, but further breaks them down within a “Sex Orientation Scale” which he presents as a table. Slightly simplified, the top of the table looks like this:

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type I</strong></td>
<td><strong>Type II</strong></td>
<td><strong>Type III</strong></td>
</tr>
<tr>
<td>TRANSVESTITE</td>
<td>TRANSVESTITE</td>
<td>TRANSVESTITE</td>
</tr>
<tr>
<td><strong>Type IV</strong></td>
<td><strong>Type V</strong></td>
<td><strong>Type VI</strong></td>
</tr>
<tr>
<td>TRANSSEXUAL</td>
<td>TRUE</td>
<td>TRUE</td>
</tr>
<tr>
<td><em>Pseudo</em></td>
<td>Fetishistic</td>
<td>True</td>
</tr>
<tr>
<td><em>Moderate</em></td>
<td><em>Intensity</em></td>
<td><em>High Intensity</em></td>
</tr>
</tbody>
</table>

In the rows beneath, Benjamin sets out in tabular form eight different sets of criteria that distinguish between the six “types” of transvestite or transsexual, thus providing, in 48 cells, a seemingly precise diagnostic tool. However, he also remarks that

> If these attempts to define and classify the transvestite and the transsexual appear vague and unsatisfactory, it is because a sharp and scientific separation of the two syndromes is not possible. […] Furthermore, nature does not abide by rigid systems. The vicissitudes of life and love cause ebbs and flows in the emotions so that fixed boundaries cannot be drawn. […] Referring to the [Sex Orientation Scale] will enable the reader to get a somewhat clearer picture of the particular individual and his or her problem. It should be noted […] , however, that *most patients would fall between two types and may even have this or that symptom of still another type.*” (1966 21, 24; emphases mine)

Thus, his precise mapping, his own “rigid system” of “fixed boundaries,” produces, by his account, only the illusion of categories and fixity. To put it differently, although Benjamin has attempted to map the locations of some of the people who fall into the interstices of conventional binaries of sex, gender and sexual desire, his careful delineation of types seems to have proliferated the interstices without having produced an
accurate taxonomy.78

“The Symphony of Sexes”: Harmony

More significant than the limitations of Benjamin’s model, however, is that it reflects his struggle, over the period of several years, to produce an understanding of certain types of human sexual or gender identity that, from a later perspective, we might view as a matrix of possibilities. As I have mentioned, Benjamin took the view that the many elements that produce sex, gender and sexuality could develop differently in various people, and the opening chapter of The Transsexual Phenomenon, “The Symphony of Sexes,” outlines many such elements—some biological, some psychological, and others social and legal. His desire to understand sex as a complex web, and his careful delineation of many of the components of that web, lie behind the book’s opening assertion:

There is hardly a word in the English language comparable to the word “sex” in its vagueness and emotional content. It seems definite (male or female) and yet is indefinite [because of the many components that produce it]. The more sex is studied in its nature and implications, the more it loses an exact scientific meaning. The anatomical structures, so sacred to many, come nearer and nearer to being dethroned. Only the social and legal significances of sex emerge and remain. (3)

To this, he adds a short time later, the observation that,

Ordinarily, the purpose of scientific investigation is to bring more clarity, more light into fields of obscurity. Modern researches, however, delving into “the riddle of sex,” have actually produced—so far—more obscurity, more complexity. Instead of the conventional two sexes with their anatomical differences, there may be up to ten or more separate concepts or manifestations of sex [i.e. the elements in the matrix] and each could be of vital importance to the individual. (5)

Generally, he observes, these “concepts or manifestations” align in a way that is internally consistent, according to conventional ideas of femaleness and maleness, thus
producing “normal” women and men. But when the alignment is not conventional—producing “transsexuals, transvestites, eunuchoids, homosexuals, bisexuals, and other deviates”—“[s]uch individuals are frequently condemned and ostracized” (10) despite the fact that, in Benjamin’s view, such variation is in the ordinary way of things. “Our sexuality must be without fault,” he remarks sardonically. “It must function in strict conformity with customs and laws, no matter how illogical they may be and to how much hypocrisy they may give rise” (10).

Earlier in this chapter I observed Karpman’s inability to entertain his subject’s self-understanding as a person who is not “queer” but nevertheless likes to have women’s clothes “on hand” (313). For Karpman, this seemed a paradox so irreducible that he was unprepared to even ask what such an identity might look like. By contrast, Benjamin’s desire to understand sexuality as the polyvalent product of varied biological, psychological, social and legal influences reveals his interest in asking the kinds of questions Karpman cannot, and in trying to accommodate seemingly irreducible polarities. Thus, for example, Benjamin is frustrated by the reductive views of authorities who—according to his account—distinguish transvestism and transsexualism on the basis of sexual orientation: “The transvestite—they say—is a man, feels himself to be one, is heterosexual, and merely wants to dress as a woman. The transsexual feels himself to be a woman [ . . . ] and is attracted to men. This makes him a homosexual” (19). Benjamin points out the inadequacy of sexual desire as a distinguishing factor in such cases by observing that there are bisexual and homosexual transvestites, that people’s choice of sexual partners can change, and that transsexuals attracted to people of their own (pre-surgical) sex regard their sexual desire as heterosexual (19–20).
Nevertheless, despite understanding human sexuality as the product of a matrix of potentially competing forces, Benjamin does give more weight to some of these forces than others, often favouring a person’s self-understanding and optimal social functioning over biological determinants such as chromosomes or gonads. Thus, although Benjamin acknowledges, for example, that there is more than one answer to the question of whether transsexuals who desire partners of their own (pre-surgical) anatomical sex should be considered homosexual (“‘Yes,’ if pedantry and technicalities prevail[,] ‘No’ if reason and common sense are applied and if the respective patient is treated as an individual and not as a rubber stamp” [27]), in such cases he is inclined to favour the subject’s own account of her/his sexual desire. Similarly, he records his impatience with the refusal, on the part of the New York City Department of Health, to issue a replacement birth certificate recording a male-to-female transsexual’s new sex status. The department’s decision was based on the work of a medical and legal committee, struck by the New York Academy of Medicine specifically to consider this question. The committee decided against the birth certificate change on the grounds that the person in question was chromosomally male and only “ostensibly” female (Benjamin 1966 165, Benjamin 1969 6, Meyerowitz How Sex Changed 242–45). Benjamin found this decision absurd, taking the view that, even if one insisted that her femaleness was “ostensible,” it was, nevertheless, outward and visible, it governed her psychological and social functioning, and it should take administrative and legal precedence over “the genetic male sex, which nobody could possibly detect” in the ordinary course of day-to-day living (1966 165–66).79 In a 1960 letter, Benjamin expressed his views in cases of this kind even more clearly. The letter recounts arguments he submitted to a judge on behalf of a female-to-
male transsexual who was also trying to obtain a new birth certificate: “I explained [. . .] that there are all kinds of interpretations of ‘sex’: the genetic sex, the anatomical one, the endocrine one, the psychological one, the social sex, and the assigned sex of rearing. I explained that after Tommie’s treatment, only the genetic sex could be called completely female while all the others would be considered either totally or partially male” (qtd. in Meyerowitz, *How Sex Changed* 242). For Benjamin, then, sex determination must be decided *in the balance* rather than according to a standard formula or single factor applied rigidly to all people, and such a view is consistent with a position he had maintained from his earliest articles on transsexualism: in all people, transsexual or not, “sex is never one hundred per cent ‘male’ or ‘female’ ” (1953 12), but “always a mixture of male and female components. The ratio varies with the individual, determining the constitutional makeup, physical and mental” (1954 222).

During a period that, as we saw in the previous chapter, feared shifting and permeable sexual categories and connected such instability to trouble in the socio-political realm, Benjamin founded his iconoclastic theories of transsexualism and recommendations for treatment on a set of sex and gender classifications that he understood and accepted as inherently unstable and permeable: male/female, masculine/feminine, transvestite/transsexual, heterosexual/homosexual. Further, he was not only at odds with Cold War ideological positions, he also resisted the dominant medical discourse. Unlike some other clinicians, he displayed considerable compassion for transsexuals, rather than hostility, exhorting his fellow practitioners to view cross-sexed identity “in the light of science and common sense and not, as it is now done, in the twilight of prejudices and misconceptions” (1953 14) and observing that “[r]idicule,
moralizing, or hostile rejection is [. . .] unethical, harmful, and ineffective” (1966 154). Further, he took the controversial view that, if there was no other way to help someone, surgical and hormonal interventions should be considered: “When this thought is rejected—and it often is by overconservative and overcautious physicians—we are left with a therapeutic nihilism to which I cannot subscribe, in view of my clinical experiences of actual help to the patient” (1964a 107).

“The Symphony of Sexes”: Dissonance

Despite his radical views, however, Benjamin also helped to consolidate dominant ideological positions. As a transition to a discussion of the conservatism in his work, we can observe that, implicit in his view that all people are a mix of female and male is the normalization of the transsexual. That is to say, if everyone’s sex is a mixture, then the transsexual differs little from the average person, except perhaps in a matter of degree. While a liberal-minded reader might react positively to such a position—politically, it seems as if it undermines the sexed and gendered rigidities of Cold War era thinking—it nevertheless contains “the transsexual” within the very heterosexual matrix that it appears to destabilize. This, then, is another facet of Benjamin’s work, a facet that is sometimes difficult to discern because it is embedded within a rhetoric of polyvalency and flexibility. The opening chapter of *The Transsexual Phenomenon* is an extended example of this.

With its title—“The Symphony of Sexes”—and opening pages that delineate a variety of human bodies, identities and sexual desires, this chapter seems initially to hold out the promise that it will, if not celebrate a diverse vision in which many human types
all “play” in a harmonious concert of sexual possibility, it will at least acknowledge and accept them. These pages refer to intersexes, to hermaphrodites and pseudohermaphrodites, to homosexuality, bisexuality and transvestism, even to the polymorphous perversity of childhood sexuality, as well as to sadomasochism and fetishism. While some such manifestations are, supposedly, “disturbed, doubtful, confused,” “immature” or “bizarre” (4-5), the view that the “object and purpose of sexual relations varies” and cannot be regarded solely as procreative, with people looking to sex for pleasure and relief from tension (4), nevertheless suggests that non-normative forms of sexual expression are some of the “instruments” in the symphony of his chapter title.

In addition, there is the implication that there are other sexes, apart from male and female, that also belong to this symphony (“For the simple man in the street, there are only two sexes. A person is either male or female, Adam or Eve. With more learning comes more doubt” [4]), as well as references to “the various kinds of sex that can be identified and separated, in spite of overlapping and interaction” (5, italics in original).

Here Benjamin is referring to the various elements—biological, psychological, social and legal—that I have characterized as a matrix, and which produce a person’s sense of her or himself as a person with a sex and a gender identity; these “kinds of sex” are “chromosomal, genetic, anatomical, legal, gonadal, germinal, endocrine (hormonal), psychological and—also—the social sex, usually based on the sex of rearing” (5) as well as “nursery sex” (7). This picture of variety, possibility and potential seems in keeping with the iconoclastic quality of Benjamin’s work. However, the conclusion of the chapter includes a passage that is extremely difficult to square with Benjamin’s repeated claim that no person is fully female or male but always a mixture, a passage which reveals that
the variant “voices” do not belong in the symphony after all:

The normal male (normal by his genetic inheritance) has his masculine build and voice, an ample supply of androgen, satisfactory potency, a sperm count that assures fertility, feels himself to be a man, is sexually attracted to women, and would be horrified to wear female clothes or “change his sex.” He is often husband and father, works in a job or profession in accord with his sex and gender that is never questioned legally or socially.

The genetically normal female presents the opposite picture. She feels, looks, acts, and functions as a woman, wants to be nothing else, usually marries and has children. She dresses and makes up to be attractive to men and her sex and gender are never doubted either by society or by the law.

Such more or less perfect symphony of the sexes is the rule.

(10, emphasis in original)

The symphony, the “rule,” then consists in the “harmonious” integration of all the “kinds of sex” into a person, conventionally female or male, who is a discrete, gendered unit unambiguously of a sex; one whose desire is heterosexual and whose urges are matrimonial and procreative; and one who, if a man, is “appropriately” employed, and, if a woman, is not employed (or whose employment is not worth mentioning). The “symphony of the sexes” seems not to allow for variations on the basic thematic material, but only for endless “perfect” recapitulations of the pre-existing theme, and we learn very rapidly that those who do not follow the rule of this perfect symphony have, in fact, “a dissonance in their sexuality” (10, emphasis added). Or, as Benjamin frequently puts it in his publications, transsexuals have a “disharmony of their total sexual sense” (1964 460).80 In “Nature and Management of Transsexualism,” he makes a similar point, although without reference to music. As the first of four “specific reasons why transsexuals want the conversion operation,” he relates that the surgery remedies “the emotional distress of having male sex organs constantly outraging a female psyche” (109). Without in any way wishing to minimize the anguish that pre-operative
transsexuals often experience in relation to their bodies, it must be observed that this sentence underscores a belief in the absolute *difference between*, and *separation of*, male and female; here they are two wholly discrete social, biological and psychic categories, and the presence of characteristics of one in the other, as in the case of pre-operative transsexuals, is an “outrage” that requires rectification, a “false note” in the symphony. As with the descriptions of the “normal male” and “normal female,” we seem to have come some distance from being asked to expect, and accept, that everyone is a mixture of male and female.

Benjamin’s impulse to fold transsexuals into heteronormativity is evident from his very early writing on transsexualism. In 1954, he wrote that “[t]he interpretation of the libido as homosexual is strongly rejected by male[-to-female] transsexualists. They consider the fact that they are attracted to men natural because they feel as women and consider themselves of the female sex. For them to be attracted to ‘other females’ appears to be a perversion” (221). While he here attributes this view to the subjects of his study without personally seeming to either endorse or reject it, by the time of *The Transsexual Phenomenon* he writes that the “sex relations of a male[-to-female] transsexual are those of a woman with a man, hindered only by the anatomical structures that an operation is to alter” (26) and that, “female[-to-male] transsexuals can be ardent lovers, wooing their women as men do, but not as lesbians” (150). Skeptical questions about “sex relations” and “wooing” aside, it is significant that here Benjamin seems not only to be accepting transsexualism as a form of heterosexual expression, but practically insisting that it must be understood in this way, and this heteronormatized desire is essential to one of Benjamin’s prime means for containing the transsexual within the heterosexual matrix:
marriage. In a period when, as we saw in the previous chapter, marriage was regarded as a fundamental marker of social integration and maturity, Benjamin uses it as one of the criteria by which he judges the relative “success” of sex reassignments, suggesting that one of the reasons male-to-female transsexuals pursue surgery is that “[t]hey love normal heterosexual men and want to be as normal a sexual partner to them as surgery and medicine can make them. They want to marry and adopt children” (1964b 464). Such a statement not only insists on the normalcy of the transsexual, it explicitly refuses to allow the “taint” of homosexuality to be attached to her sexual desire: she loves “normal” men, not homosexual men, she wants to be a “normal” lover, not a gay (male) lover, and if this is not sufficient evidence of her normalcy, she wants to enter into that double bastion of heteronormativity: marriage and motherhood. Here, then, Benjamin argues that there is a place within the heterosexual economy for the (to use one of his less felicitous terms) “salvaged” transsexual, and does so in a way that reaffirms the legitimacy and primacy of that economy: it is something to aspire to and its achievement is a marker of personal success. Aleshia Brevard, one of “Benjamin’s Girls” (Brevard 29) whose sex reassignment took place in the very early 1960s, corroborates such a reading of Benjamin’s work in her 2001 autobiography. Reflecting on the reasons she was accepted for surgery, she writes: “[T]here was irrefutable proof that I should be a woman: I was engaged to marry a [. . .] man. In the 1960s, desiring to be a housewife carried a lot of weight. The fact that a man wanted me as his legal wife probably cinched my claim to womanly status” (7). 82 Benjamin, himself, offers as an example of a successful male-to-female transsexual, another housewife:

[A]fter surgery[,] Johnny (now Joanna), met a man a few years older than he (now she) when she was working as a receptionist in a
dentist’s office. He was, and still is, a reasonably successful salesman. He fell in love with Joanna and married her. He knows only that Joanna as a child had to undergo an operation which prevented her from ever menstruating or having children. They have had a distinctly happy marriage now for seven years. Joanna no longer works but keeps house and they lead the lives of normal, middle-class people. (1966 126).

Success, here, is measured by how closely Joanna can adhere to the narrow requirements of heteronormativity, and she manages to fulfil most of the requirements of the “normal woman” who plays harmoniously in the “symphony of sexes.” Perhaps the one place where she fails in this is that she is not a mother, but Benjamin presents a similar case where an adoption is in the works, as well as numerous examples of successful female-to-male transsexuals, career men who are husbands and the fathers of adopted children (1966 64, 151, 158-59).83

Benjamin, then, maintains on the one hand that everyone’s sex and gender identity is produced through the interplay of several bodily, psychic and socio-cultural sites. The ways in which these sites relate (or do not relate) to each other are not inevitable, but are largely governed by conventions that produce heteronormative subjects. Nevertheless, human beings may display variations on such conventions, and such variation is plainly visible in transsexuals. On the other hand, and despite his avowal that this polyvalency is “an intrinsic part of nature” (1964b 458), Benjamin is nevertheless prepared to facilitate the ambition of many transsexuals to conform, as fully as possible, to heteronormative standards, and he, himself, frequently adheres to a dichotomous and heterosexual ideal. In short, his work at once radically destabilizes and affirms the “desirability” of conventional understandings of human sexuality, and it is in this way that it may be understood, in a Foucauldian sense, to function as a node in the web of power/knowledge
that simultaneously resists and facilitates Cold War ideological power. Put simply, Benjamin needs a flexible and multivalent understanding of human sexuality in order to legitimate the existence of transsexual identity, but establishing the transsexual as a legitimate social subject demands adherence to a rigid and culturally approved heteronormative standard even if, on a certain level, his theorizing disavows that standard.

It is worth asking whether his “use” of the discourse of marriage is as bound by the conventions of Cold War era ideology as it at first seems to be. Foucault’s rule of the “tactical polyvalence of discourses”—which reminds us of the importance of considering “who is speaking, his position of power,” and the consequent “shifts and reutilizations of identical formulas for contrary objectives” (History 100)—raises the question of whether Benjamin merely duplicates the Cold War era conception of marriage or whether he redeployes it in a way that resists or destabilizes that matrimonial ideal. Does he subtly insert transsexual “perversity” into heteronormativity? What “remnant” of transsexualism remains to trouble marriage once the subject has been “successfuly” heteronormatized?

As we have seen, Benjamin suggests that, if a transsexual has marital aspirations, they are evidence of her or his normalcy; he also suggests that admission to the state of marriage helps to confer a normal status. Normality is measured by the yardstick of marriage. But, at the same time, he subtly warps this yardstick, queers the heteronormative institution, by insisting on the admission of those whom many would consider its abjects. He needs the traditional institution of marriage but, in using it, cannot help but reshape it. He must uphold the status quo but, in doing so, destabilizes it. Of course, one would be hard pressed to argue that a few transsexual marriages in the 1950s and 60s rocked the
institution of matrimony but, as Foucault observes, points of resistance rarely solidify into revolution; what we do have, though, is a local instance of the simultaneous enforcement of and resistance to an entrenched cultural institution. Consequently, as Benjamin’s vision of transsexualism won converts—perhaps in part by convincing them that it respected existing heteronormative institutions—it also provided new opportunities to reconsider those institutions.

Clearly, there is much that one might criticize in a conception of transsexualism that, like Benjamin’s, leaves so much unexamined. In particular, Benjamin brackets certain kinds of transsexual identities, giving legitimacy to those who can or will conform to narrow cultural standards of sexuality while hardly acknowledging, let alone granting legitimacy to, more overtly queer forms of transgender identity; once again, we find ourselves in the realm of subjugated knowledges. By the late 1960s, as Meyerowitz shows, doctors who treated transsexuals divided them into two groups. There were the “respectable” ones, who were middle-class, often educated, and who aspired to quietly conform to heteronormative expectations, and there were the “antisocial” ones, who were exhibitionistic, queer, “flamboyant,” and “hysterical.” The doctors preferred the former patients, regarding them as more appropriate candidates for surgical and hormonal therapies (Meyerowitz 197). Benjamin’s work is undoubtedly fundamental to this division. Nevertheless, as narrow as his vision of the “successful” transsexual might have been, one of Benjamin’s great achievements was that his work won transsexualism a place in serious medical discourse and effected a profound shift in the cultural space of enunciative regularities that governed what could be said or understood concerning cross-sexed identity. Benjamin’s work significantly widened the field of “the sayable.”
In this chapter, I have been analyzing cultural reactions to a taxonomic crisis mobilized by the widely disseminated news of Christine Jorgensen’s 1952 sex reassignment, and have been arguing that such reactions are profoundly enmeshed within the homophobic and heteronormatizing Cold War ethos of sexual containment. Thanks to her ambiguity in relation to Cold War values, representations of Jorgensen—in the media, in medical writing, and in her own writing—frequently find her occupying both sides of what were understood to be irreducible alterities. A similar polyvalency threads its way through subsequent writings that treat the phenomenon of transsexualism, despite the fact that such writings overtly attempt to reduce that polyvalency to known categories in order to render transsexualism comprehensible, containing it within familiar categories of perversion—specifically homosexuality or transvestism—or within the normative strictures of heterosexuality. Thus, *Sex Gantlet to Murder* attempts to contain the transsexual “threat” by reinscribing Johnnie within the familiar category of male homosexuality and abjecting her in relation to a heteronormatized culture, and in so doing seems to free Tony from Cold War era threats to his masculinity, allowing him to develop a socially sanctioned and “healthy” heterosexual relationship whose goal is marriage. Despite this apparent assertion of “normality,” however, the novel raises far more questions than it can answer, with the result that it simultaneously subverts and endorses heteronormative conventions. In this respect, *Sex Gantlet to Murder*’s attempt to “make sense of” transsexualism is remarkably similar to Harry Benjamin’s medical attempt to do the same, despite the fact that Benjamin’s heteronormatizing understanding of
transsexualism seems rather different. The relative open-mindedness of Benjamin’s work notwithstanding, the project in both cases (as well in other writing such as Christian Hamburger’s medical account of Jorgensen) seems to be the elimination of the transsexual from cultural consciousness: while transsexuals may appear to be different, these texts seem to be saying, they actually belong in familiar categories such as transvestite, homosexual, or (aspiring) heterosexual.

Although such a project could not help but fail—having entered the discursive realm, “the transsexual” could hardly be eliminated from it—it nevertheless succeeded in limiting how cross-sexed identification was, and could be, understood well into the final decade of the twentieth century; as a result, narrow, Cold War era understandings of gender identities, sexual roles, and sexual identity determined for several decades the kind of identity that could be claimed under the rubric of “transsexualism.”
Chapter 3 — Expansive Gender: At the Close of the Twentieth Century

With this chapter, my analysis moves from the mid-1960s to the beginning of the 1990s, “catching up” with the Cold-War–era ideological content of the medical discourse—content which persisted through the intervening years—just as this discourse begins to be challenged by emergent understandings of gender variance.

Such ideological continuity notwithstanding, there were many important clinical developments over these intervening years, beginning perhaps with the establishment of North America’s first university-based research program to offer sex reassignment surgery. It opened at Johns Hopkins Hospital in 1966, and was rapidly followed by many other such programs. Before the establishment of these university programs, people seeking surgery usually went abroad, often to a clinic in Morocco where Dr. Georges Burou\(^1\) began performing male-to-female (MTF)\(^2\) operations in 1958.\(^3\) In 1969, Dr. Stanley Biber opened, in Colorado, North America’s first private clinic offering surgery.\(^4\)

Specialist surgeons like Burou and Biber developed better techniques of vaginoplasty during these years, while therapeutic hormones, although they had been available for decades,\(^5\) became better understood and their use in cases of gender variance more refined. Transpeople also increasingly found ways to obtain hormones “illicitly” in order to begin their own somatic transitions. Phalloplasty started to be more available to FTM transsexuals, although the operations were, for many, prohibitively expensive, and the results often found to be unsatisfactory.\(^6\) Metoidioplasty—a surgical technique which releases the FTM’s testosterone-enlarged clitoris for use as a phallus—was also developed during this period.

On the other hand, while access to transgender-related medical services certainly
increased with the creation of the university based clinics, those clinics rejected far more applicants than they accepted. As research facilities, they were neither equipped nor prepared to offer services to a large client base, and many transpeople were frustrated with the clinics’ narrow selection criteria and limited program availability, as well as with what seemed to them to be personal dehumanization in the face of research agendas.

In 1979, Johns Hopkins ceased its sex reassignment program after a study concluded that those who underwent reassignment showed no objective improvement in personal or social adjustment, although at the time—and subsequently—many other researchers demonstrated that the study had serious methodological flaws which invalidated its results. (In fact, most outcome studies come up with the opposite conclusion.) Nevertheless, in the wake of the Johns Hopkins closure, many other university based programs also closed over the course of the following decade; in consequence, private practitioners began to fill the service gap. Despite the Johns Hopkins closure, however, 1979 also saw the formation a professional association for the many different practitioners in the field of transgender health, the Harry Benjamin International Gender Dysphoria Association (HBIGDA). HBIGDA produced the first version of its “Standards of Care” the same year, a set of clinical guidelines which has undergone several revisions since then, most recently in 2001, and continues in use today.

In 1980, transsexualism entered the *Diagnostic and Statistical Manual of Mental Disorders*, a development which reportedly enhanced the legitimacy of both the diagnosis and the professionals working in the field.

However, in one very significant respect, little changed between the 1960s and the 1990s. As I demonstrate in the first part of this chapter, the Cold War ideals which I
examined in the previous two chapters continued to constrain clinical understandings of gender variance well into the 1990s. Researchers and clinicians appear to have been impervious to—indeed, were at times overtly hostile towards—cultural developments in the 1960s, 70s and 80s (such as the growing influence of the feminist and gay rights movements) which challenged limited and inflexible understandings of gender; in short, the sexist, homophobic and heteronormatizing values of earlier decades became entrenched within research agendas and treatment protocols to very nearly the end of the twentieth century.

I should note that, while the conservatism and inflexibility of late-century clinical understandings of gender variance has long been an object of scrutiny, there has been no sustained argument that links the ideological underpinnings of these late-century knowledges with the ideology of the Cold War, as I do here. My transition from the 1960s to the 1990s strengthens this argument, since it throws into stark relief the extent to which little had changed in the intervening years.

Charting this retention of Cold War era values is vital to my analysis, but it is not my only focus in this chapter. Rather, my attention is largely given to a shift in understandings of gender variance, which began to take place in the 1990s. The nature of this shift is strikingly illustrated by two works of fiction published within two years of each other: *Trans-Sister Radio* (2000), by Chris Bohjalian, and *Boys Like Her: Transfictions* (1998), by a performance and writing collective called Taste This. Despite a certain overlap in subject matter, these two books could hardly seem more different in many respects. A novel about the intimate relationship between an MTF transsexual and a straight woman, *Trans-Sister Radio* is concerned—according to its jacket copy—with
"transcend[ing. . .] ingrained notions of what it means to be a man and a woman." While this claim suggests that Bohjalian’s novel will offer a destabilizing view of western culture’s fixed and polarized ideas of gender and sexuality (and, indeed, early in the narrative it seems to do so) the book ultimately upholds stereotyped and heteronormative conceptions of maleness, femaleness and transsexualism. *Boys Like Her: Transfictions* is rather different. Beginning with the ambiguities of its title, this book’s fragmented visual and written text—which is a blend of fiction, seeming autobiography, poetry and apparent documentary photography—“queers” conventional notions of gender, biology and gender-crossing. Where *Trans-Sister Radio* seems to consolidate a certain kind of social, cultural and medical authority, *Boys Like Her: Transfictions* resists and reworks the terms under which that authority functions. Broadly characterized, these two books could be understood as two facets within an epistemic shift from the authoritative, centralized, and pathologizing medical views of gender variance, which have been shaped by Cold War discourse, towards a dispersed, decentralized and adaptable “transgender” model of understanding that recognizes diverse and local gender expressions as liveable, visible and viable forms of human variability.9

My analysis of this shift is framed within a theoretical and historical framework arising from texts that, with the exception of Judith Butler’s *Undoing Gender* (2004), themselves appeared slightly earlier in the same decade; in addition to *Undoing Gender*, these texts are Butler’s *Bodies that Matter: On the Discursive Limits of “Sex”* (1993), Sandy Stone’s “The Empire Strikes Back: A Posttranssexual Manifesto” (1991), Susan Stryker’s “My Words to Victor Frankenstein above the Village of Chamounix: Performing Transgender Rage” (1996) and Kate Bornstein’s *Gender Outlaw: On Men,*
Women, and the Rest of Us (1994). From Butler’s Bodies that Matter, I am interested in her compelling reformulation, in specifically gendered terms, of Louis Althusser’s account of interpellation, in which she suggests that “bad” subjects—those whose seemingly faithful adherence to the terms of gendered subjection “subtly calls into question the legitimacy of the command” (122)—might create a space for disobedience. In some respects, Butler’s discussion is of a piece with the roughly contemporaneous transgender theoretics and life-writing of Stone, Stryker and Bornstein, all three of whom resist the powerful terms through which the medical ideology I discussed in the previous chapter “calls” transsexuals to be “good subjects”—straight men and women, obedient to gendered norms. Each of these writers articulates strategies by which transgendered people might redeploy the terms of such ideology in ways that let them establish themselves as subjects not wholly defined by the social and medical systems through which many have traditionally drawn their agency and structured their identities. These strategies can also be understood through the lens of Butler’s more recent articulation, in Undoing Gender, of the “the critical promise of fantasy” (29), where fantasy is presented as positing possibilities which challenge what will be considered “real.” That is, fantasy does not represent the impossible or the unachievable or the unreal, but only what is deemed impossible or unreal within existing relations of power.

Butler’s discussion of fantasy warrants a little more attention here, because it accounts for the place of the literary narratives in this chapter’s analysis, and also suggests ways in which such narratives might function in the wider discursive realm of gender variance. Put in general terms, this chapter examines literary works as instruments that generate, reproduce, and resist the discursive field within which the medical
discourse, developed in the 1950s and sustained at least until the end of the century, also functions. As in other chapters, I am interested in the ways such narratives exceed the medical record; the excess found in these non-medical narratives is significant, since it complicates the stories that medical culture tells by revealing complex and multivariate possibilities for transgendered identification that have been absent from, or occluded in, the traditional medical discourse. That said, *Trans-Sister Radio* is of interest precisely because it, like the medical discourse, *refuses* to acknowledge such possibilities; excess, when and where it appears in this novel, is debased and refused in ways remarkably reminiscent of the medical accounts. Understood in the context of Butler’s discussion of fantasy, *Trans-Sister Radio* colludes with the historical medical record in subjugating possibilities that challenge the “real,” in relegating such possibilities to the status of the unreal and impossible. By contrast, the other literary texts I examine—which include *Boys Like Her: Transfictions* and work by Kate Bornstein—“establish,” to use Butler’s words, “the possible in excess of the real,” where the “real” has been regulated by a set of medical discourses that accept only some forms of gendered embodiment within the realm of the possible. This is why it is valuable—if not vital—to read these non-medical texts in conjunction with the medical record. Emerging out of, and then exceeding, the same discursive field of possibility as the medical texts, they not only demand that we critically re-examine the medical discourse, they *also* provide at least one horizon for the possible that lies beyond the possibilities suggested by the medical imagination. Such horizons are vitally important, as Butler points out:

Some people have asked me what is the use of increasing possibilities for gender. I tend to answer: Possibility is not a luxury; it is as crucial as bread. I think we should not underestimate what the thought of the possible does for those for whom the very issue of survival is most urgent.
The thought of a possible life is only an indulgence for those who already know themselves to be possible. For those who are still looking to become possible, possibility is a necessity. (29, 31)

The chapter is divided into three parts. In the first, I outline Butler’s theories of interpellation and link it with some of her more recent theorizing in *Undoing Gender*. I observe that the medical framework discussed in the previous chapter is itself an interpellative system, through which transsexuals could attain a level of social existence only to the extent that it was rooted in, and limited by, Cold War era ideals of gender and sexuality. Through an examination of the medical record, I show that the Cold War era interpellations that “called” such subjects into social existence had changed little by the beginning of the 1990s, a situation which provided the impetus for the emergence of specifically transgendered theoretics. Part two of the chapter is an analysis of Bohjalian’s *Trans-Sister Radio*, which argues that, while the book seems to belong to the emerging discourse of transgenderism, it is in fact complicit with the arguably retrograde ideological positions of the medicalized model of transsexualism. The third part of the chapter returns to the emergent transgendered theoretics of the 1990s in more detail, examining the ways in which Stryker and Bornstein take up the terms through which they have been constituted as social subjects and redeploy them in ways that not only afford them a degree of control over how they “come into being” as subjects within medico-cultural discourse, but also have the potential to displace the aims of that discourse. As part of this discussion, I suggest connections between their work and a genre of life-writing called pathography, in which patients write about their personal experiences of illness in order to resist the control that physicians exert over the “meaning” of their conditions. In the latter part of the chapter, I shift into a more overtly “literary”
discussion, first through an examination of Bornstein’s work as a playwright, then by considering some of her life-writing that is rendered as poetry, and this examination of Bornstein’s genre-crossing work leads into my final text, *Boys Like Her: Transfictions*. Of this last text, I argue that its multiple intersections—of authors (there are four), generic conventions, and photography—produce a multi-layered text that not only explicitly articulates and celebrates diverse and self-defined gender identities, but, through complex juxtapositions of image and text, promises the emergence of as-yet-unanticipated forms of identification.

I Disrupting the “real”

Becoming gendered

In his 1969 essay, “Ideology and Ideological State Apparatuses,” Louis Althusser suggests that people are constituted as social subjects by a process he refers to as *interpellation*, through which they become subject to, and confirm themselves as subjects within, ideology. An array of institutions, which Althusser refers to Ideological State Apparatuses, interpellate subjects; they include religious organizations, educational institutions, the family, political parties, the media, art and literature, medicine, and so on. To illustrate how interpellation functions, he presents a metaphorical scene in which only one person on a street full of people turns in response to a policeman’s hail. In turning, the individual accepts the ideological terms represented by the officer, thus confirming him or herself as a subject bound by and within ideology. Although Althusser initially presents interpellation as a quick sequence of events (the hail, the turn and subsequent
subject formation/subjectivation), he observes that “in reality these things happen without any succession. The existence of ideology and the hailing or interpellation of individuals as subjects are one and the same thing” (“Ideology” 175). It follows, then, that we cannot respond to an ideology unless we are already subject to it, unless we already participate in it. However, Althusser does not allow for the possibility that one might participate in ideology by attempting to resist or subvert it, although the likelihood of this kind of slippage seems implicit in Althusser’s assertion that, when an interpellation occurs, nine times out of ten the “correct” person turns (that is, the person intended by the hailing). One can infer, then, that the system fails one time in ten. What happens that one time? Does no one turn? Does the wrong person turn? Could the wrong person be apprehended? Are such “failures” always accidents, or might they be deliberate subversions? In *Bodies that Matter*, Butler takes up this possibility of slippage, observing that, despite Althusser’s suggestion that there might be “bad” subjects, “he does not consider the range” of forms that their “disobedience” might take (122).

Butler notes that one cannot, of course, remove oneself from the process of subjectivation. Rather, any “disobedience” occurs within the terms and limits through which the relations of power produce one as a subject. She writes:

> This ‘I,’ which is produced through the accumulation and convergence of such ‘calls,’ cannot extract itself from the historicity of that chain or raise itself up and confront that chain as if it were an object opposed to me, which is not me, but only what others have made of me[. . . ] The ‘I’ who would oppose its construction is always in some sense drawing from that construction to articulate its opposition; further, the ‘I’ draws what is called its ‘agency’ in part through being implicated in the very relations of power that it seeks to oppose. (*Bodies* 122–23)

Butler revisits this kind of analysis in *Undoing Gender*, pointing out that embodiment is similarly implicated:
The body can be [. . .] the site where “doing” and “being done to” become equivocal. Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever only our own. The body has its invariably public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine. [It is given over from the start to the world of others, bearing their imprint, formed within the crucible of social life. (21)

[If] we consider that human bodies are not experienced without some recourse to some ideality, some frame for experience itself, and that this is as true for the experience of one’s own body as it is for experiencing another, and if we accept that that ideality and frame are socially articulated, we can see how it is that embodiment is not thinkable without a relation to a norm, or a set of norms. (28)

Thus, although being initiated into the status of “subject”—of “appropriately” embodied subject—confers recognition, thereby allowing one to “attain[. . .] a certain order of social existence” (Bodies 121), such initiation also limits, given that “there is a cost in every identification, the loss of some other set of identifications” (126); Butler, adopting the terms of Gayatri Spivak, refers to this as an “enabling violation.” However, “[t]o be implicated in the relations of power, indeed, enabled by the relations of power that the ‘I’ opposes, is not, as a consequence, to be reducible to their existing forms” (123); “disobedience” within such a formulation thus lies in reproducing the terms of subjection in ways that destabilize their conventional ends. There is, then, an ambivalence that lies at the heart of this kind of “disobedience,” since it requires the repetition of the terms of one’s violation or injury:

[T]he argument that the category of “sex” is the instrument or effect of “sexism” [. . .], that “race” is the instrument and effect of racism [. . .], that “gender” only exists in the service if heterosexism, does not entail that we ought never to make use of such terms, as if such terms could only and always reconsolidate the oppressive regimes of power by which they are spawned. On the contrary, precisely because such terms have been produced and constrained within such regimes, they ought to be repeated in directions that reverse and displace their originating aims. [. . .]

Occupied by such terms and yet occupying them oneself risks a complicity,
a repetition, a relapse into injury, but it is also the occasion to work the mobilizing power of injury, of an interpellation one never chose. [...] The compulsion to repeat an injury is not necessarily the compulsion to repeat the injury in the same way, or to stay fully within the traumatic orbit of that injury. (123, 124, second emphasis added)

Thus, within Butler’s framework in Bodies that Matter, the chain of interpellating calls that produce and maintain gendered subjects may be violating, injurious, and unavoidable, but they also provide the circumstance needed for subverting or disobeying culturally mandated gender outcomes. Two of Butler’s insights from Undoing Gender expand on this framework in useful ways. One, to which I have already briefly referred is her account of “the work of fantasy”; the other is her assertion that “[t]here are advantages to remaining less than intelligible” (3).

Butler’s ideas concerning the work of fantasy emerge from her observation, quoted above, “that embodiment is not thinkable without a relation to a norm, or a set of norms.” She continues: “The struggle to rework the norms by which bodies are experienced is thus crucial [. . .] to the intersex and transgendered movements as they contest forcibly imposed ideals of what bodies ought to be like. The embodied relation to the norm exercises a transformative potential. To posit possibilities beyond the norm or, indeed, a different future for the norm itself, is part of the work of fantasy” (28). Here, fantasy is an “articulation of the possible” which “challenge[s] the contingent limits of what will and will not be called reality” (28–9), and Butler observes that the “question of who and what will be considered real and true” is not only “a question of knowledge” but “is also, as Michel Foucault makes plain, a question of power. Having or bearing ‘truth’ and ‘reality’ is an enormously powerful prerogative within the social world, one way that power dissimulates as ontology” (27). Thus, fantasy “is not the opposite of reality” but is
“what reality forecloses,” and such foreclosure “is one strategy for providing for the social death of persons” (29). To attempt a transformation of the norms that constitute the “real” means “precisely to disrupt that which has become settled knowledge and knowable reality, and to use, as it were, one’s unreality to make an otherwise impossible or illegible claim” (27). Thus, the “critical promise of fantasy [. . .] is to challenge the contingent limits of what will and will not be called reality. Fantasy is what allows us to imagine ourselves and others otherwise; it establishes the possible in excess of the real; it points elsewhere, and when it is embodied, it brings the elsewhere home” (29).

However, attempts to rearticulate norms in ways that subvert, displace and rework their aims, attempts to articulate the possible in excess of the real, may still leave one in an uneasy or unstable relationship with the realm of social intelligibility, although such a position may have certain benefits. Butler remarks on the “advantages to remaining less than intelligible,” when to be intelligible means to be recognizable within existing cultural norms. If the available options for recognition and intelligibility “are loathsome,” she writes,

then it follows that my sense of survival depends upon escaping the clutch of those norms by which recognition is conferred. It may well be that my sense of social belonging is impaired by the distance I take, but surely that estrangement is preferable to gaining a sense of intelligibility by virtue of norms that will only do me in from another direction. [. . .] If I have any agency, it is opened up by the fact that I am constituted by a social world I never chose. That my agency is riven with paradox does not mean it is impossible. It means only that paradox is the condition of its possibility. (Undoing 3)

Butler’s ideas concerning fantasy and social intelligibility aptly characterize the literature I examine in this chapter: in Trans-Sister Radio, heteronormative “reality” forecloses on the novel’s fragile attempts to articulate paradoxical possibilities that exceed the real;
later texts by Bornstein and Taste This disrupt settled knowledges, striving to articulate embodied gender identities which may be only partially intelligible within prevailing social norms, thus positing “the possible in excess of the real” (29), using the “unreal[. . .] to make [. . .] otherwise impossible or illegible claim[s]” (Undoing 27) concerning embodiment and gender identity.

When Butler turns, in Bodies that Matter, specifically to writing about the “enabling violation” of being gendered, she observes that

[i]dentifying with a gender under contemporary regimes of power involves identifying with a set of norms that are and are not realiz[able]. This “being a man” and this “being a woman” are internally unstable affairs. They are always beset by ambivalence precisely because there is a cost in every identification, the loss of some other set of identifications, the forcible approximation of a norm one never chooses, a norm that chooses us, but that we occupy, reverse, resignify to the extent that the norm fails to determine us completely. (Bodies 126–27)

A gendered subject might, then, defuse the law through a parodic inhabiting of conformity that subtly calls into question the legitimacy of the command[. . .] , a rearticulation of the law against the authority of the one who delivers it. Here the performative, the call by the law which seeks to produce a lawful subject, produces a set of consequences that exceed and confound what appears to be the disciplining intention motivating the law. Interpellation thus loses its status as a simple performative, an act of discourse with the power to create that to which it refers, and creates more than it ever meant to, signifying in excess of any intended referent.

It is this constitutive failure of the performative, this slippage between discursive command and its appropriated effect, that provides the linguistic occasion and index for a consequential disobedience. (Bodies 122).

Although Butler is here writing about how one “becomes” a woman or a man within contemporary western culture, recognizing oneself within a particular chain of “calls” that bind one, as a subject, to either of two categories that are themselves bound within a specific ideological framework, this clearly has complex implications for the
transgendered subject. One might be interpellated from birth as male, and one might respond to these calls in a seemingly “faithful” manner—achieving career success, getting married, fathering children, and appearing to others as indisputably male and heterosexual—while nevertheless feeling that these calls are “wrong,” recognizing oneself instead in the kinds of calls through which female subjects are constructed/construct themselves. Such an “enabling violation” facilitates integration into social existence, perhaps, but it seems to be the “wrong” kind of social existence. A possible outcome (but not the only one, by any means) of such a situation would be to seek sex reassignment, inaugurating a second chain of calls—“female” ones—beginning mid-life, but this second chain could not, of course, completely “undo” the original terms under which the subject was interpellated, nor would it terminate the first chain. (As Butler says, “This ‘I’ [. . .] cannot extract itself from the historicity of that chain.”) As another example, one might be implicated in a chain of calls whose disciplining intention is to construct a female subject, but find that neither the norm invoked by these calls, nor the norm posited by calls understood as “male,” adequately account for one’s gendered identity. Such a person might function as “female” in some situations (professionally, for example) and “male” in others (socially, perhaps). Not only can any number of such examples can be imagined, they are also lived, and when transpeople are “hailed” as one sex or the other, and “turn” in response to that hailing, one might observe that such a turning can be simultaneously complicit with these reductive terms while also destabilizing and resignifying them.

But the transgendered person is not only implicated in the interpellating calls that subjectivate one within the categories of female or male. Many transpeople have
traditionally also been constructed, and have constructed themselves, in relation to
categories and designations—transvestism, transsexualism, gender dysphoria and gender
identity disorder, to name a few—anched within medical discourse. Although Althusser
does not include medical culture in his list of Ideological State Apparatuses, my analyses
in the previous two chapters certainly suggest that medicine is implicated within a
society’s ideological framework. Physicians who treat transpeople can, then, be
understood to function in much the same way as Althusser’s metaphorical police officer,
regulating how a person (and which people) enters into a particular form of social
existence, offering the possibility of identification (enabling) while simultaneously
controlling and restricting how such identifications may be manifested (violating).10 In
the wake of Jorgensen’s extensive publicity in the 1950s, gender variant people who
previously had no terms through which to construct their experience expressed relief at
recognizing themselves within medical discourse.11 Being “hailed” within such terms,
then, offered a cultural framework within which some gender-variant people might make
“sense” of their experience of self. However, the terms under which they entered the
realm of the “knowable” warrant examination through the lens of Butler’s observation
that being “[o]ccupied by such terms and yet occupying them oneself risks a complicity,
a repetition, a relapse into injury.” What “injuries” might they have sustained?

The “missionary position”

We may observe, first, that Benjamin’s work, discussed at the end of the previous
chapter, inaugurated a specific set of interpellations through which some gender variant
people could enter a form of recognized personhood, specifically those who could
conform to Cold War era ideals of gender and sexuality. Arlene Istar Lev has recently remarked that this particular “transsexual narrative as it is outlined is not inaccurate—it is simply not inclusive.” (215). Within the Benjaminian schema, we can identify a kind of two-stage interpellative process, where people who feel incapable of turning—at least with a sense of personal “integrity”—in response to the terms through which they have been hailed since birth, come to recognize themselves within a medically determined set of calls that allow them to construct themselves as “transsexual.” Having achieved this identity category, they must then respond—with “integrity,” this time—to terms that call them to be heterosexual women or men. Thus it is that, despite an expressed open-mindedness about complex and polyvalent manifestations of sex, gender and sexuality, Harry Benjamin’s work nevertheless upholds a dichotomous and heterosexual ideal. Under the terms of such a schema, transsexuals seem to have no choice but to be, to paraphrase Butler, complicit with gender norms in a way that repeats their restrictive and injurious terms, and seem to have little opportunity to work the mobilizing power of such injury. Contained within a matrix of compulsory heterosexuality, “ideally” through marriages in which transsexual gender identity and sexual desire are heteronormatized, “successful” transsexuals are those who can respond to interpellations that situate them within the heterosexual economy and seem to banish the spectre of deviance. This Benjaminian structure continued to govern clinical understandings of transsexualism a quarter of a century later. A 1986 collection of clinical essays, Transsexualism and Sex Reassignment, is peppered with calls to heteronormative existence: “Although [the male-to-female] transsexual may have had several sexual experiences with males, usually homosexuals, ideally he would prefer a heterosexual male partner” (Bower “Diagnosis”
“Obviously most transsexuals see marriage as one of the important corollaries to gender reassignment” (Walters “Ethical” 132). Writing in 1985, Betty W. Steiner relates the story of Janet, an MTF transsexual, who is clearly to be understood as successful because, before surgery, she fantasized about having sex “in a normal heterosexual relationship, invariably in the ‘missionary position’ ” and followed surgery with a marriage in which this and other heteronormative “ideals” are realized: “They have bought an old house in the country [. . .] and she has given up her job and is now a full-time wife and homemaker” (353). One of Steiner’s colleagues, Ray Blanchard, published in 1990 the case of MTF Madeleine whose success lay not just in marriage but in a “cosmetically and functionally successful” vagina within which her husband “achieved good penetration” (“Gender Identity Disorders in Adult Men” 74), an observation which could hardly be more clear about the criteria used to judge successful womanhood.13

Although the medical literature on female-to-male transsexuals from this period is fairly scant—it is only relatively recently that FTMs have begun to get the level of attention that MTFs have long received—there is nevertheless a similar emphasis in the clinical material on their supposed desire for heterosexual outcomes: according to Blanchard, the type of woman an FTM desires “is a feminine woman with no history of homosexual relations” (“Gender Identity Disorders in Adult Women” 82).14

As a kind of converse to this emphasis on post-transition marriage, pre-transition aspirants to surgery who were already married were required to obtain divorces. In 1971, a pre-existing marriage was considered “a contraindication to cross-sex surgery,”15 and lawyer Robert Veit Sherman, writing on the subject in 1969, simply took it as a given that transsexuals would divorce before transitioning (but provided no rationale for this
assumption), and that MTFs should lose guaranteed visitation rights if there were children (“Legal Aspects” 421–22). Again, little had changed after two decades. Steiner bluntly remarks in 1990 that “the married patient, virtually always male, [must be] willing to divorce his wife and abandon his children to pursue his cross-gender wishes” (“Intake Assessment” 97), while a 1995 survey of European and North American gender clinics reveals that 75 percent of them continued to require divorce in the mid-1990s, while the other 25 percent considered their clients’ marriages case by case (Petersen and Dickey “Surgical Sex Reassignment” 144–45). (The frequency with which these remaining clinics actually judged in favour of preserving existing marriages is not reported.)

Thus, the chain of calls that established the transsexual subject included calls to abandon children and spouses; this throws into stark relief Butler’s observation that “there is a cost in every identification, the loss of some other set of identifications” (Bodies 126), and also makes clear the extent to which that which enables coming-into-being may also violate or injure.

In addition to post-surgical heterosexuality, well into the 1990s transsexuals were “called” to inhabit a dogmatic and stereotyped ideology of masculine and feminine difference. Dallas Denny observes that “treatment programs aggressively enforced binary male/female gender norms; [people] deemed appropriate for sex reassignment were expected and often required to behave and dress in ways that reflected the most extreme masculine and feminine presentations” (“Changing Models” 29). Elsewhere, Denny gives the example of MTF Jenna, whose transition took place in the late 1980s and early 1990s. She was compelled to leave personally satisfying employment as an aircraft
maintenance technician because it wasn’t very “feminine,” and train in the gender-typed field of nursing. It was made clear to her that, if she didn’t finish the nursing training (which she did not like), she would not receive approval for surgery (Denny “Politics of Diagnosis” 16).

FTMs experienced similar calls. The DSM-III-R Casebook,21 a 1989 volume published to help “clinicians and students to get experience in applying [the] principles of differential diagnosis” (ix) when using the then-current third edition of the Diagnostic and Statistical Manual of Mental Disorders, employs broad stereotypes of masculinity in its illustrative “case”22 of an FTM transsexual: “Charles” is an “economic provider” who works as a “heavy construction machine operator”; his “strap-on penis,” which can be “used as a urinary conduit in the standing position,” produces a “bulge in the pants” (Spitzer et al. 158–59). In 1985, Steiner wrote of FTMs that “all of them wish to have a penis” (“Transsexuals” 353). This belief, widely held by researchers and clinicians, was, however, an artifact of a clinical culture so fixated on the idea that men must have penises that its commentary is, at times, bizarre. For example, Steiner relates the history of a sterotypically “successful” FTM, Gordon, who seems to have fulfilled a (the?) cultural ideal of masculine success, through marriage, career, and family; he works in the traditionally male field of engineering, and his wife, through artificial insemination, has given birth to a baby girl. However, Gordon has not had phalloplastic surgery. “One wonders,” writes Steiner, “what the future holds for this baby whose father is a ‘penisless man’ ” (356), but does not elaborate on the connection that she clearly believes exists between a father’s penis and the future success of his children.23 FTMs were, and are, it turns out, more diverse than the medical literature from this period suggests. In the early
to mid-1990s, for example, FTM David Harrison’s transition involved “masculinizing” his body through hormone therapy, but he kept his vagina and skipped phalloplasty; “I enjoy being fucked in my vagina with a penis,” he writes (Harrison 132). In addition, he identified as a lesbian woman before his transition, but as a gay man afterwards: “I find I still like that same-sex relationship dynamic” (Cameron 73). There is no place in the heteronormatizing medical accounts of gender variance for a subject like Harrison who, if we understand him through Butler’s framework, might be seen as one who is occupied by, and also occupies, the terms of the gendered regulatory schema, but who is not repeating those terms in a way that reconsolidates that schema.

The rigid sexism inherent in clinical views of gender variance at the start of the 1990s is perhaps nowhere more conspicuous than in the discourse concerning childhood manifestations of supposed gender identity “disorder” (GID), a classification that first appeared in the DSM in 1980’s third edition and has remained in the manual in one form or another in each subsequent edition or revision. Diagnoses of this “disorder” rely on essentializing gross stereotypes of femininity and masculinity. The boy who is gentle, takes pleasure in female companionship, assumes nurturing roles in play, and enjoys wearing “girls’ ” clothes is potentially pathological, as is the girl who is not nurturing, enjoys sports and vigorous activity, likes the company of boys, and wears pants rather than skirts. According to the DSM-III-R’s own account, however, this “disorder” resolves itself in most children, who give up their “inappropriate” behaviours in late childhood or adolescence, although some “develop a homosexual orientation” (72). Given that the DSM-III-R gives no explicit rationale for pathologizing such children, and given that the “disorder” often seems to resolve itself, one is left to assume that the
“problem” with these children is that they might grow up to be queer. In addition to essentializing gross stereotypes of masculinity and femininity, then, the DSM is also homophobic in its characterization of gender-variant children.\textsuperscript{26}

The deep investment in heterosexuality and normative femininity and masculinity that clinicians and researchers reveal when writing about gender-variant children is at times bizarre and even offensive. In 1996, a group of researchers, including Kenneth J. Zucker, a leading authority on children with GID, published “Physical Attractiveness of Girls with Gender Identity Disorder” (Fridell, \textit{et al.}). Its main finding, bluntly summarized, is that girls diagnosed with GID are “ugly,” while girls without GID are “attractive,” but it also speculates that adult women with GID (as well as “masculine” lesbians) were \textit{probably} “unattractive” children as well. Not only do the researchers fail to offer a rationale for conducting such a study, they seem largely unaware that judgements of relative attractiveness are made against pervasive cultural stereotypes. That such an investigation should form a seemingly legitimate area of study in the mid-1990s, and that its results should be published in a reputable journal, are strong indications of the abiding Cold War era sexism, transphobia and homophobia that continued to inform the views of gender researchers well into the final decade of the twentieth century.\textsuperscript{27}

The next chapter addresses gender-variant children, and medical conceptions of them, in greater detail. However, if we return to the question of adults seeking sex reassignment, it is notable that, into the 1990s, those who sought sex reassignment were expected to retrospectively report that in childhood they adhered to the same gross stereotypes of femininity and masculinity used to identify children with supposed GID. In
addition to the kinds of DSM criteria mentioned above, one researcher also sought, in adult MTFs, boyhood reports of having been “frightened of fistfights” and “unusually deficient in, or afraid of, physical competitiveness,” and of enjoying being “mothers’ helpers” who took “an unusual interest in domestic pursuits such as cooking, sewing, and decorating” (Blanchard “Gender Identity Disorders in Adult Men” 69–70).28 In the case of adult FTMs, the same researcher looked for childhoods spent in blue jeans, not dresses, in playing with dump trucks, not dolls, in “helping their fathers with automotive repairs” (a diagnostic sign that relies, of course, on the existence of stereotypical fathers who work on their cars), and in enjoying athletic pursuits in which, “before puberty, [they were] usually able to hold their own in [. . .] competition with male playmates” (“Gender Identity Disorders in Adult Women” 80). It hardly needs saying that such criteria reify gross stereotypes of childhood masculinity and femininity, and seem oblivious to cultural developments in attitudes and beliefs about gender behaviour and roles. As with Zucker’s work, mentioned above, what is extraordinary is that a researcher and clinician writing in 1990 could take such stereotypes seriously, uncritically accepting them as evidence of supposed gender disturbance.

“Situated Knowledges of Personal Embodiment: Transgender Activists’ and Psychological Theorists’ Perspectives on ‘Sex’ and ‘Gender,’ “ a 1996 essay by feminist psychologist Mary Brown Parlee, considers the gap between psychological theorists’ understandings of sex and gender, and the perspectives of a then-emergent transgender activism. Parlee is deeply critical of academic psychologists’ acceptance of bodily “sex” as an ahistorical and pretheoretical concept, and of the manner in which such theorizing erases the moral and theoretical agency of “persons whose own gendered embodiment is
outside binary gender/sex categories” (120). In addition, she notes that “psychological theories continue to reproduce binary categories (and practices organized around them), [. . .] in part because psychologists seem to theorize gender/sex in isolation from other knowledge-producing communities” (120). Parlee, by contrast, cites several theorists working outside the discipline of psychology, including both Michel Foucault and Judith Butler, and observes that such theorists treat not just gender, but sex also, as “historically specific, socially produced categories [. . .] rather than as [. . .] trans-historical [. . .] categories not needing to be theorized” (122). Psychological theorists, by contrast, while they frequently articulate gender in “social constructionist” terms, do so in ways that link gender to a “conception of biological sex that is ahistorical, fixed and binary” (124). As a result, although psychological understandings of gender may “acknowledge [. . .] and attempt to account for [gender’s] variability and fluidity” (124), they can only do so from within an entrenched conceptual framework of binarized sexed bodies. This has profound implications for the way in which gender is understood within the discourse of psychology, since variant subjects who do not fit either category are conceptualized by psychological theorists “only with reference to the binary categories” and treated “as theoretically insignificant noise (‘overlaps’, ‘anomalies’, ‘rare’) rather than as” people “to be positively theorized in and of themselves” (124, emphasis in original). Such theorizing “seems to reproduce[,] as scientific knowledge[,] common-sense beliefs about gendered embodiment: that conventional (Western, contemporary) sex/gender categories are ‘natural’ and that individuals who transgress them are to be spoken of, thought of and treated as objects (pathological, rare, anomalous) rather than as persons with moral standing and agency” (134). This, says Parlee, is not “generative” theorizing, where she
understands generative theories as those able to challenge the assumptions that structure a culture, thus creating a space within which those assumptions may be reconsidered and new forms of social action undertaken (134). Parlee contrasts the work of psychological theorists with the local, decentralized and generative theoretics of those within the emerging transgender movement. The understandings of sex and gender generated by this “diverse, self-aware community’s reflections on its own personal/political praxis in relation to dominant social institutions and ideologies” are “strikingly different from psychological theories of gendered embodiment emanating from the academy” (128), whose “bedrock” concepts (such as “‘woman’, ‘man’, ‘female’, ‘male’, ‘lesbian’, ‘gay’, ‘straight’”) are inadequate to the task of accounting for the “empirical variety of actual [trans]persons’ embodied subjectivities” (128). Such people are missing or occluded in psychological theorizing “because some embodied persons have no moral weight, no recognized subject position within academic psychological discourses through which ‘sex’ and ‘gender’ are constituted as objects of scientific knowledge” (131). Put differently, there is no chain of calls within which they can be recognized, at least according to “scientific” discourse, as fully realized social subjects. Parlee, then, is interested in those within “the transgender community [who] are [. . .] producing theories of sex/gender [. . .] by articulating and making visible identities rendered unspeakable and invisible within the binary grids of ‘official’ psychological discourses. This mode of everyday theorizing [. . .] is too often unrecognized or underappreciated by academic social scientists” (131). Parlee’s position shows clear parallels with Foucault’s account of the two types of subjugated knowledges—those that have traditionally been buried or masked within an authoritative discourse (dismissed as “theoretically insignificant noise,”
to use Parlee’s terms), and those supposedly inferior and insufficiently elaborated knowledges produced by people marginal to the authoritative discourse.

Before further addressing the activist project of articulating specifically transgendered subject positions—of mobilizing the terms of gendered subjectivation in ways that displace its aims, positing possibilities in excess of the real—it is worth observing that the impetus for such mobilization was lurking, unrecognized, in the medico-psychological writing itself. Some researchers, despite their heteronormative bias, seemed aware that patients and research subjects were not as homogeneous as the totalizing medical literature suggested, but these investigators weren’t sure how to make “sense” of such subjects.

For example, in 1985 Steiner reported, with apparent surprise (but see below), the existence of MTF transsexuals “with a ‘lesbian’ sexual and affectional preference as well as with a feminist value orientation” (“Transsexuals” 359). They occupy sets of calls—to lesbianism and feminism—that seem (to Steiner) internally inconsistent with the call to transsexualism because of “the extremely traditional and rigid stereotyped sexual and bonding roles that most transsexuals, male or female, adopt” (359).32 Then, although Steiner has made it clear that the phenomenon of the MTF transsexual lesbian is an anomaly in the clinical literature, she not only reveals that she is aware of such subjects, but that they are “quite […] widely known” in “the transsexual subculture.” However, they withhold from physicians information about their same-gender desire “in order [to] be certain of obtaining surgery” (360). Understood in Butler’s terms, these are clients who, by giving physicians the impression that they are responding to the “call of the law which seeks to produce […] lawful subjects” (non-feminist heterosexuals) actually
“create [. . .] more than [the law] ever meant to” (lesbian feminists) (*Bodies* 122).

Although Steiner knows of such clients—she even provides two brief case histories and concludes “that the types of relationships that gender dysphoric patients form are as a varied as the colors on an artist’s palette” (364)—she nevertheless seems unwilling to clinically sanction their self-determined identities and identifications. Indeed, five years later, she refers to the “unrealistic expectations” of “married men who believe that their wives would consent to live with them as lesbian lovers after sex reassignment” (“Intake Assessment” 102), rapidly noting that her clinic would, in any case, not approve surgery in such cases. While it is certainly true that many spouses reject their transgendered partners, Steiner seems unwilling to even entertain the possibility that such relationships could or, if the willingness to do so was present, should be maintained. In her 2004 book, *Transgender Emergence*, Arlene Istar Lev remarks, with reference to Steiner’s work, that “[t]he idea that a wife might choose the option of living with her former husband ‘as’ a lesbian lover, instead of losing the relationship completely, seems outside the clinicians’ imagination.”

Here, we may recall Butler’s account of fantasy as that which “allows us to imagine ourselves and others otherwise [. . . ,] establish[ing] the possible in excess of the real,” an activity in which Steiner’s clients seemed to be engaged. The possibilities that these clients imagine are not impossible—are “not the opposite of reality”—but they are foreclosed upon by Steiner, whose knowledge constitutes “who and what will be considered real and true” (*Undoing* 27, 28, 29).

While Steiner regards the hopes of such clients as “unreasonable,” earlier clinical literature suggests that her pessimism might not always be justified. For example,
Lawrence E. Newman and Robert J. Stoller, writing in 1974, record the history of a patient whose wife “loved him” and, although she has misgivings about his plans for sex reassignment, “said she would not leave him after he changed sex. He pictured the two of them living together afterward in a lesbian relationship” (“Nontranssexual Men Who Seek Sex Reassignment” 438).

This case is particularly interesting, since Newman and Stoller regard the patient—as their title suggests—as non-transsexual; that is to say, he does not inhabit a narrow chain of calls that allow them to recognize him as “transsexual.” They have a variety of reasons for making this determination: the client has a history of (a) arousal from cross-dressing and (b) deriving sexual pleasure from his penis, both of which were contraindications for a diagnosis of transsexualism in 1974 (and continued to be into the 1990s) as was (c) the desire for same-sex relationships after sex reassignment. Although all three of these are no longer necessarily considered contraindications—meaning that in the present day such a person might be accepted by clinicians as transsexual—my purpose here is not to argue that he was “misdiagnosed” in 1974. Rather, what is significant about this case is how much it looks like the kind of subject position that, two decades later, might have been claimed as transgendered under the rubrics articulated by those who were reacting to a rigid medical culture. Specifically, in addition to claiming the psychic spaces of a female subject position and lesbian sexual orientation, Newman and Stoller’s client had also undergone some body modification: his facial hair had been removed by electrolysis and he was taking physician-prescribed estrogen “to partially satisfy the cross-gender urge” (438). The estrogen treatment produced some feminization of the body, including breast development, and the patient seemed content with this, at
least according to Newman and Stoller’s account. They thus triumphantly report the success of this treatment, since the patient, no longer requesting sex reassignment, returned to an “active, masculine social existence”35 (albeit while continuing to wear women’s underclothes, a fact which the authors note but do not appear to find significant) and presumably maintained his marriage. For them, the success of this outcome lies in the extent to which their subject was able to maintain (the appearance of?) a “normal,” heterosexual, male existence, falling more or less on the “appropriate” side of the “sexed” binary. However, as Parlee might observe, their account is not generative, and fails to positively theorize ongoing gender variance that might position this person outside binaries of male and female, and outside heteronormative categories of sexuality. At the conclusion of treatment, he has breasts and a penis, but no facial hair; he wears “feminine” underclothes but “masculine” outer wear; he is married to woman. Is this person a man or woman? female or male? straight or lesbian? Are such categories even appropriate? It is difficult to answer these kinds of questions because the medical record tells us little about his self-conception, focussing instead on what his physicians “make” of him. If he could speak from his position as someone “less than intelligible [. . .] according to prevailing social norms” (Butler, *Undoing* 3), would he use his “unreality to make an otherwise impossible or illegible claim” (27) to a unique form of gendered embodiment and personhood?

Admittedly, in 1974 it is unlikely that he—like his physicians—would have understood himself as anything other than female or male, but the transgendered paradigm that emerges in the 1990s, partially in response to the rigidly binarized thinking of clinicians like Newman and Stoller, envisions such subjects as self-determining and
self-theorizing. One can see in a case like this one, as well as in Steiner’s clinical dismissal of transsexual lesbians, the nascent origins of a transgender movement frustrated with a narrow medical establishment.

In short, between the rigid preconceptions of researchers and clinicians, and the fact that gender-variant people felt they had no choice but to be complicit with Cold War era medical models that, at least for some of them, did not adequately reflect their experiences or self-understanding, medical constructions of gender variance frequently failed to be attendant on the lives and experiences of transpeople.

From “missionary position” to “unanticipated juxtapositions”

Because MTF Susan Stryker’s account of her own experience articulates with particular clarity some of the dilemmas facing transpeople like herself at the start of the twentieth century’s final decade, it is worth quoting at length:

In 1990 [. . .] I was [. . .] neither a lesbian nor a gay man nor a transsexual in any standard senses of those words, in that my embodiment was unambiguously male and my desire was for women. My desire to be with women sexually was anchored by my position of symbolic identification with what Lacanian psychoanalysis would call “the feminine,” and my imaginary identification with a phantasmatic female morphology structured my erotic practices through what can only be labelled as lesbian fantasy, but these things did not prevent me from disappearing into the default categories of “straight society” and “heterosexual man” [. . .]. Surgical and hormonal alterations did not seem viable at that point[. . .]. Such things were available only to “transsexuals,” who, as I then understood the matter, were compelled by their doctors to try to pass [in their “chosen” gender], to claim a coherently gendered life course they had never experienced, and to lie about their desires if they happened to be attracted to members of the gender into which they wanted to transition. I found the inauthenticity required by those demands repugnant. Somewhat compensatorily, I [had already] found another set of technologies in the radical-sexuality underground that allowed me to enact my sense of self [. . .]. In dungeons and drag bars I discovered [. . .] a performative space for realizing my psychical identifications [. . .]. I was
pointedly reminded, though, how these gender effects ceased outside the scene of play. While I inhabited some of the same subcultural spaces as gays and lesbians, *I did not consider myself a member of the so-called gay and lesbian community any more than I considered myself to be straight. I felt utterly ungrounded, a subject nomadic by necessity. [. . .]*

I named myself queer in 1990. [. . .] The term allowed me to align myself with other antiheteronormative identities and sociopolitical formations without erasing the specificity of my sense of self or the practices I engaged in to perform myself to others. By becoming queer first, I found I could then become transsexual in a way I had not previously considered. [. . .] Becoming “a transsexual” implied nothing more than the willingness to engage with the [medico-scientific, juridico-legal, psychotherapeutic][36] apparatus [of transsexualism] for one’s own purposes [. . .]. Naming myself *transsexual* [original italics] was therefore only a provisional and instrumentally useful move. It rankled, but I insisted upon it, for being *interpellated* under the sign of that particular name was for me, at that moment in time, the access key to the regulated technologies I sought. “I name myself a transsexual because I have to,” I told myself, “but the word will mean something different when I get through using it. I will be a new kind of transsexual.” (“The Transgender Issue” 150–52, italics added except where noted)

Here, explicitly expressed, are forms of the kind of “disobedience” Butler articulates.

Sandy Stone, in her 1991 polemic “The Empire Strikes Back: A Posttranssexual Manifesto,” calls transsexuals more generally to this kind of re-visioning of their experience, asking from them a destabilizing rearticulation of the terms under which they have been interpellated as transsexuals. The purpose is to frustrate the disciplining intention of those “medico-scientific, juridico-legal, psychotherapeutic” interpellations. In Stone’s formulation, transsexuals reclaim “the power of the refigured and reinscribed body,” embracing the “disruptions of the old patterns of desire that the multiple dissonances of the transsexual body imply[,] to produce not an irreducible alterity [of heterosexual male and female] but a myriad of alterities, whose unanticipated juxtapositions [. . .] *exceed the frame of any possible representation*” (“Empire” 298–99, emphasis added). Stone’s solicitation anticipates, and Stryker’s personal account evokes,
Butler’s “disobedient” subject, whose actions “produce[. . .] a set of consequences that exceed and confound what appears to be the disciplining intention motivating the law” with the result that “[i]nterpellation [. . .] loses its status as a simple performative, an act of discourse with the power to create that to which it refers, and creates more than it ever meant to, signifying in excess of any intended referent” (Bodies 122, emphasis added).

Stone calls transsexuals to be visible, instead of disappearing into a heteronormative social structure and conforming to a master narrative that rearticulates patriarchal norms. She sees this as vital for a number of reasons. One is that, when transpeople universally conform to the requirements of medical diagnostic criteria, “[e]mergent polyvocalities of lived experience, never represented in the discourse but present at least in potential, disappear” (293) (and here we might think of Steiner’s lesbian feminist transsexuals, or Newman and Stoller’s “recuperated” heterosexual male). Further, not only are such emergent possibilities lost, so is one’s past, given that the socio-medical imperative to “pass” as a heterosexual member of one’s preferred gender requires “erasing a considerable portion of [. . .] personal experience” (297) through the construction of “a plausible history,” a practice that Stone bluntly characterizes as “learning to lie effectively about one’s past” (295). Fading into the “normal” population through such means might gain one “acceptability in society[, but w]hat is lost is the ability to authentically represent the complexities and ambiguities of lived experience. [. . .] Instead, authentic experience is replaced by a particular kind of story, one that supports the old constructed positions. This is [. . .] profoundly disempowering” (295). (And, once again, we return to Butler’s point that it is impossible to extract oneself from the chain of calls that produce one as a subject, much as one might wish to turn one’s
back on them.) In Stone’s view, to submit oneself to the “relentless totalization” of
standard accounts of transsexualism, to accept the requirement to pass, is to
“foreclose[. . .] the possibility of authentic relationships” since interactions with others
“begin as lies” (298). Concluding with a play on the concept of “reading” (when a
transperson is identified as “belonging” to their natally assigned gender rather than their
preferred gender, they are said to be “read”) Stone articulates what she regards as a vital
reason for transsexual visibility: “I could not ask a transsexual for anything more
inconceivable than to forgo passing, to be consciously ‘read’ ”; nevertheless, “to read
oneself aloud [is,] by this troubling and productive reading, to begin to write oneself into
the discourses by which one has been written” (299, first emphasis added). A visible
transsexual, Stone’s “posttranssexual,” then, is in a position to speak back to—to read
herself aloud within—the heteronormative master narratives, rather than be silently
complicit with them; s/he is like the transpeople Parlee refers to, those who are
“articulating and making visible identities rendered unspeakable and invisible within the
binary grids of ‘official’ psychological discourses” (131).

II Enforcing the “real”

Trans-Sister Radio and “the old patterns of desire”

I now turn to Chris Bohjalian’s novel Trans-Sister Radio (2000) because there is much in
it that is potentially challenging, and might have spoken back to the heteronormative
master narratives. Although there are many contemporary literary texts which examine
the phenomenon of gender variance, this novel is particularly appropriate to my analysis
because it overtly engages the medical context with which I am concerned, and because it powerfully demonstrates how the disruptions of trans experience continue, even in the present, to be recontextualized within a heteronormative frame. *Trans-Sister Radio* posits a particular teleological trajectory for its gender-variant character, which is remarkably similar to the teleological content of the medical texts that I have discussed in both this chapter and earlier ones. In this novel, the protagonist faces certain “obstacles”—chiefly a cross-gendered identity and post-reassignment same-sex desire—but eventually passes through them, achieving the “inevitable” outcome of heterosexual “maturity” (and the promise of imminent marriage). Ultimately, then, the book ends up complicit with the very structures it *seems* to question, reproducing and reinforcing powerfully heteronormatizing and heterosexist accounts of transsexualism, supporting, as Stone puts its, “the old constructed positions.”

I should mention, however, that this novel is still likely to resonate powerfully for many transsexuals, given that, to borrow words from Lev, the “transsexual narrative as it is outlined is not inaccurate—it is simply not inclusive. [. . .] Transsexuals who fit [standard medical] descriptors exist and have been the people best served by standard medical paradigms” (215).

The novel is researched with care. Its acknowledgments take in professionals in medical practice, “members of the transgendered community,” and a variety of readings from “the transgender canon” (343); further, Bohjalian has remarked that he was “very flattered” when a physician in the field, “who read a rough draft of the manuscript,” was so convinced by it that she “assumed I was a transsexual” (Siciliano n.p.). This doctor’s reaction is telling because it suggests that the fictional character in Bohjalian’s novel is a
diagnosable subject, someone who exists within the grid of medical intelligibility. In short, despite Bohjalian’s wide-ranging acknowledgments, the text of his novel clearly privileges medicalized understandings of gender variance over the kinds of resistant understandings advocated by figures like Stryker and Stone, and a simple exercise in tabulation yields a quantitative example of such privileging. As a narrative device, the novel includes transcripted excerpts from a fictional radio documentary about Dana, the book’s MTF transsexual character. There are twenty-two of them, fifteen of which are interviews with characters in the novel. Of the remaining seven, six record the views of fictional medical professionals, while only one includes the voice of a transperson other than Dana, an imbalance which is symptomatic of the novel’s overall valuation of medical authority and devaluation of gender variant subjects who are not congruent with Dana’s “respectable,” medically sanctioned form of transsexualism.\(^{38}\) Over the course of the novel, this devaluation is made explicit in a number of ways: the local trans support group, consisting mainly of “cross-dressers, drag queens, and a few conflicted souls” (47) has little to offer the well-adjusted Dana; the book represents a transvestite figure (in contrast to Dana) as a laughable, skulking pervert (115–16); and Dana takes care to distinguish herself from people so “bewildered [. . .] that they’re content to fill their bodies with female hormones, and keep their penises intact” (264). (These last are the very sort of people who also baffle the likes of Stoller and Newman, but that Parlee suggests might require some generative theorizing.)

*Trans-Sister Radio* covers a year in the lives of its four central characters, all of whom share the task of narration, which shifts from one to another, chapter by chapter. Of prime importance, of course, is Dana, because the disruption occasioned by her
transsexualism challenges the heteronormative assumptions that govern the “ordinary,” middle-class lives of the other characters and the small Vermont community where they live. Early in the story, the still-male Dana—rather like Sandy Stone’s post-transsexual—is determined to be open, at least with people he knows well, about his intentions, which include plans for surgical reassignment from male to female. He also intends to keep his very visible job as a tenured university professor, and is clear that his sexual desire for women will translate into identifying as a lesbian after his transition. Of all the people who are aware of his plans, none is more important than his lover, Allison. She is a well-known elementary school teacher who begins dating Dana early in the book, at first not knowing of his gender variance and reassignment intentions, although he reveals them fairly rapidly. Finding herself increasingly in love with the male Dana, Allison is prepared to try maintaining a same-gender relationship with the female Dana, despite her own life-long heterosexuality.

Also important in the novel is Will, Allison’s ex-husband, who manages a National Public Radio station. He espouses essentialist views of sex and gender, and loathes Dana early in the book, but finds himself increasingly attracted to her as the novel draws to a close, a circumstance which leads him to examine both his essentialism and his desire. Finally, there is Carly, Will and Allison’s nineteen-year-old daughter who, when the book opens, is preparing to leave for college. As she watches her mother’s relationship with Dana develop, Carly finds herself wondering about Allison’s sexual orientation and identity, which leads her to consider the possibility that she might, herself, be a lesbian.

By the time the novel closes, however, the fragile, disruptive promise of these
“dilemmas” has evaporated, replaced once more by a blandly “reassuring” heteronormativity. Even Dana, confident from the outset that she is a transsexual lesbian—and therefore the novel’s best hope for some kind of ongoing or lingering challenge to its powerfully middle-class respectability—is folded into the heterosexual matrix by the story’s close, and, in this respect, bears a strong resemblance to the “successful” Benjaminian transsexuals that I discuss in the previous chapter. None of this might be very remarkable, were it not for the fact that Trans-Sister Radio gives the impression that it challenges hegemonic ideas—indeed implicitly insists that it does, by virtue of its “transgressive” subject matter—while resolutely failing to do so.

“Faggot cunts”

A specific event in the novel powerfully illustrates its more generalized myopia. After Dana’s surgery, she and Allison, who continue to be lovers, discover that Allison’s front door has been vandalized with the spray-painted words “FAGGOT CUNTS” (263). The words suggest, at the very least, that both of them are “cunts,” that Dana is also a “faggot,” and that her vagina is a “faggot cunt.” The novel wants us to understand this as a threatening, offensive and hateful act, which it certainly is. Indeed, one of the things Trans-Sister Radio does very effectively is represent the intolerance of the townspeople. The portions of the book covering their reaction to Allison and Dana’s relationship is a chillingly convincing representation not only of the real hatred that transpeople frequently face in contemporary culture, but of the frightening, mob-like power of “respectability.” However, what is troubling about the novel’s treatment of this event are the unexamined assumptions that inform it. Allison’s thoughts, on seeing the vandal’s
work, are as follows:

I realized with an almost intellectual detachment that the two words on the wood had far more power when they were used separately. Individually, each was offensive—one was probably the word most universally and thoroughly despised by women. [ . . . ] And the other, though less potent, certainly had the potential to generate a good amount of hostility in heterosexual men.

But together? They were by no means laughable. But they were also oxymoronic. Implausible. And, in a way, as silly as they were grim. (263)

This is troubling in many respects. Without a doubt, cunt has traditionally been regarded as a deeply offensive word, and it certainly retains its power to offend, and continues to be used with injurious intent and effect. However, is the word “universally and thoroughly despised by women”? Many feminist, queer and MTF transsexual women have actively reclaimed cunt, lending it a positive connotation in various circumstances and settings. Furthermore, why should readers care about the power of the word faggot to generate hostility in heterosexual men? What about the feelings of gay men in connection with the word? And what does the phrase in the novel mean? Does it refer to the feelings that arise in straight men when they are labelled as “faggots”? Do they all feel the same way about such labelling? Or does it refer to the powerful hostility that straight men can channel into this word when using it as an epithet directed at other men, whether gay or straight? Or does it refer to the hostility that those who are named as “faggots” arouse in straight men? As with cunt, the fact that many gay men have reclaimed faggot is absent in this context, where only the judgements of straight men seem to carry any weight.

Perhaps most significant of all is the suggestion that these two words are powerful when used separately, but when combined are “oxymoronic,” “implausible,” and “silly.” This is troubling because, although the book purports to engage and be sensitive to the
lives and experiences of transpeople, this passage explicitly erases possible forms of trans embodiment. As an example, we can return to David Harrison (briefly discussed earlier in the chapter), the gay-male-identified FTM transsexual man who “enjoy[s] being fucked in [his] vagina with a penis” (Harrison 132). Although Harrison does not refer to his vagina as a “faggot cunt” in the texts I cite, one might wonder how he would react if told that—as Trans-Sister Radio has it—there is no power in the idea, that such a thing is a silly and oxymoronic notion. Clearly there is considerable power in the idea of a “faggot cunt,” otherwise it would not have the potential to disturb, power which has been, as I argue in Foucault’s terms, “buried or masked”—subjugated—within Trans-Sister Radio’s heteronormatizing narrative (“Society” 7).

It would, admittedly, be easy enough to write off such criticisms with the observation that these are not matters with which the novel concerns itself, and that within the story’s own context, and considered in light of the hatred that lies behind the vandalism, the words simply are offensive. Furthermore, the thoughts are only Allison’s, and the ideas in them therefore shouldn’t necessarily be imputed to some wider ideological perspective, or to the views of the author. Nevertheless, the totalizing that occurs in this passage, the suggestion that the bourgeois beliefs and ethics of the people in this book are shared by virtually all other people, is symptomatic of the epidemic essentializing, in the narrative as a whole, of the very questions of gender and sex that it supposedly seeks to problematize.

In fairness to Bohjalian’s work, however, I now turn to an examination of what the book is doing, rather than what it might have done; I turn to its essentialism, and its invocation and reinforcement of standard medical accounts of gender variance.
“Missionary position” (redux)

Towards the end of the previous chapter, I observed that, although Harry Benjamin’s work embeds gender variance within a rhetoric of polyvalency and flexibility, characterizing human beings as displaying a “symphony of sexes,” ultimately his account accommodates only two sexes within which the many “symphonic” elements should be “harmoniously” integrated in the form of unequivocal men and women who are heterosexually attracted to each other. Benjamin’s theorizing—and the heterosexist essentialism that underpins it—is clearly retained in the medical discourse of the late 1980s and the 1990s, discussed earlier in this chapter, a discourse that is untainted by the problematizing polymorphism of thinkers like Parlee, Stryker and Stone. And, although the ideas of such thinkers were certainly in circulation by the time Bohjalian researched and wrote Trans-Sister Radio, it too seems largely unaffected by them.

There are some simple ways in which the book reinforces an unproblematized two-sex model. For example, as narration shifts, chapter by chapter, between the four central characters, each chapter number is enclosed within a Venus or Mars sign—♀♂—depending on who is speaking: ♀ for Allison and Carly, and ♂ for Will. Dana, before surgery, is represented by ♂, and afterwards by ♀, except in the case of a very brief chapter in which she describes the procedure that converts a penis into a vagina.41 For this chapter, which falls in the exact centre of the novel, the two signs are combined. The symbolism is obvious: men and women are wholly distinct; any occupation of a middle space—a place in the “centre”—should be regarded as temporary and be passed through quickly. (And such blending should certainly not be valued, retained, or positively
Such seemingly small details support the overt essentialism through which readers are constantly asked to view Dana, a person in whom womanhood, it seems, “naturally” inheres. To establish her “essential” femininity, the novel draws on an aspect of the standard medical discourse about transsexualism to which I have given little attention so far, largely because it exists more in anecdotal form than in any explicit diagnostic or treatment protocols, but it plays an important role in *Trans-Sister Radio*.

Suzanne Kessler and Wendy McKenna, in their now-classic 1978 study *Gender: An Ethnomethodological Approach*, report on the comments of two clinicians, one of whom was “more convinced of the femaleness of a male-to-female transsexual if she was particularly beautiful and was capable of evoking in him those feelings that beautiful women generally do” while the other “use[d] his own sexual interest as a criterion for deciding whether a [male-to-female] transsexual is really the gender she/he claims” (118). Ten years earlier, Robert Stoller reported on “a typical male[-to-female] transsexual” whose “ordinary mannerisms of life (smoking cigarettes, walking, crossing her legs, blowing her nose, gesticulating, etc.)” in no way “reveal[. . .] she was ever a male. She points out that *she had the same mannerisms when living as a male*” (190, emphasis added). Harry Benjamin frequently referred to, as he put it in one publication, “the distinctive feminine build of many transsexuals” (1967b 111). In other words, within the clinical culture, there has been an essentializing belief that “true” (or “better”) MTFs “naturally” had stereotypically “feminine” bodies and mannerisms. As a consequence, as Dallas Denny notes, the clinicians “were prone to assume that anyone whose presentation was not strikingly that of the gender of choice were not good candidates for S[ex]
R[eassignment] S[urgery . . .], and probably were not transsexual” (“Politics” 12), while Judith Shapiro observes that “[p]hysical attractiveness seems to have provided the major basis for an optimistic prognosis in male to female sex change” (254).

Bohjalian’s novel uses exactly these kinds of criteria to establish the “legitimacy” of Dana’s claim to womanhood. By virtue of an insistently essentialized view of Dana’s body, her gestures, and her movements, the reader is to understand that she is a “good candidate” for SRS and womanhood.

One of the earliest relevant descriptions comes from Carly. Her first impressions—before she or any of the other characters know of Dana’s planned transition—are of someone “delicate-looking” and “smaller-boned.” Dana’s features are explicitly not “effeminate” (which is frequently a term of opprobrium, after all), but “beautiful” (10). When Dana fixes a barette in her hair, Carly says “[h]ad any man in the world other than Dana touched me that way, I would have felt it was a come-on. I would have felt threatened”; however, she doesn’t react to Dana in this way. Rather, he is like “one of my mother’s close female friends [. . .] whom I’d known my whole life” (14). Dana is thus established as someone who is “naturally” feminine, and whose femininity is “identical” to that of a woman (rather than of, say, an effeminate man). A short time later, when Dana takes up the narrative, this impression is explicitly reinforced:

How do you speak like a woman?

[…] While I’ve made small changes here and there, I don’t believe I’ve really done anything especially significant. I speak the way I always have.

And I don’t believe I speak like a transvestite or a transsexual struggling to pass. I don’t think anyone ever left one of my lectures [. . .] and murmured, “That professor sure talks like a fruit.”

Or, these days, “That professor is so butch.”

The fact is, I’ve always been female and so I’ve always had a
natural inclination to speak a bit like a woman—but not, I believe, like a caricature of a woman. [. . .]

I’ve never liked caricatures of women. I’ve never, to be honest, liked the way a transvestite looks. (20)

Putting aside the overt denigration of transvestites, non-passing transsexuals, “fruits” and butch women, Dana establishes her speaking voice as naturally, essentially, a “normal” woman’s voice which could not be mistaken for one of those other, presumably undesirable, voices. (Readers may be forgiven some skepticism. It is hard to imagine, for example, that a male-appearing professor lecturing with a “woman’s” voice would go unremarked.)

The “optimistic prognosis” suggested by Dana’s “inherent” femininity early in the book is confirmed by her post-reassignment success. When viewed according to the terms of the medical men I mention above—the men who are “more convinced” by “particularly beautiful” transsexual women who are “capable of evoking in [them] those feelings that beautiful women generally do”—Dana proves to have been a very “good candidate” for SRS:

I realized, [Carly thinks,] she was beautiful. Really beautiful. A stunner. Her skin was softer and smoother than mine, and it practically glowed with good health. [. . .]

The porch light was casting her face in shadow but silhouetting the shape of her breasts, and I swear she looked like a fashion model. Tall and slim and proud. She was, without any intent at all, radiating sexuality like the confident, seductive women [. . .] who fill the ad pages at the front of glossy magazines. *Vogue. Mirabella. Vanity Fair.*

She was prettier than my mother, she was prettier than me. [. . . M]y dad [. . .] couldn’t help but notice she was gorgeous.

(267, 268)

For Dana’s appearance and sexual allure to effortlessly, naturally—“without any intent at all”—surpass Allison’s and Carly’s is quite an achievement, given that the novel makes it
clear that the mother and daughter are significant “lookers” themselves. At any rate, it certainly conforms to the binarized expectations of the clinicians, outlined earlier. 42

Although the novel contains any number of passages of this kind, it does make the occasional gesture towards the idea that Dana’s femininity, while “obviously” innate, is also something constructed and performed. Carly remarks, for example, that “[t]he first time my mom had seen Dana in drag, she said there was no way he could have passed for a woman” (99), and we learn that Allison worked on Dana’s “look” with him.Significantly, however, this event—this “first time”—is some six weeks in the past by the time Carly remarks on it. In other words, readers are not privy to this “failed” attempt, receiving it only by report, as if of a past aberration; only the inherently feminine Dana is ever placed directly before the reader. Also significant is the use of the word “drag” in this context. “Drag” is clearly something wrong, something artificial, a masquerade inconsistent with Dana’s incarnation as a “true” woman. Finally, it is worth noting that, if viewed from a slightly different perspective, this passage could also be seen to position Dana as properly belonging in the “feminine” realm; Allison’s coaching of Dana appears to be an instance of the help that girls and women (stereo)typically give to one another in matters of hair style, fashion choices, and so on.

However, in two important respects Dana does not seem to conform to the medical standards, as I have described them so far: post-reassignment, she is not heterosexual, nor does she hide her past.

Although, as I observed earlier, clinicians like Steiner seemed troubled by the phenomenon of the lesbian transsexual in the late 1980s, enforcement of post-surgical heterosexuality had, in fact, fallen off considerably by the mid-1990s. According to
Petersen and Dickey’s 1995 survey results, to which I have already referred, out of nineteen clinics surveyed, only three were denying treatment to people who indicated that, after reassignment, they would be lesbian or gay (145). Dana’s anticipated identification as a lesbian after her surgery is, then, not inconsistent with the medical protocols upon which the novel draws. Despite this, however, the dominant view of human sexuality put forward in Trans-Sister Radio consistently devalues same-sex desire, and ultimately insists that heterosexuality is the “natural” way of things.

For example, after learning that her mother is considering maintaining her relationship with Dana after the sex reassignment, Carly wonders first about her mother’s sexuality, and then considers the possibility that she, herself, might be lesbian. This leads to thoughts about the “half dozen” lesbians she knows at her college, whose sexuality, it seems to her “was more of a political statement than a sexual orientation,” and she’s fairly convinced that “at least two of them were actually closet heterosexuals and would probably come out once they’d outgrown the thrill of being marginalized” as lesbians (85). A charitable reader (or interlocuter) might be inclined to excuse Carly’s dismissive comments about some women “outgrowing” their lesbianism (as well as the implication that such lesbianism is, therefore, merely a childish phase on the road to true heterosexual maturity) on the grounds that Carly is, after all, only a naive nineteen-year-old. However, making such allowances becomes increasingly difficult as the novel draws to a close, since it becomes evident that such a view of lesbianism imbibes the novel. Carly’s views turn out, then, not merely to be those of someone in late adolescence, but to be fundamental to the teleology of the narrative. In order to understand how this is so, it is helpful to consider the manner in which sexual encounters are represented in the novel.
Such representations are, in fact, rare. In the first half of the book, very brief references to Dana and Allison’s lovemaking are sufficient to establish that they have a satisfying heterosexual sex life. The first extended reference to their sexual activities comes just before Dana’s surgery, and it is less an account of a specific occasion of lovemaking, than it is a few short lines in which Allison reflects on how she believes her experiences with Dana will change: “[N]ever again would Dana sink into me, or would I reach down and open myself up to—and the pronouns are everything here—him. Never again would we move our hips together the way we once had, never again would I sit upon him and ride him and be, literally, filled. Never again would we be together as a woman and a man” (168). This is significant not only because it is the most extensive reference to heterosexual lovemaking in the book, but because it seems “polite” and “civilized,” if short on detail, and it represents their lovemaking as a symbiotic and natural phenomenon. By contrast, the first of the novel’s descriptions of their lesbian love-making, also narrated by Allison, begins: “I was—with wands, batons, and vibrating sceptres—fucked. And I came.” Considerably less demure, even implicitly violent, the description carries on on this vein for about half a page, and is rather more explicit in its diction than the heterosexual account: “oiled,” “sliding,” “I’d grow wet,” “entered me with a vibrator,” “fucked me” (224). While we are to understand that this lovemaking does have its pleasures, it is nevertheless represented as something that people do to each other, rather than with each other, and Allison is ultimately dissatisified: “[S]omething seemed wrong” (224). Allison has, of course, always identified as heterosexual, so it is perhaps reasonable enough that she might feel less than satisfied with her same-gender lovemaking, as well as alienated from her same-gender lover. But what is interesting
about this passage, when considered in the broader context of the novel, is that the
lesbian lovemaking is spelled out while the heterosexual lovemaking is not. In *Trans-
Sister Radio*, heterosexuality simply *is*. The text implies that it is “universally”
understood, and therefore requires little elaboration, either in discourse or with devices,
while lesbian lovemaking must be mediated through both words and “an apparently
endless assortment of sex toys” (225). One is “natural” (and therefore better). The other is
not.

The relationship does not survive, and Dana’s subsequent attempts to date women
other than Allison are unsatisfactory; in one case a relationship doesn’t work out because
“it was clear to us both that in too many ways she still viewed me as a man” (327). Dana,
then, despite the novel’s relentless essentialization of her as “woman,” has not been fully
assimilated into the class of “woman,” and in the closing pages of the novel it becomes
eminently clear the old medical case studies were right all along: fully “becoming” a
woman requires a relationship with a “normal,” heterosexual man. Luckily, Dana’s
feelings are beginning to change: “[W]hile I still thought women were beautiful, [. . .] I
pondered on more than one occasion now what it would be like to be kissed by a fellow
with a hint of stubble on his cheeks, to be held by a man whose arms were stronger than
mine. [. . .] I even began to fantasize about sex with men, and to imagine a penis inside
me” and wonder about “[i]ntercourse in the missionary position” (328). In short, now that
Dana has had her vagina for a while, she is starting to share Allison’s natural(ized) desire
to “be, literally, filled” by a man, and confirms Will’s assumption, from much earlier in
the novel, that Dana *must* be sexually interested in men: “Why else,” Will asks, “would
he be planning to spend all that money to build a vagina?” (71). In this novel, people with
vaginas “naturally” want to have sex with people with penises, even if it takes them a while to get around to it.

A powerful mutual attraction develops between Dana and Will, whose antipathy towards her has waned as he has come to know her better. By novel’s end, they are established in a relationship, Will has transferred to an NPR station in New Mexico to see how he likes it, Dana is likely to move there, too, once her term of teaching is over, and is taking seriously the possibility of leaving her tenured position at a university for the “chance to begin her life as an anonymous woman” (336, emphasis added). Together they are going to decide if they want to live in New Mexico permanently, and Carly remarks that they behave “as if they were married” (340). Not yet, but . . . .

Dana’s lesbianism, then, is something to be outgrown on the road to heterosexual maturity, and she seems compelled to respond to a particular set of medical interpellations that narrowly define “the transsexual” within the terms of Cold War era gender relations. Just like the MTF women in the medical accounts, Dana fantasizes about sex in the “missionary position,” she wants to be penetrated by a man in a heterosexual relationship, and the ultimate conferral of womanhood comes from possessing a “functional” vagina that allows for penile penetration. Furthermore, like those transsexual women in the old stories, she seems likely to quit her job and bury her past by moving to a place where no one knows her. Rather than, to paraphrase Stone, writing herself into the discourses by which she has been written, Dana seems, instead, to be entirely (over)written by them.44

Ultimately, then, despite Dana—and the novel’s—early potential to “exceed the frame of [ . . . ] possible representation” (Stone 299), Trans-Sister Radio ends up very
much within familiar representational frames, confirming the primacy of heterosexual
desire and heteronormative social ordering. It is only by responding to a particular chain
of calls that Dana can be admitted into a liveable social existence, and even this requires
that she withdraw from a community that knows her by a different set of interpellations;
it is only elsewhere, where her past is not known, that she can be folded into the
heterosexual matrix. Having ejected this figure who threatens what they “know” to be
“true” about men and women, masculinity and femininity, and sex and gender, the
Vermont community can resume its myopic existence: “It was as if Dana had never lived
with me,” Allison reflects. “I would wander through town or I would walk to the school,
and nobody seemed to view me anymore as the local sex renegade or pariah. [. . . M]y
[private] life no longer mattered to [. . .] anyone” (311–12).

Allison, then, is included in the novel’s reversion, as is Carly. Allison no longer
needs to examine herself as a sexually desiring subject—she can go “back” to being
straight—and, with Dana out of the picture, Carly seems freed from the difficulty of
figuring out if she’s a lesbian, especially since a boyfriend appears on the scene. As for
Will, although the novel seems to suggest he has abandoned his essentialist views in
taking up with Dana, all he has really done is replace them with a new, or modified,
essentialism, given that the book has insisted from the outset that Dana is essentially a
woman. Furthermore, it should be remembered that he, like Dana, ends up in the very
sketchily described margin of New Mexico, a locale which possesses none of the solid
“reality” of the novel’s New England setting. New Mexico, in this context, is a zone of
abjection, a place to banish those who defy social norms.

Earlier in the book, just before Dana’s surgery, Allison wistfully reflects on the
advantage of, perhaps, ending up out of love with the post-transition Dana: “I would no longer have to plumb those parts of my psyche that were probably best left unexplored” (168). She does not say that these are matters easier left unexplored, but best left unexplored, and this sentiment summarizes the project of the whole book. Despite its “transgressive” subject, it ultimately fails (or refuses) to, as Stone puts it, “disrupt [. . .] the old patterns of desire.” The book gives readers the opportunity to feel as if they are engaging a difficult subject and examining their own preconceptions and prejudices even as it affirms the legitimacy of those preconceptions and prejudices. On a certain level, this is a significant accomplishment, although it could hardly be said to generatively theorize the transgendered subject. Like Sex Gantlet to Murder, Bohjalian’s novel raises, then (re)subjugates, alternative knowledges of the body, gender, and sexuality, burying them within its heteronormative framework. Knowledges long masked by medical discourse remain masked in Trans-Sister Radio.

III Exceeding the “real”

At this point, my discussion shifts from cultural forces that consolidate the “real” to those that challenge the “real,” taking up the work of writers deeply invested in articulating a generative theoretics of transgenderism. Their work has been fundamental in shifting understandings of gender variance away from the closed model of the previous half-century.

Stryker remarked in 1998 that Stone’s 1991 “posttranssexual” essay had “done more to chart the course for transgender studies than any other single piece of scholarship
to date” (“Transgender Issue” 148), and it is clear that Stone’s essay taps into a particular historical moment when transpeople were increasingly voicing concerns similar to hers. For example, in her 1994 book, Gender Outlaw: On Men, Women, and the Rest of Us, Kate Bornstein relates her own frustrations with the “plausible history”:

I was told by several counselors and a number of trans-gendered peers that I would need to invent a past for myself as a little girl, that I’d have to make up incidents of my girl childhood; that I’d have to say things like “When I was a little girl . . . .” I never was a little girl; I’d lied all my life trying to be the boy, the man that I’d known myself not to be. Here I was, taking a giant step toward personal integrity by entering therapy with the truth and self-acknowledgment that I was a transsexual, and I was told, “Don’t tell anyone you’re transsexual.” (62)

Similarly, in a 1996 essay, FTM Jamison Green writes:

We are supposed to pretend we never spent 15, 20, 30, 40 or more years in female bodies, pretend that the vestigial female parts some of us never lose were never there. In short, in order to be a good—or successful—transsexual person, one is not supposed to be a transsexual person at all. This puts a massive burden of secrecy on the transsexual individual: the most intimate and human aspects of our lives are constantly at risk of disclosure. (“Look! No Don’t!” 501)

After describing various circumstances through which a transsexual could be detected—such as using public toilets, or making love, or seeking medical care and social services—Green asks if being continually “consciously on guard against [such] discovery” should really be considered “the optimal ground of being for a successful person.” He bluntly answers, “I think not” (501).

However, texts like Stone’s, Bornstein’s and Green’s not only tap into that moment when transpeople began demanding to be recognized as legitimate social subjects with legitimate transgendered identities, they also belong to wider cultural developments that saw (and continue to see) an interest in intersections between narrative and medical practice. One manifestation of this interest is the emergence of a genre of
life-writing, about personal experiences of illness, called *pathography*. Although people had been writing pathographies for some time, the genre came into critical prominence in the 1990s, just when transpeople began to publicly voice their dissatisfaction with medical services. Like the increasingly vocal transpeople, pathographers were also taking the clinic to task.

**Pathography and transgendered experience**

In my introduction, I referred to the semiotic character of medical practice—the term *semiotic* comes from medical usage, where it refers to the interpretation of symptoms— as well as to Kathryn M. Hunter’s concern with the interpretive nature of medicine in her 1991 study, *Doctors’ Stories: The Narrative Structure of Medical Knowledge*. Hunter argues that “[m]edicine is fundamentally narrative [. . .] and its daily practice is filled with stories.” Among these stories are a patient’s first account of an ailment, which the physician expands in the course of one or more interviews, and eventually “return[s . . .] to the patient as a diagnosis, an interpretive retelling that points toward the story’s ending” (5), and the patient’s story is also transformed into other kinds of narrative, such as the record on a medical chart, or perhaps even a case report.

But, as a result of all this telling and retelling, patients can lose control of their stories. A personal “story of distress” takes on an “official and bureaucratic” quality with an effaced narrator and a prescriptive, seemingly objective tone. This “rendition of [. . .] real, everyday experience does not resemble life as the patient has been living it” and can fail to take into account “what most troubles the patient” (which might be, for example, a fear of pain or physical discomfort, or might be something that is not, strictly speaking, a
medical concern at all, such as distress over “the disruption of work or family life” caused by the illness) (6). In this way, “the patient’s story of subjective experience has become a narrative of education and control” (6). Unfortunately, “[e]xpectations of care,” on the part of both patient and physician, “that ignore the difference between [their diverging] stories contribute to the widespread dissatisfaction with contemporary medicine” (123). Similarly, Anne Hunsaker Hawkins refers to the “assumption of the ‘generalizability’ of illness” which “is a part of our modern nomothetic mythology about disease, which assumes a uniformity of experience within a diagnostic category” (5).47 Although Hunter and Hawkins are writing in general terms about medical practice, it is easy to see connections between their concerns and my preceding discussion of transgender experience within a (medical) culture that insists on pathologizing gender variance and viewing it through essentializing diagnostic categories that reduce it to conventional and stereotyped sex/gender binaries, and may ignore differences between the “official” medical story and the stories that transpeople themselves tell. In addition, we can observe that there are similarities between the Butlerian/Althusserian interpelling scene and the experience of being “called” to membership in a diagnostic category, a norm through which the physician (and patient) may make sense of the patient’s symptoms but which does not completely determine the patient’s experience of illness or, particularly in the case of transpeople, cultural dis-ease.

The dissatisfaction that arises when patients feel there is a disjunction between their expectations of care and the care that they have actually received provides the impetus for many pathographies. Pathographies are accounts of illness and treatment written by patients (or someone close to a patient) who, writes John Wiltshire, “implicitly
a[r]rogate [. . .] to themselves a position of authority” (“Bioethics” 116). In this way, such stories establish “the narrator of the case as someone whose meditations upon the experience of [. . .] illness have equal intellectual weight to [. . . the] doctors’” (116).

Biographical and autobiographical illness narratives have existed for some time, of course—one need only think of John Donne’s *Devotions upon Emergent Occasions* to realize this—although texts which specifically chart the interaction between a patient and medical authority seem to be a relatively recent development. Hawkins maintains that they are rare before 1950, and divides the production of twentieth-century pathographies roughly into two periods, the 1960s–70s, and from 1979 to the present. Those from the earlier period she refers to as “testimonial pathographies”—in which “medical treatment [. . .] is generally accepted as appropriate and helpful”—while more recent examples tend to register discontent with medical practice, either through advocating alternative therapies, or through an anger that is “intended to expose and denounce the way illness is treated in [. . .] a medical system seen as out of control, dehumanized, and sometimes brutalizing” (3–6). Critic Gary Kinnane concurs, writing that pathographies that began appearing in the 1980s “signal an important shift away from some previous dominant cultural myths about the medical profession,” such as “the idea of the medical encounter as comforting and reassuring” (96). It is this latter incarnation of pathography, that which voices discontent, with which I am concerned given that, as I mention above, such narratives began to receive critical attention in the 1990s, coinciding with the time when transpeople began to publicly register their own dissatisfaction with medical services.49

The relationship of recent pathography to established medical discourse is, then,
as Kinnane writes, one of “resistance to the proprietorial control over the language and meanings of illness that modern medical professionals [. . . have] so successfully established” (95–96), a comment which suggests there is a connection to be drawn between this form of writing and the Foucauldian idea of insurrectionary knowledge. Such pathography stands not only in opposition to centralized medical knowledge, an outpost that challenges the centralized discourse, but participates in it by rewriting it, altering its boundaries, and revealing its permeability. Returning to the Butlerian terms I have employed thus far in this chapter, we can observe that pathography may also be understood as a subversion of the experience of being interpellated under a specific diagnostic category. While the patient may have submitted to the authority represented by conventional medicine—Wiltshire writes that “[t]o seek the attention of a doctor is already to experience oneself or one’s body as disrupted or subject to a pathological process” (“Bioethics” 119–20)—the pathography nevertheless resists institutional assumptions about patients that may be the sequelae of a certain chain of diagnostic “calls.”

Importantly, for my purposes, although pathographies are generally overtly biographical or autobiographical, they may also be found elsewhere, “nestled into a book about something else, disguised as a novel, philosophical meditation, or sociological treatise, or offered as instructional handbook,” writes Wiltshire (“Biography” 409), while Kinnane suggests that they can take the form of short stories, diaries or young adult fiction (101, 105). The works that concern me for the balance of this chapter are sometimes overtly autobiographical, and at other times take on the appearance of fiction or drama. Stryker’s “My Words to Victor Frankenstein above the Village of Chamounix:
Performing Transgender Rage,” is a combination of critical theory, life-writing and
performance, and it also draws, as the title suggests, on the literary tradition. Bornstein’s
*Gender Outlaw* powerfully employs Bornstein’s autobiographical reflections, but it also
includes poetry and a play script. And *Boys Like Her: Transfictions* by Taste This
deliberately blurs the line between its four authors’ lives and the stories they write. In all
cases, these texts have pathographic elements, as Wiltshire puts it, “nestled into” them.

A *caveat* may be in order. Although the discussion which follows analyzes the
writing of Stryker, Bornstein, and Taste This through the lens of pathography (and
therefore, by implication, regards these texts as illness narratives), my position, which
should be clear by now, is that gender variance should not be considered an illness. At
first glance, there may seem to be an inconsistency in my position, but I would like to
suggest that there are at least three arguments in favour of considering such writing under
the rubric of pathography. First, because western culture insistently pathologizes gender
variance, texts written by the transgendered that chart their encounters with medical
authority exist in a pathographic relationship to that authority, regardless of whether or
not one views gender variance as illness. Second, although pathography is concerned
with a patient’s experience of illness, a central aspect of such experience often includes,
as Hawkins observes, an increase in suffering brought about through encounters with a
medical system that seems as “arbitrary, cruel and senseless” (2) as the condition itself.
This seems particularly relevant to the experiences of many transpeople. Third, Wiltshire
has noted that pathography is at times related to “phenomenologically-orientated
critique[s] of biomedicine [. . .] which affirm the previously pathologised to be culturally
produced” (“Bioethics” 125). Many transpeople make precisely this kind of argument
concerning their “pathology,” insisting that they are constructed as “sick” by a marginalizing culture.51

In short, the work of Stryker and Bornstein can be considered a source of pathographic data because it is anchored in their experiences as transpeople, and engages, both explicitly and implicitly, powerful medical accounts of gender variance; because as writers they are concerned with establishing themselves—and transpeople in general—as speaking subjects with knowledge about, and expert understanding of, their experience of gender; and because they work to gain a measure of control over the cultural “meanings” of gender variance, resisting the explanatory control of established medical discourse.

A monstrous pathographer

The impact of Stryker’s powerful essay, “My Words to Victor Frankenstein above the Village of Chamounix: Performing Transgender Rage,” frequently lies in the “monstrous” subject position that, as her title makes clear, she claims, and she aligns herself with Frankenstein’s creature from the outset: “The transsexual body [. . .] is flesh torn apart and sewn together again in a shape other than that in which it was born. [. . .] Like the monster, I am too often perceived as less than fully human due to the means of my embodiment” (196). If, as Butler puts it, “embodiment is not thinkable without a relation to a norm” (Undoing 28), Stryker here takes up, we might say, an unthinkable “norm” against which to conceptualize, to think, her embodiment. In doing so, she draws parallels between her experience of a controlling medical culture and the monster’s experience at the hands of his scientist-creator. In a move reminiscent of Butler’s analysis of slippage between the disciplining intentions of authorities whose calls confer
subjectivity and the forms that such subjectivity may actually take, Stryker notes that Frankenstein’s success, “rather than demonstrat[ing his . . .] power over materiality, [. . .] attests to [his] failure to attain the mastery he sought. Frankenstein cannot control the mind and feelings of the monster he makes. It exceeds and refutes his purposes” (*My Words* 201, emphasis added). Although Stryker does not draw an explicit connection between Butler’s theoretics and her own analysis, we have here an example, through critical engagement with Shelley’s fiction, of how interpellation “creates more than it ever meant to, signifying in excess of any intended referent,” an effect which allows for “consequential disobedience” (*Bodies* 122), and this, too, is one of Stryker’s important points: “My experience as a transsexual parallels the monster’s in this regard. The consciousness shaped by the transsexual body is no more the creation of the science that refigures its flesh than the monster’s mind is the creation of Frankenstein” (*My Words* 201). Whatever the intentions of the medical establishment in relation to transsexualism—intentions which Stryker characterizes as “a deeply conservative attempt to stabilize gendered identity in service of the naturalized heterosexual order”—such intentions do not “guarantee the compliance of subjects thus embodied with [that] agenda. [. . . W]e transsexuals are something more, and something other, than the creatures our makers intended us to be,” existing “in an unassimilable, antagonistic, queer relationship” to a powerful, but nevertheless mythic, natural(ized) order (201, 202). Or, to use Butler’s words, transsexuals are “enabled by the relations of power,” but not “reducible to their existing forms” (*Bodies* 123). Thus it is that Stryker distances herself from the medical discourse concerning gender variance and from the therapeutic practitioners in the field, and lays claim to her personal authority, establishing herself as a
pathographer of her own case (although she does not refer to herself as such). She opposes “medicine’s definition of my identity as an emotional disorder” and refuses to disappear into a heteronormative existence, identifying herself, at one point, as “a Harley-straddling, dildo-packing leatherdyke from hell” (198). Here, surely, we see the critical promise of fantasy fulfilled, the establishment of the possible in excess of the real.

Stryker, as Butler might have it, has pointed elsewhere—to something not only outside the prevailing cultural discourses of “male” and “female,” but outside the powerful medical discourses that have attempted to lay claim to her body and her identity—and through her embodiment has brought the “elsewhere” home (*Undoing* 29).

Stryker observes that her essay was originally written to be presented at an interdisciplinary conference which solicited both academic papers and performance pieces. However, she takes that solicitation a step further, explicitly *combining* performance, academic discourse, life-writing and poetry, a fusion evoked by section headers that not only draw the reader’s attention to the work’s generic crossings but, because present within a single work, render divisions between generic conventions permeable: “Introductory Notes,” “Monologue,” “Criticism,” “Journal (February 18, 1993),” “Theory.” Of these crossings, Stryker writes:

I wanted the formal structure of the work to express a transgender aesthetic by replicating our abrupt, often jarring transitions between genders—challenging generic classification with the forms of my words just as my transsexuality challenges conventions of legitimate gender and my performance in the conference room challenged the boundaries of acceptable academic discourse. (195–96)

It can also be observed that, by positioning herself as an analogue to Frankenstein’s creature—a creature of fiction—Stryker breaches the division between literature and “real” life. She is at once a fictional monster, an artifact of culture, and a self-aware agent
functioning within culture, writing her own story even as others write it for her, often against her will. These crossings are tremendously important not only because they are evocative of Stryker’s breaching, as a transperson, of heteronormative divisions between female and male, homosexual and heterosexual, queer and straight, but because they evoke an identity that has its being in supposedly disparate and irreconcilable elements, an identity which is less a failure to conform to the fictions and restrictions of conventional categories, to be stabilized within them, than it is a restless occupation of their interstices. Significantly, Stryker’s self-descriptors generally avoid the categories of “woman” and “man.” She refers to her pre-transition self as a “man” only once, and in a way that represents “man” as a role she played in an admittedly cherished marriage (205). The few times she refers to her post-transition self as a woman, the term is nearly always marked or modified: she is a “transsexual woman” (196), and she emphatically writes “I can never be a woman like other women, but I could never be a man” (206). Not surprisingly, with the exception of “transsexual,” the terms she favours for herself do not exist in the medical lexicon, and even “transsexual” is queered in her usage: she is a monster, a queer, a dyke, a leatherdyke, a transsexual, a transsexual leatherdyke.

Nevertheless, the kinds of terms she adopts seem to leave her a perpetual outsider. She is, in Butler’s terms, “less than intelligible,” a person whose “sense of social belonging is impaired by the distance” (Undoing 3) she takes from the norms of intelligibility, even though such a distancing is essential to her survival:

In spite of all I’d accomplished, my identity still felt so tenuous. Every circumstance of life seemed to conspire against me in one vast, composite act of invalidation and erasure. In the body I was born with, I had been invisible as the person I considered myself to be; I had been invisible as a queer while the form of my body made my desires look straight. Now, as a dyke I am invisible among women; a transsexual, I am invisible among
dykes. (205–06)

That is to say, in the past, before her transition, others stabilized her as “male” and “straight,” thus negating her as “female” and “queer.” (Earlier, she observes how her pre-transition marriage to a woman negated her queer self because, although her desire for “intimacy with women [. . .] had always felt queer to me,” her ex-spouse “needed it to appear straight. The shape of my flesh was a barrier that estranged me from my desire” [205].) But even after her transition, her self-identifications frequently remain imperceptible to others. Thus, in the present, people stabilize her as “woman,” negating her as “dyke,” and stabilize her as “dyke,” negating her as “transsexual,” an identification which, as should be clear by now, she embraces. In addition, because her current partner, a woman, has just given birth, she finds herself subject to another unlooked-for stabilization that, in a single gesture, negates multiple identifications that she values: “As the partner of a new mother, I am often invisible as a transsexual, a woman, and a lesbian—I’ve lost track of the friends and acquaintances these past nine months who’ve asked me if I was the father” (206, emphasis added), a query that insistently places her back in the categories of “male” and “straight.” Butler writes that to struggle to transform the norms through which bodies are experienced is “to disrupt what has become settled knowledge and knowable reality, and to use, as it were, one’s unreality to make an otherwise impossible or illegible claim” (Undoing 27). Of her illegible, interstitial identity, Stryker declares: “I cannot be, and yet—an excruciating impossibility—I am” (207).

Stryker’s resistance to foreclosure by the “real,” her dedication to the task of accounting for herself in a way that embraces seemingly disparate and supposedly
incompatible elements—an “impossible” subjectivity—and that does not reduce her to the terms of a medical diagnosis and the ensuing medical and social “requirements” of such a diagnosis, points towards a fundamental aspect of pathography. Pathographers frequently engage in a process of meaning-making which attempts to make sense both of a condition which disrupts “everyday principles of rationality, order, and coherence” (Kinnane 97), and of a medical system which may seem, as we have observed, similarly “arbitrary, cruel, and senseless” (Hawkins 2). “Under this [kind of] duress,” writes John Wiltshire, “illness narratives are processes of meaning-creation.” He continues:

All pathographies deal with this challenge of non-meaning, but it is perhaps most acutely represented when the patient suffers not from a [physical] disease [. . .] but from a neurological condition [. . . which] may well present the issues of identity which are implicit in all illness experience with particular acuteness. The need to create meaning, prevalent in the pathography in any case, becomes pressing when the patient, the very subject of the narrative, while apparently physically well enough, incarnates the disruption or bafflement of normal meaning-making activity, and seems in fact to be a different ‘self.’ (412–13, emphases added)

There is clearly a great deal here that speaks to the experiences of the transgendered. In a bi-sexed, bi-gendered culture, transpeople may seem (not just to others, but even to themselves) to disrupt “everyday principles of rationality, order, and coherence,” baffling the “normal” meaning-making processes through which others are socially constituted as “coherent” women and men who display conventional continuities between sex, gender, and (frequently) desire. Transpeople may seek the body altering therapies of hormones and/or various kinds of surgeries, despite being “apparently physically well enough,” in order to address the “issues of identity” arising from their particular somato-psychic configuration. And in pursuing such therapies, their encounters with a seemingly “arbitrary, cruel, and senseless” medical system may increase rather than alleviate
feelings of distress. Hawkins characterizes “[t]he task of the author of a pathography” as “not only to describe this disordering process but also to restore [or] discover, or create, [...] meaning” (2) out of it, a characterization which is certainly consistent with the work Stryker carries out in “My Words to Victor Frankenstein.” Her writing, like that of many other pathographers, is “an act of protest” that seeks “to rescue the whole experience of illness and medicalisation from the narrower definitions of the clinic” (Wiltshire “Biography” 412).

“I keep trying to integrate my life”

Kate Bornstein’s autobiographical Gender Outlaw: On Men, Women, and the Rest of Us similarly protests the legacy of Cold War era medical theories and protocols concerning gender variance. Appearing in 1994 from a major publishing house, Gender Outlaw has remained in print, is widely read, and regularly appears on university course syllabi. It includes the full script of a play—“Hidden: A Gender”—which received its first performance in 1989, and has been remounted by various companies since then. Further, in addition to drawing both explicitly and implicitly on Judith Butler’s Gender Trouble, Bornstein’s work is, in turn, cited in Butler’s Undoing Gender.

Like many an autobiographical narrative, this one begins with a birth. However, the birth does not form part of the text proper, but is represented through the reproduction of the cover page of a family photo album, upon which there are two photographs separated by some hand-stencilled letters: “Life with Father and Mother began for Albert Herman[,] March 15th” (n.p.). The first photo is of “Father and Mother,” the second of the new-born Albert Herman (who eventually will become Kate, our author). With this
image, and the book’s aptly titled opening section—“First Things First”—Bornstein signals a traditional autobiographical narrative, but what is interesting about this image is that it includes no commentary and “First Things First” is not about Bornstein’s “first” years. In other words, having signalled “autobiography” to the reader, Bornstein immediately subverts such an expectation, and the subversive disjunction between the text and the image preceding it sets the tone for the whole book which, like Stryker’s essay, is vigorously trans-genre; it restlessly ranges across autobiography, theatre, cultural theory, poetry, magazine interviews, TV show transcripts, a surgeon’s report, and more. The text is also extremely citational, taking in sources and figures as diverse as John F. Kennedy, other transgendered autobiographers, literary/cultural critics and theorists, transvestite erotica/porn, both Karl and Groucho Marx, and so on, and this citational, trans-genre style effectively communicates Bornstein’s proud, and frequently very funny, sense of herself as a transgendered person:59


And that’s the style of this book. It’s a transgendered style, I suppose. (3)

Indeed, the book might well be characterized as a self-conscious performance of the self, which is appropriate since Bornstein is an actor and playwright who spent most of the first four decades of her life performing the roles of “boy” and “man”: “I didn’t feel like I was a man. Ever. I was being a man” (41).

The opening image and the text that follows it are not, of course, absolutely divorced from each other, but exist in a complex relationship, two or three aspects of which I will tease out here. First, an arresting feature of the image is that the mother and father are in one photo and the baby in a wholly separate picture. This might be
unremarkable, were it not for the fact that Bornstein begins “First Things First” with “I keep trying to integrate my life. I keep trying to make all the pieces into one piece” (1) and another photo, this one of Bornstein’s mother holding her newborn baby. In this case, there is a caption: “My mother was so proud to have given birth to a son. Today, our friendship is more than either mother-son or mother-daughter” (2). The suggestion here is that Bornstein has moved from an early life of non-integration and alienation into a latterly achieved integrated kinship with her mother, and that this achievement rests on both of them shedding common assumptions about what constitutes an integrated human subject: it doesn’t necessarily have to be “boy” (or “girl”), and could be something “more” than either of these possibilities. What that “more” might look like is not articulated, but only hinted at, at least so far.

As “First Things First” continues, though, we do get a better sense of the “more.” Bornstein mentions that she doesn’t have a “culturally-recognized identity” (3) and that the identity she has achieved—as a transsexual lesbian—is changing because her female lover is now transitioning into a man. Then, having commented briefly on the divisions western culture insists exist between “male and female” and “queer and straight,” she writes “[i]n my case, [. . .] it’s not so clear. I identify as neither male nor female, and now that my lover is going through his gender change, it turns out I’m neither straight nor gay” (4). Thus, although Bornstein may have been trying to “integrate” her identity, the cultural terms available are inadequate to the task of such an integration, not allowing for multiple identifications, for shifts and slides, for movement, for “more.” (Or, if we return to Sandy Stone’s “The Empire Strikes Back,” for the “polyvocalities of lived experience [. . .] present at least in potential” but not realized [293].) But the restless
quality of Bornstein’s genre-sliding text *insists* from the outset on multiple identities and shifting subject positions, and suggests that the task of integration may have less to do with stabilizing than it does with embracing supposedly irreducibly different possibilities—with knowing, as Butler might put it, that “paradox is the condition of [her] possibility” (*Undoing* 3).

Together, these images and the opening text of Bornstein’s book challenge the hegemonic medical views of gender variance of the early 1990s, but do so with no mention whatsoever of medical professionals, theories, or protocols. First of all, we can observe that her impetus towards integration, but on her own terms rather than those of a controlling medical culture, reflects the pathographer’s task of producing meaning out of a condition that seems to defy conventional (medical) meaning-making. More specifically, the images and text together call into question the legitimacy and reliability of assigning gender at birth, the “necessity” to identify as one of two genders, the need for post-reassignment heterosexuality, the privileged status of marriage over other kinds of relationships, and, given that Bornstein’s lesbian lover is becoming a man, the supposed desire of transsexuals to be in relationships with partners who fulfil cultural standards of heterormativity. Further, by unapologetically placing her baby pictures at the beginning of her book, Bornstein lays claim to her past, challenging the medical and social imperative to pass, to hide, to fade into mainstream culture. This open ownership of her history is a topic she returns to throughout the book, integrating the chain of interpellations that insisted she “be” a boy, and then a man, with her current set of identifications, rather than attempting to divorce one from the other.64

Even in the absence of overt mentions of doctors, or medical systems, procedures
and protocols, much of the opening of *Gender Outlaw* can, therefore, be considered pathographic resistance to the powerful medical discourse about gender variance. However, Bornstein also explicitly engages the medical establishment from time to time in the book, and I turn to some of these instances now. In particular I am interested by the way she treats the subject of her genital surgery, which she returns to three times.

In the first case, the book reprints an interview within which Bornstein provides a relatively simple and straightforward account of the surgery:

**Kate:** The most common technique is the one I had: it’s called “penile inversion.” They lay the penis out, and make an incision down the length of it, pull the skin open, scrape out the spongy stuff, being very careful not to disturb the blood vessels and nerves. The scrotal sac is laid open, the testicles are removed and become compost, I guess [general laughter]. So then they take the tip of the penis and start pushing it in. Kind of like turning a sock inside out. Everyone has this natural cavity, right, so they just push it in. . .

**Issues:** They invert it.

**Kate:** Yah, exactly. So that the outside of the penis becomes the walls of the new vagina. The tip of the penis functions in the position of a cervix. They create a kind of clitoris, using the spongy material from the perineum. And then they hope for the best. (16–17)

This chatty, joky description has the appearance of being unremarkable, which is, in fact, what makes it remarkable. Although she’s talking about a significant surgical procedure in enough detail to make at least some people uncomfortable, Bornstein speaks as if providing instructions for food preparation (“scrape out the spongy stuff,” “removed and become compost”), and uses a homely simile (“like turning a sock inside out”). By representing the surgery as a kind of housewifery, and by evoking laughter over the fate of culturally fetishized male organs of generation, she, like other pathographers, takes a measure of control over the “meaning” of her gender transition; she establishes her own authority concerning her condition by making it “ordinary,” and by subtly undercuing
the patriarchal authority of the medical professionals, representing them as cooks and sock-turners who, once their work is done, simply have to “hope for the best.”

The second account is incorporated into the play script “Hidden: A Gender” which constitutes the fifteenth chapter of the book. There is a good deal in the play that appears to be autobiographical (an association made most explicitly through one of the main characters, named “Herman”—which was Bornstein’s middle name when she was a man—before gender transition and “Kate” afterwards), although the play’s farcical elements suggest that it cannot be a “literal” rendering of events in Bornstein’s life. Nevertheless, the play has a strong pathographic element, portraying, among other things, Herman/Kate’s gradual development and assertion of her independent, transgressive gender identity in the face of a satirically rendered medical culture, whose main representative is the play’s emcee, Doc Grinder. Doc combines elements of a carnival barker, a snake-oil salesman, and daytime talk show host,65 and is on stage for much of the play, ostensibly guiding the audience through the pitfalls of gender variance (or “perversion[, . . .] mutilation [and] scientific anomalies far too wretched to be described in mere words” [172]). Also important in the play is Herculine/Abel, a sympathetic portrayal of the nineteenth-century French hermaphrodite, Herculine Barbin, about whom both Michel Foucault and Judith Butler have written.

Herman/Kate’s genital surgery is immediately preceded by a scene in which Herman/Kate and Herculine/Abel transcend time and place (until this point, their characters have functioned as historically discrete figures, unaware of each other), coming to know one another in an intimate and mysterious melding of souls, genders and identities that exceeds the limitations imposed on gender, sex and desire by socio-cultural
and medical standards. The mystical quality of this scene is broken by a farcical
rendering of Herman/Kate’s surgery that is, itself, intercut with a serious account of the
legal revision of Herculine/Abel’s sex:

**COOK**

*In the original production, the Cook was played by the Herman/Kate actor, à la Julia Child. She manipulates a large wad of bread dough, shaped like a penis, using a variety of surgical instruments. The words she speaks are verbatim from my [Bornstein’s] surgeon’s report.*

Under general anesthesia after routine pre operative preparation and draping, the patient was placed in the lithotomy position. Penile inversion technique genital conversion surgery is accomplished. Incision was made over the scrotum in the midline. The scrotal skin and . . .

**CLERK**

*In the original production, the Clerk was played by the actor playing Herculine/Abel. The words he speaks are verbatim translations of the actual civil record in the case of Herculine Barbin.*

By the judgement of the civil court Saint-Jean d’Angely, dated 21 June 1860, it has been ordained that the birth record of Herculine Barbin should be rectified in this sense. . .

**COOK**

Then with finger dissection, we continued to form the large vaginal cavity. Once this was done, a large pack was placed in the area, and we returned to the penile skin, into which we placed a plastic tube, while the lower third of the penile skin was completely denuded. This was to act as a skin graft within the vaginal cavity. The posterior aspect of the orifice was accomplished primarily with chromic catgut sutures utilizing. . .

**CLERK**

Amendment one—that the first name Abel shall be substituted for the first name Herculine. . .

**COOK**

We then tailored a labia majora, excising out the excessive scrotal
skin, and returned to the before-mentioned purse-string suture which was now pursed in such a fashion as to not obliterate the blood supply but as to purse the new clitoris in an outward direction. The patient withstood the procedure well and returned to the recovery ward in good condition.

*She places a small birthday candle in the [now] vagina-shaped dough, and lights it.*

**CLERK**

Amendment two—that the child registered here will be designated as being of the masculine sex. So the record shall stand in the case of Abel Barbin. (215–16)

Placed immediately after the scene where the characters experience a spiritual apex of self-knowledge, through which they transcend the limitations placed on gendered identity by standard cultural interpretations of “the body,” this scene reminds the reader/viewer, with a jolt, of both the power and the clumsy insensitivity of those standard interpretations. Whatever the characters experienced together, the new scene seems to take no account of it, separating them and ignoring, even erasing, them as the kinds of self-theorizing, self-defining agents Parlee describes. Instead, as one might expect, they can come into being as social subjects only within narrowly dichotomized medical and legal constraints that are incapable of recognizing the characters’ own efforts at meaning-creation; the verbatim use of their medical and legal records emphasizes this incapability, given that anything even resembling an inner life is absent from these official records. (Pathographically speaking, at least in the case of Kate/Herman, this absence seems to characterize the disjunction that can arise between patient and caregiver expectations, thus providing the impetus for much pathographic writing.)

We also revisit, in this scene, the strategy Bornstein employed earlier in the book—that of drawing an analogy between reassignment surgery and cooking—but it is
altered here, at least in part. As in the earlier instance, the analogy constructs the medical practitioner as a laughable figure. However, in the interview, where the analogy constructed the surgical event as something familiar, a *household* event, in this latter instance it divorces the patient from the event, alienating her from her body. That is to say, the transperson is not present at all, except in the form of disembodied genitalia, or ingredients, manipulated by a surgeon/cook who is following a culturally mandated “recipe.” The transperson is slightly more present in the spoken text, but only as a body anaesthetized and put in (its) place, the lithotomy position being virtually identical to the “female” place in the “missionary” position.

However, although this scene seems to erase the two characters as self-theorizing agents, it is surely significant that the stage directions specify that the Herman/Kate actor plays the Cook, and the Herculine/Abel actor the Clerk, suggesting that both characters are implicated in the regimes of power through which they become constituted as intelligible social subjects. In a sense, one might say, Herman/Kate performs her own surgery, and Herculine/Abel revises his own legal status, drawing, to borrow words from Judith Butler, “‘agency’ in part through being implicated in the very relations of power that [they] seek[. . .] to oppose” (*Bodies* 123). I observed at the beginning of this chapter that Bornstein’s work is frequently of a piece with Butler’s contemporaneous theoretics, and the play’s character doubling at this point implicitly raises Butlerian questions: Do Bornstein’s characters employ the tools and terms of “the oppressive regimes of power” in ways that reconsolidate those regimes or in ways that “reverse and displace their originating aims” (*Butler Bodies* 123)? In repeating the terms under which they have been injured, are they complicit with them, falling again into injury, or do they use them
in a way that subverts or disobeys culturally mandated gender outcomes? Bornstein examines both possibilities.

Readers familiar with Barbin’s history will know that s/he eventually killed hirself at about the age of 30, approximately eight years after the legal revision of hir sex. Hir memoirs do not record the reasons for the suicide, but, as Alice Dreger notes, s/he found the transition to hir new legal status difficult and was very unhappy (16–19, 204–05). Bornstein treats Barbin’s end simply, respecting the historical fact of hir suicide, but making the reasonable artistic inference that a connection can be drawn between Barbin’s troubled negotiation of medico-socio-cultural expectations of sex/gender and the way in which s/he died. In Bornstein’s account, therefore, the positive effects of the ecstatic interplay that the two characters share are only temporary for Herculine/Abel. Although s/he seems to briefly escape the disciplinary power of cultural standards of gender, s/he is unable to rearticulate the terms of those standards in ways that challenge their conventional ends. “Can any of you tell me how I can be a man when I am both man and woman?” (218), Herculine/Abel asks the audience just before killing hirself, posing a seemingly irreducible conundrum for which it is clear s/he has no solution. In Undoing Gender, Butler writes that one of the advantages of remaining less than intelligible is that it affords the opportunity to escape the clutches of loathsome norms that—if one capitulates to them—will “do one in” (3). Herculine/Abel, however, seemingly unintelligible even to hirself, is “done in” by such norms.

If Herculine/Abel seems compelled to repeat the injurious terms through which s/he has been called into existence as a social subject, and repeat them in ways that leave her “fully within the traumatic orbit of that injury” (Butler, Bodies 124), Herman/Kate,
although equally compelled to use terms that simultaneously oppress while they confer identity, is able to shift them sufficiently to accommodate her (sense of) self and, in so doing, to subtly unsettle them, resisting and reworking their authority.

Immediately following Herculine/Abel’s death, Doc Grinder appears on the stage. Throughout the play, in his role as talk-show host come emcee, he has “controlled” the reader/viewer’s interpretation of events, and has also stage-managed the action of the play and the characters. However, Herman/Kate (now just Kate, after her reassignment surgery) interrupts him and undermines the control he has thus far maintained. A little shaken, he attempts to humiliate her into submission by observing that her present assertiveness isn’t very feminine, but neither is she “much of a man.” (“Humiliation is a whip of the defenders of gender” Bornstein writes elsewhere in the book [88].) Her casual reply—“Maybe I’m neither” (219)—enrages him: “Oh NO! You answered all these questions!” (220), he says, referring to an earlier scene, when Herman/Kate “correctly” answered the doctor’s questions about gender, thus gaining access to reassignment surgery, and (apparently) committing herself to “being” a woman. With Kate’s “Maybe I’m neither,” it becomes evident that she has used her outward complicity with the “law” to turn it against its intended use, and it is also clear that Doc is not in control of the way in which Kate makes sense out of her “condition” (just as Dr. Frankenstein cannot shape the consciousness of the monster). Still attempting to bring her back into line, however, he starts repeating the same “common-sense” “truths” about women and men that structured relationships in Trans-Sister Radio:

Moving rapidly back to reclalm the stage. Grandly.

A man has a penis! [. . .]
A woman has.

He searches for the right word. Kate waits, expectantly.

... no penis! [. . .]

Men have sex with women. [. . .]

Women have sex with men. (221)

But, to these simple, reductive “truths,” Kate shoots back “Oh really? Well I used to have a cock, and now I don’t. I have a cunt. And I still fuck women, and women still fuck me. If the right man came along I might fuck him [. . .] I don’t consider myself a man, and quite frequently I doubt that I’m a woman” (222). Kate, as Butler would have it, “disrupt[s] what has become settled knowledge and knowable reality, and use[s her . . .] unreality to make an otherwise impossible or illegible claim” (Undoing 27). This moment is similar to Stryker’s “I cannot be, and yet—an excruciating impossibility—I am” (“My Words” 207), an emphatic assertion of “being” in the face of an authoritative discourse whose terms negate the transperson’s claim to “be.” Bornstein’s character takes up that authoritative discourse, asserts control over it by shifting some of its terms into a vernacular idiom (“penis” to “cock,” and so on) and then redeploy them, recombining body parts, bodies, desires and gendered identifications, in ways that “exceed and confound what appears to be the disciplining intention motivating the law” (Butler Bodies 122); this redeployment that has the effect of thwarting the performative aspect of interpellation (which is its “power to create that to which it refers”) creating, instead, “more than [interpellation] ever meant to, signifying in excess of any intended referent” (Bodies 122). Here, perhaps, is Bornstein’s “more.”

Some might consider the conclusion of Bornstein’s play to be naively idealistic,
but it might be more productive to think of it in terms of Butler’s comments on the
necessity of possibility. These follow her discussion of fantasy, where she maintains that
“fantasy establishes the possible in excess of the real” (*Undoing* 29). She then writes that
“we should not underestimate what the thought of the possible does for those for whom
the very issue of survival is most urgent. [. . .] The thought of a possible life is only an
indulgence for those who already know themselves to be possible. For those who are still
looking to become possible, possibility is a necessity” (29, 31). In “Hidden: A Gender,”
Kate is ultimately able to conceive of her life as a possible life, an achievement which
eludes Herculine/Abel.

Whatever one makes of the conclusion of the play—whether one sees in it the
urgent and necessary articulation of the possible, or whether one simply considers it naive
and idealistic—it cannot be called utopian. Despite her assertion of personal agency,
Bornstein’s character does not radically alter the discourses of medical and cultural
authority. Rather, she functions, to borrow a phrase from Foucault, as a “mobile and
transitory point of resistance” (*History* 96) within the web of power relations. On leaving
the stage, Kate does not claim to have brought about widespread changes, but only to
have found a way to live within the oppressive terms of her culture, and to have fulfilled
a personal need: “I’ve said my piece, and I feel. . .curiously relieved” (222). At the same
time, she is aware that her disruptions may nevertheless have a wider effect: “You work
out the rest,” she says to the audience, “if you have the energy for it” (222). Not
surprisingly, on her departure (and much like the conclusion of *Trans-Sister Radio*), Doc
Grinder quickly reasserts his authority. He assumes control once again, for the final few
lines of the play, and assures the audience that, even if Kate has made a “good point,” it
is only “her point,” which has “nothing to do with you and me,” the people who can claim unequivocally to be men and women. Even Doc seems aware, however, that all may not be as it was, and closes by offering pharmaceutical help—in the form of an elixir that bolsters one’s membership in one of the two available sexes—to those who find they’re “a bit unsettled by all this” (222–23). Things may not have changed radically, but neither are they quite the same as before.68

Bornstein’s third description of her genital surgery demonstrates similarities to the first two, but, through its context, further liberates the surgical event from medical control over what it “means.” The account comes in the book’s final chapter, which is an extended meditation on the author’s life, presented more often in a poetic idiom than in prose, an artistic choice that drives a wedge between Bornstein’s exploratory conception of her experience of gender and the “linear” and “rational” medical accounts of gender variance. More explicitly, in Bornstein’s representation, her reconfigured body ceases to be a medical artifact, transforming into a body “I grew [. . .] myself” (231).

Called “The Seven Year Itch (What Goes Around Comes Around),” the final chapter begins with the oft-repeated idea that the human body fully regenerates itself every seven years by replacing all its cells.69 This idea informs much of the chapter, beginning with the account of her surgery:

This past May, May 1st, I reached the seventh anniversary of my genital conversion surgery. That’s what they call it now when they wanna be polite. It’s what we all mean when we say “the surgery.”

\[\ldots\]
The surgery is where they laid my penis out on a table, slit it up the middle and gutted it like a fish out of water, then sewed it up and poked it back up inside me, kinda like turning a sock inside-out.
And this is my vagina.
Same cells, different cell-block.
Man-made. (227–28)

Bornstein clearly does not “wanna be polite,” which makes the tone of this account rather different from that of the otherwise similar description found in the interview discussed earlier. The interview is chatty and relaxed, and has a certain politeness. Here, however, Bornstein pulls no punches, and the “the surgery” seems brutal, barbaric, ham-fisted (“poked it back up inside me”), and not polite. However, the description is compelling not just for the savage representation, but for its evocative imagery, which shares some features with Bornstein’s second account of her surgery. I observed earlier, of that account, that the cooking-show presentation has the effect of divorcing Herman/Kate from her genitalia; she is not present, except as a disembodied organ upon which the “cook” operates. Something similar is happening here, at least in the first part of the description, with Bornstein’s penis appearing as a gutted fish “laid [. . .] out on a table,” as if it is something wholly disconnected from her. It’s important to notice, however, that the penis here, as “a fish out of water,” is not just a disembodied organ, but also a metonym for the whole person and her experience of dislocation and anguish within an unforgivingly and inflexibly bigendered culture; she is “a fish out of water,” gasping in an unbreathable element. In this single image of the fish, then, Bornstein evokes the predicament of being caught between suffocation within an oppressive culture, or the possibility (by no means guaranteed) of survival by submitting oneself to a radical and painful rearrangement of the tissues of the body.

Further adding to the complexity of this image is its invocation and refutation of the stereotypical belief (which is reinforced by totalizing medical accounts of transsexual
“experience”) that all transsexuals hate their birth genitals. While many dislike them, this feeling is by no means universal, and, in this passage’s emphasis on the retention of tissue, there is a *reclamation* of the supposedly hated genitalia: “And this is my vagina. Same cells.” Thus, although the penis is represented in negative terms as a dead object—a “gutted fish” disconnected from the rest of the body—it is also owned and internalized as the vagina. Further, this ownership is, perhaps a little paradoxically, fundamental to allowing the dying “fish out of water” to find an element in which she can breathe and survive, and this incorporation, both literal and psychological, of the supposedly hated penis as the longed-for vagina brings us back to the task with which Bornstein began her book: “I keep trying to integrate my life. I keep trying to make all the pieces into one piece” (1).

Having produced in these few lines this complex imbrication of (a) medicine and medical conventions, (b) the experiences of many transpeople in an intolerant culture, (c) the psychological and physical violence of mandatory gendering, and (overarching it all) (d) her own struggles to make her life make “sense,” Bornstein the pathographer employs an audaciously simple turn to claim a measure of personal authority over what it all “means”:

So seven years have gone by, since the surgery and all these cells I’m wearing and all these cells I’m bearing and all these cells I’m being they’re all brand new. Technically speaking, this body is homegrown. Just like yours.

[. . .]
I grew this body. It’s a girl body.

[. . .] It’s mine now. (228, 233)
After seven years, that part of her which was “man-made” (the patriarchal term she used a little earlier) is gone, shucked off as dead cells. Her “home-grown” body has ceased to be a medical artifact, and Bornstein claims for herself the moral and intellectual authority to interpret it, and her identity, for herself in the face of a society, culture and medical system (“the doctors who kept telling me | that if I wasn’t a man I had to be a woman” [233]) that has insisted on informing her of what she is and what she means.

“Without the scars”

I begin my discussion of Boys Like Her: Transfictions with a brief analysis of Anna Camilleri’s “Skin to Scar” which, like Bornstein’s work that I have just been discussing, is concerned with interpreting for oneself the “meaning” of one’s own surgery, and, in so doing, evading the disciplining intentions of physicians.

The narrator of “Skin to Scar” (who, like its author, is called Anna) reflects on the effects of a series of medically necessary reconstructive facial surgeries, which seem to have occurred during her teen years and were apparently precipitated by beatings at the hands of a family member. Although she was not a “beautiful” child, the surgeons had been excited about the “cosmetic benefits” (91) of the surgeries, and the narrator ends up a “beautiful” woman. She is uncomfortable with this, having resisted the interpellative call to beauty that women are “supposed” to respond to in our culture; “beauty” is, in her estimation, “an obsession of the weak-minded” (91), and her surgical transformation into a beauty is, much like the beatings, a violation. What makes the story interesting, in terms of the present discussion, is the way in which it represents, in a literal manner, Butler’s observation that “being” or “becoming” gendered entails “the forcible approximation of a
norm one never chooses, a norm that chooses us, but that we occupy, reverse, resignify to
the extent that the norm fails to determine us completely” (Bodies 127). Through the
patriarchal institution of the hospital, the narrator may have been physically transformed
into an embodiment of heterosexist feminine “perfection,” but she is unwilling to
passively occupy such an ideological position, to “become” what the disciplining
intention of the ideology would have her be: a natural(ized) “beauty.” In telling her story,
she protests her physicians’ account of what a woman “ought” to be, and their desire to
control what the effects of her surgery “mean.” In short, she becomes a pathographer.

In the estimation of the doctors, she observes, “I was the mythic frog prince [or]
Cinderella” (91–2), one of those fairy tale figures who, once transformed by magic, leave
their pasts as frogs or servants behind, assuming “a new identity, keeping their ‘secrets’
to themselves” (92). But this she refuses to do. Trading silence and generic beauty for “a
whole life of experience and stories and sweat” strikes her as a poor exchange, so she,
much like Bornstein in “The Seven Year Itch,” reappropriates her body: “I don’t want my
scars to be invisible. I refuse to disappear into the suffocating folds of feminine mystique
and beauty. [. . .] I grew these bones myself; muscle to tendon, skin to cheek. I pushed
myself into this world and this is magic” (89, 92).

Clearly, there are affinities between this story and the writing by Stone, Stryker
and Bornstein, particularly in their common refusal to disappear into a set of
interpellations that seem to require the denial of one’s past in order to occupy a socially
sanctioned norm in the present. One respect in which they are different, however, is that
Camilleri’s narrator is not transgendered. Nevertheless, this story is particularly
compelling in the present discussion because it is embedded in a book that is very much
concerned with gender variant subjects who are positioned just outside the orbit of medical discourse. Within the broader context of the book, then, Camilleri’s story affords *Boys Like Her: Transfictions* both a linkage to and a departure from clinically bounded understandings of gender variance: it links through shared concerns about the implications of being complicit with clinical programs and “programming”; it departs by shifting those concerns away from the gender variant subject, opening space for the exploration of gender variant identities free(er) from clinical “imperatives.”

The stories in *Boys Like Her: Transfictions* are explicitly and implicitly imbricated, with the volume carefully conceived as a single document; before examining other individual stories, a more general account of the book is, therefore, in order. To begin with, it has four authors, identified collectively as Taste This, but individuals take credit for their own stories. The authors, Anna Camilleri, Ivan E. Coyote, Zoë Eakle and Lyndell Montgomery are “present” in most of their own and many of each other’s stories (as Anna, Ivan, Zoë and Lyndell) and these stories seem to document events, shared and individual, in their lives. An abundance of photographs, frequently of the authors, adds to the “documentary” quality of the stories, as does the fact that the authors originally wrote much of the book’s content for live performance, and they note in their introduction that, with the book, they have “tried to hold onto the live-show-on-the-road roots of our connection to each other” (14). Some of the photographs were taken at those performances, and some of the narrative seems to be about those performances, or the circumstances surrounding them. Much of this, then, looks like life-writing. Indeed, *overtly* fictional stories (i.e. stories about people who are definitely *not* called Anna, Ivan, Zoë and Lyndell) are in the minority in this volume.
On the other hand, the page containing the authors’ biographies states that *Boys Like Her* is “based on material written originally for performance then transformed into narrative fiction” (221, emphasis added). In what respect was this material “transformed”? Does the change lie simply in the transference from performance to page? Or could the phrase also be understood to suggest that, when these stories were performed, they were not fictions, but, once bound in a book, became fiction?

Complementing the generic interpenetrations of performance, life-writing, and fiction is the book’s interpenetration of image and text. The photographs are not adjuncts to the writing, but visually integrated with it, frequently overlaid with text in ways that can obscure both the photograph and, to some extent, the legibility of the type. For example, in Camilleri’s “Skin to Scar,” discussed above, the opening text is reversed in white against a head and shoulders photograph of Camilleri, and, in that text, Anna the narrator invites the reader to “Look at me. Look carefully,” asking “Do you see my face?” (88). But it is very difficult to see the face, no matter how carefully one looks, because half of it is covered in text, while the other half is mostly in shadow. The “documentary” potential of the photographs is frequently compromised by this kind of design element, and this evidential “failure” suggests an important way in which the photographs function: they are a visible and literal reminder that the body is always caught within discourse; that is, they suggest that we can only “know” the body through a discourse which directs the meanings that we make of the body. Thus, although Camilleri’s “Skin to Scar” begins with the injunction to “look carefully” at the supposed documentary evidence, the *very presence of that injunction* (that is to say, the very text on the page that obscures the image of the face), controls how we can look, structuring
what we can and cannot see.

The photographs also interpenetrate the text by often providing, within a single image, a locus for elements of different stories. This is strikingly illustrated by the book’s frontispiece, which depicts a person, from the groin down, wearing corduroy pants, legs apart in a strong, stereotypically “masculine” stance. Just visible along the top edge of the image are the person’s hands, from which hang a violin and bow. Although the violin is the central element in the image, the picture is composed in a way that draws the eye up the inverted V of the legs, to the crotch, which, disappearing off the page, has a visible bulge.75 This picture, like many other images in the book, reappears throughout the volume, but reworked in ways that emphasize different aspects of it, often with a degree of visual reprocessing that “distorts” the original image. In this way, it links sections of the book while at the same time suggesting transformation and change, and these redeployments are consistent with the book’s broader concerns with shifting identities, with metamorphosis and transformation, with crossings and connections. Further, while the photograph could not be said to specifically “illustrate” any one story in the book, it has a thematic connection with several, and in this way functions as a locus that brings elements of different stories together. For example, a detail (corduroy legs and bulging crotch) appears at the beginning of “The Lonely Corduroy Boy,” a story about a young man unable to find a female lover who shares his sensual and erotic passion for corduroy. On the other hand, the violin, absent from “The Lonely Corduroy Boy,” shows up in a number of stories. So does the owner of the violin, whose body, if read through dominant cultural norms, would be classed as “female,” although the text very frequently (but not always) uses masculine pronouns to refer to hir. In “Plastic Pearls,” s/he goes to the
symphony with a female companion, hir breasts bound and trousers “packed” in a recapitulation of the bulging crotch of the book’s frontispiece. The opening image, then, co-mingles the clothing, fetishistic eroticism, and apparently straight gender and heterosexual desire of one story (“The Lonely Corduroy Boy”) and the music, eroticism, gender-bending and queer sexuality of another (“Plastic Pearls”). Furthermore, in functioning as a focus for these elements, the photo suggests they have the potential to be recombined in still more ways, a suggestion that may remind us of Stone and Butler, and their concerns with “unanticipated juxtapositions [. . .] that exceed the frame of any possible representation” (Stone “Empire” 298–99) and “act[s] of discourse with the power to [. . .] signify [. . .] in excess of any intended referent” (Butler Bodies 122).

The authors succinctly summarize their project in their introduction to the book: “These stories are true, except the ones we made up. They are written by four women, except when we’re not” (14), observations which serve as a reminder that, just as it is impossible to “know” the “truth” of a story, so it is impossible to “know” the “truth” of a person’s gender or sex.

 Turning to the stories themselves, I begin with the only other one in the collection, after “Skin to Scar,” that makes reference to surgery, Ivan E. Coyote’s “Just Like My Dad.” In this extremely short story, the unnamed narrator, who seems to be the “Ivan” of many of the other stories, lies on a friend’s bed as the friend dresses and then leaves “to take that girl out for dinner” (116). The friend “used to be a lesbian” but now seems to “be” a transman, although the story does not explicitly identify him as such: “He stands taller, since his breasts were removed, because his honey-gravel voice and sparse mustache now match the rest of him,” and he has “still-angry scars on his chest” (116).
Ivan seems to “be” female, although perhaps in a liminal way, judging by the remarks of the friend: “ ‘Look at you,” he rumbled, so I looked down at my stretched-out self. ‘You’re built like a teenage boy that grew tits by accident’ ” (116). After the friend leaves, Ivan remarks that “I have known him for five years, and he is my surrogate father, my queer dad, the head of my freak family. He calls me his son, and I am proud of this. He was already my dad back when he was a she” (116). In a sense, these remarks admirably fulfil some of the Butlerian tenets that have concerned me throughout the chapter, insofar as they take up terms that “have been produced and constrained within” the “oppressive regimes of power”—in this case, terms of kinship and gender(ing) that “belong” to the heterosexual matrix—and repeat them “in directions that reverse and displace their originating aims” (Butler Bodies 123). Admittedly, some might regard this resignification of the heteronormative terms of kinship with suspicion, seeing it, for example, as an undesirable appropriation of an oppressively normative structure, the complicit “relapse into injury” to which Butler refers; others might look on it as an impoverished imitation of the “traditional” family. However, Butler’s comments on butch and femme identities in Gender Trouble seem apt here: this father and son “may recall the heterosexual scene, as it were, but also displace it at the same time” (123). From this perspective, then, the story represents an “occasion to work the mobilizing power of injury” (Butler Bodies 123) through new deployments of old kinship terms.

The multiple destabilizations produced through this relationship inform the story’s provocative concluding remark, which contains the suggestion that available discursive frameworks are, in fact, inadequate to the task of accounting both for the relationship these two people share, and for the narrator’s self-conception:
I can’t explain this, so I’ll just use words:
Sometimes, I want to be just like my dad when I grow up, but without the scars. (116)

However, in addition to underscoring the limitations of discourse, through these two sentences the story functions in a manner that recalls Camilleri’s “Skin to Scar.” Earlier, I suggested that Camilleri’s story provides both a linkage to and a departure from clinically bounded understandings of gender variance, and that through this linking and departure it opens space in which to explore gender variant identities not tied to clinical expectations. “Just Like My Dad” does something similar, and affords a glimpse at possible configurations for those variant identities. While the father, it seems, felt he needed to engage the medical system in order to feel “appropriately” gendered, the son resists the assertion that his own “tits” are a “mistake.” (Importantly, however, he makes no suggestion that the father’s decisions were wrong, or inferior.) On a literal level, we can read the story’s last sentence as Ivan’s assertion that he is a son with tits, and that when he grows up wants to be a dad with tits—not scars. But the scars here are surely, also, metaphorical scars and, while the story provides no account of the injuries that produced those metaphorical scars, one might speculate that at least some of them could result from living as a gender-variant person in an intolerant culture, and perhaps also from the father’s experience of having to engage the reductive binarisms of a clinical culture that insists on pathologizing gender variance. The narrator, then, is acting as a kind of pre-emptive pathographer, not recognizing himself in the diagnostic “call,” or refusing to turn in response to it. Instead he carries out the pathographer’s task of meaning-making in a way that emphasizes the inadequacy of existing discourse to account for his identity: “I can’t explain this, so I’ll just use words.”
Finally, Butler’s comments on the advantages of remaining less than intelligible are germane to an understanding of “Just Like My Dad.” The narrator’s shifts and evasions allow him to remain just outside the grasp of the norms that confer intelligibility, even as he uses those norms for his own purposes. Were he caught by them, stabilized by them, he would surely be undone by them, obliged to fulfil the category of female or male, and suffering whatever “scars” would arise from being occupied by (one of) these categories. Perhaps not surprisingly, “Just Like My Dad” is only one story among many in Boys Like Her that is concerned with the advantages—and, indeed, the dangers—of being less than intelligible. “Quick Fix,” another story by Coyote, is another such story.

In “Quick Fix,” it is not as easy to evade the clinic as it was in “Just Like My Dad.” The story relates an earlier event in the life of the liminally female Ivan, an event also concerned with “growing up” and to which a specific passage from Butler’s Bodies that Matter seems to speak:

> Consider the medical interpellation which [. . .] shifts an infant from an “it” to a “she” or a “he,” and in that naming, the girl is “girled,” brought into the domain of language and kinship through the interpellation of gender. But that “girling” of the girl does not end there; on the contrary, that founding interpellation is reiterated by various authorities and throughout various intervals of time to reinforce or contest this naturalized effect. The naming is at once the setting of a boundary, and also the repeated inculcation of a norm. (7–8)

In “Quick Fix,” Ivan the narrator writes about the ongoing “girling” of the girl, relating that, at the age of eighteen, she had not begun menstruating. By this time in her life, she was accustomed to failing to live up to the interpellations through which she had been, and continued to be, “girled”: “To the young me, menstruating was no more or less elusive than say cleavage or curling irons; that is, it was just one more thing that real girls
seemed to have a natural grip on, that I vaguely didn’t” (102). However, her failure in *this* instance constitutes a medical “emergency” because her very embodiment has failed to live up to the norms through which society recognizes subjects as “women.” As a consequence, “it was decided by my mother and the doctor who birthed me—the very same one who slapped my ass first, had a quick peek and then proclaimed whether it was to be shop class or home-ec for me—that a little extra estrogen would fix me right up, give me some pubic hair to hide that dangling clit, and who knows, maybe that unsightly hair around my nipples would give it up and fall out, too” (102). The estrogen has the “desired” effect, although Ivan resents the “success,” in part because it interferes with hockey practice: “Figures [. . .] that the very same guy who fucked this whole thing up in the first place has [. . .] to cover his ass [. . .], and I come out the loser, me with hockey practice and cramps and being eighteen years old and having not a fucking clue what to do about it” (102). Clearly, the eighteen-year-old Ivan is unconvinced by the doctor’s founding interpellation. She chafes against the boundary set at birth—it’s a “fuck-up”—and the chain of enabling violations which, although they allow her to come into being as a social subject, do so within a category that she is uncomfortable with and unconvinced by. However, the medical imposition of another one of those calls—menstruation—seems to push her ever farther into that category: “Congratulations,” says her grandmother. “[Y]ou are a woman now. A full-grown woman” (105).

As with the text-obscured photographs that I discussed earlier, the “meaning” of Ivan’s body is produced through a discourse that has “overlaid” the body from before birth, and structures how it continues to be interpreted. This discourse produces particular kinds of “knowledge” about the “female” body, and makes other kinds of “seeing”
difficult or impossible: “By the only standards they knew,” says Ivan, “bleeding was in my best interests” because it signified fertility, marriage and children (105). Furthermore, one particularly interesting aspect of this discursive structuring of Ivan’s body as “female” lies in the story’s subtle suggestion that, even though her body doesn’t quite conform to the terms of the discourse—it is non-menstrual, lacks pubic hair, has a slightly hairy chest and a “dangling clit” (is it too large? too phallic?)—it can nevertheless only be read through the “female” terms.

Even this story, however, manages to celebrate Ivan’s well-established eighteen-year-old gender variance. Despite having been “caught” by socio-medical authorities seeking to instruct her in the “meaning” of her body, she is already engaged in her own tentative meaning-creation, her own pathographic resistance in the face of this medical “corrective”: “I had always known that this small town and a husband and kids were not to be my destiny” and “knew then [. . .] that if there were indeed answers out there for all the questions circling in my heart, that I was going to have to ask and answer them for myself” (106). Significantly, this story is followed immediately by an account, also from Ivan the narrator, of how s/he met Anna (of “Skin to Scar”) and of how, through their relationship, Ivan develops conceptual tools that allow hir to begin rearticulating and displacing the injurious terms through which s/he has been constituted as a social subject. With Anna, s/he discovers “a handsome lad inside” and “embrace[s] the in-between that I was” (107–08). At still another place in the volume, Ivan reflects on the experience of recognizing himself in Anna’s interpellation of “sweet boy” in a passage that admirably articulates not only the idea that identity is socially conferred, but demonstrates the power of fantasy to articulate the possible in excess of what is considered real: “What solace it
seems when you lift my real name from inside me like this and say it aloud, breathe life into this secret spirit of mine. *Sweet Boy*[ . . . T]his is the truth as I know it to be” (160).

However, because identity is socially conferred—that is to say, being initiated into the status of “subject” allows one to be recognized within a particular cultural framework—very real dangers may arise out of remaining less than intelligible, out of “failing,” either deliberately or circumstantially, to congeal into an intelligible and (therefore) culturally validated subject.77 While it is not my intention here to discuss the politics of passing, it is, nevertheless, worth quoting the even-handed Arlene Lev, who observes that “[w]hen someone does not pass well, [. . .] it can invite public ridicule and violence. [Nevertheless, s]ome transgender activists reject the idea of trying to pass, seeing it as playing into a dual-gender system. However, for many [. . .] passing well is seen as affirming their reintegration into society” (398). Clearly, Stone’s injunction to transsexual visibility, and Bornstein’s refusal to silently disappear, put both in the former category, although Bornstein draws a distinction between being “out of the closet” as a transperson, which she is, and “walk[ing] down the street and pass[ing] on a very private level,” for the sake of safety, which she also does. Bornstein thus distinguishes between what she calls “enforced passing”—which she sees as a capitulation to binarized cultural norms—and “passing by choice,” which seems to entail choosing when and where and how one will pass (125, 127).

I bring up the question of passing and violence here, because, although my analysis of *Boys like Her: Transfictions* has focussed on it as a text concerned with possibility—with negotiating the narrow strictures of the heteronormative matrix in ways that allow variant forms of gender identity to emerge and flourish—the book also
addresses the danger of not appearing to belong to one of the two culturally recognized genders. For example, each author writes her/hir/his own account of an occasion when Anna, Ivan, Zoë, and Lyndell, while returning to Canada from the United States, are detained by the Canadian border guards because “we look like freaks” (78). Each story is called “Border Crossing,” and the guards are, of course, policing more “borders” than just the national one. Further, they have the authority to violate borders, reading journals and stories as they search the car, and, in an event that is recorded in each of the four versions, leaving Lyndell’s violin (the violin) directly on wet pavement while they rip through the lining of its case. In one version of the story, the violin is gendered female and the invasion of the case—a velvet-lined box—is clearly a rape at the prophylactically latex-clad hands of the guards.

The displaced violence that Lyndell experiences in this story brings me to my final two stories from Boys Like Her; one is a short piece simply titled “Lyndell,” and the other, to which I have already briefly referred, is “Plastic Pearls.” Both are by Lyndell Montgomery. They are interesting to consider together because the first is about the danger that can arise from not presenting as a culturally recognized gendered subject, while the second is an account of the pleasures and benefits that can arise from negotiating this kind of ambiguity in circumstances over which one has some control, a situation akin to Bornstein’s “passing by choice.”

The narrator of “Lyndell” is the Lyndell character who appears throughout the volume. S/he provides an account of hir gender-blended appearance, and remarks that “I just forget sometimes, you know. It’s not that I think I’m invincible, I just refuse to walk around with my back to the wall and my eyes always searching for a fist or bottle or
comment being hurled my way” (158). While Lyndell and hir companions stop for gas in a small town, s/he crosses paths with a huge, hostile man who does not know what to “make” of hir. Significantly, their encounter is silent. It seems that he has no words, no discursive category, through which to interpret the “less than intelligible” person before him; instead, he experiences a speechless rage. Lyndell imagines dying at this man’s hands, and the defence he would provide to a sympathetic court: “Your honour, [. . . n]othin’ about him matched” (158). In this encounter that is beyond words, Lyndell is saved not through talk or explanations, but by Ivan, who yells inarticulately to distract the man, giving Lyndell the opportunity to escape.

While it could be said that Lyndell has redeployed the terms of gendered subjection in ways that displace the aims of a heteronormatizing culture, and in ways that signify in excess of that culture’s intended referents, the dangers of such redeployment, in this context, are significant. In “Plastic Pearls,” on the other hand, when Lyndell and hir friend Stick are at the symphony, s/he still challenges heteronormative expectations, but in much safer circumstances.

Lyndell and Stick contrast with the people around them, with Lyndell in patched jeans, a pressed shirt and polished army boots, and Stick in a bright dress, plastic jewellery, colourful makeup, and platform boots. While waiting for the concert to begin, Lyndell and Stick chat briefly with the couple next to them, who find the attention unnerving. A short time later, Lyndell kisses Stick, which regains the attention of the neighbouring couple: “Their eyes darted over my loose pirate shirt that covered tightly bound breasts, and rested for a daring moment on my crotch. It was there all right, the bulge that separates the sexes” (138–39). If, at first glance Lyndell seemed to be female,
now s/he appears to be more like a pre-pubescent boy, and s/he notes that these roles, that
of the older woman and her “kept boy” constitute “a game that Stick and I play well”
(139). But for Lyndell, whose many identifying marks do not match up, a game like this
is also very serious because it confers a single, if temporary, identity, a short-term
intelligibility:

If it weren’t for the game, there are times I would lose my head. Sometimes a label is more comforting than none at all. [. . . S]omething is better than nothing. I don’t always have the energy to explain myself. Sometimes I just need to go to the symphony. So tonight I was a boy. My role was clear. I would pee into a cold toilet in the men’s bathroom. Hold my cigarette between my thumb and index finger. (139, emphasis added)

Butler has observed that interpellation “offer[s] a way to account for a subject who comes
into being as a consequence of language, yet always within its terms” (The Psychic Life
of Power 106) but, in some ways, Lyndell cannot come “into being as a consequence of
language, yet always within its terms”; language has few terms adequate to account for
hir and s/he is not always, as s/he says, prepared to explain him/herself. Instead, s/he gives
people the information they need to (mis)recognize hir as something they understand.
Lyndell, then, is attempting to set the terms by which s/he might or might not be hailed.
In other words, if, as Butler says, “there is a cost in every identification, the loss of some
other set of identifications” (Bodies 126), Lyndell attempts to control what those costs
will be, and such attempts may, at times, give hir a measure of control over that always-
growing chain of calls that establish and maintain one as a subject, thus recalling Butler’s
observation that, just because the terms through which one attains social existence exist
in the service of the law, it does not follow “that we ought never to make use of such
terms, as if such terms could only and always reconsolidate the oppressive regimes of
power by which they are spawned” (123).

In a column titled “more gender more of the time,” Dean Spade, “a radical trans lawyer in nyc,” writes:

I am committed to an idea of gender that is about an ever-changing layering of gendered characteristics and perception, not at all about two poles, a continuum, or any boxes. Please don’t understand me to be promoting “non-labeling.” What I love is specific, detailed, stimulating, inventive uses of language to constantly re-inscribe and re-identify body and sex experiences, rather than simplistic terms that shut down conversations about how hot we all really are. (n.p.)

For Spade, gender is, or should be, a shifting, constantly negotiated and renegotiated experience that is open to possibility—elsewhere in the column he writes about “embrac[ing] surprising and even disturbing constructions of desire that defy easy categorization” (n.p.)—rather than a policed system of rigid and exclusive categories. His discourse has a good deal in common with Boys Like Her’s intricate imbrication of authors and characters, different versions of stories, photography, fictions and “true” stories, and (of course) gender, sex, bodies and sexuality. And, while the stories in the book may find, to employ Spade’s terms, “specific, detailed, stimulating, inventive uses of language” to write about innovative configurations of bodies and genders, the places that the book’s many intersecting elements might go—its “unanticipated juxtapositions”—are at least as important as, perhaps more important than, the explicit content of the stories.

* * * *

The medical model of gender variance that emerged in the 1950s and 1960s widened the field of the “sayable,” offering terms through which people displaying a particular
configuration of gender variant characteristics might enter the realm of discourse as “transsexuals,” but such an identity position was understood as temporary, to be replaced as soon as possible with the occupation of one of two essential categories—heterosexual woman or heterosexual man. In effect, the medical interpellations through which subjects were constructed and constructed themselves as transsexuals de-essentialized them in relation to their natally assigned sex and gender, but this de-essentialized state was understood to be pathological, requiring re-essentialization within the “other” gender, and with an “appropriately” sexed body. While this construction of gender variance may seem narrow to some twenty-first–century observers, it was, as Dallas Denny notes, “well suited” to the cultural beliefs and attitudes of the era that produced it (“Changing Models” 28), and it has proven beneficial to many gender variant people. Nevertheless, it excluded many others. Such a pattern, albeit slightly modified, governs Dana’s transition in Trans-Sister Radio.

Since the early 1990s, the newer discourse of transgenderism, instigated by transpeople themselves, has been driving another discursive shift. Transgendered constructions of identity challenge the ascendancy of the medical conception of “the transsexual” by questioning the “necessity” of re-essentializing the gender-variant subject within the non-natal gender and sex. They suggest, instead, that states of being in which the conventional continuities of somatic sex, psychic gender, and libidinal desire are disarticulated are not, a priori, unhealthy, and that the dualisms of the dominant socio-medical model that governs sex, gender, and sexuality are inadequate to the task of accounting for the potential diversity of gendered subjectivity. Boys Like Her: Transfictions is suggestive of this potential through its complex layering of narrative
elements. Its intertextual complexity produces “unanticipated juxtapositions” that defy reduction within rigidly binaristic conceptual frameworks.

Stone’s 1991 call for “posttranssexuals” to write themselves into the medical and social discourses by which they have been written anticipates Butler’s articulation in 1993, of the possibilities for resistance embedded in Althusser’s interpelling scene; in Butler’s account, claiming a resistant form of identity involves redeploying elements from the chain of calls that have established one as a recognizable subject of the discourse one wishes to oppose. Nevertheless, even though resistant agency can be drawn only from a position within existing relations of power, “[t]o be implicated in the relations of power, indeed, enabled by the relations of power that [one] opposes is not, as a consequence, to be reducible to their existing forms” (Bodies 123, original emphasis). Resistant forms of subjectivity are, in short, established by repeating, in destabilizing ways, the oppressive terms through which one is constituted as a “legitimate” subject.

Butler’s theoretical position underscores the interdependence of transsexual, transgendered, and heteronormative conceptual frameworks. Transsexualism only makes sense in relation to the binaries of heteronormative structures, which are taken up and redeployed in a pattern of crossing and restabilization. Similarly, transgenderism is articulated in relation to these binaries, in both their heteronormative and transsexual manifestations, once again redeploying them, but in ways that resist restabilization within normative structures. We may further observe that, just as transsexualism and transgenderism establish themselves in relation to the heterosexual matrix, so, too, does that matrix rely on the potential for the kinds of destabilization that the “trans” discourses raise. As queer theorists have made clear, the continuities of the heterosexual matrix (in
which “male” bodies have “masculine” genders and desire “female” bodies, and “female” bodies have “feminine” genders and desire “male” bodies) offer manifold possibilities for disruption—possibilities which transsexualism and transgenderism exploit—and it is against such possibilities as these that heteronormativity elaborates itself.

Given that there is a chronology to these developing conceptions of gender identity, it may be tempting to regard them in terms of “progress,” with each state of knowledge somehow superseding the last in a kind of teleological trajectory. To some extent, however, their interdependence belies such a view, as does their ongoing co-existence. That is to say, heteronormative gender identities obviously continue to possess considerable descriptive power for many people, as does a relatively unproblematized account of transsexualism, despite the fact that the transgender model’s deployment of bodies, gender and desire seems sufficiently flexible, at least “in theory,” to not only give rise to radically destabilized gender identities but also to more “traditional” transsexual identifications (and even to western culture’s two normative gender identities). Indeed, many transsexuals also identify as transgendered.

Nevertheless, there are many others for whom the queer-inflected, resistant discourse of writers like Stone, Stryker and Bornstein is unhelpful. For them, the diagnostics and therapeutics of established medical discourse offers—in place of longstanding feelings of disconnection and dis-integration—the possibility of connection and integration of both the privately experienced self, and the self within a binarized, heteronormative social structure.78 The ambition to “be” an unambiguous woman or man may not seem politically or theoretically radical, it may not appear to challenge established social and cultural hierarchies and power structures, but it is understandable;
the ambition is, after all, shared by the vast majority of non-trans-identified people.

In light of such observations, a brief return to Trans-Sister Radio seems warranted. My earlier discussion of this novel reveals the extent to which it is enmeshed within and (re)articulates the older, established socio-medical discourse of binarized bodies, identities and sexuality, despite its “sympathetic” stance in relation to its “controversial” subject. In order to be sympathetic, it seems, the supposedly controversial aspects of the story must be defused, undergoing a process of constraint and normalization. What makes Trans-Sister Radio problematic, however, is not so much its representation of an MTF transsexual who is (ultimately) heterosexual—such subjects certainly exist—but in the strategies it employs to establish her as a culturally legitimate subject, establishing her “normality” at the expense of other culturally marginalized manifestations of gender and sexuality; in this book, the implied “perversity” of cross-dressers and transvestites, lesbians, queers, “fruits,” faggots, butches, she-males and drag queens is used to establish Dana’s status as a “normal” woman. Thus, although the emergent discourse of transgenderism has an element of inclusivity, taking in diverse configurations of bodies, genders and desire, including transsexual possibilities, Trans-Sister Radio cannot be understood to fit this pattern. Rather, it establishes and polices boundaries, privileging heterosexual norms and normalized gender variance, and marginalizing within its representational frame those who do not fit within, or will not fit themselves to, such standards. Boys Like Her: Transfictions, by contrast, takes up the relations of power which Trans-Sister Radio maintains and strategically redeployes them in ways that produce a representational space within which variant forms of identity may emerge and flourish. In so doing, it provides a vital horizon for the possible that
challenges and exceeds the limits of what is accepted as real.
Chapter 4 — *Girls Will Be Boys Will Be Girls Will Be…: Sorting the Children*

Incredulity may greet the academic whose research interests include literature, written for children and young adults, containing representations of gender-variant young people, and, in some cases, exploring the possibilities of transgendered identity. One is likely to be asked how much of this literature there could possibly be. The following is a list, almost certainly incomplete, of such books published between 1977 and 2006.¹

**Picture and colouring books**
- *Oliver Button is a Sissy* by Tomie de Paola (1979)
- *We Share EVERYTHING!* by Robert Munsch (1999)
- *The Sissy Duckling* by Harvey Fierstein (2002)

**Children’s novels**
- *The Turbulent Term of Tyke Tiler* by Gene Kemp (1977)
- *Bill’s New Frock* by Anne Fine (1989)²
- *Terra Incognita* by Anne Metikosh (2000)
- *Jo’s Triumph* by Nikki Tate (2002)
- *Jo’s Journey* by Nikki Tate (2006)
- *Gender Blender* by Blake Nelson (2006)

**Young adult novels**
- *Virtual Sexual Reality* by Chloë Rayban (1994)
- *Dove and Sword* by Nancy Garden (1995)
- *The Flip Side* by Andrew Matthews (2001)

To these nineteen, one might add, from other decades of the twentieth century, more titles, such as Geoffrey Trease’s *Cue for Treason* (1940), E. Nesbit’s short story “The Twopenny Spell” (1904) and L. Frank Baum’s *The Marvelous Land of Oz* (1904).

Doubtless, there are others.
Such books signal my concern in this chapter, which is with a type of knowledge subjugated not only by prevailing medical and cultural discourses, but by the dependence, vulnerability, and relative inarticulateness of those who possess it. I refer to the knowledge that transchildren have of their own gender identities, a knowledge which is easy to dismiss, to use Foucault’s terms, as “insufficiently elaborated[. . . ,] naive[. . .], hierarchically inferior[. . .], below the required level of erudition or scientificity” (“Society” 7). I begin the chapter by briefly discussing a particular discursive intersection between some books for young people and traditional therapeutic approaches to childhood gender variance; in both the literature and the medical writing, gender-crossing in the young is seen as a sign of immaturity, a developmental phase which must be left behind if a child is to successfully navigate adolescence and develop into a fully realized and mature adult. I contrast this discourse with the approaches to childhood found in the new interdisciplinary field of Children’s Studies, and emerging clinical understandings of childhood gender variance, both of which emphasize the importance of hearing and responding to, with a respectful integrity, the voices and desires of children. Having established these competing understandings of the gender-variant child, I turn to books for children and young adults which negotiate the tension between the older, authoritarian approach to childhood gender-crossing and the emergent, supportive approach. Through this negotiation, they perform the work of fantasy, as Butler understands it, providing a horizon of gendered possibility in response to the foreclosures of authoritative discourse.

“Orienting him to his biologically and culturally acceptable gender role”

Many of the narratives in the list with which I opened this chapter normalize their
explorations of gender in accordance with culturally sanctioned essentialisms, ultimately remaining within, or returning to, a discursive realm that understands (sexed) bodies, (gendered) identities and—in at least some of these books—(hetero)sexual desire as conventionally continuous with each other. For example, in Blacker’s Boy2Girl and Hahn’s The Gentleman Outlaw and Me—Eli, it is only when the central characters—in one case a boy, in the other a girl—resume conventionally gendered identities and lives that romance (heterosexual, of course) can flourish, thus banishing the spectres of both gender instability and (apparent) same-sex desire. This pattern seems particularly problematic in Andrew Matthews’ The Flip Side. In this novel, a young man discovers, through occasionally passing as female, elements of his identity that are profoundly important to him. A female schoolmate encourages and helps him with these important discoveries, drawing out his trans-identity more than he would likely have done on his own. Shortly after their friendship develops into romance, however, she refuses to have anything to do with him. “When we’re together it’s . . . unhealthy” (154), she claims. They re-establish their relationship and intimacy only after he offers to revert to being unequivocally male.3

Some of these narratives seem to have been written with what could be loosely termed “feminist” intentions. In Fine’s Bill’s New Frock, the protagonist wakes up one morning to find that he has inexplicably turned into a girl. His mother sends him to school in a pink dress and he experiences, first-hand, cultural double standards and assumptions concerning girls.4 At the end, however, he returns to his natural(ized) state. Similarly, in Marvin Redpost: Is He a Girl? by Louis Sachar, the central character believes that he may be turning into a girl, and experiences considerable angst as he finds
himself increasingly attracted to the idea of being a girl while also tenaciously holding onto the conviction that he is really a boy. He feels considerably reassured at the end of the story when he concludes that he is not becoming—and will not become—a girl, but he has also developed a degree of sensitivity towards girls that he did not previously possess. In Blake Nelson’s very recent *Gender Blender* (2006), the transformations go two ways. Protagonists Emma and Tom unwittingly switch bodies for several days and, as a result, learn a great deal about—and develop sympathy for—the “other” sex. Nevertheless, they are relieved to revert to their original forms, and neither is interested in repeating the experience.

In earlier chapters, I have examined ways in which medical, literary and popular discourse elides transgendered subjects by normalizing them within familiar categories of gender. So, too, do many of these books for younger readers, through the kinds of reversions to “normalcy” that I describe above. Thus, even when feminist/liberatory intentions lead to representations of girls and boys, or young women and men, who seem to understand each other better than they might otherwise have done, the largely unproblematised returns to culturally sanctioned, essentialist, and unthreatening conceptions of male and female leave little room for the trans-identified child or youth. Crossing is, here, a temporary “educational” state that “enlightens” otherwise “normal” young women and men. Once this learning phase has been passed through, female and male cannot remain “mixed.” (The process of learning these deep lessons is, then, inherently risky: the young people in such stories frequently express the fear that they won’t be able to get back. And what would happen to the young person who discovered that she or he wanted to *stay* on the “other” side? Or to re-visit it?)
Much medico-psychological writing on gender-variance in childhood similarly displays developmental concerns, although until very recently such writing has largely eschewed comparable feminist or liberatory interests; indeed, the record is at times explicitly anti-feminist and misogynist. For example, Richard Green, one of the most influential researchers in the field, wrote early in his career (1960) that “successful rearing of a child” required “orienting him, from birth, to his biologically and culturally acceptable gender role,” and that such orientation is, “as far as we know, [...] best achieved” in households where husbands and wives model the (supposedly) “biologically and culturally acceptable” roles of masculine dominance and feminine deference. Households with gender-variant children usually lack “paternal dominance,” he claims (“Incongruous Gender Role” 166, co-authored with John Money). Although Green’s claims about child-rearing seem speculative (they are true “as far as we know”), by 1968 he includes among the “[g]oals of family therapy”—in families with gender-variant boys—the restructuring of relationships between husbands and wives. Through therapy, the men are to start assuming a “more commanding position” as a “counterbalance” to the “masculinity-inhibiting, femininity-reinforcing” influence of the women (“Childhood” 507). However, Green (with Newman and Stoller) observed in 1972 that such fathers may “have considerable difficulty in overcoming their passivity, and have married women whose assertiveness complements their own retiring personality.” Nevertheless, the “special nature of the boy’s behavior may be used as leverage to effect” a “redistribution of influence,” allowing such couples to, “at first uncomfortably, and somewhat stiltedly, but later naturally, [...] modify role relationships” (217, emphasis added). Such views also inform the family dynamics in some of the fiction that I refer to
above; that is, books with gender-crossing boys often feature parents whose roles “invert”
conventions, with career mothers and stay-at-home, work-from-home fathers.\(^8\)
(Interestingly, books with gender-crossing girls seem more likely to evoke older story-
telling conventions, with the girl commonly an orphan—or a \textit{de facto} orphan because her
mother is dead and father absent—who adopts her “disguise” out of necessity.\(^9\))

Although the effects, on the child, of the parents’ pre-therapeutic modes of
interaction are speculative, Green and his colleagues nevertheless ask husbands and
wives to radically restructure their relationships, with little apparent regard for the
stresses that such a restructuring may effect in their marriages, or for the possibility that
they may be enjoying mutually satisfying relationships founded on complementary
personalities that happen to challenge gender stereotypes. Further, the clinicians play on
feelings of parental guilt to justify this restructuring, claiming it is in the best interests of
a child “whose special nature” \textit{requires} a “redistribution of [parental] influence” along
stereotypically gendered lines.

Green’s invocation of “the natural,” above, deserves notice. It suggests not just
that the husband and wife may eventually become comfortable with their redistributed
power—that their new relationship may become naturalized—but also that it is “natural”
for the husband to be in charge and the wife—to use a descriptor that Green applies
elsewhere to deferent \textit{husbands}—to be the “second class citizen” (“Childhood” 507)
(although one suspects that he would only apply this characterization to the submissive
partner in those “pathologically” inverted relationships). It seems particularly noteworthy
that Green and his colleagues should make their case for the supposed healthiness, and
naturalness, of a Cold War era model of “the family” in 1972, well into feminism’s
second wave and, coincidentally, the year that Ms. magazine appeared.

The misogynist goals of such clinical intervention are perhaps nowhere more apparent than when, in the same 1972 article, Green and his colleagues record the therapeutic “progress” of an “effeminate” boy. They note, with approval, that he “became more aggressive and began to strike his sister and even his mother at home,” and that the therapist had “allayed” the mother’s fear of such behaviour (214) (thus encouraging her, one must assume, to accept that it is appropriate for males to strike females). This is not the only incidence in the medical record where misogynist aggression is taken as evidence of “therapeutic” success. A mother is pleased when her boy learns to refer to a girl, who used to be his playmate, as a “dumb broad” (Green, Sexual Identity Conflict 267); another boy expresses hatred for a doll that he once loved, attacking and destroying it and throwing it in the garbage (Green, Sissy Boy 277); and a boy—faulted by his therapist for not “slug[ging] it out, or physically push[ing] people,” and for being viewed “as a gentle person”—stops playing with girls and starts teasing them (Burke, Gender Shock 24, 26; Lev, Transgender Emergence 322). In Sexual Identity Conflict in Children and Adults, Green insists that, contrary to those who “aver that intervention will stamp out esthetic, sensitive qualities in the [male] child and crudely press him into the stereotyped mold demanded by a sexist society,” the aim of treatment “is not to suppress sensitivity and compassion, nor to promote a thirst for aggression and violence” (245). It is difficult to credit such a claim in the face of the clinical record.

There are, of course, a variety of developmental assumptions present in Green’s work. That, for example, a “correctly” developed child is one whose gender expression is conventional; just as in some of the works of fiction that I mention above, states of
crossed or mixed gender are not understood as sustainable and must therefore be resolved according to the standards of the dominant culture. Another assumption in Green’s writing is that children are more likely to develop along conventional lines if their parents closely adhere to stereotyped gender roles (and to heteronormative models of “the family”), an assumption which, in turn, suggests that parents who do not fulfil such roles are, themselves, developmental failures. These “passive” husbands and “active” wives are as in need of therapeutic intervention as their developmentally derailed children.

Daniel G. Brown, another researcher in the field of childhood gender variance, and whose work Green and Money cite in 1960’s “Incongruous Gender Role,” took a similar view, lamenting in 1961 the lack of “ways whereby young children can be protected from [such] parents [. . .] just as they are protected from physical brutality, neglect, and cruelty (“Transvestism and Sex-Role Inversion” 1018).11

An element of Green’s early research with Money deserves slightly closer attention, because it suggests links between their work and more recent theories that have deeply influenced contemporary therapeutic views of childhood gender variance; Arlene Istar Lev briefly summarizes such theorizing in her recent book, Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families. Such theories, she writes, regard gender acquisition as a cognitive process in which children actively recognize physical differences between male and female bodies and then “correctly” understand their own genders as originating in their physical bodies. Gender-variant children, by contrast, are caught in an “arrested developmental process,” or a “developmental lag,” incapable of the cognitive steps that others follow in developing normative gender identities. “Normal” children are, then, “active participants”
in their gender acquisition, but such activity has (supposedly) halted for those who are gender variant (124, 315–16).

Green and Money put forward a similar developmental view in their articles from 1960 and 1961. In appraising the “psychologic healthiness” of their first group of research subjects (five boys), they first observe that all but one of them “was happy, well-behaved and well-adjusted” (“Incongruous Gender Role” 165).12 Despite this “generally good adjustment,” however, the researchers consider the boys’ “effeminate interests and disinclination to be in the rough-and-tumble of boyhood” (165) as sufficiently pathological to justify intervention. In the follow-up paper, they state explicitly that “[i]t is not necessary for effeminacy to be accompanied by additional psychopathology” for a psychiatric referral to be indicated, given that “effeminacy” is itself a debilitating “handicap” (“Effeminacy” 290). It is their choice of the term handicap, and their enlargement of it, which links their work with the developmental theories which Lev describes. Green and Money note that, while some children may, with therapy, overcome their supposed disability, others are likely to remain “chronically handicapped” (“Incongruous” 166) into adolescence and adulthood. In order to help parents come to terms with the potential “inescapability of [the] handicap,” Green and Money suggest that clinicians liken gender variance to polio when speaking to the parents, emphasizing the “permanent residual paralysis” that polio may produce (289). The clear implication here is that gender variance can result in its own kind of “paralysis” beyond which a child might not be able to develop. As in the theories of “arrested development” which Lev discusses, these are children for whom the “activity” of gender-acquisition has ceased, rather like the activity in the paralyzed limbs of the polio sufferer.13 In cases such as
these, where the child remains “stuck with the handicap” (290, emphasis added), the best “therapeutic achievement” that can be hoped for is the development of “a good social facade of conformity” (289). Closeted (my term, not Green and Money’s) in this way, the permanently debilitated child may, nevertheless, “still [be] capable of leading a stable and productive life if properly guided” into adulthood (290).

Few readers will likely be surprised to learn that Green and Money, Brown, and others who have studied and treated gender-variant children, cite concerns about what the children will become in adulthood as a justification for childhood intervention. As Gertrud Lenzer, a scholar in the interdisciplinary field of Children’s Studies, has observed, “most disciplines in the arts, humanities, social and medical sciences as well as law,” if they have traditionally given childhood any attention at all, “conceive [it] as a transitory stage on the way toward future adulthood,” rather than viewing “children [. . .] in their fullness as human beings” (181, 183). Thus it is that Green and Money mention concerns that adult “homosexuality and transvestism” (“Effeminacy” 286) will be likely outcomes of untreated childhood gender variance, a concern that parents also seem to have raised, some of whom “had faced up to the conjecture that their son’s present effeminacy might portend homosexual behaviour in the future” (“Incongruous” 161).14 By 1968, Green also includes transsexualism as another possible adult outcome of childhood gender variance (“Childhood” passim). Brown is similarly anxious that “difficulties or distortions” in childhood “sex-role adjustment” will lead to “adult personality disturbances” such as “a homosexual object choice” (“Masculinity-Femininity” 197, 202), transvestism or transsexualism (“Transvestism and Sex-Role Inversion” 1014–16, 1020–21).15 Robert Stoller, in 1968, also writes about the
importance of early intervention, characterizing “adult transsexualism” as a “malignant condition” which “may be treatable and reversible in the small child” (140). To repeat, none of this is very surprising. However, its significance in the present context lies in the link it suggests with my discussions, in previous chapters, of the cultural concerns of the early Cold War years, concerns which shaped how gender variance was understood over the latter half of the twentieth century. I refer, in particular, to the common conviction that the only mature adult is a heterosexual, marriageable, and preferably reproductive, adult (as we saw in Malleson’s assertion that “the attainment of heterosexual maturity is one of life’s main objectives” [139–40], as well as in the “maturation” of figures like Chapter One’s hermaphroditic Mr. A, Chapter Two’s Benjaminian transsexuals, and fictional Tony Carter, and Chapter Three’s fictional Dana Stephens). If the cross-identified child, then, is to develop into the kind of adult that this discourse would recognize as mature, s/he must somehow get past the immature “paralysis” of gender-variance and develop a conventional gender.

The works of fiction that I discuss briefly above (in which the abandonment of cross-gender interests, identifications and possibilities are taken to signal a young person’s growing social and [hetero]sexual maturity) participate in the same cultural discourse. Some readers might question the discursive continuity that I am suggesting here, given that the novels appeared a number of years, even decades, after the medical writing to which I have been referring. However, much has remained constant in the medical conception of childhood gender-variance. In Green’s contribution to a 1995 standard reference volume on treating psychiatric disorders, he explicitly reaffirms the “basic principles” (“Gender Identity Disorder in Children” 2009) of treatment that he and
Money had formulated decades earlier, including his conviction that closeting—“go[ing] underground” (2011), as he puts it—is a positive therapeutic outcome, and that intervention is justified as a way to prevent adult transsexualism (2010), despite the fact that his own research, published less than a decade earlier as The “Sissy Boy Syndrome” and the Development of Homosexuality, indicated that transsexualism is a very unlikely outcome of childhood gender variance (Sissy Boy 261). In the 1995 article, Green stops short of stating outright that intervention is also justified in order to prevent adult homosexuality—which, had, after all been removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) more than twenty years earlier, a change that Green himself had been involved with—writing that “[t]here is no convincing data that anything the therapist does can modify the direction of sexual orientation” (2014). Extraordinarily, though, given this conviction, he takes the position that parents nevertheless have the “right to seek treatment to modify their child’s cross-gender behavior to standard boy and girl behavior, even if their only motivation is to prevent homosexuality” (2007), a position he had also put forward in 1987’s “Sissy Boy Syndrome,” noting that “[t]he rights of parents to oversee the development of children is a long-established principle” and maintaining that parents ought to be as free to “raise their children in a manner that maximizes the possibility of a heterosexual outcome” as they are “to raise their children as atheists” (260).16

Kenneth J. Zucker’s “Gender Identity Disorder in Children and Adolescents,” published in 2001, again affirms several treatment principles formulated decades earlier. Zucker is a current leading authority on childhood gender identity “disorder,” and the article I refer to here appears in a newer edition of the standard reference volume to
which Green contributed in 1995; indeed, Zucker’s chapter is a replacement for Green’s earlier work. Despite this “changing of the guard,” however, there is still material here on treating parents for their child’s “disorder,” as well as a strong endorsement of intervening in order to prevent transsexualism in adulthood. Zucker maintains that the latter treatment goal is “obviously clinically valid and consistent with the ethics of our time” (n.p.), despite the fact that, as Shannon Minter (a lawyer who specializes in queer and transgendered legal issues) has pointed out in connection with other published work of Zucker’s, there is “an absence of any direct evidence that transsexualism is any more amenable to prevention—or any less compatible with psychological health—than homosexuality” (27). One might wonder whose “ethics” Zucker is referring to. Like Green, Zucker takes an ambivalent view concerning attempts to prevent adult homosexuality. On the one hand, he observes that the majority of mental health professionals accept the view that homosexuality is not a mental disorder, and expresses the personal view that treatment with “the primary goal of avoiding adult homosexuality is [. . .] problematic.” On the other hand, he implies that “the contemporary clinician” who takes care to “think through these issues carefully,” and “to develop a working relationship with families” might legitimately choose a course of this kind (n.p.).

There are certainly differences between literary and medical discourse within the discursive regime I have sketched out thus far, one of which I have already mentioned: where the fiction often has feminist overtones, the medical writing has traditionally been anti-feminist. However, there is one very important way in which the two discourses intersect: their basic pattern is to view gender variance in the young as an immature state, a developmental phase which must be left behind if a child is to successfully navigate
adolescence and develop into a fully realized and mature adult. To fail to leave it behind is to be caught in a state of developmental paralysis. Although it is my intention to turn, for the balance of the chapter, to a different set of medico-psychological and fictional texts (which offer emerging and alternative knowledges about childhood gender variance), I have examined this discourse with some care not only because of the considerable power it possesses but because the texts to which I am now turning may best be understood in relation to it. Indeed, the two sets of texts are, to a large extent, inseparable, constituting different nodes of understanding in the discursive web I have analyzed thus far.

**Fully human children**

According to Gertrud Lenzer, a sociologist and the director of the Children’s Studies Program at CUNY’s Brooklyn College, the interdisciplinary field of Children’s Studies emerged in the early 1990s as a product of two central concerns. The first such concern I have already briefly mentioned, which is that most disciplines (apart from those connected with child psychology, pediatrics, children’s literature, and education) had not traditionally afforded children any special focus; further, when they did give attention to childhood they understood it “as a transitory stage on the way toward future adulthood” (181), generally subordinating “the child” within categories such as family studies, socialization, juvenile delinquency, deviancy, and peer group analysis. Second, although the final two decades of the twentieth century saw increasing academic focus on children and childhood, there was little interdisciplinary communication, with the result that such study was fragmented across the academy (181–83) and therefore could not
provide an integrated or “holistic conceptualization of children as individuals and as a class” (182). However, writes Lenzer, “[c]hildren are not fully characterized by psychological developmental processes, nor indeed by any single perspective.”

Children’s Studies, then, is grounded by “the ontological claim that children must be viewed in their fullness as human beings” (183). There is, however, a challenge in such an endeavour:

[W]e know very little about the inner life of children, about their desires, aspirations, or fears and sorrows, the imaginative creation of their own world and how the world of adults appears to the child. Children are indeed confronted with the considerable power the adult world has over them. Children cannot represent themselves, unlike other powerless groups who have made their claims heard. (Lenzer, “Children’s Studies” 185)

Lenzer’s last point requires a small refinement, it seems to me. Many children can and do represent themselves, but do so in the face of an “adult world” that may ignore such representations, or fit them into preconceived “adult” ideas and theoretical structures about what childhood is or ought to be, thus subjugating the knowledge of the child within such discursive systems. As Mary Galbraith, a literary critic who writes from a Children’s Studies perpective, observes, children are in the difficult position of being dependent upon adults to not only provide basic care and protection, but, because children are “relatively inarticulate,” they also depend on adults to “help them articulate their desires” (189–90).

Gender-variant children are a particularly vulnerable population in this respect. In a culture that insists on binarized gender, sex and sexuality, it has been and continues to be very difficult for such children to “articulate their desires”—either in words or through transgressive actions—without coming into conflict with the very adults who might
otherwise be depended upon to help, were the children facing a different kind of challenge. These adults (who include parents, educators, therapists and others) often conceive of gender, or at least “healthy” gender, narrowly, in accordance with socio-cultural norms. However, Lev suggests there is value in “pondering whether small children actually have a more sophisticated understanding of the relationship of gender and sex than developmental psychologists whose biological determinism privileges the physical genitals, body parts that are rarely visible in social discourse” (316). Lev’s suggestions are worth entertaining. She is a counselor and educator who has for many years given a special focus to the therapeutic needs of lesbian, gay, bisexual and transgendered people, including children, youth, and their families; she writes and works from a feminist and queer perspective. As an alternative to the pathologizing theories of arrested development outlined earlier, Lev suggests the possibility that gender-variant children are as active in their gender acquisition as gender-normative children. Within Lev’s framework, they are not lacking “cognitive development skills[,] but rather social support and recognition of their authentic gender expression” (316). If we understand Lev’s suggestions through a Children’s Studies lens, it is easy to see how the gender-variant child, dependent on the adult world to help hir to articulate an emerging sense of self, is very likely to find that such help is not forthcoming; those to whom s/he looks for guidance are functioning—consciously or unconsciously—within a heteronormatizing developmental framework whose very structures occlude or obliterate hir uniquely gendered self.

Considering Lenzer’s “ontological claim that children must be viewed in their fullness as human beings” (183) specifically in relation to transchildren affords
opportunities to re-examine the way such children have been, and often continue to be, understood. Rather than being “viewed in their fullness as human beings,” such children have been understood as pathologically “arrested” and undeveloped. Therapeutic culture has tended to be ill-equipped to help them “articulate their desires,” instead conveying the message that their “desires” are wrong and their identities invalid, insisting on the supposed necessity to conform to oppressive cultural expectations, and to the legitimated forms of identity that accompany such expectations. They have been made the subjects of the kind of specialized scrutiny Lenzer refers to above, scrutiny which focuses on questions of deviance, socialization and peer relations; scrutiny which, to return to Foucault’s account of subjugated knowledges, “claims to be able to filter” the knowledges of such children, to “organize them into a true body of knowledge” (“Society” 9). By contrast, Lev’s suggestion that such children are as active in the process of developing a gender as normatively gendered children comes considerably closer to viewing them as fully human, and her proposal that they experience not a developmental lag but a lack of social support for, and recognition and legitimation of, their genders resonates with Galbraith’s observations about the vulnerable dependence that children experience when relying on adults to help them articulate their needs. In short, Lev’s approach insists on de-subjugating the knowledges that gender-variant children have concerning themselves.

Lev’s different theoretical framework demands a new approach to therapy in order for gender-variant children to develop the skills they need to flourish in the face of an often hostile culture:

Supportive psychotherapy, coupled with advocacy for children and their families, can address many of the same issues [traditional] clinicians have
already identified ([such as] peer ostracism, [and] social isolation). However, the focus is not on changing the child, but [on] helping him or her adapt to the constraints of a gendered culture, while simultaneously working to change the social system that encourages [. . .] abuse. (346)

Lev’s approach to therapy includes, then, educating parents, siblings, schools, and other social and cultural institutions which affect the transchild’s well-being and safety, in matters of gender diversity.

Despite her confidence in this supportive model, Lev observes that the older approach, that of attempting to “alter the gender identity to match the biological sex [. . .] despite the lack of evidence supporting this as a successful intervention,” remains the standard approach to childhood gender variance, and that treatment strategies viewing “transgender identification as a viable outcome [. . .] stand[. . .] in opposition to th[is] current wisdom” (340). The older, pathologizing discourse is, then, still with us.

As should be clear by now, there is considerable philosophical overlap between the Children’s Studies approach to the general concerns of childhood, and Lev’s approach to counseling and therapy specifically intended to help gender-variant children. Both subtend the remaining analysis in this chapter, which is chiefly given over to three works of literature written for children or young adults. I briefly analyze Robert Munsch’s picture book *We Share EVERYTHING!* (1999), and then turn to longer analyses of Gene Kemp’s children’s novel *The Turbulent Term of Tyke Tiler* (1977), and Charlie Anders’ young adult novel *Choir Boy* (2005).

Munsch is a widely read and extraordinarily prolific writer of picture books whose iconoclastic stories—while well-loved by children, parents, teachers and librarians—occasionally find themselves protested and even banned. We Share *EVERYTHING!* does not seem to have been targeted in this way, however, and it is
certainly readily available in libraries, schools and bookstores. Kemp’s *The Turbulent Term of Tyke Tiler*, won the Carnegie Medal for 1977, as well as the Other Award.\(^{21}\) Since then, it has seen multiple editions (variously published by Faber, by Puffin, and by Collins), has been rewritten as a play (published by Oxford) and a television script, has appeared as an audiobook, and has become a classroom mainstay in UK schools. It is not as well known in North America, although the book is in print and available in Canada and the United States. Charlie Anders’ novel *Choir Boy* is published by Soft Skull, an independent press which publishes a remarkable variety of titles, including a range of queer fiction, poetry, and non-fiction. *Choir Boy* won the 2005 Lambda Literary Award for Transgender/GenderQueer writing.

I have selected these texts in part because they reflect a range of (potential) readers; as I established as the beginning of the chapter, representations of gender-variance appear in books directed at a diverse readership of young people, and my analysis attempts to respect a range of ages and interests. Perhaps even more importantly, however, I was originally drawn to these works because they seemed to be another element in an emergent emancipatory discourse that is embraced by the work of clinicians like Lev, and academics in the field of Children’s Studies. While I still believe this to be the case, I have found that a great deal of the interest of these three texts lies not so much in a relatively unproblematized adherence to a “liberatory” model of (trans)childhood, but rather in how they function as interfaces between the older, authoritarian understanding of childhood gender variance, and the emerging approach, with its focus on supporting diverse forms of gender expression. Not surprisingly, there is often considerable tension in this negotiation.
Genderqueer kindergarteners share *EVERYTHING!*

In Munsch’s picture book *We Share EVERYTHING!*, new kindergarten students Amanda and Jeremiah have trouble adjusting to school life, arguing over books, blocks and paint. Each time their teacher intervenes, she lets them know (with insufferably sweet condescension) that, in kindergarten, “We share *everything*” (*passim*, original emphasis). Fellow students, initially represented in Michael Martchenko’s illustrations as exuberantly anarchic (6–7), seem quickly indoctrinated, eventually repeating the teacher’s mantra with her when the resistant Amanda and Jeremiah seem to need “correction” (23). The pair eventually decides that, if they are supposed to share *everything*, they should start with their clothing, and exchange shirts, pants and shoes. There is something about the exchange that just seems right, and they stop fighting and begin enjoying each other’s company: “This is fun,” says Amanda, while Jeremiah is excited about “[p]ink shoes [which] fit me just right. My mom never gets me pink shoes. This is great!” (27, 26). (In the illustrations, Jeremiah’s “boy” shoes clearly don’t fit—they are much too big—but there seems also to be a hint here that the “fit” of the pink shoes goes beyond mundane concerns such as correct sizing.) The teacher returns to compliment them on their sharing, pleased that they appear to have become inculcated into her ideology of childhood—“you’re learning how to act in kindergarten” (28)—until she notices what they are sharing. She is shocked. It turns out that only some things (books, blocks and paint) are actually for sharing. Gender-marked items, on the other hand, cannot be shared and, right as Jeremiah and Amanda’s actions seem to them—they have finally found a mutually satisfying activity—their behaviour is
definitely wrong in the eyes of the teacher. Nevertheless, the other children remind her that “We share EVERYTHING,” and all exchange clothes with the kind of anarchic vigour they displayed at the beginning of the book. In the final picture, ebullient girls in sports jerseys and boys in dresses cheer, Amanda and Jeremiah share a high-five, and the teacher, who has fainted in the face of this rapidly spreading polymorphous perversity, disappears off the edge of the page. Understood in the kinds of terms that structured much of my discussion in the previous chapter, one might observe that the two children have destabilized the disciplining aims of the “law” (of sharing) by rearticulating that “law” in ways that exceed its intentions; further, their excess calls into question both the “law” itself (which, as it turns out, only applies in cases sanctioned by the authority that propagates the rule), as well as the “laws” governing manifestations of gender. Their actions could also be understood to fulfil the critical promise of fantasy; they articulate possibilities that exceed the norm, in the face of an authority that, in the name of the “real,” attempts to foreclose such possibilities. Additionally, one could observe that there is, here, a node of Foucauldian resistance. The children aren’t necessarily starting a revolution, but they are disrupting the local authority of the teacher. One hesitates, however, to burden this cheerfully subversive picture book with the theoretics of Butler and Foucault.

One is similarly hesitant to bring the historical weight of Freud to Munsch’s story, but its affinity to Freud’s account of early childhood in the Three Essays is striking. In the first essay—“The Sexual Aberrations”—Freud introduces his famous image of the fluid libido, going this way and that along “collateral channels” of perversion if, for some reason, it does not or cannot remain in the “main bed” of “normal sexual life” (85). The
second essay—“Infantile Sexuality”—refers to the “dams” that restrict the flow of such sexual instinct very early in lives of children, directing their innate tendency for polymorphous perversity down “normal” channels, or, should a child fall “under the influence of seduction,” failing to do so. Although Freud takes the view that these “dams” emerge more or less spontaneously, having their root in biological forces rather than social formation, “[e]ducation will not be trespassing beyond its appropriate domain” if it reinforces the already established “organic” pattern (93, 109). In Munsch’s story, there is a certain irony in the fact that it is the attempt by “education” to instil another cultural norm (that children should share) which derails the “normal” process of gendered development (because the children share “too much”), consequently opening the door to the polymorphous perverse. As I suggest above, it is through absolute adherence to the letter of “the law,” in a way that exposes its inconsistency or hypocrisy, that “the perverse” becomes visible in this story, which suggests both that perversity is always-already inherent in “the law”—both produced by and productive of the injunctions that seek to prevent it, perhaps—and that it sits restlessly just beneath the ordered surface of school life, ready to emerge (to return to Freud’s words) “under the influence of seduction.” Thus, although the childish “polymorphous” chaos at the beginning of the book seems to have been brought under control through the authority of the school, repressed impulses re-emerge at the end of the book, manifesting as a pleasurable form of gendered non-conformity, running along “collateral channels” of perversion rather than in the “main bed” of “normal” development.

Some might suggest that I am taking this book too seriously, and fault my analysis on the grounds that the children are not actually identified as transgendered in
the story, nor does the book make any appeal to medico-psychological discourse. While there might be some justice in such criticisms, the actions of the children, and the authoritarian reaction of the teacher to their perceived transgression, nevertheless evoke the wider cultural discourse of gender normativity which subtends medical conceptions of gender variance. Specifically, we find represented in this story both the older, authoritarian approach to childhood gender variance (in the person of the teacher), and the emerging discourse, visible not only in the persons of Jeremiah and Amanda, but in all the other students, who fulfil at least two of the therapeutic roles that Lev describes: they support, and advocate for, diversity of gender expression, both in their words to the teacher (“We share EVERYTHING”) and in their actions. In addition, one can observe that the eventual success of Jeremiah and Amanda constitutes a kind of idealized “solution” to one of the concerns of Children’s Studies: here we have children who successfully articulate, and act on, their desires without requiring the mediating services of sympathetic adults.22

By the end of the story, then, the old authority has failed, and is disappearing, while all the children anarchically remake the “law” of gender, opening themselves to possibilities that didn’t exist under the “old regime.” This idealized, open-ended conclusion resonates with an atypically utopian remark of Lev’s: “It seems that the first step in developing more progressive treatment protocols for [gender-variant] children and youth, is simply to support a greater diversity of gender expression for all children” (345).

In this happily seditious fantasy of school life, culturally authorized gender norms and their proponents are easily subverted, and one could speculate on the book’s power to
open an imaginative space in which young readers or pre-readers could contemplate the possibilities of gender, in addition to its more familiar boundaries. One could even imagine the book as a potential locus of identification for individual children who may already be developing variant forms of gender identity.23 Outside the realm of picture books, however, cultural authority is not overcome as easily, and it may be considerably more difficult for a child to find validation for non-normative forms of gender expression. Indeed, were Amanda and Jeremiah living children, rather than picture book characters, it is easy to imagine the sequel (or, to borrow a medical term, sequelae) to their transgressions: the teacher, after her recovery, reimposes cultural standards in her classroom, perhaps enlisting help from the principal and, in the cases of Jeremiah and Amanda, a school psychologist.24

**Tyke Tiler: Neither schoolboy nor tomboy**

Like *We Share EVERYTHING!*, Kemp’s *The Turbulent Term of Tyke Tiler* can also be approached through the lens of Freud’s “main bed” of “normal sexual life,” its “collateral channels” of perversion, and the dams that restrict the flow of sexual instincts (85, 93). Indeed, reading the story in this way underscores the extent to which plot-level concerns with gender penetrate to other strata of the text, since the story is set in the city of Exeter, which is cut through not only by the “main bed” of the River Exe, but by various “collateral channels.” These include the Exeter Canal and minor industrial waterways called leats, which redirect water from larger channels for purposes such as working mills; in addition, there are weirs which, analogous to Freud’s dams, hold back water and control its flow.
Early in the book, having observed the roar and activity of water partially held back by the weirs, Tyke remarks that “[t]he river in flood is the most powerful thing I know” (22), and, indeed, water and waterways are powerfully symbolic in this novel, beginning as early as the reference to turbulence in the title: neither Tyke, nor the water, can be perfectly controlled, much as people might like to manage both. As narrator, twelve-year-old Tyke assiduously avoids gendering herself, 25 and it hardly seems an accident that at moments of tension or climax s/he is often close to, or contemplating, the water, keenly aware of its dangerous power. Tyke’s turbulent resistance to “main stream” gender-typing is implicitly connected, then, throughout the book, with the widespread cultural desire to channel and control gender—to keep it in the main stream.

Two examples of Tyke’s relationship with water warrant brief examination, the latter of which comes at the novel’s climactic moment. In the first case, Tyke has been exploring, with hir friend Danny, an abandoned and decrepit paper mill. The place is dangerous, with broken floorboards and staircases missing steps, but Tyke is driven to investigate, much to the distress of Danny, who dislikes the building. Penetrating deeper and deeper into the mill, Tyke, with Danny still protesting, eventually passes through a trap door into a tiny room: “The roar came up at me, loud and strong, full of power. The room was directly above Walter Weir” (54–55). Dangerous though it is, this room has an exhilarating potency for Tyke. It is a place of secret stillness suspended over the noisy, rushing water, and one has the sense, given the decrepitude of the mill, that the room and the people in it could be swept into the water at any time. Tyke decides to transform the place into a hideout and, in subsequent chapters, stocks it with supplies. Danny and Tyke keep it a secret, but it is really Tyke’s hideout, a place where s/he feels comfortable
and Danny does not. As a symbolic locale, it seems to be a hidden place in Tyke’s soul or psyche—the actual room is, after all, deep within the mill, behind a trap door—a place within hir that is aware of the imminent danger of being swept into the destructive “main stream” of gendered life, but pleased or relieved to be able to “suspend” that gendering in a space which manages, however precariously, to remain “above it all.”

The second example of Tyke’s relationship with water comes towards the end of the last chapter that Tyke narrates (there is, after this, an “Epilogue” narrated by Tyke’s teacher, Mr. Merchant). It is the last day of term, and many of the children, including Tyke, are leaving Cricklepit Combined School and will begin their secondary education at a new school after the summer. Tyke is a prodigious climber and, in this climactic scene, has scaled the exterior of the school where, astride the roof, s/he contemplates ringing the schoolbell by hand, emulating a nineteenth-century progenitor, Thomas Tiler, who attempted the same feat during his time at the school. Just before climbing, Tyke had articulated a feeling of not belonging—“It seemed as if I didn’t know who I was or why I was here. I was an alien from space” (113)—but once on the roof experiences a rare sense of peace and right-being which caps what has, by contrast, truly been a “turbulent term.” As Tyke gazes out over the city, seemingly silent when viewed from this height, s/he notices first “the river[, which] wound glinting its way below the city. I could see the weirs and the leats and the roofs of the paper mill” (114). This idyllic depiction of quiet waterways and weirs, viewed from a distant height, forms a striking contrast to earlier representations of them as loud, fast and turbulent, powerful and dangerous. Once again, Tyke seems to be “above it all”—above society’s powerful and dangerous mandatory gendering—but this time without the imminent danger of being swept in. Apparently
experiencing a profound sense of personal integration, Tyke utters “Me. Mine” (114).

However, this perfect moment of integrity does not last. Indeed, it cannot, if one considers the difficulty, or impossibility, of permanently avoiding the forces of socio-cultural authority. One must engage such forces, on some level, whether they take the form of headmasters and teachers shouting at one to climb down, or whether they exist as the relations of power which seek to confer and confirm a gender identity which the wider culture can recognize. In Tyke’s case, these two possibilities come together in one teacher. Looking down on a playground now “full of people all pointing up and shouting,” including the headmaster who accuses Tyke of “showing off” (114), Tyke decides to come down without ringing the bell, not only because s/he knows that the bell has not been rung since the Second World War (out of fear that a bomb may have weakened its tower, so ringing the bell might truly be dangerous), but because “I didn’t want anyone to think I had been showing off. Not when [the climb and the time on the roof] had been so good” (114). Then, in the face of severe provocation from hir teacher of the previous year, who shatters Tyke’s feelings of peace and integration, an enraged Tyke defiantly swings the bell after all. The tower collapses and the child, falling to the ground, ends up in hospital with numerous broken bones and other injuries, including a concussion.

What was the provocation? The teacher, Mrs. Somers, has shouted “Get down at once, Theodora Tiler, you naughty, disobedient girl!” (114). This is the first time the reader encounters Tyke’s “real” name—knowing only from early in the story that Tyke hates it and that Mrs. Somers, whom Tyke also loathes, seems to be the only person who insists on using it—and this is also the first time that Tyke is explicitly identified as
female. These “revelations” are surprising since, it seems, most readers understand Tyke to be male.26 According to critic Beverley Pennell, this is because the novel employs “literary schemata for adventurous boyhood” commonly found in the genre of the school story. Thus, while Tyke “does nothing that is physically impossible for a feminine subject, […] the reader invokes a default schema of masculinity because Tyke is not specified as a feminine subject. The conventional implied reading position assumes that Tyke’s unmarked character attributes are those of a masculine subject” (58). Or, as one child in a classroom has remarked, “She does boyish things and that is why we all thought she was a boy” (Mallet 56). Actually, in some respects this child’s understanding of the book shows slightly more readerly care than Pennell’s. Pennell suggests that Tyke’s behaviour is not gender-marked but, in fact, much of Tyke’s behaviour throughout the novel is, as the child points out, culturally marked as stereotypically male. Thus, while Pennell is certainly correct to assert that, in a patriarchal culture, “male” constitutes the “default” gender position, Tyke is not read as masculine simply by “default,” but is also constructed as masculine within the text, at least according to cultural measures of gender. The many examples of Tyke’s persistent stereotypical “masculinity” include: s/he is a good fighter (67, 75); hir imaginary play focuses on scenarios that are supposedly typical of boys, such as pretending to be a member of an advanced race of aliens, or preparing for war by amassing supplies and weapons (20, 78); under close questioning by adult authority figures s/he displays an evasive presence of mind stereotypically associated with boys (28, 109); and s/he possesses an impulsive and ill-judged kind of courage, as when s/he climbs the outside of the school and rings the bell. (Additionally, in this last example, Tyke’s masculinity is simultaneously reinforced
and negated on a symbolic level, inasmuch as the bell is contained within an architectural “erection” which collapses after this narrative “climax.” The collapse seems to function doubly, both as the detumescence and the absolute disintegration of Tyke’s carefully constructed phallic identity.)

Within three short sentences of Mrs. Somers’ “revelation,” Tyke and hir seemingly masculine identity crash to the ground; readers never encounter hir voice again. However, nowhere in those three sentences does s/he assent to Mrs. Somers’ “girling” of hir, and, given that the sentences are taken up with hir expressions of rage, one could argue that s/he implicitly objects to this gendering. Nevertheless, in the five pages which follow—titled “Postscript,” and narrated not by Tyke but by Mr. Merchant—Tyke is consistently gendered female. Ultimately, the postscript seems to function not only as the last words of the book, but becomes the “last word” on Tyke’s gender, with readers, critics and teachers unquestioningly taking Tyke to be a girl, as in Pennell’s commentary, as well as that of the child reader I have quoted, for both of whom Tyke is a “her” and a “she.” Readily available online teaching resources also accept Mrs. Somers’ and Mr. Merchant’s account of Tyke’s gender, suggesting that students “discuss their reactions to the revelation that Tyke is a girl” and that they “look back for clues or ways the author has allowed the reader to deceive him/herself.”

This readiness to dismiss Tyke’s account of hirself is problematic. As narrator, s/he has avoided gendering hirself as “feminine” for well over 100 pages, and has established hirself as an implicitly “masculine” narrator. However, once the testimony of Tyke’s teachers appears, no one seems to place value on Tyke’s account. Instead, we privilege the voices of external authority, and unthinkingly dismiss—subjugate—Tyke’s
own voice and knowledge. Significantly, this is very much the experience of gender-
variant children under the pathologizing model of childhood gender variance.\textsuperscript{28}

We might wish to ask, then, if Tyke must be understood according to the
“standard” reading. Is it possible to “honour” the 96 percent of the narrative that is
Tyke’s, rather than privilege the four percent that is not? What might we gain by doing
so? Is Tyke’s narrative really “deceptive,” as the teaching resources suggest, or does Mr.
Merchant have an inadequate understanding of Tyke’s identity? Is it his “Postscript”
which “deceives” the reader, through its subjugation of Tyke’s narrative? Most
importantly, could the alternate readings suggested by such questions be justified?

Put simply, I would like to argue for the apparently radical proposition that it is as
legitimate to read Tyke as a gender-variant child as it is to read hir as a girl, and that such
an interpretation is not in any way an imposition on the text.

To argue for such a reading is to reveal an interesting split in The Turbulent Term
of Tyke Tiler, which is best approached by first returning to the work of Mary Galbraith,
the literary critic whose work is informed by the theoretics of Children’s Studies. She
writes about the importance of taking “a nuanced [. . .] critical approach to children’s
literature” as opposed to the more common practice of treating such literature “as
material for ideological agendas and promoting correct portrayals of children and adults.”
She remarks that these two distinct reading practices are “analogous in many ways to a
Bakhtinian versus ‘soviet’ view of literature” (196). The books I briefly discussed at the
beginning of this chapter seem to invite the latter kind of reading, inasmuch as they return
their characters, and readers, to the familiar constraints of western culture’s bipolar
narratives of sex, gender and sexuality, which is also a return to the discourse which
underpins the older medico-psychological accounts of gender variance. On the other hand, Galbraith’s approach to problematic children’s texts shows an ideological affinity to Lev’s newer clinical approach to gender variant children. In the face of a troubling and seemingly contradictory text, Galbraith argues against reductive reading practices which “fix[ the text] so that it [does] not disturb us,” and against asking questions about “whether it is appropriate for children” (196).

The interesting split in *The Turbulent Term of Tyke Tiler* is that it is possible to successfully read the novel either way. The more conventional reading privileges authority and normalizes gender according to culturally sanctioned essentialisms, remaining within the terms of a discourse which assumes that gender identity in some way “naturally” emanates from, or should be conventionally congruent with the morphology of the body. Such a reading elides the troubling possibility of trans-identification in favour of familiar constructions of gender and sex. The more radical reading attends to Tyke’s voice, and the wedge that it drives between conventional understandings of gendered childhood—which are articulated in the book through the authoritative voices of the teachers—and Tyke’s own account of hir gender. However, while it may be possible to successfully read the novel either way, I maintain that the “radical” reading demands, to paraphrase Galbraith, a more nuanced critical approach—a Bakhtinian approach—which more fully attends to the potentially troubling complexities of the text. To this end, I understand the disjunctions between Tyke’s own account and that of hir teachers as central elements of the text. They reveal the gap between the way Tyke perceives hirself and the way others perceive hir, and cannot be brushed aside in favour of a seemingly authoritative revelation of Tyke’s “true” sex and gender. In short,
to hold tightly to the normalizing effects of Mr. Merchant’s narrative, to allow that narrative to be authoritative, is, on a certain level, to act in collusion with Western culture’s systematic oppression of gender-variant children.

Nevertheless, the reading in which Tyke’s gender is normalized certainly seems to have been the more “obvious” reading for most people, no doubt because it reverts to familiar and naturalized understandings of femininity and masculinity; that is to say, it is more difficult to read Tyke as a transchild if the idea of trans-childhood does not form part of one’s discursive repertoire. (Although it is worth noting that taking this kind of nuanced critical approach does not, of course, require familiarity with the discursive model of transgenderism, but only a desire to attend to the narrative’s conflicting voices.)

In arguing for the apparently more radical understanding of Tyke, it will first be useful to examine how discursive forces induce us to read in the more “obvious” way; in particular I would like to show how such reading requires recourse to the generic conventions of “tomboy” narratives, a classification which, ultimately, seems only partially applicable to this book.

Tomboy narratives often foreclose the possibilities for alternative forms of gender identification that they have raised, concluding with, as Mary Elliot puts it, “the tomboy’s timely turn to marriage and motherhood” (92) (although more recent stories are more likely to feature a “timely turn” towards contemporary adolescent concerns like boyfriends). Thus, as many have observed of Jo March in Little Women and its sequels, although she retains a good deal of her independent spirit, her rebellious nature nevertheless becomes domesticated and she fulfils cultural expectations of womanhood by marrying and bearing children (and abandoning a budding career as a writer of
sensational fiction). Kit, in Geoffrey Trease’s *Cue for Treason* (1940), spends most of the novel passing as a boy, eventually using her assumed identity to become a government agent and help foil a plot against the life of Queen Elizabeth I. Ultimately, however, she reassumes female garb and, in the final paragraphs of the novel, we learn that she has married Peter, the narrator, and they have children. In Mary Downing Hahn’s *The Gentleman Outlaw and Me—Eli* (1996), the central character and narrator, Eli(za) takes on the disguise of a boy in order to escape her abusive relations, and again spends most of the book passing as male. By the end of the book, she returns to female form just as she begins to feel adolescent stirrings for a young man named Calvin. Despite earlier declarations that she doesn’t “want to be a girl” or to be “pretty” (156), Eliza is suddenly pleased to have Calvin declare her “pretty,” a declaration which causes her to “blush[. . .] in the most girlish way imaginable” (179). Anne Metikosh’s recent *Terra Incognita* (2000) follows a similar pattern, although the emerging relationship between heroine and hero is only hinted at. These kinds of stories fulfil, of course, cultural assumptions which hold that, as girls mature, they will “naturally” become gender-normative young women with an interest in young men, and eventual marriage and motherhood. Within such a schema, tomboyism is little more than a “phase” that some girls experience on their way to such “maturity,” a phase which they will leave behind after puberty sets in. Janet Giltrow has referred to the assumed inevitability of this developmental trajectory as “the teleology of the body.”

Another common feature of tomboy narratives is that, although the gender-rebellious girl often takes considerable pleasure in her transgressive role, she nevertheless identifies as female and there is little ambiguity for readers about her “true” sex. In *The
*Gentleman Outlaw and Me—Eli*, the reader is privy to Eli(za)’s plan to disguise herself from the opening pages, while, in *Cue For Treason*, readers learn Kit’s secret about halfway through the novel because Peter, the narrator, dis-covers it. And in *Little Women* there is never any doubt that Jo is a girl, despite her harum-scarum ways.

*The Turbulent Term of Tyke Tiler* can be read as fulfilling such generic features. That is to say, the revelations at the end of the book appear to signal Tyke’s “timely turn” towards femininity, and appear to provide an assurance, albeit somewhat belated, that the supposed tomboy really does identify as female. Indeed, on a certain level, the more common reading of the novel demands that one read the book through such a lens; once we learn that Tyke is “really” a girl, the simplest way to make “sense” of hir “masculine” narrative stance is to understand hir story as a tomboy tale. On the other hand, to understand the story in this way is to fall into the reductive reading practices that “fix” the story “so that it [does] not disturb us” which Galbraith warns against (196). It’s not that generic elements of tomboy narratives are absent from the story, but rather that they exist in a complex and potentially contradictory relationship to other elements of the text.

In arguing against such a reading, we can observe that there is no indication in the narrative that twelve-year-old Tyke’s body, identity, interests or desires are shifting in accordance with their supposed teleological trajectory. That is to say, s/he makes no pubertal “timely turn” towards the conventions of feminine “maturity,” despite being at an age when we might expect to see suggestions of such a shift. Neither does s/he personally identify as female at any point in the final pages. The seeming “timely turn,” and the conviction that Tyke is “really” a girl, are, then, alien impositions upon hir first-person narrative.
A fascinating way in which *The Turbulent Term of Tyke Tiler* approaches the conventions of tomboy narratives, but fails to fulfil them, lies in Tyke’s as yet non-existent adolescence. S/he is twelve years old, about to leave elementary school for secondary school, and—according to Western culture’s measure of such things—is therefore on the threshold of adolescence. But tomboy narratives frequently rely on that shift into adolescence for the masculine girl to “blossom” into a young woman. Tyke’s narrative never reaches this point, leaving hir future development open and unfinished. Tyke’s future remains a space of gendered potential, rather than a narrowing of possibilities to a single, conventional gendered option.

In these ways, then, the novel both appears to fulfil generic expectations of the tomboy narrative and to fail to fulfil them, and this insight suggests a way to re-evaluate Pennell’s observation that *The Turbulent Term of Tyke Tiler* uses “literary schemata for adventurous boyhood” common to the genre of the school story. This is certainly true, but the ending of the novel complicates and undermines such schemata, with its seeming shift towards the normalizing impulses of tomboy narratives. Thus, although the conclusion appears to recuperate the *schoolboy* narrative as a *tomboy* narrative, and to recuperate schoolboy Tyke as tomboy Theodora, such “recuperation” cannot wholly undo what has preceded it (particularly when we remember that, to take place at all, the “recuperation” requires shifting to the “authority” of an adult narrator’s point of view). Ultimately, the story is not quite a schoolboy story and not quite a tomboy story, and this transgenre crossing of two narrative forms that feature, respectively, boy protagonists and girl protagonists, offers interpretive support for my proposition that Tyke can be read as a transgendered child, a child who, like the disrupted narrative forms through which hir
story is told, does not fit “standard” cultural constructions of boyhood or girlhood.

**Tyke Tiler: A case study in “gender identity disorder”?**

There are at least two ways in which one might read Tyke’s gender variance. One is to take the pathologizing approach, reading hir as a child who displays “gender identity disorder”; the novel contains enough evidence to at least suggest such a “diagnosis.” The other is to understand hir through the kind of framework that Lev suggests. While I would not seriously suggest that we should read Tyke as a gender-disordered child, understanding some of the ways in which s/he appears to fulfil a pathologizing understanding of childhood gender variance ultimately lends support to arguments in favour of reading hir unconventional gender identification as viable, healthy, and sustainable.

Tyke, then, looks very much like a “textbook” case of childhood gender identity disorder. It is not my intention to suggest that Kemp modelled Tyke on the DSM’s diagnostic category—indeed, she could not have done, since the category did not enter the DSM until three years after this novel was published—but Tyke’s striking resemblance to it is worth investigating, and this apparent intersection between medical discourse and children’s literature may be accounted for in other ways. (For example, although childhood GID became an “official” psychiatric diagnosis in 1980’s DSM-III, it had been in the making, as we have seen, since the 1950s, with its basic parameters articulated in medical literature well in advance of its entry into the DSM. Those parameters were not, of course, articulated in a vacuum; children with non-normative genders were going to school and living in families, as well as being studied,
pathologized, and treated, long before their “condition” found its way into the DSM. Kemp was, herself, a school teacher for many years and turned to writing children’s books partly out of frustration over the fact that children in books bore little resemblance to those she met in her classroom [Elkin 122]. It is easy to imagine her encountering children much like Tyke without ever having heard of gender identity disorder.

From very early in the work which eventually led to the development of the DSM’s gender identity classifications, the sex of a child’s friends and peer group has been a central concern of clinicians. In 1960, Green and Money were concerned about boys who “would much rather be with a bunch of girls” than “take up boys’ activities at school” (“Incongruous” 161), and the following year Green and Money began to offer strategies for integrating them into groups of boys. (Strategies which include what can only be regarded as remedial sports instruction [“Effeminacy” 289], thus naturalizing this cultural norm as an essential element in the “well-adjusted” boy. Three-and-a-half decades later—in 1995—George A. Rekers had elevated poor sports aptitude to the level of pathology, recommending a program of “therapeutic remediation” for the boy who showed “a deficit in athletic game skills” such as “over hand ball throw” [“Assessment and Treatment” 279–80, emphasis added].) Concerns around the sex of a child’s peers find their way into the DSM’s characterization of GID. 1980’s DSM-III maintains that girls “with this disorder regularly have male peer groups” (264), while the most recent edition, 2000’s DSM-IV-TR, lists a “strong preference for playmates of the other sex” (581) as indicative of childhood GID in both girls and boys. This is certainly the case with Tyke, all of whose associations connect hir with boys. Girls are peripheral in hir narrative and, indeed, Tyke is dismissive of them.
Similarly, the research leading up to the development of the DSM’s gender classifications was frequently concerned with “rough-and-tumble” play; boys who are developing “normally” are supposed to engage in it (with other boys), girls are not, and clinicians regard inversions of this pattern with suspicion. In 1960, then, Green and Money take the view that a “disinclination to be in the rough-and-tumble of boyhood” (165) is strongly indicative of pathology in a male child, while Green, in 1974’s *Sexual Identity Conflict in Children and Adults*, offers a case history of a girl whose “problems” include a strong preference for playing baseball, basketball and football (“[a]nything that is active”) with boys, “rather than hopscotch [. . .] with the girls” (283). By 1980, when such patterns became codified within the DSM-III’s GID classification, a girl’s “avid interest in sports and rough-and-tumble play” is taken as potential evidence that she is disordered, while “rough-and-tumble play or sports are regularly avoided” by boys who are disordered (264). Twenty years later, the same language—“sports” and “rough-and-tumble play”—is employed in very much the same way in 2000’s DSM-IV-TR, with little seeming regard for shifts in cultural standards governing gender roles over the preceding forty years.32 I won’t rehearse at length the instances of Tyke’s “rough-and-tumble play” in Kemp’s novel, mentioning only, as as brief examples, that s/he can hold hir own in fights (67, 75), s/he rough-houses with hir best friend Danny (“I tripped him up and sat on him until he shut up” [88]), and s/he wrestles with hir father (23).

It would be easy to continue with a detailed account of continuities between the representation of Tyke and the medically defined characteristics of gender “disordered” girls, but two such correspondences are particularly noteworthy. According to the most recent account of childhood GID, as described in the DSM-IV-TR, such girls “are often
misidentified by strangers as boys” (577), and they “may ask to be called by a boy’s name” (577).

Tyke encounters only one stranger in the novel—Jenny Honeywell, a student teacher assigned to Tyke’s class—and quickly gets to know her. Although the narrative provides little indication of whether Jenny “misidentifies” Tyke’s gender (indeed, it could hardly do so without “ outing” Tyke), it does make it clear that the student teacher easily accepts Tyke as she finds hir, showing no interest in fitting the child into a conventional schema (46). If one were a clinician, intent on pathologizing Tyke, this could be considered a form of misidentification; the argument would be that Jenny Honeywell, as an authority figure, has a responsibility to reinforce Tyke’s “natural” gender, rather than tacitly accept hir gender variance. (Clinicians have long emphasized the supposed importance of interrupting these kinds of accepting attitudes when they are displayed by parents and physicians; teachers doubtless could also be included.) Even more significant than Jenny Honeywell, however, are the novel’s readers. They are, in a sense, the largest group of “strangers” who encounter Tyke and they, as we have seen, consistently take hir to be a boy.

As for Tyke’s chosen name, although “Tyke” is not a recognized proper name, the OED does observe that, as a term for a child, “tyke” refers “esp[ecially to] a small boy.” “Tyke,” then, seems to avoid “feminine” associations, may well have a “masculine” connotation, and Tyke fiercely insists on its use.

Indeed, the question of Tyke’s name is very important since it provides insight into how (were we genuinely interested in pathologizing hir), Tyke fulfils one of the central features of GID: a child’s “[p]ersistent discomfort with his or her sex or sense of
inappropriateness in the gender role of that sex” (DSM-IV-TR 581). Although Tyke never explicitly articulates such feelings of “discomfort” and “inappropriateness” in the novel, the framers of the DSM have, over a series of revisions of the category of GID, set an increasingly lower threshold for such articulations. Susan Langer and James Martin note that 1980’s DSM-III required children to explicitly state their desire to belong to the “other” sex for a diagnosis of GID to be made. Two revisions later, with the 1994 publication of the DSM-IV, such assertions were no longer required (Langer and Martin 8), and could, instead, be inferred from other behaviour (Bradley et al. 322). The change has been justified on the grounds that some children, particularly those older than six or seven years, may be more guarded about expressing such wishes (Bradley et al. 319), but it also makes it possible to pathologize more gender-variant children than were permitted under the earlier criteria (Zucker, Green, and Bradley 511). Tyke (perhaps one of those guarded older children) would be unlikely to receive a diagnosis of GID if judged according to the DSM-III criteria because s/he never explicitly expresses discomfort with hir natally assigned gender. Considered under the DSM-IV’s wider net, however, such a diagnosis seems more likely, and the key to such a diagnosis lies in hir chosen name.

As should be clear by now, virtually everyone refers to Tyke by hir chosen name, including parents, siblings, peers and teachers. The importance of the name is emphasized by the fact that, although Tyke’s mother hates it (99), she nevertheless uses it, clearly in deference to her child’s strong preferences. Similarly, the school’s headmaster, who tends to refer to students in a relatively formal manner (he’s the only person who refers to Tyke’s friend Danny as “Daniel,” for example) consistently employs Tyke’s chosen name rather than insisting on hir given name. The exception, as I’ve
indicated, is Mrs. Somers, and it will be helpful to look more closely at two of the
casions in the novel when she uses Tyke’s “real” name:

She used my real name, the one I hate, so I pulled my worst, most horrible
face at her, the slit-eyed, yellow-tooth, ears-wriggling monster-from-the-
centre-of-the-earth one. (16)

The second instance occurs at the end of the roof-climbing episode, which I will quote at
slightly greater length than I have previously:

Mrs. Somers came round the corner, stopped, spoke to [the headmaster],
looked up, saw me and shouted, her face red and corrugated:
“Get down at once, Theodora Tiler, you naughty, disobedient girl!”
I glared down at her, the black rage swirling. I wished unprintable
things about her.
Then I swung my leg back over the parapet, leaned forward and
rang the school bell with all my might. (114–15)

In the first of these passages, Tyke concedes that the name belongs to hir, calling it “my
real name,” and hir strong reactions to the name in both passages are indicative of the
power that it holds over hir. This “real” name, then, seems able to identify something
“real” within hir, something that is called up whenever the virtually unspeakable name
receives utterance, but which s/he would much rather leave hidden and unacknowledged.
Julia Kristeva, in her famous account of abjection, writes about those elements of the self
that the subject seeks to “radically exclude” (2) but which nevertheless haunt its psyche
and mark the limits of being; the abject “is something rejected from which one does not
part” (4), something “radically separate, loathsome. Not me. [. . .] But not nothing, either.
[. . . A] reality that, if I acknowledge it, annihilates me” (2). Tyke’s “real” name, then,
invokes an abjected element of hir being, something that s/he rejects but that
simultaneously seems fundamentally a part of hir, haunting and defining the limits of hir
identity. Given, as we have already seen, that Tyke carefully avoids explicitly gendering
herself in a narrative which implies that s/he is male, it is reasonable to propose that the “swirling” “black rage” produced by the “real” name is due, at least in part, to the forced (and enforced and reinforced) female gendering that the interpellation “Theodora” insists upon. Tyke’s loathing for this gender is evident in the monstrous and enraged forms it takes when invoked. That is to say, being “girled” means excavating “from-the-centre-of-the-earth” a “horrible [ . . . ] monster” who is consumed by “black rage.” Being “girled” means losing a sense of peaceful integration with the world—“Me. Mine” (114)—that s/he possessed before Mrs. Somers insisted on the “girling,” and instead being overtaken by that which seems “radically separate, loathsome. Not me. [. . .] But not nothing, either” (Kristeva 2, emphasis added). Being “girled” means, to paraphrase Kristeva, being forced to recognize something which has the power, when acknowledged, to annihilate hir sense of who s/he is.36

Thus, although Tyke never explicitly articulates either “discomfort” with “being” a girl, or a desire to “be” a boy instead (indeed, to do either would force hir into the gendering that s/he so assiduously avoids), hir reactions to the “real” name, taken in the context of the rest of the narrative, strongly suggest the feelings of “discomfort” and “inappropriateness” with hir assigned gender that the DSM regards as indicative of GID, and which recent editions of the DSM allow clinicians to infer—as I have done in this case—from other evidence.

It would be possible to go on in this way for some time, accumulating evidence to support the argument that Tyke is a girl caught in the arrested developmental process of GID (and therefore, by extension, in need of therapeutic intervention). It is not my intention to make such an argument. Rather, I have detailed these “symptoms” because
they demonstrate the extent to which the representation of Tyke is embedded within a broader discourse of childhood gender variance.

The novel, in fact, invites us to read those “symptoms” very differently. Where the discourse of GID assumes that deeply felt gender variance must be pathological, *The Turbulent Term of Tyke Tiler*, without ever specifically referring to the gender issues it raises, implicitly takes an opposite position, assuming that unconventional forms of gender identity not only have the potential to be healthy, but may be worth defending and celebrating. Kemp has herself stated that the novel arose from her “concern for children vulnerable in our society [. . . .] I wrote Tyke for the rebel child” (Elkin 123). As a former teacher who, as I mentioned earlier, has sought to represent in her literature the kinds of children she encountered in the classroom, Kemp presumably has first-hand knowledge of the “vulnerable” and “rebel” children who are, as she puts it, often “over-assessed” (Elkin 123). The positive view of gender variance suggested by the novel is particularly interesting given that, as we saw earlier, Green and Money could not identify, in 1960, any signs of (other) psychological unhealthiness in their “happy, well-behaved and well-adjusted” (“Incongruous” 165) research subjects, but were, nevertheless, unable to take a positive view of them, instead assuming that their gender-variance must be unhealthy. By contrast, in *The Turbulent Term of Tyke Tiler*, a child who appears to be psychologically healthy is assumed to be psychologically healthy.

How, then, might we read Tyke’s apparent symptoms of a psychiatric disorder? In a sense, the answer is very simple: we accept—indeed privilege—the terms of Tyke’s narrative rather than subjugate them within culturally preconceived ideas of either “normal” girlhood or pathological gender identity. Once again, we can look to Children’s
Studies for guidance: “[C]hildhood studies [. . .] focuses on childhood experience first and foremost for itself and assumes that childhood desires are both legitimate and admissible into the conscious human community” (Galbraith 194, original emphasis). Some might object to approaching *The Turbulent Term of Tyke Tiler* (or any work of fiction) from this perspective, on the grounds that the book is not a record of childhood experience but “merely” a fictional representation of such experience as imagined and penned by an adult writer. However, part of the strength of a novel like *The Turbulent Term of Tyke Tiler* lies in its willingness to entertain alternatives to entrenched (adult) conceptions of “normal” childhood. Rather than taking a didactic approach, which focusses on what adults believe children ought to be, it takes an approach to childhood that endeavours to represent its uncertainties and vulnerabilities, including the pleasures and frustrations of having to depend on adults to articulate one’s needs and desires. Thus, while it is true that *The Turbulent Term of Tyke Tiler* is a *representation* of childhood experience, it is nevertheless a representation which positions the child, Tyke, and hir inner life in relation to the considerable power that the adult world—with its many assumptions about childhood—has over hir.

I return, then, to some of those “symptoms” of GID, and examine them, insofar as it is possible, through the lens of childhood and with the assumption that childhood desires are legitimate desires (as opposed to the pathologizing lens, which assumes that cross-gender desires possess no legitimacy). Specifically, I will consider, first, Tyke’s preference for male companions, and then turn my attention to the pain that hir “real” name causes hir. The investigation of these “symptoms” in a manner that endeavours to be sensitive to Tyke’s needs and desires suggests, in turn, questions that we might bring
back to the pathologizing medical discourse.

Tyke’s “unsuitable companions”

Tyke’s small circle of friends consists mainly of two boys, Ian Pitt and Danny Price, and the novel gives more attention to Danny than it does to Ian. Indeed, Tyke’s friendship with Danny is remarkable, and seems to substantially benefit both children. Were Tyke undergoing treatment for GID, however, the medical record suggests that clinicians would put considerable energy into inducing Tyke to give up such a friend with a view to “integrating” hir into groups of girls. However, such attempts to alter friendship patterns frequently seem ill-advised. I mentioned, at the beginning of the chapter, cases where, after gender-variant boys had been trained out of playing with girls, they turned instead to insulting and abusing them. Similarly, Green records the case of a boy who had enjoyed playing with neighbourhood girls (and their dolls) but, thanks to therapy aimed at integrating him into groups of male peers, found himself without any friends at all, either male or female (Sissy Boy 263, 275–76).37

Although researchers and clinicians have traditionally given more attention to gender-variant boys than they have to girls,38 there are also examples in the literature of girls whose peer relationships are considered inappropriate. Kenneth Zucker writes about six-year-old Toni, whose supposed problems included that she “preferred to play with boys” and was “very interested in team sports” which “she would play [. . .] only with boys” (“Gender Identity Disorders in Children” 7). George Rekers and Mark Kilgus write about the similar, but older, fourteen-year-old Joan (who prefers to be called Paul, although Rekers and Kilgus are unable to respect this preference); she had a “very small
circle of [male] friends” who were “noted for their social maladjustment” (260), and “had repeatedly received failing grades in her physical education class because she refused to participate in the girls’ class and the coach would not allow her to play on the boys’ teams” (259).

In such cases, whether the child’s natally assigned sex is male or female, there is one striking absence from the clinical discussions. The clinicians never seem to consider whether the gender-crossing friendships might have an intrinsic value. They don’t seem to ask questions such as: What is the possibility that these relationships actually benefit both the gender-variant child and her or his “opposite”-sexed companions? If there is a benefit to them, could it be that these friendships are healthy, not pathological? What needs are they answering for the children involved? It is, of course, difficult, if not impossible, to answer these kinds of questions on behalf of the children who form the historical medical record. However, Tyke’s relationship with Danny affords an opportunity to at least contemplate such questions because Kemp has imagined and written about a child who, while fulfilling many of the diagnostic criteria for GID, nevertheless maintains an important and rewarding “opposite”-sexed friendship.

Tyke’s friendship with Danny, particularly its significance in relation to Tyke’s gender variance, is perhaps best understood by first briefly sketching out why Tyke is important to Danny. Danny’s needs—social, academic, domestic and therapeutic—are manifold. We learn within the first two pages of the novel that he has a serious speech impediment, and it turns out that Tyke is one of the few people who can always understand what Danny is saying, so s/he frequently finds himself translating, particularly for teachers and other adults (and, of course, for the reader). On top of his speech
difficulties, Danny struggles academically: he has trouble reading (41, 73–74) and, although eleven or twelve years old, cannot tell time (103). Their teacher, Mr. Merchant, recognizes Tyke’s importance to Danny and has put the two in the same classroom work group so that Tyke can help Danny with schoolwork, even though, as Tyke puts it, “[a]ll the ones in that group are as thick as two planks except for me” (45). In addition to these difficulties, Danny is a kleptomaniac (the novel begins with him having stolen a significant amount of money from a teacher’s purse, and not, apparently, for the first time), and we learn later in the book that his father is in prison, and his life at home, with his mother, seems appalling. Not surprisingly, Danny is the subject of considerable expert scrutiny from specialists—such as “the deaf lady, the talk lady, [and] the shrinko chap”—who come to the school to “give him tests” (13). (Danny, like Tyke, seems to be one of those “children [who are] vulnerable in our society” [Elkin 123] whom Kemp had in mind when writing Tyke Tiler.)

Much of this information about Danny comes to the reader as incidental details within Tyke’s narrative. That is to say, while others may be concerned about Danny’s “special needs,” or his unfortunate family and home life, what is chiefly important about Danny, for Tyke, is simply that he is “Danny, my friend, my friend” (107), someone who is “funny and nice” (69). From Tyke, then, Danny receives a full and unhesitating love that is absent elsewhere in his life, a love which his parents seem incapable of providing, and that, quite reasonably, is not part of the relationships that he has with the various adults who take a professional interest in his many needs.

If what Danny gains from Tyke’s friendship seems fairly clear, the benefits of the relationship to Tyke may appear less obvious. Unlike Danny, Tyke is articulate and
intellectually capable, and comes from a family which, although not without its tensions, is loving and supportive. However, Tyke’s circle of friends is, as I have observed, rather small, consisting principally of Danny, with the occasional addition of Ian Pitt. Although Tyke is not in conflict with most other children,41 s/he also doesn’t seem to have a lot to do with them, and this kind of social detachment frequently comes up in clinical descriptions of children diagnosed with GID. It is particularly pronounced in the case of boys, who are often teased and bullied, while girls are generally less overtly stigmatized42 but nevertheless do not experience the same degree of integration with their peers that most other children have (Bartlett, et al. 765). Those who strongly advocate treatment for gender-variant children frequently represent their peer relationships as hopelessly disordered, but Bartlett et al.’s reading of existing research suggests that this is not necessarily the case; gender-variant children who “have no close friendships with children of either sex” are actually in the minority (765).43 In short, while gender-variant children certainly face social challenges, the evidence suggests that their non-conformity does not automatically preclude the formation of satisfying friendships, even if they have fewer friends than most other children.

Reading Tyke’s relationship with Danny through such a lens suggests reasons why the friendship might be important to Tyke. Once we understand that Tyke’s gender variance makes hir the kind of child unlikely to develop close friendships with most, but not all, other children, it makes sense that s/he and another marginalized child should be drawn to one another, building a genuine friendship out of a mutually experienced “outsider” status. Put bluntly, they are two “misfits” who have found each other.

Although Mr. Merchant recognizes the benefits of this friendship, not everyone
shares his positive view. Tyke’s mother has reservations about Danny, obliquely speaking about Tyke’s “unsuitable companions” (95), and making at least one hostile reference to “that Danny Price” (99). Mrs. Somers, Tyke and Danny’s former teacher, is more forthright in her views: the two “ought to be separated”; as a pair, they are “troublemakers” (69). The sentiments of these two women are interesting to consider in light of Rekers and Kilgus’s comment about Paul/Joan’s male friends, mentioned above, those who are “noted for their social maladjustment” (260). Unlike the one-sided clinical accounts of the opposite-sex friendships of gender-variant children, in which such relationships seem only to be regarded negatively and in terms of pathology, The Turbulent Term of Tyke Tiler at once offers an alternative point of view, representing such a friendship as valuable, and presents more critical views through figures like Mrs. Somers and Mrs. Tiler. Because the novel favours the positive view, but foregrounds both perspectives, it suggests questions one might ask of the medical discourse: What untold stories—what subjugated knoweldges—underpin Paul/Joan’s relationships with the boys “noted for their social maladjustment”? If Paul/Joan were the narrator of hir own story—as Tyke is of hirs—would s/he provide insight into hir friendships with these “maladjusted” boys, as Tyke does in the case of hir relationship with Danny? Should it come as a surprise to learn that, forced into the social margins herself, Paul/Joan’s friends are also marginalized figures, just as Tyke and Danny are a pair of misfits who need each other? Most importantly, what benefits accrue to Paul/Joan, and perhaps to hir friends, as a result of these relationships?
Tyke’s cry of protest

A consideration of the pain that Tyke experiences when addressed by hir “real” name similarly invokes a contemplation of the DSM. Bartlett, Vasey and Bukowski have recently argued that the diagnostic category of childhood GID fails, on many counts, to meet the DSM’s own definition of a mental disorder. Their exhaustive analysis is too lengthy to summarize here, but at least one element of it is germane to my discussion of Tyke and hir name. Bartlett and her colleagues observe that, while the DSM’s definition of a mental disorder states that a condition must be associated with “present distress” in the person experiencing it (if the condition is to be considered a mental disorder) the clinical literature does not appear to support such a view of childhood GID. Gender-variant children often experience distress, it is true, but Bartlett et al. observe that published case studies tend not to report “any direct distress on the child’s part about his/her gender identity or accompanying behaviours,” but, rather, mention distress that arises from other circumstances, such as difficulties with peer relationships (761). Of course, difficulties with peers may be a product of the child’s gender variance, but there is an important distinction to be drawn between distress arising directly out of the condition, as opposed to distress produced by secondary circumstances, such as rejection or persecution based on non-conformance to social norms (759). In fact, Bartlett and her colleagues point out that the evidence suggests that, not only is gender variance generally not a source of distress for these children, it is frequently a source of satisfaction: “[M]any of these children are happiest” (761) when able to freely express their preferred gender, while distress, when it occurs, “is linked to the child’s not being permitted to act in the gender-atypical manner he or she desires” (762). In other words,
the “condition” appears to produce what one might call “present contentment,” not “present distress.”

As in the clinical literature, there is no evidence in the novel that Tyke is unhappy about hir apparent gender ambiguity. Indeed, it is quite the opposite: s/he takes pleasure in hir sterotypically “male” pursuits and activities, such as climbing hazardous structures, preparing for an imagined war, or exploring a dangerous abandoned mill. On the other hand, as we have seen, Tyke’s basically equanimous outlook is transformed into rage when the utterance of hir “real” name annihilates hir carefully maintained gender identity and forces an acknowledgment of hir natally assigned gender. As Bartlett et al. write, “[i]t is unreasonable to expect that an enforced repudiation of one’s gender identity [. . .] would cause anything but a great deal of distress” (762).

If we are to respect the terms of Tyke’s narrative, as I have been suggesting we must if we are to carry out a nuanced reading which does not employ reductive reading practices which “fix” elements of the book that we may find disturbing, then we are obliged to not only accept hir chosen name (which we, like most characters in the story, are likely to do anyway) but to respect what it signals. If we fail to realize, or to accept, that it communicates a profound need to be gendered as something other-than-female, and insist instead that Tyke is a girl, then we have failed to hear the voice of the gender-variant child.

A final return to Galbraith suggests what a significant failure this is. In her own critical work, she analyzes “potent climactic scenes in which [child] characters cry out to be heard” (195), and articulates several forms that such an analysis might take. One seems particularly pertinent to the present discussion: at the level of plot analysis,
Galbraith writes, one might examine ways in which adult characters hear—or fail to hear—the cry of the child, and meet—or fail to meet—her interests (195). It seems to me that the climbing scene in *The Turbulent Term of Tyke Tiler* is one such “potent climactic scene,” and that Tyke’s violent reaction to Mrs. Somers is a cry of protest. Do any of the adult characters understand Tyke’s cry and attempt to meet hir interests? The answer seems to be no. Not even Tyke’s beloved and sympathetic teacher, Mr. Merchant, seems to understand what Tyke is reacting against, observing only in his “postscript” that “Mrs. Somers called out to her, at which she pulled a hideous face, then leaned forward and pushed the bell” (116). His failure to register that Tyke’s response is far more than just a hideous face—that it is, in fact, a bitter and visceral response to a profound violation—is a failure, on his part, to hear Tyke’s cry. Similarly, we, as critics, violate the integrity of Tyke’s narrative if we fail to understand this calling out, but, instead, unquestioningly accept the gendering imposed upon hir in the final pages of the book.

I close this discussion of *The Turbulent Term of Tyke Tiler* by anticipating and answering a potential criticism of my reading of the novel, and these comments lead into some concluding observations.

In developing my reading of this narrative, I was frequently bothered by a question. If my reading has legitimacy, and the novel gives us the opportunity to see Tyke as gender-variant rather than ultimately assign hir to the familiar category of “girl,” why did Kemp undermine Tyke’s narrative, at the end, with the imposition of an authoritative voice which seems to direct readers toward seeing Tyke as a girl? I imagine that others might also probe my analysis with this, or a similar question, and perhaps either suggest that my reading is wrong, or wonder if Kemp ended her novel clumsily. It
is this kind of probing that I would like to answer here, first by noting that my misgivings on this point were continually challenged by another question. If we are, ultimately, supposed to regard Tyke as “girl,” why does hir first-person narrative so persistently avoid this possibility and, even more importantly, why is there no affirmation from hir, even an oblique one, of hir “girlhood” in the last pages of the book? After all, Tyke’s injuries, while serious, have not rendered hir incapable of communication; Mr. Merchant’s “Epilogue,” which covers the period of hir recovery, refers to several conversations between the two of them. (Furthermore, Tyke is a master of the oblique communication, having managed to convey hir masculine gender without ever identifying hirself as male.) My misgivings were further challenged by the realization that the absence of even a hint of such an affirmation leaves Mr. Merchant’s account open to deconstruction, given that Tyke never corroborates his understanding of hir. In answer to my initial question then, one might just as soon ask why, if we are to accept Mr. Merchant’s account as “correct,” is his authority left so vulnerable in this way? In contemplating these kinds of questions, it is important to remember that this is not a didactic book. It does not shut down possibilities or discussion at the end, and the unstable device of the “Postscript,” because it cannot be wholly reconciled with Tyke’s own considerably longer narrative, amplifies this fundamental quality of the book. Indeed, my suggestion above, that my readers might wonder if Kemp ended her novel clumsily, has a certain merit. The device of the “Postscript” is awkward, and, because it is awkward, it draws attention to itself. But Kemp is not an clumsy writer, and could presumably have concluded the novel with a seamless continuation of Tyke’s own narrative, a continuation in which Tyke manages, perhaps obliquely, to assent to Mrs.
Somers’ interpellation of hir as “girl.” This would have been less awkward and would have unquestionably sewn up the question of Tyke’s gender. But the book does not end this way.

The way it does end is much more interesting. It gives us all the information that we need in order to read in a “culturally approved” manner, regarding Tyke as unambiguously female, if a tomboy. At the same time, it provides the information required to understand Tyke differently, if we have the sensitivity and openness to see it. One could say that even as it seduces us into conventionality, it challenges us to develop new understandings. Or that it asks to be read in the way that our culture “needs” it to be read—thus reinscribing the binarized discourse of conventional sex and gender—while simultaneously warning us away from reading in this way. And, in a sense, this ambiguity is emblematic of Tyke herself.

“I’m a choirboy. I don’t know what I’m going to turn into”

Tyke is twelve years old for the duration of The Turbulent Term of Tyke Tiler while Berry, the protagonist of Charlie Anders’ 2005 novel Choir Boy, turns thirteen in the book’s opening chapter. As I mention above, Tyke seems to be on the threshold of puberty, but the narrative ends before there is any indication that the somatic, social or sexual changes that accompany adolescence have begun, and Tyke’s gendered future seems a space of potential rather than a narrowed set of possibilities. In Choir Boy, by contrast, Berry and most of the other young characters are in the early stages of puberty and the novel navigates the turbulent waters of adolescent sexuality and desire, physically developing bodies, and the politics of gender, as well as questions of maturation and
coming of age. Despite the similar ages of their protagonists, then, the two books raise rather different sets of concerns, with *Choir Boy*’s firmly in the realm of Young Adult literature.

The novel begins with a brief account of how, at the age of five, Berry’s marginally employed parents, looking for a free musical education for their child, virtually abandon him at a rehearsal of the men and boys’ choir at the local Episcopal cathedral. They are, themselves, not religious and never attend church. Although initially terrified and bewildered by this experience, Berry comes to realize, before long, that “[y]ou could count on music to change but return to its starting point, which made it more dependable than people” (4, emphasis added). By the end of the first chapter, Berry is thirteen and painfully aware that his voice, itself, could change at any time, but without ever returning “to its starting point,” and the prospect terrifies him; being a choir boy structures not only his quotidian existence, but his very identity. Familiar with the castrati of earlier centuries, Berry attempts to castrate himself in order to preserve his voice, which leads to regular appointments with a psychiatrist who specializes in gender identity disorder. Berry soon finds out, from another source, how to covertly obtain hormones that will preserve his voice, but does not realize that they will also induce breast development. Once his new chest appears, it isn’t long before most people who have the power to control his life—his mother, his therapist and the choirmaster—are convinced that Berry really wants to be a girl (why else would he lie in order to obtain the hormones he needs in order to become one?), and this leads to his dismissal from the men and boys’ choir—if he’s a girl, he is not welcome. Despite the fact that Berry finds he likes his body the way it is developing, and has enjoyed some of the cross-gendered
exploration that has gone with it, his frustration at being excluded from the choir leads to an attempt to cut off his breasts. Like his testes, they seem to stand between him and his deeply felt need to be a choir boy.

Early in the novel, Berry identifies as a boy but, towards the end of the book when he is living in an ambiguous not-boy/not-girl state, he refuses to commit to being either male or female. When others press him on this point, his typical responses include “I’m a choirboy” (268), or “I don’t know what I’m going to turn into. For now, I just want to sing” (277). It is increasingly clear over the course of the novel, then, that Berry identifies primarily as a choirboy, and this identification takes priority for him over “being” one of the two available genders. In this way, the novel playfully posits choirboy as a category of gender, an alternative to the more typically available options, thus insisting that one’s gender identification need not be restricted to boy/man or girl/woman. (Despite the grimly serious quality of the scenes of self-mutilation, as well as some episodes of bullying and an occurrence of physical abuse at home, it should be noted that this book is playful. The gently satirical narrative is often very funny, and it has a lightness which conveys a sense of pleasure in its radical explorations of gender.)

In analyzing Choir Boy, I approach it from two perspectives. In the first, I examine Berry’s experience of being a choirboy through Butler’s theoretics of performativity, primarily as a means of establishing choirboy as a plausible category of gender identity. Some readers, especially those familiar with the work of transgendered writers and activists, may require little convincing on this point, but others will be skeptical; a performative analysis is well suited to this task, and particularly applicable to understanding how the identity of choirboy is deployed in this book. Second, I approach
Choir Boy through a Children’s Studies lens, taking a particular interest in Berry’s inability to be heard. He “cries out” in numerous ways, ranging from the dramatic episodes of self-mutilation to direct verbal articulations of his needs and desires, but most people to whom he directs these communications do not, cannot, or will not listen with sufficient care to enable understanding. Galbraith observes that, “if there is one scenario that characterizes children’s experience as represented in literature, it is adults not stopping to hear out a child’s distress” (195–96), and this is certainly the case in Choir Boy. Many characters believe they are listening to Berry, but—with the notable exceptions of one adult and one peer—signally fail to hear what he is saying.

Everything is show: Choirboy performativity

Close to the end of the previous chapter, I discussed the short story “Plastic Pearls” through the lens of Judith Butler’s theoretics, observing that the narrator of the story is attempting to control, insofar as it is possible, the interpellative terms through which s/he is called into social existence. The narrator is wearied by the constant need to explain hir gender, and often resorts to letting people misapprehend hir as something they can understand, a decision which resonates with Butler’s observation that the “cost in every identification” is “the loss of some other set of identifications” (Bodies 126). Berry’s experience is similar—the book is, after all, about his attempts to hold onto one type of identification (choirboy) while negotiating several others (boy, pubescent male, gender-variant child, gender-disturbed child, girl, pubescent female) which variously enable and violate that primary identification—and Butler’s articulation of gender as being performatively constituted provides a framework through which we might more readily
understand the category of *choirboy* as a category of gender identity.

There is little in Berry’s day-to-day life that appeals to him. He is distant from his mother, Judy, whom he rarely sees because she works full-time and is also training as a paralegal assistant, and he finds little to admire or like in his father, Marco, who possesses a too-jovial, aggressive masculinity that Berry finds repellent. When his parents are both at home, they usually fight, and Marco is given to smashing things, or throwing them out the window when he is in a rage. School provides little relief. Berry is a geeky misfit, physically small, quiet, observant and smart, and not given to, or comfortable with, the masculine posturing of his male peers; he is also uncomfortable with the rituals and expressions of adolescent sexuality, often finding himself unsure of how to read them. In classes, he spends half his time with the high-achievers, the “Swans” (having scored very high in standard tests of language abilities), and half his time with the remedial students, the “Geese” (having scored poorly in math and science). This suggestively split existence “hadn’t helped him make friends, but he hadn’t expected to” (31); he is, perhaps predictably, bullied at times.

Being a choirboy provides structure for an existence that would otherwise be intolerable and meaningless, and it has done virtually since the time Berry’s parents abandoned him at his first choir practice. Indeed, his highly regulated life at the cathedral functions as a substitute for his chaotic home, and here he also finds a parental replacement in the person of the choirmaster, Mr. Allen, whom he respects and admires. On his thirteenth birthday, which falls on a Sunday, Berry can’t wait to escape his father’s meaningless birthday rituals, hurrying to the far more dependable and meaningful rituals of choir and church, which not only structure Sundays, but Berry’s whole
existence: “Every week Berry’s life led up to this hour” (9). On the bus, palpably excited, he sits “perched, legs quivering with so much voltage his butt barely sat” (5) (His twitching anticipation bothers the old man next to him, who asks “What’s with you?” Berry’s answer—“Going to church”—so disturbs his fellow traveller that the man scowls and moves to new seat, as if Berry has just confessed to something deeply perverse.) It’s not that Berry is fervently religious—indeed, he is skeptical about faith—but that being a choirboy embeds him within several overlapping structures, or systems of meaning-making, that he appreciates both for their own sake, including their aesthetic value, and for his integral place within them. These structures include: the weekly schedule of choir practices and Sunday services; the social rituals that accompany his membership in the group (although, even here, he is sometimes bullied, and the other boys are as crass as the boys at school, but within a system that Berry understands and whose goals carry meaning for him); and, above all, the music itself, which not only demands of him discipline and a well-honed technique, but also engulfs, sustains and nurtures him within its tightly knit architecture: “The weave of music that had terrified the younger Berry now held him. Berry’s mind stilled and time stretched” (10).

The choir doesn’t sing during the summer, a “soul-shrivelling” period of “two months without ritual, companionship, or the sung word.” Summer so lacks meaning for Berry that it possesses a “bleakness he couldn’t investigate” (15, 16).

A much-quoted passage from Butler’s *Gender Trouble* maintains that a person’s deeply held feeling of having a “naturally” gendered core arises out of “a set of repeated acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being” (33). Such repetitions are not
volitional—at least not consciously so—but simply occur because people are embedded within discursive structures through which seemingly “naturally” gendered women and men emerge. If we examine Berry through such a lens, it is relatively straightforward to understand how his life as a choirboy consists of “a set of repeated acts within a highly regulatory frame,” although some might be skeptical about considering Berry’s experience as functioning at the involuntary, unconscious level that characterizes masculine and feminine gendering; after all, he deliberately shows up, week after week, at rehearsals and services.47 At the same time, however, it is clear that the discursive frames within which Berry lives, moves and has his being have profoundly shaped his consciousness and identity, and that, on a certain level, he has little choice but to participate in them; somewhat later in the book, when half-girl Berry has been suspended from the choir, he feels “in his joints the fact that the choir was rehearsing without him” (198).

If we are really to understand Berry’s identification as a choirboy as a form of gender identity, however, the most important moment in the book comes when Berry is out for the evening with two adult friends, Anna Conventional and Maura. They are helping him explore what it’s like to be gendered “girl.” (Anna’s real name is Jane Willbury, but Berry first meets her at a strange gathering of urban hedonists, where she calls herself Anna Conventional, and this is how Berry continues to think of her. Professionally, she is the managing editor of a magazine for teenage girls—Teeneurosis—where, as Gwen Indoubt, she also writes an advice column. Her multiple names signal a comfort with shifting forms of identity, and she seems to be one of only two people in the book who even comes close to really hearing and understanding Berry. Maura is a
transgendered prostitute whom Berry first meets in his psychiatrist’s waiting room. She befriends him, convinced that, with a little help from her, Berry will be able to release the girl who, Maura is certain, dwells within him.)

With his new breasts, lack of facial hair, unbroken voice, and small frame and features, Berry passes with little effort as a young teenage girl, and after Anna and Maura make him up and dress him, he looks old enough for a night on the town with the two women. For Berry, the highlight of the evening comes at a karaoke bar, where he relaxes enough to sing a song he likes, in a performance which includes stereotypical female pop star posturing in front of an appreciative audience. He has a good time, and the two women seem to interpret his extroverted, enthusiastically performed femininity as proof that he is settling comfortably into a female gender role, but Berry’s response to them is telling: “I love to sing [. . .]. Everything else is just show” (205). Had he said “Everything else was just show,” he could be understood to be referring only to his recent karaoke performance, but what he does say suggests that the “show,” which takes in everything else, is continuous and ongoing. A little earlier, when Berry was first facing expulsion from the choir, he revealed to the choirmaster his lack of commitment to cultural standards of masculinity: “I’ve never really wanted to be a man, I guess. The only thing I like about being a boy is the choir” (180). Here, with Anna Conventional and Maura, he is expanding that lack of commitment to include the culturally recognized femininity into which they have guided him. Berry, then, feels divorced from both available genders, profoundly shaped, instead, by the many performative elements of his life through which the identity of choirboy has become embedded in him, and he in it. One might say that, for Berry, choirboy feels “natural,” while both the available genders
do not; it is “real,” and they are “show.” Of course, singing is *not* natural, at least not in the technique-bound, highly disciplined form it takes for Berry. It is, rather, learned, artificial, and performative, constituted and perfected over time, just as conventional genders are learned, artificial, and performative, constituted over time, eventually congealing into “the illusion of an abiding gendered self” (Butler, *Gender Trouble* 140).

In short, Berry possesses an abiding sense of “naturally” being a choirboy, in much the same way that most women and men seem to have an abiding sense of “naturally” being female or male. The trauma he experiences at the prospect of losing this identity is perhaps easier to comprehend if one imagines the trauma that others might experience if, at puberty, they learned that they could no longer identify as female or male. Bartlett *et al.’s* comment, quoted earlier, seems particularly à propos in this case: “It is unreasonable to expect that an enforced repudiation of one’s gender identity [. . .] would cause anything but a great deal of distress” (762).

**“Fuck me, yours are bigger than mine”: Genderqueer choirboy affirmations**

Adults who stop to hear out Berry’s distress in *Choir Boy* are a rarity. That this should be the case is perhaps not surprising, since Berry’s account of himself doesn’t make “sense” when considered in relation to culturally dominant ideas of sex and gender. For example, late in the story his mother is deeply frustrated with his unwillingness to declare himself to be either a boy or a girl, and she asks “So what’s it going to be Berry? What are you?” Although she has heard his standard answer before—“I’m a choirboy”—she is still unable to fit it into a system she understands: “That’s not an answer. You can’t hide behind those robes forever. You need to make a commitment,” and she finds it hard to
understand his needs as anything other than a sign of mental instability: “Are you just nuts? Should I have let them commit you [. . .]?” (268).50

However, Berry has tried from very early in the novel to communicate his needs. When he talks to his father about his fear of losing his treble voice and about yearning to “keep [it] the way it is,” his father brushes off his concerns without hearing Berry’s anguish: “Oh no, Berry. You should be excited. It’s a rite of passage to have your voice change” (36). It is not long after this early failure to be heard that Berry tries to castrate himself. This desperate act is taken more seriously, bringing him into Dr. Tamarind’s care, but he doesn’t seem to be any better understood.

Berry’s experience with the medical system is worth a closer look. Unlike the previous two works of fiction that I have discussed, both the medical system and medical discourse are explicitly present in Choir Boy, which means that the book provides an overt representation of the tense interface between medicine’s older authoritative approach to gender variance, which seeks to induce conformity, and the emergent approach, which seeks to support diverse forms of gender expression. Which isn’t to say that this emergent discourse is present in the form of a Lev-like therapist who provides support for Berry’s uniquely configured gender. It is, rather, visible through Berry himself who, in the face of medical and social pressures that insist on particular forms of identification, persistently attempts to explain himself to people who do not understand, and persistently refuses to be assimilated into the reductive binaries of conventional gender identity. The emergent discourse is also apparent in his relationships with two counselor-like confidantes: Anna Conventional and Lisa, a girl his own age.

In deliberate and precise ways, the novel delineates parallels between Berry’s
experience with the medical system and medical discourse, and the experiences of transpeople. Because such correspondences are straightforward, I am not going to devote much analysis to them, but they are worth briefly noting because they place Berry’s experience within that discourse, and establish the extent to which his actions could be interpreted as evidence of gender identity disorder. One such example is Berry’s willingness to deceive clinicians concerning his desires and identity in order to obtain prescriptions for hormones, which is a strategy that transpeople have long employed in order to obtain services that they fear might otherwise be denied them. Maura coaches Berry on what he needs to say—“you hate your manhood [. . .] you want to live as a woman” (60)—to get the pills. Like many transpeople, then, Berry feigns conformity with reductive accounts of gender identity in order to get what he needs to support his divergent expression of identity. Another such correspondence is the apparent discomfort with his assigned sex, and its attendant gender role, that he articulates when he tells Mr. Allen that he doesn’t want to be a man. Also, like many gender-variant young people—including Tyke, as we have seen—he has a relatively small circle of friends.

And then there is his auto-castration attempt. This deserves a little more attention because it is both a (forgiving the adjectives) “potent climactic scene” in which Berry “cries out to be heard” (Galbraith 195), and a “symptom” of gender identity disorder which initiates Berry into the discourse of gender variance (of which he knew nothing until beginning to see Dr. Tamarind.) Records of attempted, and sometimes successful, self-castrations have been in the medical literature on gender variance for some time. Harry Benjamin mentions the practice in The Transsexual Phenomenon (47) while, more recently, Lev refers to such occurrences in Transgender Emergence (340), and the
newest revision of the DSM identifies self-castration as an occasional feature of gender identity disorder (578). Mildred L. Brown and Chloe Ann Rounsley, in *True Selves: Understanding Transsexualism... For Families, Friends, Coworkers, and Helping Professionals*, specifically mention that transsexual *teens* may attempt to self-castrate (or, as Berry later does, cut their breasts) (75).

Berry’s castration attempt is, of course, motivated by a desire to preserve his treble voice rather than to “change sex.” Despite his avowed motivation, however, Berry ends up in therapy with Dr. Tamarind, whose discernment is discursively constrained by standard medical accounts of gender identity and cannot accommodate Berry’s explanation that “he wanted to stay a choirboy and admired the castrati” (45). Dr. Tamarind’s discursive constraints are eminently clear when, having seen Berry for several months, he declares that “GID is a diagnosis,” but “‘Wants To Stay A Choirboy’ doesn’t show up in the DSM-IV” (187). The psychiatrist has no frame of reference for understanding “wants to stay a choirboy,” and therefore finds a way, despite everything Berry has told him, to collapse this desire into “wants to be a girl.” In short, Berry is faced with the difficulty of attempting to articulate an alternative way of being in the face of a medical and social culture which can only understand genitalia in connection with sex, gender and sexuality, rather than, as Berry does, in connection with the achievement, or non-achievement, of an artistic ideal.52

Dr. Tamarind later learns that Berry has been taking hormones for some time and that they have had the *desired effect* of preserving his voice, but the doctor cannot, even at this point, take Berry’s explanation of his actions at face value (perhaps because the self-administration of hormones is another diagnostic sign of GID [DSM-IV-TR 578]).
At this point, he informs Berry’s parents that their son is probably a transsexual, “as if announcing the sex of a fresh baby” (creatures who are always supposed to be, as we know, either boys or girls) and suggests that Berry “try life as a girl” (188).

Berry’s “symptoms,” then, are consistently misinterpreted and made to fit a diagnostic model which can only understand gender variance in relation to an adherence to binarized conceptions of female and male. In the person of Berry, however, the novel posits a conception of gender variance flexible enough to allow for non-adherence to these binaries, and for the articulation of unique forms of gender identity; over the course of the narrative, Berry becomes increasingly uncomfortable with the idea of committing himself to either sanctioned gender (although there are aspects of both that he likes) and insistently cleaves to his own variant form of gender expression.

While Berry is reasonably comfortable with this apparent ambiguity, other people are not. Like Dr. Tamarind, most seem incapable of grasping the idea that Berry could exist as not-boy/not-girl, and identify as something else. Maura believes that Berry is “really” a girl inside, and that the sooner he “becomes” her, the happier he’ll be. His insistence that “[t]hat’s your way, [. . .] [n]ot mine” makes little sense to her, and she replies “It’s yours too. You chose [when you went on hormones], now you have cold feet” (155–56). Judy, in the wake of Dr. Tamarind’s pronouncement, tells Berry that she will support his transition to girlhood because she “just want[s him] to be happy,” but cannot fit Berry’s response, “I was happy, [. . .] in the choir” (189), into her new schema. Indeed, she so fully embraces the idea of having a daughter that Berry cannot convince her to take things slowly, even when he says, point-blank, “I don’t really know that I want to be a girl. That’s just what I told people to get the pills so I could keep my upper
range” (216), and “I’m tired of explaining to people, I’m not a doll to play dress up with and buy accessories for. I want to live my own way” (217). She answers these declarations with “You seem to want this [i.e. to be a girl] a lot” (219) and insists on playing “dress up” by taking him shopping for new clothes. She also makes plans for his reintegration into school life as a girl. His father, by contrast, is convinced that Berry could only possibly be a boy, and attempts to beat the child’s natally assigned gender back into him while referring to him as a “little fucking queer” (214–15). Time and again, these (and other) adults fail to hear Berry’s cries to be heard.

They are all, of course, constrained by the discursive structures through which they (and most of the rest of western culture) order reality, and which, at a very basic level, understand people to be either male or female—never neither, never both, and never something else (like, say, choirboy). The medico-psychological discourse in which Dr. Tamarind functions perhaps allows for a little more variety, but only as a temporary state; if a person diagnosed with GID is going to “progress,” to develop “acceptably,” she or he will have to eventually commit to the dominant binarized structure, as I have shown in previous chapters. And the discourse through which Judy makes sense of Berry is not only structured by an internalized belief in the “natural” binary of male and female, but by faith in the authority of Dr. Tamarind’s medical diagnosis. In response to Berry’s objections to her vigorous “girling” of him, she only remarks that “Dr. Tamarind said you were confused” (216) and then redoubles her efforts, taking no account of Berry’s explanations of himself. Judy, then, appears to take the view that Berry’s knowledge of himself is—to return to Foucault—a “naive” and “hierarchically inferior knowledge” that is best “filter[ed]” and “organiz[ed] in the name of a true body of knowledge, in the name
of [...] a science that is in the hands of the few” (“Society” 7, 8–9).

All of which raises significant questions: How can these adults stop and hear out Berry’s distress if they have no terms through which to understand it? Also, if Berry is depending on them to help him articulate his needs and desires, how can they do so if they have no framework through which to understand those needs and desires? Even Berry, while he is confident in the knowledge that he is a choirboy, is increasingly less sure over the course of the novel about how he ought to understand himself in relation to the “normal” genders. Nevertheless, when Mr. Allen suggests that, because Berry is sure that he doesn’t want to grow up to be like the men he knows, this is perhaps a sign that he really does want to be a woman, Berry refuses to sanction this binarized discourse: “I don’t know what I want to be. Maybe there isn’t a word for it” (180). Even if the adults were stopping to hear Berry out, then, how could they help him articulate a state of being which no one, including Berry himself, seems able to name?

Similarly, they have no framework through which to understand choirboy as a viable identity, sustainable beyond a certain age. Just as the books I discussed at the opening of this chapter construct gender-crossing as a state that must be left behind en route to “mature” adulthood, so, too, is choirboy understood as an identity to be passed through, an immature state to be abandoned, at the onset of adolescence, in the journey towards “maturity.” (Indeed, this transition is starkly binarized in the culture of men and boys’ choirs, where a singer who is no longer a boy is, by default, a man. Early in Choir Boy, one singer suffers a very public and humiliating collapse of his treble voice during a solo. Although the experience is traumatic for him, it also leads to his rapid advancement into the men’s section, a rite of passage that marks him as someone who is maturing: “‘A
man,’ George said [. . .]. ‘I’m a man now’ ” [13]). Given the supposed unsustainability of the identity of choirboy, then, people keep invalidating it as a viable form of meaning-making for Berry, telling him that he must leave it behind. One character’s remark—“it’s hard to feed a family on choirboy wages” (104)—makes at least one of their underlying concerns explicit: as in the case of the traditional medical discourse on childhood gender variance, they are all concerned about what Berry will become, and seem unable to acknowledge his needs in the present. (In addition, such a concern also demonstrates the economic underpinnings of sexual regulation.) For Berry, existence as a choirboy is the ground of being, vital to the way he makes sense out of the world, and the requirement that he leave it behind and settle into one of the two sanctioned genders is a trap which forces him to not only abandon what he is now, but to narrow what he might develop into in the future. Furthermore, where others understand pubescence, and the sexual development that goes with it, as incompatible with remaining a choirboy, Berry does not: “Berry had to show them he could stay a choirboy even if his sex went its own uncharted way” (272).

How then, as I asked before, can adults stop and hear out Berry’s distress, and how can they help him articulate his needs and desires, if they have no framework within which to understand them? These questions are important because they speak to the way in which this novel functions as an interface between the older, authoritarian understanding of childhood gender variance, and the emerging approach espoused by clinicians like Lev, with its focus on supporting diverse forms of gender expression. More generally, one could say that these questions speak to the tension between maintaining a current state of knowledge, versus the willingness to look beyond or
outside it; or the tension that arises when the “real” attempts to foreclose on possibilities that exceed cultural norms.

In Transgender Emergence, Lev provides a case example of a masculine girl whose early experience of therapeutic interventions, beginning at the age of eleven, pathologized her and sought to enforce conformity to cultural standards of femininity. In the course of these interventions, she became increasingly hostile and suicidal, and ended up hospitalized and medicated. Later, she was fortunate enough to meet a supportive therapist who listened to her account of herself, which led in turn to a period of gender exploration and experiments with different kinds of identities and clothing styles. Her anger dissipated, as did her mental health issues, and by the age of sixteen she was considering whether or not she would like to “become” a man. Lev remarks that “[h]er process of examining her gender dysphoria was mature—an intellectual and emotional process—but one that owned and embraced her masculinity and exploration as part of her normative adolescent gender development” (347, emphasis added).

Through Berry, Choir Boy similarly proposes an exploratory understanding of gender variance, one which is comfortable with as-yet-unknown outcomes and with the articulation of unique forms of gender identity. And it is in such an understanding that one finds potential answers to the questions I have been posing. Put simply, adults need not know the “solution” in order to attentively listen to a child’s distress and to help the child move towards an articulation of personal needs. While Berry does not have a formal clinical relationship with such an adult, he is fortunate in two friends, both of whom have the ability to encourage and take pleasure in his explorations. They are, as I mentioned earlier, Anna Conventional, an adult, and Lisa Gartner, an age peer from church.
Unlike Berry’s parents and Dr. Tamarind, Anna listens when Berry, literally crying out in distress, breaks into tears as he tells her about himself. Her response, when he finishes, is important: “Shit, kid. Clueless equals me” (195). She hasn’t any more idea than anyone else how Berry should live, but recognizes and admits this. However, her “cluelessness” does not preclude her from attending to Berry’s distress, or from offering support as he works through that distress, and she never tells him what she thinks he ought to do with his life, apart from explore possibilities: “Look, as far as I’m concerned you ought to be able to have everything you want while you’re young, because the world shrinks when you get older. Be a choirboy. Be a diva. Be a football star. Whatever. I get so sick of hearing from kids who think they have to pick one clique or self-image” (195). She has a good time, with Maura, dressing Berry up and taking him out for a night, but, unlike Maura, has no expectation that Berry choose permanent girlhood, remarking only that “I had fun helping you explore. No pressure” (211). While Berry becomes more comfortable as a sometimes-girl, Anna simply spends time with him, taking him to a restaurant, or on a picnic, or clothes shopping. Understood in Lev’s terms, Anna Conventional offers Berry “social support [for] and recognition of” his shifting and as yet unsettled gender identity (316). Understood through the lens of Childhood Studies, she views Berry as fully human, rather than as not yet complete, and accepts the legitimacy of his needs and desires.

Lev has observed that, while traditional clinicians have used transchildren’s experiences of social ostracism and bullying as a justification for treating the transchild’s “disorder,” some peers of such children have actually shown themselves to be “incredibly solid supports, […] serv[ing] a protective role in assisting [gender-variant] friends”
Berry’s friend Lisa certainly falls into the latter category, and is instrumental in Berry’s process of self-examination and exploration. Over time, she develops into not just a friend to “hang out” with—although she certainly remains this—but Berry’s emotional (and eventually public) ally in his gender exploration. However, their relationship is not without difficulties and complications, many of which stem from Lisa’s status as a “popular” girl, and her desire to remain that way. Nevertheless, she is Berry’s most dependable friend.

Early in their friendship, Berry finds himself wondering what Lisa would think if she knew about his breasts after the two share a brief and seemingly casual (but, for Berry, electrifying) kiss. Some days later, in an act of profound vulnerability and trust, he unwraps his usually hidden chest and shows it to Lisa, and this event is a catalyst for a shift in their friendship. Before Lisa knew about the breasts, she had felt that Berry was different, liking him because “You’re not like the other boys I know. You’re sweet and smart and don’t smell like a cheesesteak” (134). After she has seen Berry’s chest, he is worried that “the whole me having breasts thing [is], like, freaky to you,” but Lisa quickly draws a distinction: “A boyfriend with breasts would be wack [weird, intolerable]. But all my friend friends have titties” (159). So, for Lisa, Berry doesn’t fall into the same category as “other boys” or into the class of (potential) boyfriend. Rather, because of his disposition and his breasts, she classes him with her female “friend friends.”

Importantly, while Lisa would be unprepared to acknowledge Berry as a boyfriend, and Berry is, himself, uncomfortable navigating the waters of teen sexuality, their relationship does have a sexual energy. Despite her initial surprise at Berry’s
unconventional body (“Oh shit. Holy fucking shit. [. . .] Are those real? [. . .] God, that’s weird. [. . .] Fuck me [. . .] Yours are bigger than mine” [134–35]), Lisa is interested in it and accepts it. For Berry, who shares his secret while he is himself still uncomfortable with the way he is developing, her acceptance of his seeming strangeness is affirming, and at his request, she offers her own chest for comparison. Before long, the two are gently and tentatively exploring each others breasts with their fingertips. Later in the novel, they have a similar experience when trying on clothes in Lisa’s bedroom. By this time, Lisa thinks of Berry mainly as a girlfriend, albeit an unusual one, and Berry is comfortable in this role when in her company. She finds it slightly arresting, then, to see his penis, but her surprise arises not from disgust at seeing a penis on a “girl’s” body, or from any other sense of inappropriateness, but from interest and curiosity. She asks to touch it, and marvels at the erection this produces: “Wow. Weird. No offense. First one I’ve touched” (229). In the moment, both of these scenes convey an appealing sense of wonder and healthy exploration, and, through her matter-of-factness, Lisa legitimates Berry’s unusual body. Further, the unproblematic (for Lisa and Berry) blending of same-sex and opposite-sex friendship, desire, and bodies, destabilizes heteronormative expectations of teenage friendship and sexuality: the two are at once a girl and a boy, a girl and a girl, a girl and a choirboy, and a girl and something “there isn’t a word for” (180). However the utopic freedom (to explore and from reductive categorizations of bodies and sexuality) that these scenes suggest is fragile. On both occasions, the young people are interrupted, with unfortunate results, by adults who cannot understand what they are seeing and therefore react badly. These scenes, and their interruptions, then, are emblematic of a tension between the newly developing, supportive approach to gender
variance, and the established, censuring and controlling discourse.

Berry’s body is also vital to their developing friendship in less eroticized ways. Lisa likes spending time with Berry, but she has overbearing parents who won’t let her socialize with boys. “What would really help,” she says, “is if you weren’t a boy. [. . .] Just don’t hide [your chest] and you’d be a total girl” (159). Long before Dr. Tamarind asks Berry to live as a girl, then, Lisa convinces him to pass as a girl when the two of them are together, as a strategy for getting around her parents. The first time they do this, they go to a mall, where she helps him buy a bra (the better to achieve their deception), and then they try on clothes at a department store. While Berry is nervous at first, he eventually relaxes when he realizes that no one is going to identify him as “a boy in the wrong place” (161) and then has a good time. Again, Lisa’s comfort with Berry’s seeming strangeness facilitates his exploration of his gender variance, helping him examine his developing identity in relation to normative categories (and activities) of gender.

Significantly, on this, and other occasions when they are together, Berry is far more relaxed than he is when spending time with male peers, where interactions are fraught with stereotypically masculine expectations that Berry finds uncomfortable, at best, and often abhorrent. This troubled relationship with masculinity comes to a head after he begins living as a girl and suffers episodes of vicious verbal and physical abuse, which at times display a disturbing combination of homophobia and misogyny: “Look at the fag with jugs. [. . .] Maybe if you were less pretty, you’d be smarter” (223). Lisa interrupts one assault on Berry—carried out by boys from the choir—an event which marks another shift in their relationship; despite her desire to maintain her status as a
“popular” girl, she publicly acknowledges her connection to her friend in the company of people who have the power to affect her reputation.

Importantly, although Lisa likes the girl-Berry, and helps him to discover and develop “her,” she, like Anna Conventional, doesn’t pressure Berry to “become” a girl. When he tells her about doubts he is experiencing, torn between enjoying girl-life but feeling that he shouldn’t be, she affirms both its appropriateness for him, in her view, and her comfort with him, while also letting him know that decisions about the future of his gender expression are his, and that he need not be in a hurry to make them (221). She can do this because, like Anna, she listens to Berry and engages him on his own terms. Like a counselor in Lev’s supportive approach to gender variance, she helps Berry explore, affirms his provisional forms of identity, advocates on his behalf and legitimates his unusual but viable body. In short, she provides Berry with the kind of non-judgmental, friendly support that is lacking in most of his other relationships, whether with adults or peers.

It is well worth returning to Butler’s ideas concerning fantasy, as a conclusion to my discussion of Choir Boy. Berry seems implicated in Butler’s assertion that the “struggle to rework the norms by which bodies are experienced is [. . .] crucial [. . .] to [. . .] contest[ing] forcibly imposed ideals of what bodies ought to be like.” Further, his struggle to articulate an embodied gender identity that comprises elements of “male” and “female,” but that is ultimately not either of these, but something else, is consistent with Butler’s comment that an “embodied relation to the norm exercises a transformative potential[, . . .] posit[ing] possibilities beyond the norm or, indeed, a different future for the norm itself” (Undoing 28). In short, Berry’s very embodiment—and his willingness to
defend both it, and his non-normative gender aspirations—is an “articulation of the possible” which “challenge[s] the contingent limits of what will and will not be called reality” (28–9). Further, he resists the power of the “real” (in the form of his psychiatrist, his parents, the choirmaster, and those who resort to bullying and violence) to foreclose on his articulation of what is possible, instead “us[ing his] unreality to make an otherwise impossible or illegible claim” (27) to identity. Butler’s comments on the benefits of remaining less than intelligible—because to be intelligible means to be recognizable according to social norms that may destroy one—are also apt here, given that Berry insists that he does not want to be a man, that he is not convinced he is a girl, that he does not know what he wants to be (apart from a choirboy), and that “[m]aybe there isn’t a word for it” (Choir Boy 180). Perhaps paradoxically, it is this inexpressible unintelligibility which allows him to express possibilities outside the norm; indeed, it seems as if it is only from here that he can speak of himself at all.

I close with a passage from Butler’s Undoing Gender. Although she is writing about the very real and tragic case of David Reimer, Butler’s words also seem to characterize the fictional and hopeful Berry:

> [Although] he has not become one with the norm, […] he is still someone, speaking, insisting, even referring to himself. And it is from this gap, this incommensurability, between the norm that is supposed to inaugurate his humanness and the spoken insistence on himself that he performs that he derives his worth, that he speaks his worth. […] And this is important because we might ask that he enter into intelligibility in order to speak and to be known, but what he does instead, through his speech, is to offer a critical perspective on the norms that confer intelligibility itself. He shows, we might say, that there is an understanding to be had that exceeds the norms of intelligibility itself. (73)
Early in this chapter, I observed that books for young people featuring gender-crossing characters frequently end with reversions to culturally sanctioned and essentialist conceptions of female and male, in ways that leave little room for representations of trans-identified children. An underlying assumption of such narratives is that gender-variance is incompatible with gendered maturity. Traditional therapeutic approaches to childhood gender-variance function within a similar discursive framework, regarding cross-identified children as cases of arrested development requiring interventions to return them to the path of normative gender acquisition. This is the only way, under such a schema, that they can achieve (heteronormative) “maturity.” In short, the basic pattern of these discourses is to view gender variance in the young as a sign of immaturity, a developmental phase which must be left behind if a child is to successfully navigate adolescence and develop into a fully realized and mature adult.

By contrast, the new interdisciplinary field of Children’s Studies emphasizes the importance of hearing and responding, with a respectful integrity, to the voices and desires of children, rather than regarding childhood as little more than a transitory stage on the way to an adult maturity into which children must be trained and guided. Such an approach is built on a conviction “that childhood desires are both legitimate and admissible into the conscious human community” (Galbraith 194) and “that children must be viewed in their fullness as human beings” (Lenzer 183). There is a close affinity between this general approach to understanding childhood, and emerging clinical understandings of childhood gender-variance which seek to positively theorize transchildren (rather than to pathologize them and attempt to “retrain” them in preparation for the narrow confines of heteronormative “maturity”), thereby working to
produce conditions within which gender-variant young people have the tools and support they need both to examine and explore their non-normative gender identities and to negotiate the socio-cultural challenges that inevitably arise from their non-conformity.

Reading both traditional and emergent clinical approaches to gender-variant children through the lens of Childrens’ Studies affords an opportunity to re-examine the way such children have been, and often continue to be, understood. Rather than being “viewed in their fullness as human beings,” they have been understood as pathologically “arrested” and undeveloped. Therapeutic culture has not been equipped to help them articulate their desires, instead conveying the message that their desires are wrong and their identities invalid, and therefore not “admissible into the conscious human community.” By contrast, the emerging clinical view, that such children are as active in the process of developing a gender as normatively gendered children, comes considerably closer to viewing them as fully human. Similarly, the suggestion that they are experiencing not a developmental lag but a lack of social support for, and recognition and legitimation of, their genders is consistent with observations, from the field of Childhood Studies, concerning the vulnerable dependence that most children, gender-variant or not, experience when relying on adults to help them articulate their needs.

There is a discursive commerce between the works of fiction that I have analyzed in this chapter, and the two differing clinical understandings of gender variance. Indeed, the stories I have been discussing are particularly interesting for their negotiation between the older, but still culturally powerful, authoritarian understanding of childhood gender variance, and the emerging discourse, with its focus on supporting diverse forms of gender expression. While the tendency of these stories is to adhere to a “liberatory”
model of (trans)childhood, they do so in ways that acknowledge the continuing influence and power of the heteronormative model.

*We Share EVERYTHING!*, the most straightforward of these texts, presents a cheerfully subversive fantasy in which children simply do what feels right and, in so doing, articulate possibilities that exceed the norms of gender, thus overcoming the old, strictly binarized gender regime by shocking it into submission. *The Turbulent Term of Tyke Tiler*, on the other hand, is an extraordinarily complex narrative masquerading as a straightforward school story. It provides readers with all the information required to read Tyke’s gender in a culturally “acceptable” manner, and the vast majority of readers appear to do this; however, reading the story in this way denies the integrity of Tyke’s account of hirself and of hir identity, in much the same way that reading gender-variant children through the pathologizing model of transchildhood invalidates their integrity of *their* identities. Importantly, the novel also contains information that allows readers to understand Tyke differently, provided we read in a manner that is sensitive to what Tyke reveals about hirself, rather than privilege the “authority” of hir teachers. The book, then, performs an extraordinary feat: it does what our culture “needs” it to do (that is to say, it reinscribes the binarized discourse of conventional sex and gender) while simultaneously asking us to avoid reading it in this way. It enables what Foucault calls the “insurrection of subjugated knowledges” (“Society” 7) even as it allows for the re-interment of such knowledges within the gender system that hides them.

Unlike *We Share EVERYTHING!*, and *The Turbulent Term of Tyke Tiler*, both the medical system and medical discourse are explicitly present in *Choir Boy*, which means that the book overtly represents the tension between older, normatizing approaches to
gender variance and the current shift towards supporting gender diversity. Berry’s unique gender-variant identity of *choirboy* does not make sense within “everyday” cultural norms, nor is it represented within the pathologizing discourse of gender identity disorder. Berry is, then, a puzzle not only to his parents, most of his peers, and his psychiatrist, but to his friend Maura, who is transgendered but subscribes to culturally dominant binaries of sex, gender, and sexuality. Berry’s desire to retain the gender of *choirboy* inducts him, almost by accident, into the culture and discourse of transgenderism, which then further complicates his gender identity; he begins to articulate discomfort not only with the requirements of masculinity—which he has never felt at ease with, anyway—but with the medico-cultural requirement that he must choose one or the other of the two sanctioned genders. In a sense, then, Berry comes to function as a face of the emerging understanding of gender variance that I have discussed throughout the chapter. He explores gender as a space of possibility and refuses to be assimilated into the reductive binaries of conventional gender identity, despite experiencing considerable pressure from medico-psychological authorities, parents, and a hostile and abusive society.

All three of these texts leave the future gender-development of their protagonists open, and it is important to realize that, while they do not insist that the children display a unified, culturally legitimated gender in the present, they nevertheless do not rule out this possibility for the future. Like many gender-variant people, Berry could, at some point, commit himself to one of the two available genders; Tyke might eventually be less oblique in hir self-narrative and commit hirself to a gender; most of the children in Amanda and Jeremiah’s class will probably revert to gender-normative attire. However,
while none of these books rule out this narrowing of possibility as a goal for their protagonists, neither do they validate it. Some characters in the books—the kindergarten teacher, Mr. Merchant, Judy or Dr. Tamarind—may implicitly or explicitly look towards such a goal, and we, as readers and critics (and teachers, parents, and librarians) may be tempted to do the same. To do so, however, is to read in collusion with a discursive regime that has systematically denied the legitimacy and agency of gender-variant children.
Conclusion — “To Rewrite This Body”

Trish Salah’s 2002 poem “Surgical Diary” opens tellingly:

This is A’s hand writing, not mine:  (not quite)

Beginning in this way, Salah’s speaker (who seems to be a representation of Salah herself, so I will refer to her by the poet’s name) conveys a sense that her story of sex reassignment is—has been from the outset—(over)written by other forces, although the parenthetical “not quite” reminds us that she, too, has a role in shaping and telling that story. Implicit here is Judith Butler’s reminder that one’s body, identity, and status as a social subject are not ever only one’s own, but are forged in, and in relation to, the public sphere; nevertheless, it may be possible to imagine and deploy those inevitable shaping and sheltering norms of gender differently, “not quite” conforming to, or being reducible to, their terms (Bodies 121–24, Undoing 21). The opening of this poem, then, evokes a concern that I examined perhaps most fully and explicitly in Chapter Three, but which has informed my analyses throughout this project: the possibility of taking up and strategically redeploying the relations of power in ways that may enable gender variant identities to emerge, even within the constraints that culture places upon the formation of the gendered subject.

I have demonstrated that the medical theories of gender identity, gender acquisition and gender variance that emerged in the 1950s and 60s were bound by the discursive limits of Cold War era anxieties around gender, heterosexuality, homosexuality, family life and political stability, and that the unexamined ideological
content of those theories has persisted into late-century (and even early twenty-first-century) research, published medical literature, diagnostic tools, and treatment protocols. However, within such medical writing, both historical and recent, one also encounters instances of what Foucault would characterize as one of the two varieties of subjugated knowledges; in this case, knowledges that have been masked by a universalizing theoretical discourse that claims to know the “truth” of gender. Thus, the medical writing contains data that is buried by, but exceeds, its Cold War era theorizing; that is to say, the possibility for non-normative gender identification upon which the work seeks to foreclose lurks within the research, whether that research is concerned with (to cite examples from each of my chapters) Mr. A’s complex embodiment, identity and desire (Chapter One), Harry Benjamin’s heteronormative transsexuals (Chapter Two), the “anomalous” phenomenon of lesbian feminist transsexuals (Chapter Three), or children whose therapists consider “closeted” gender variance to be a desirable therapeutic outcome (Chapter Four).

Emerging most powerfully from my parallel analyses of literary works is their tendency to signify in excess of the constraints or foreclosures of the medical record, even in cases where they seem superficially consistent with that discourse. The importance of reading works of fiction in conjunction with medical texts lies, then, in their inclination to embrace multifaceted data which the cultural formation of medicine seems unprepared to encounter, and incapable of accounting for. These literary narratives therefore complicate the stories that medical culture tells by revealing complex, multivariate and sometimes seemingly paradoxical possibilities for transgendered identification that have been absent from the traditional medical discourse. In short, they
are, to turn to Judith Butler’s conception of the role of fantasy, “an articulation of the possible” whose “critical promise [. . .] is to challenge the contingent limits of what will and will not be called reality” (Undoing 28–29). Because the works of fiction have been produced and function within the same discursive field of possibility—the same episteme—within which medical theories of gender variance have also been elaborated and function, but signify in excess of those medical theories, not only do they demand that we critically re-examine the medical discourse, they also provide a horizon of possibility for forms of gendered embodiment that lie beyond what is suggested by the medical imagination. Such horizons are vitally important, particularly “for those for whom the very issue of survival is most urgent,” as Butler points out: “The thought of a possible life is only an indulgence for those who already know themselves to be possible. For those who are still looking to become possible, possibility is a necessity” (Undoing 29, 31).

In my early chapters, I laid out the Cold War context that is essential to an understanding of late-twentieth–century medical and cultural understandings of gender variance (a context in relation to which Salah, at the beginning of the twenty-first century, could be said to be elaborating her own [trans]gendered subject position). My analysis established that mid-century gender research, and the treatment protocols that emerged from it, sought to contain the seemingly chaotic possibilities of gender and sexuality that intersexed and transsexual subjects seemed to pose. Even more importantly, however, my analysis of the medical record reveals that complex possibilities inherent in the clinical data were masked by the Cold War theoretics that informed the research, reducing such complexity to the familiar terms of dominant,
heteronormative cultural attitudes. Where gender-variant subjects were concerned, theories and treatment regimes were dedicated to ensuring that their potentially multivalent and complex identities and desires would “disappear,” either into existing categories of “deviance” or into the normative confines of heterosexuality.

The reductive effects of such theorizing held for several decades, one result of which was that, as Cole, Denny et al. have observed, “[u]ntil the mid-1990s, it was believed that transgendered individuals could be categorized as either transvestites or transsexuals” (149). According to such theorizing, transvestites were almost universally assumed to be heterosexual, male, unconflicted concerning their natally assigned gender, appalled by the idea of “changing” sex, and sexually aroused by cross-dressing. Transsexuals, on the other hand, were understood to be either asexual or homosexual (in relation to their natal gender, and therefore heterosexual after reassignment), expected to be interested in “fully” transitioning to the “other” gender (by pursuing hormone therapies and genital conversion surgeries, as well as electrolysis and breast augmentation if MTF, and chest reconstruction if FTM), to not be aroused by the clothing of their preferred gender, and to adhere to grossly stereotyped gender roles. This bipartite schema could not—cannot—account for significant populations of gay, bisexual and female cross-dressers, nor could it accommodate otherwise “straight” male cross-dressers who, when dressed as women, enjoyed intimate relationships with men. Neither was there room in it for transvestites who pursued some body modifying technologies, such as the use of hormones but not genital surgery. It did not account for transsexuals who anticipated being in same-sex relationships after reassignment, or those who did not want to pursue all of the available sex reassignment technologies. Nor was there space in it for
transsexuals who espoused non-stereotypical understandings of gender (such as MTFs who also identified as feminists) (Cole, Denny et al. passim; Denny “Changing Models” passim, “Heteropocrisy” passim, “Politics of Diagnosis” passim).

In Chapter Three, I gave my attention to the late-century epistemic shift from authoritative, centralized and pathologizing medical views of gender variance towards a dispersed, decentralized and adaptable “transgender” model of understanding that recognizes diverse and local gender expressions, such as those mentioned above, as liveable, visible and viable forms of human variability; such a model “desubjugates” forms of identity that the earlier model could not admit to the status of the “real” or possible. Chapter Three’s analysis of literature hinges between these two conceptions. On the one hand, I examined Chris Bohjalian’s recent novel, Trans-Sister Radio, whose adherence to the medically sanctioned, heteronormatizing medical discourse suggests the extent to which that discourse has penetrated “mainstream” culture. On the other hand, I examined literary works by Kate Bornstein and Taste This, in which characters use strategies that allow for the redeployment of the traditional discourse in ways that establish them as figures not wholly defined by the social and medical systems through which transpeople have traditionally drawn their agency and structured their identities. Such texts belong to what Foucault describes as the insurrection of subjugated knowledges, which is “an insurrection against the centralizing power-effects that are bound up with the institutionalization and workings of any scientific discourse” which claims to organize “disqualified” or “nonlegitimated” knowledges into a unitary “true body of knowledge” (“Society” 7, 9).

In Chapter Four, I outlined two very different clinical approaches to childhood
gender variance. The first is the well-established, pathologizing approach—its root in the Cold War ethos I have discussed throughout—which seeks to “retrain” such children, implicitly in preparation for the narrow confines of a predetermined heteronormative “maturity.” The second is an emergent approach, which seeks to positively theorize transchildhood, rather than pathologize it, thus recognizing and legitimating diverse forms of childhood gender expression. The particular interest of the literary texts I discussed in Chapter Four lay in their negotiations between the older understanding and the emerging discourse; read in one way, these works seem to look towards traditional goals of heteronormative “maturity,” but I argue that they nevertheless contain data that demands to be read in terms of the emerging, supportive approach to childhood gender variance. To read them only in the former way is to read in collusion with a discursive regime that has systematically denied the legitimacy and agency of trans-identified children.

Interestingly, Salah’s poem, although not about childhood, carries out a similar negotiation between the past standards and emerging understandings, and this negotiation suggests that the heteronormatizing, Cold War model of gender variance and the still-developing transgender model cannot be understood as paradigmatically distinct but, rather, as interpenetrating one another.

Let me close by examining this negotiation a little more fully because, rooted in the present but gesturing towards the past, it is consistent with my argument that contemporary conceptions of gender variance, whether they are faithful to established patterns or resist them, must be understood in relation to an historical period whose ethos continues to weave its way into present understandings. Perhaps even more importantly,
Salah’s poem provides a fitting conclusion to my work because it is one voice in a continuing revision and re-visioning of the transgender activism of the 1990s, and therefore also gestures toward the future.

Throughout the poem, Salah returns to the tension, with which I began this discussion, between her speaker’s status as an agent who seeks to shape the text that is her body and her life, and the relations of power which also determine the shape that that body and life may take. For example, this tension is foregrounded in her relationship with her surgeon, a representative of a medical establishment whose relatively narrow frame of reference seems to insist (a) on (re)constructing her body in accordance with prevailing norms of femininity and beauty and (b) that she, herself, does/will subscribe to those norms:

I said: *I don’t want you to make my nose too small. [. . .] I don’t want to look like a white girl. My nose is an Arab nose.*
He said: *It’s unusual, but . . . but you want to be pretty? To look like a woman.*
I said: *Yeah, but I can be Arab and be pretty? A woman? My sister has the same nose.*
There was a pause.
He smiled: *Many Arab women enjoy having a smaller, more delicate nose.*

(65, original italics)

He decided to make my breasts larger [during the surgery]. He said they looked too small and that he knew I wouldn’t want that.

(67)

If, as we saw in Chapter Three, Sandy Stone calls (post)transsexuals to reclaim “the power of the refigured and reinscribed body,” and “to write oneself into the discourses by which one has been written” (299, original emphasis), Salah’s poem of a decade later here suggests that one may face practical difficulties in attempting to do so. Her surgeon’s insistence that women should be (or should aspire to be) “pretty,” and that
“pretty” women have small noses, as well as his unilateral decision to increase Salah’s breast size without her consent, all serve as reminders that there may be significant challenges “to ‘writ[ing] oneself into the discourses by which one has been written.’” Indeed, Stone herself comments on how “a vast heteroglossic account of difference”—the diverse and multivariate forms that gender variance might potentially take—is reduced to the homogeneous terms of a diagnostic category. Salah’s experience testifies to this, where the calls to womanhood that she encounters not only insist on inscribing her body according to culturally sanctioned standards of female “attractiveness” (which are produced by and serve the heteronormative social order),1 but insists on effacing her racial heritage by claiming that Arab women also aspire to fulfil Western standards of beauty. Further, the encounter with the surgeon implicitly dismisses any sense that a transperson of Arabic descent might experience gender variance and transsexualism differently from a Western person.2 The standard with which Salah is presented supposes itself to be a universal standard that filters gender non-conformity according to a “true” discourse of gender.

These, then, are the circumstances under which Salah is called by fellow-transgendered pathographers, Stone, Stryker and Bornstein, to wrest the task of transgendered meaning-making from the hands of medical authorities. The voices of these earlier writers are frequently brash, angry, and defiant, and perhaps needed to be at the outset of a movement dedicated to establishing transpeople as legitimate interpreters of their own experience, and to recognizing diverse and local gender expressions as liveable, visible and viable forms of human variability. But Salah’s voice of a decade later is rather different. While certainly powerful, it also acknowledges—with a certain
rueful and, at times, self-consciously amused quality—the conflicted pleasures of embracing those old discourses even as one resists them. It is as if she feels she “should” resist, but cannot always bring herself to do so. For example, in response to her surgeon’s unilateral decision to increase her breast size, she “made a show of being outraged” (67, emphasis added). The outrage seems to be pro forma, suggesting that she is secretly pleased that her breasts are larger than expected, but will not acknowledge this pleasure to the medical authority responsible for bringing her closer to achieving a stereotype of feminine beauty. There is an intersection here between the desire to determine her own course and the desire to give in to established patterns and cultural standards.

Elsewhere, in a sensual contemplation of A—with whom Salah began the poem—she writes: “More than most A’s face both composes and conceals the designs of beauty” (64, original italics). Here, feminine beauty is something explicitly achieved (composed) and naturalized (the composition is concealed), but the contemplation of that beauty is nevertheless pleasurable, its achievement is pleasurable, and even the implicit conformity to an external standard is pleasurable, and these are all pleasures that Salah is, herself, “supposed” to be engaged in in relation to her own appearance. However, a subsequent reference to the “history [that A] has suffered” (64, original italics) suggests that, whatever pleasures may accrue from adhering to these cultural standards, such adherence is not achieved easily and its effects may also bring about suffering or pain.

In addition to providing insights into Salah’s apparent desire to both embrace and resist the old discourse, this passage about A is also valuable for the way it serves as a reminder that the discourse to which Salah is “submitting” is not solely a medical artifact, but rather that the medical standards are continuous with the values of a wider culture.
Thus, in a sense, A’s beauty seems to be providing a model which Salah wishes to emulate, and which the surgeon both subscribes to and facilitates.

Salah reveals that giving in to such pleasures may be seen by some people as inconsistent with her espoused values, acknowledging this in a passage which begins with the observation that “to rewrite this body” requires “making a bargain [. . .] with a fantasy,” where the “fantasy” seems to be cultural standards of femininity. It is worth observing that Salah’s conception of “fantasy” here seems to be different from the Butlerian account of fantasy that has informed many of my other analyses. In Butler’s understanding, fantasy provides the opportunity to exceed that which has been indexed by the “real,” to posit possibilities which, while perhaps not impossible, are nevertheless not admitted to the realm of the possible. The fantasy that Salah accesses, on the other hand, is a shared cultural fantasy of the standards of feminine beauty, standards which belong very much within the index of the “real” (their achievability or non-achievability notwithstanding). But perhaps Butler’s account of fantasy is more germane here than it at first seems to be, considering that Salah was once male-bodied but conceived of herself according to norms that supposedly did not apply to her. Engaging, pursuing those norms, then, can be understood to fulfil what Butler calls the “critical promise of fantasy,” which is its power to “challenge the contingent limits of what will and will not be called reality” (Butler, Undoing 29).

Nevertheless, Salah is conscious that surrendering herself to the pleasures of those norms may be, as I have mentioned, regarded with suspicion by others. She remarks with a gentle, self-mocking humour, that “[h]aving been a serious marxist boy, and a good feminist, I may have a hard time living it [the fantasy] down. Or out.” (66). Here there is
at once the suggestion that she must in some way account for, “live down,” desires that seem at odds with her values while simultaneously yearning to give in to, to “live out,” those desires. At the same time, there is buried within this remark a powerful defence of such a yearning, which arises from its connection with Viviane K. Namaste’s sociological study, Invisible Lives: The Erasure of Transsexual and Transgendered People (2000). Namaste, referring to academic researchers who implicitly or explicitly fault transpeople for embracing what the researchers regard as a kind of false consciousness, writes that “[m]ost of this scholarship assumes that transsexuals would not change their sex once they have read enough Marxist or feminist theory: a hypothesis that cannot account for the realities of individuals who change sex after exposure to Marxist, socialist, or feminist theories and politics” (37). Considering that Salah characterizes herself, in the passage above, as the kind of Marxist or feminist who would “change sex,” the similarities of language and ideas here are significant, especially given that Salah is an academic as well as a poet, and has clearly read widely in the field of transgender studies, and also given that her acknowledgments make it clear that she is not only familiar with Namaste’s research, but that the two are friends (89). Through this interpenetration of her work with Namaste’s—and Namaste’s with hers—Salah implicitly justifies defining her identity in ways that others might regard as inconsistent, and perhaps even hypocritical, knowing that there is an integrity to such an identity, even if, paradoxically, she cannot yet express the nature of that integrity except through reference to seeming inconsistencies and contradictions. An observation of Butler’s, made in connection with her comments on the advantages of remaining less than intelligible (where intelligibility is gained through submitting to norms that have the power to destroy one) is significant
here: “That my agency is riven with paradox does not mean it is impossible. It means only that paradox is the condition of its possibility” (Undoing 3).

Paradox is similarly important in a section of Salah’s poem concerned with the term gender dysphoria, a psychiatric concept that refers to feelings of anxiety, dissatisfaction and discomfort with one’s assigned gender. However, Salah writes “I used to think dysphoria meant falling, | To fall out of, or even, within” (68), an understanding which characterizes her experience in several possible ways: her “condition” might entail falling outside of a gender, or perhaps gender systems altogether, and/or it might entail falling within a gender, or gender systems. This raises some questions: If one falls out of a gender, does one (must one?) then automatically fall into another? Might one fall between or outside of gender(s)? Might one do both—fall out of and within a category—simultaneously? This last, seemingly paradoxical, possibility is at least implied in these lines, and there is a sense, in this grappling, that existing systems are inadequate to express and account for Salah’s experience of her gender. These kinds of taxonomic challenges are reminiscent both of my discussion in Chapter Two of the taxonomic crisis that occurred in the wake of Jorgensen’s sudden celebrity in the 1950s, where medical discourse attempted to “pin down” people like Jorgensen within available or modified systems of classification—to make them “fall within” categories that they otherwise seemed to “fall out of”—and of my discussion, in Chapter Three, of Bornstein’s project of “integrating” her life—where she embraces apparently irreducibly different possibilities, insisting on “falling within” multiple identities and shifting subject positions that mainstream culture regards as incompatible.

However, while Salah’s self-representation seems to have much in common with
Bornstein’s, there is a hesitancy to it which contrasts with Bornstein’s fierce (but hard-earned) self-confidence, a hesitancy to which she returns in the final lines of the poem:

Don’t be deceived.
No, I’ve not, not yet. I’m not, not there. Or there, or—
Though I can feel something move as if across a great distance.

I keep catching at a length of rope descending, the slip
Returns your questions.
I think they are your questions.

If desire is always a ruse, why this time or shape?
Why this cut, here?

She does not know where to locate herself, although one gets a sense that she understands herself as almost belonging within—falling within and out of—a variety of locations or categories (“I’m not, not there. Or there, or—”) each of which she apparently has some claim to, and she has a far-off glimpse of how these different possibilities and seeming incompatibilities might all hang together, although getting them to cohere has so far eluded her grasp: “I can feel something move as if across a great distance. I keep catching at a length of rope descending.” With each slip of (or on) the rope, old questions are re-encountered, one of which (“If desire is always a ruse. . .”) seems to implicitly return us to the realm of political and academic theory, to the Marxism and feminism whose demands are supposedly incompatible with Salah’s conflicted desire to give herself over to the pleasure of submitting to established discourses and authorities.

The poem concludes with these questions hanging in the air; leaving them unanswered in this way has at least two effects. First, one gets the sense that the questions are unanswered because Salah has, as yet, no precise answers for them, but only the elusive glimpse, “as if across a great distance,” of resolutions. However, this glimpse is
justification enough for what she has done; that is to say, the surgeries are a step in the
direction of answers. Second, because the surgeries are taking her towards resolutions as
yet unreached, one has a sense that a temporary answer to these questions might simply
be “Because.” “[W]hy this time or shape?” Because now was the time to do it, and this
form, this shape, this body is the “right” one. “Why this cut, here?” can be similarly
answered, although the question demands a closer examination.

“Cut” refers most obviously to Salah’s surgeries; indeed, there are references to
incisions, sutures, healing and scarring throughout the poem. However, the poem
mentions that she has had not one, but three surgeries, each presumably involving
multiple incisions on different parts of her body. If the question refers solely to the
surgeries, why use the singular noun—“cut”—and the specificity of “here”? Surely it
would make more sense to ask “Why these cuts?” Because of the way the question is
phrased, it seems to me that we are being asked to read it in at least two other ways. One
of them is connected to the characterization of female genitalia as a wound, which is
found in the work of Freud, as well as in slang terms for the vulva such as “gash” and
“slit.”3 Not only is the singular noun and the specificity of place appropriate if the
question is read in this way—a person has only one vagina, and its location is fairly
specific—the conception of the vulva as a wound, albeit a healed one, is literalized in
Salah’s case, thus linking these two readings of the question: the “cut” is simultaneously
both the surgery and the vulva.4 The other way in which we might read the question takes
into account the etymology of the word “sex,” originally from the Latin secare, which
means to divide or cut.5 Understood through this lens, “Why this cut, here?” places in
question the essentialized division of the human race into two sexed categories, asking
“Why *this* division? Why not another one? If the division were a different one, where might I (Salah) fall? What classification(s) might I fall out of or within then?” This reading of the question also serves as a reminder that *all* sexual classifications—not just transsexualism—are the product of a cutting.

The last line of the poem, then, appears to be one question but is in fact several questions that are related, one to the other, in extraordinarily complex ways. This palimpsest of questions may be hesitantly expressed, but that hesitation seems not to be the product of a lack of confidence, but only a lack of answers that adequately knit together seeming inconsistencies and paradoxes. These complex concluding lines are, then, emblematic of the many elements of Salah’s experience that she is attempting to integrate. She is, to paraphrase Butler on the promise of fantasy, imagining herself otherwise; she is pointing elsewhere—pointing to “something [. . .] across a great distance”—and anticipating bringing that “elsewhere” home in a way that at once embraces and resists and transforms the old discourses. Salah’s work reminds us that emergent forms of identity, and possible forms of identity that are perhaps not yet actualized, appear through an engagement with the simultaneously enabling and violating power of the present.
Notes

Introduction

1. See, as introductions to the field of narrative medicine, Rita Charon’s “Narrative Medicine: Attention, Representation, Affiliation” and “Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust,” Trisha Greenhalgh and Brian Hurwitz’s “Narrative Based Medicine: Why Study Narrative?” and Marguerite Holloway’s “When Medicine Meets Literature.” In addition, see the web sites of academic programs:
   <www.narrativemedicine.org> Program in Narrative Medicine, Columbia University
   <http://litmed.hiram.edu/> Center for Literature, Medicine, and Biomedical Humanities, Hiram College
   <http://www.uhmc.sunysb.edu/prevmed/mns/imcs/> Institute for Medicine in Contemporary Society, University at Stony Brook, New York
   <http://www.hmc.psu.edu/humanities/index.htm> Department of Humanities, Penn State College of Medicine

2. In addition, Tobin observes that John Locke, “who studied and practiced medicine, drew upon [established] medical vocabulary, when he introduced the word *semiotics* to philosophy in his *Essay [Concerning Human Understanding]*” (181).

3. This definition draws from the OED’s online draft entry for “transgender” and from the web site of the Transgender Campaign of the Union of Students in Ireland (<www.usilgbt.org/index.php?categoryid=35>). Web page accessed 24 September 2007.

4. Gender-variant people also exist in many non-European cultures, including the *katoey* of Thailand, the *hijra* of India, and the Maori identities of *whakawahine* and *whakatane*. In North America, people from a variety of indigenous gender-variant traditions today often identify themselves as “two-spirits” or “two-spirited.” Such forms of identity are often regarded as examples of transgenderism, but it should be kept in mind that “transgender” is a late-twentieth-century Western conceptualization which may not adequately account for these culturally and historically specific non-Western identities. *Gender Reversals and Gender Cultures: Anthropological and Historical Perspectives* (ed. Sabrina Petra Ramet), and *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History* (ed. Gilbert Herdt) both include significant discussions of non-Western gender variance.

5. For more on the history of these terms, see note 2, Chapter Two.

6. It is worth noting that such an argument suggests an ethical question which, if it were to be adequately examined, would require a rather different enquiry from this one. Nevertheless, the question should be raised; indeed, in some ways, its asking, if not its answer, subtends many of my analyses and arguments. Specifically, we may wish to ask how appropriate it is to continue employing a Cold-War–era medical understanding of cross-gender identity in the early years of the twenty-first century. Should post–World War II ideologies and anxieties concerning gender roles and gender variance be enshrined in a document as powerful as the DSM?

7. This discursive power is connected to what Foucault calls the politics of truth, a concept which Butler describes as “a politics that pertains to those relations of power that circumscribe in advance what will and will not count as truth, which order the world in certain regular and regulatable ways, and which we come to accept as the given field of knowledge” (*Undoing Gender* 57–58).

8. Stryker’s quotations of Foucault are from “*Society Must Be Defended*” (8).

9. “Plastic Pearls” and “Just Like My Dad” are both found in a story collection called *Boys Like Her: Transfictions*, which appears in my works cited list under the collective authorship of a group of writers called Taste This.
10. Reimer, born as one of two identical male twins in 1965, suffered the accidental loss of his penis at the age of eight months when a therapeutic circumcision went wrong. Before the age of two, with assurances that the boy could successfully be raised as a girl, his parents had consented to surgical sex reassignment and were raising him as Brenda, but Brenda never felt comfortable as a girl and had a difficult childhood. When she learned her history at puberty, she quickly reverted to living as male, eventually having reconstructive genital surgery and later marrying a woman and adopting children. Reimer committed suicide in 2004. In addition to Butler’s discussion of Reimer, see John Colapinto’s well-known book about Reimer, *As Nature Made Him: The Boy Who Was Raised as a Girl* (2000), and Diamond and Sigmundson’s “Sex Reassignment at Birth: A Case Report with Long-Term Follow-Up and Clinical Implications” (1997). Also of interest are Colapinto’s “Gender Gap: What Were the Real Reasons Behind David Reimer’s Suicide?” (2004) in the on-line magazine, *Slate*, (http://www.slate.com/id/2101678/) and his original 1997 article for *Rolling Stone* (available on-line at http://www.infocirc.org/rollston.htm).

11. The protocols developed in the wake of Money’s research held until 2006, when a consortium of 50 intersex experts published a new “Consensus Statement on Management of Intersex Disorders.” See Lee, Houk, Ahmed and Hughes. Also see note 2, in Chapter One.

12. I am indebted to Jay Prosser’s *Second Skins* (147–48) for bringing this case to my attention.

13. Quoted by Judith Halberstam, *Female Masculinity* 149.

14. Written under the name Charles Anders.

15. Specifically, he has PhDs in both psychiatry and the history of medicine, and is a practicing psychiatrist (working with queer, transgendered and intersexed children) and professor of psychiatry. Additionally, he has a background in the studies of literature and biomedical engineering.

Chapter 1

1. May’s *Homeward Bound: American Families in the Cold War Era*, is an account of what she refers to as “domestic containment” during the Cold War. May links American foreign and domestic policies of containment (of the Soviet Union, of the nuclear threat, of national subversion by, among others, communists and homosexuals) to containment at the level of middle-class family life. According to May, the dominant familial ideology that took shape early in the Cold War—characterized by an ethos of early marriage, relatively large families, adherence to clearly defined roles for women and men, political conformity, sexual conformity, and so on—“held out the promise of security in an insecure world” (ix). In short, containment in the home was understood “to be the best bulwark against the dangers of the cold war” (xviii). In this chapter and the next, May’s careful account of this prevailing family norm frequently informs my analysis of the development of medical theories of intersexuality and transsexualism during the Cold War, theories which implicitly situated intersexed and transsexual subjects in relation to the norms of domestic containment, and judged the relative success or failure of their therapeutic treatments against such norms.

2. “Hermaphrodites” might be a more historically appropriate term here. Certainly, as a class, “intersexed” did not “exist” in the non-medical cultural imagination in North America in the 1950s, while “hermaphrodites” did to some extent. On the other hand, historian Alice Domurat Dreger observes that the term “intersexuality” was first used in biomedical literature before 1920 in reference to a considerable range of sexual “ambiguities” which included (but were not limited to) conditions more usually known as hermaphroditism. The term slowly became more prominent in medical circles, although, by the 1950s, “hermaphroditism” and “hermaphrodite” were still in common use. Present-day use of the term “intersexual” as, more or less, a replacement for “hermaphrodite” represents a relatively recent development (Dreger 31).

In this chapter and those that follow, my aim, as much as possible, is to use terminology that is
historically appropriate while also being sensitive to the present-day preferences of the people who have been and continue to be the subjects of such terminology. This, of course, is a challenge in itself, since preferences can vary widely. In this chapter, I tend to favour terms such as “intersexed” and “intersexuality” on the grounds that there is both historical precedent for them and that they are frequently today’s preferred terminology. I use “hermaphrodite” and its related terms only when context seems to demand them.

Finally, although “intersex” has for some time been the preferred term in medical circles, that is changing. In August 2006, a group of 50 experts on intersexuality were signatory to a new medical protocol for managing intersexed conditions. (It replaces the protocol whose origins are the subject of this chapter.) They recommend adopting the term “disorders of sex development” (DSD), at least in medical contexts, in preference to “intersexuality” (Lee, Houk, Ahmed and Hugh 488). In this chapter, however, I retain the more familiar terminology. (This “Consensus Statement on Management of Intersex Disorders” grew out of an “International Consensus Conference on Intersex,” whose participants were those signatory to the consensus statement. It is perhaps worth observing that 46 of the 50 participants in this purportedly international process were from Europe and North America, with 21 from the European Union, 24 from the United States, and one from Canada. The remaining four participants were from Japan (1), Brazil (1) and Australia (2). With minimal representation from Asia and South America, and none from Africa, the Middle East and the countries comprising the former Soviet Union, the scope of the conference’s work—whatever its strengths, which are doubtless considerable—might be better characterized as “Euro-American” or “Western” than “international.”)


3. “Jordan Park” is one of science fiction writer C.M. Kornbluth’s many pseudonyms. As “Jordan Park,” Kornbluth collaborated with the better-known Frederik Pohl on other novels, but there is no evidence to suggest that Pohl himself had a hand in Half.

4. Stephen’s concern about the “category” to which he fears others will relegate him resonates with the Greek origins of the word category: “to accuse in public.” My thanks to Thomas Kemple for pointing this out.

5. This aspect of Steven’s interrogation is certainly intended to resemble the interrogations that suspected homosexuals who worked for the U.S. government faced in the 1950s. On the pressure to “name names,” see David K. Johnson’s The Lavender Scare, pages 147–49, and 151–53.


7. Indeed, the stereotypical association between male same-sex desire and effeminacy is almost certainly older than Ulrich’s concise formulation. In Male Subjectivity at the Margins, Kaja Silverman cites the work of several researchers who find evidence of it in fourteenth-century Italy, fifteenth-century France, seventeenth-century Portugal, eighteenth-century Holland, eighteenth- and nineteenth-century London, and possibly Renaissance England (342).

8. Kinsey’s “experienced observers” are “[t]hose . . . acquainted with the extent of homosexual activity . . . , whether through clinical contacts . . . , through homosexual acquaintances, or through their own . . . homosexual experience” (626) (like Kinsey himself, perhaps).

9. Kinsey’s earlier zoological work on the gall wasp lay behind such views. Regina Markell Morantz writes: “His gall wasp investigations had made him so sensitive to individual uniqueness and the endless possibility of variation as fundamental biological principles that it is a wonder he managed to
generalize at all. Uncomfortable with dichotomous classifications, he preferred to speak of changes on an
infinite continuum” (569). For comparison, see my discussion of Magnus Hirschfeld’s *sexuelle Zwischenstufen* in Chapter Two (pp. 133–34).

10. It is possible that another cultural circumstance motivating this push for men to enter careers
was the post-war economic imperative to find jobs for ex-servicemen.

11. In 1963, Betty Friedan also analyzed the *Ladies’ Home Journal* and other women’s magazines
in *The Feminine Mystique*. Friedan found that in the 1930s and 40s, such magazines contained “hundreds
of articles about the world outside the home,” articles about American diplomatic relations, about Stalin,
about the persecution of the Jews, about the New Deal, about Margaret Sanger and birth control, and so on.
By the 1950s, however, they printed only articles that “serviced women as housewives, or described
women as housewives, or permitted a purely feminine identification” (45). Friedan quotes a *Ladies’ Home
Journal* editor who told her that “If we get an article about a woman who does anything adventurous, out of
the way, something by herself, you know, we figure she must be terribly aggressive, neurotic” (45). Friedan
quotes a 1959 *Ladies’ Home Journal* article whose subject, at the age of eighteen, gave up both college and
a job in order to marry. This woman says “If he doesn’t want me to wear a certain color or a certain kind of
dress, then I truly don’t want to, either. The thing is, whatever he has wanted is what I also want. . . . I don’t
believe in fifty-fifty marriages.” Despite her (abandoned) college education, the article tells readers that she
“never tried to enter into the discussion when men were talking. She never disputed her husband in
anything” (Friedan 56).

12. The antecedent of May’s “it” is not clear. “It” refers either to changing one’s place in the
world or to changing the world itself. Happily, either possibility fits both her argument and mine.

13. See, for example, *Rethinking Cold War Culture* (2001), edited by Peter J. Kuznick and James
Gilbert. For an account of how Canadian queers resisted official persecution during the Cold War, see Gary
Kinsman’s “The Canadian Cold War on Queers: Sexual Regulation and Resistance” in *Love, Hate, and

14. See Cheryl Chase’s “Hermaphrodites with Attitude: Mapping the Emergence of Intersex
Political Activism” (1998), Alice Domurat Dreger’s *Hermaphrodites and the Medical Invention of Sex*
(1998), Anne Fausto-Sterling’s *Sexing the Body: Gender Politics and the Construction of Sexuality* (2000),
Suzanne Kessler’s *Lessons from the Intersexed* (1998), and Sharon Preves’ “Sexing the Intersexed: An
Analysis of Sociocultural Responses to Intersexuality” (2001). For current information about intersex
activist responses to medical protocols, the web site of the Intersex Society of North America (ISNA) is
indispensable (<www.isna.org>).

15. See note 2, above.

maps the influence that 1950s intersex research had on the concurrently developing theories of
transsexuality. Although Hausman’s research is meticulous, her book is understandably disliked by many
transsexual and transgendered people. Jay Prosser, for example, objects to Hausman on the grounds that
she reduces “the transsexual” to a “historically engineered subject” supposedly produced solely through
historical developments in endocrinology and surgery. Prosser maintains that Hausman “overwhelmingly fail[s] to examine how transsexuals are constructing subjects: participants and actors who have shaped
medical practices as much as they have been shaped by them” (8). Vivien K. Namaste objects to what she
sees as Hausman’s view of transsexuals as deluded, a view which situates them “in the realm of illusion,
duplicity, and deception” (34); further, Namaste asserts that scholarship such as Hausman’s “assumes that
transsexuals would not change their sex once they have read enough Marxist or feminist theory: a
hypothesis that cannot account for the realities of individuals who change sex after exposure to Marxist,
socialist, or feminist theories and politics” (37). (Also see Henry S. Rubin, “Phenomenology as Method in
Trans Studies,” for a critique of Hausman.) Although I make use of Hausman’s careful research, I approach
it with caution, keenly aware of the problematic assumptions that many transpeople identify in her work.
17. I discuss some of these challenges in Chapter Three. Also see note 22, below.

18. See note 22, below.

19. For ease of reference, subsequent citations of this article will appear as MHH 1955b. The other articles in the series will appear as MHH 1955a, MHH 1956, and MHH 1957.

20. Hormones were available and in use, both "illicitly" and "legitimately," by the 1950s. They were isolated early in the 20th century and were available for therapeutic purposes by the 1920s. (For a full account of this history, see chapters 6 through 8 of Anne Fausto-Sterling's Sexing the Body.) Physician Harry Benjamin, who I discuss in the next chapter, and who is best known for his pioneering work on transsexualism beginning in the 1950s, prescribed an estrogen-based hormone to a transvestite in the 1920s (Meyerowitz, How Sex Changed 46). Christine Jorgensen, who I also discuss in the next chapter, obtained hormones "illicitly" from a pharmacy in 1949, self-administering them for a considerable time before eventually going to Denmark seeking medically sanctioned hormone therapies and sex reassignment (Jorgensen, Christine Jorgensen: A Personal Autobiography 77–79). In 1958, a young patient called Agnes presented herself to Robert Stoller, a psychiatrist specializing in gender identity, asking for surgery to "correct" her apparent intersexuality—she had breasts and a female-appearing body, but slightly atrophied male genitals and reproductive organs. Stoller arranged for the surgery, only to learn a number of years later that Agnes had been born male but had been taking her mother's hormone-replacement pills for some time before approaching the doctors (Meyerowitz, How Sex Changed 159–62). (Of Agnes, Susan Stryker and Stephen Whittle remark that “[m]edical specialists in the field of gender identity management have considered the case a prime example of how transsexual patients try to manipulate their doctors to get what they want. Transgender people tend to see in the story of Agnes a savvy young woman who accurately mapped the relations of power within which she negotiated and actualized her sense of self” [Transgender Studies Reader 58].)

21. In total, Money and the Hampsons consider seven “variables of sex,” five of which are biological: “chromosomal sex,” “gonadal sex,” “hormonal sex and secondary sexual characteristics,” “internal [. . .] reproductive structures,” and “external genital morphology” (MHH 1955b 302). One of the remaining two “variables”—“assigned sex and sex of rearing”—is socio-culturally determined, while the last—“gender role and orientation as male or female”—is the product of “various combinations and permutations” of the previous six.

22. Anne Fausto-Sterling, in Sexing the Body: Gender Politics and the Construction of Sexuality (2000), writes about Money and the Hampson’s conservative use of their radical concept. While they viewed gender identity as malleable in early childhood, they regarded gender ambiguity later in life as pathological. In their way of thinking, it was therefore necessary to assign an intersexed infant to one of the two culturally available sexes, surgically reconfigure the infant’s genitals to match that sex, and then ensure that the developing child acquired the gender role that conformed to the genitals and the assigned sex (46, 63–64). In How Sex Changed: A History of Transsexuality in the United States (2002), Joanne Meyerowitz writes about the integration of the concept of gender into the medical discourse of transsexualism (where it was also used as a regulatory tool) as well as its eventual recasting within feminist discourse.

Meyerowitz points out that Money and his colleagues developed the concept of gender role, which Robert Stoller refined in the early 1960s by introducing the idea of gender identity, thus creating a distinction between one’s social presentation (a role) and one’s self-concept (an identity). When these concepts were integrated into research on gender-variant subjects, non-normative gender role presentation in children was taken as evidence of a deviant gender identity which needed to be rectified before that gender identity solidified. The goal was to establish conventional gender identities in such children, thus supposedly preventing transsexualism, transvestism and homosexuality in adulthood (Meyerowitz 114–19, 125–29). Feminist scholars picked up these concepts, often drawing directly on the work of Money and Stoller while simultaneously being critical of the ways in which such medical work perpetuated stereotypes of gender within scientific discourse (Meyerowitz 262–63). “For the most part,” Meyerowitz writes, “feminists emphasized the social construction of gender and separated it from sex. They not only severed
masculine and feminine behavior from their traditional moorings in biological sex, but also questioned the
[. . .] utility” of gender roles (262). Ann Oakley’s *Sex Gender and Society* (1972) is an early example of
feminist scholarship that makes use of the medical discourse. In her sixth chapter—aptly titled “Sex and
Gender”—Oakley directly cites Stoller. Also of interest is Suzanne J. Kessler and Wendy McKenna’s
*Gender: An Ethnomethodological Approach* (1978), which cites Money, Stoller and related medical
figures.

23. See, for example, Julia Epstein’s “Either/Or—Neither/Both: Sexual Ambiguity and the
Ideology of Gender” and Anne Fausto-Sterling’s “The Five Sexes: Why Male and Female Are Not
Enough.”

24. Indeed, when introducing his section on “practicing hermaphrodites,” Young comments that
the “histories given by some of these patients are extraordinary and others most amusing” (136).

25. If even contemplating such a conversion seems odd, it should be born in mind that it might
have been attempted if chromosomes or internal reproductive organs suggested one sex while genitalia
suggested another.

26. Athough providing historical examples of this hardly seems necessary, one need only think of
Vita Sackville-West and her husband Harold Nicholson both of whom, in addition to being married and
having children together, enjoyed extra-marital same-sex relationships (Garber, *Vice Versa* 408–18).
W. Henry writes about Lowell and Anita, a married gay man and lesbian who look on their marriage as a
“pleasant companionship,” are pleased to have had a child together, and “are planning to have more”
children (335–6). These are, of course, not isolated examples.

27. Somehow Money and the Hampsons seem to have missed that “all other girls and women”
have clitorises.

28. Elsewhere, *Your Marriage* similarly argues that postponing marriage can lead to heterosexual
“premarital sexual relations,” which “aggravates the problem of prostitution, with the evils that flow from
it. There are also the dangers and liabilities of pregnancy and temptations to abortion” (107).

29. In contemplating Mr. A’s aesthetic discipline, we might be reminded of his acquaintance who
knows the avant garde writers and “an awful lot of the fairies” (MHH 1955b 315). My thanks to Janet
Giltrow for this observation.

30. Money and the Hampsons could be understood to be using the classical and renaissance
rhetorical figure of epanados, one definition of which (found in the OED) is “a return to the regular thread
of discourse after a digression.” Gideon Burton’s exhaustive *Silva Rhetoricae*, available on-line through
Brigham Young University, provides this definition: “repeating the main terms of an argument in the
course of presenting it” (<http://humanities.byu.edu/rhetoric/silva.htm>). (Accessed 21 September 2007.)

31. This confusing blending of a percentage with a raw number creates its own superlative effect,
implying as it does that the rate of correspondence exceeds the number of research participants, and
therefore exceeds 100 percent: “[I]n 95 [. . .] of our 94 cases, gender role and orientation corresponded
unequivocally with the sex of assignment and rearing, irrespective of incongruities” (MHH 1956 43).

32. In making this observation, I am indebted to a related but not identical account of this passage
which appears in Hausman’s *Changing Sex*. She writes: “These criteria reveal quite specifically the nature
of Money and the Hampsons’ conceptions of ‘gender role,’ and the extent to which clinicians’ assessments
of the patients’ proper gender role involved making judgments about the appropriate sexual fantasies and
desires of male and female subjects” (97).

33. Speaking as both a practicing scientist and as an historian of science, Anne Fausto-Sterling
observes that “most scientific choices are underdetermined—that is, the actual data do not completely mandate a particular choice between competing theories, thus enabling the sociocultural valence of a particular theory to contribute to its attractiveness” (3, 26).

Chapter 2

1. Newsweek’s assessment was even more blunt: “The former George Jorgensen is a castrated male” (“Boy or Girl?” 91).

2. Similarly, February 1953 saw the republication, in an American paperback edition, of Man Into Woman: An Authentic Record of a Change of Sex. First published in Danish in 1931 as Fra mand til kvinde, then in German in 1932 (Ein Mensch Wechselt Sein Geschlecht), and then in English in 1933, Man into Woman is a biographical account of Lili Elbe (formerly Einar Wegener), a Dane who, under Magnus Hirschfeld’s supervision, underwent sex reassignment in the early 1930s but died in 1931 of “[p]aralysis of the heart” (Hoyer 224). The first and second printings of the 1953 edition took place in February, which is the month Jorgensen returned from Denmark. The third printing was made the following month, which is the printing I have. How many more followed I cannot say, but clearly there was an interest in and demand for this book. A fictionalized version of Elbe’s life—David Ebershoff’s novel The Danish Girl—appeared in 2000.

3. As I observe in note 2, Chapter Two, more contemporary terminology would refer to Steven Bankow’s condition as intersexuality, or as a disorder of sex development. I have retained the term hermaphrodite in this chapter because it comes up in a number of quotations and historically specific discussions, and I found that negotiating between hermaphrodite and intersexual impaired rather than enhanced clarity.

4. Indeed, it seems that Wood’s producer, George Weiss, had originally intended the film to be specifically about Jorgensen and to be made with her involvement, but she was not interested in the project. She reportedly later teased Wood, remarking that her refusal to get involved with his film was “the best thing she ever did for her career” (Grey 39, 122).

5. In her introduction to GLQ’s 1998 “Transgender Issue” (4, 2 1998), Susan Stryker takes the view that that Stone’s article had “done more to chart the course for transgender studies than any other single piece of scholarship” (148) until that time.

6. Who is or was Mark Shane? Did he write anything else? Is Mark Shane a pen name? There seems to be no information about him anywhere. Some information is available, however, about his publisher, thanks to a short article by Susan Stryker archived on the PlanetOut web site. Fabian Books was founded in Fresno, California in 1955 by Sanford Aday and continued publishing until 1963. Aday was, himself, a novelist who had limited luck getting his work published, having only two titles to his name (Amber Dust [1952] and Satan’s Harvest [1953]), before he began publishing “risqué” novels by other writers. These books were all concerned with sexual matters, and a few were manifestly queer (and Aday was, himself; connected with the pioneering homosexual rights group, the Mattachine Society). In 1963, on the strength of one shipped book, Aday was convicted of shipping obscene materials through the mail, was fined $25,000 and received a twenty-five year prison sentence (Stryker, “Fresno” n.p.).

Given that Aday struggled to get his own novels published, and that Sex Gantlet To Murder must have been one of the first imprints of Fabian Books, appearing early in the year the company was founded, it is tempting to speculate that Aday himself wrote it.

7. In addition, the present-day ready availability of the novel from online booksellers suggests that it enjoyed relatively wide distribution. Quick searches of the web sites alibris.com and abebooks.com in August 2007 turned up well over a dozen copies.
8. The oddest and most disturbing of these is Tony’s metaphorical conflation of a sexually attractive woman with butchered, roasted flesh: “She was something a man could devour in as many bites as it would take to eat a delicious roast!” (53).

9. As it is written, the clause is a restrictive relative which, in effect, presupposes the existence of more than one “female gender.” With the addition of the comma, it becomes a non-restrictive relative which presupposes that the gender in question is independently identifiable.

   The use of the word “gender” here also seems to have an oddly scientific quality, which is another way in which the unsettling diction might throw the reader off balance. It is as if Tony is engaged in a kind of genus identification, separating one “species” from another.

10. And we must, I think, understand Shane’s use of gender to signify the problematic category of biological sex, tempting though it may be to read more into it than this. As we saw in the previous chapter, 1955 (the year of this novel’s publication) was the same year that Money and the Hampsons first proposed drawing a distinction between sex and gender, but they did so within specialized medical scholarship.

   Conventional usage at the time—Shane’s usage, presumably—conflated the two terms, with sex being more commonly used. The first edition of the OED (1933) gives gender as a synonym for sex (although the usage is, interestingly, considered “[n]ow only jocular”). The OED’s second edition (1989) repeats the earlier definition but supplements it with the extraordinary assertion that gender is, “[i]n mod[ern] (esp. feminist) use a euphemism for the sex of a human being, often intended to emphasize the social and cultural, as opposed to the biological, distinctions between the sexes” (emphasis added). This definition strongly implies that the distinction—decades old by 1989—is spurious and misleading.

11. Notice how the category of “woman”—or, to conform with the parlance of the novel, the category of “girl”—is curiously slippery in this conversation, creeping as it does from “girl” to “not real girl” and then through to “boy,” “boy who imitates girls,” “queen,” and finally arriving at “homosexual.” While the association of male homosexuality with femininity or effeminacy is long-standing and therefore should come as no surprise, what is interesting here is that homosexuality is presented not as a feminized inflection of maleness, but is rather arrived at through successive re-visions of femaleness.

12. Kinsey et al. observe in Sexual Behaviour in the Human Male that “mouth-genital contacts between males and females are certainly heterosexual, even though some persons may think of them as homosexual” (616).

13. Throughout my discussion of Sex Gantlet to Murder, I refer to Johnnie as a transsexual, despite the fact that nowhere in the novel is this term used. However, choosing terminology consistent with the novel is virtually impossible, since the text has no consistent or coherent classification for her. By 1955, when Sex Gantlet appeared, sexologist Harry Benjamin had begun his efforts to get the medical community to adopt the term “transsexual” (see note 54, below), although it was far from established either medically or popularly.

14. There are more of these: “That Johnnie has never made any sense to me!” (93); “For the life of me, I can’t tell what’s wrong with that woman” (129).

15. Other examples are: “This is a creepy, eavesdropping place. You never know when someone is going to sneak up on you” (49); “I suppose you know that front room conversation can be heard in here?” (68).

16. George was a GI in the months following World War Two. Then nineteen, he was drafted to serve “the great need of the armed forces, at that time, . . . for clerical help to go about the enormous job of disbanding [the] forces. . . . I was one of the many who were assigned to the job of helping discharge four thousand of these men a day” (Autobiography 30–31). After fourteen months, George was himself discharged.

17. Jorgensen may, in fact, have been the first person to refer to herself in such terms. In the
February 15th installment of her 1953 “Story of My Life” she writes that her motivation to “tell the world
the real story of how and why it was possible and absolutely necessary for George Jorgensen to be
transformed into Christine” arose from the many inquiries she had received, as a result of her publicity, that
“were wrung from the hearts of men and women who [had] their own tragic experiences in what I choose to
call the ‘no-man’s land’ of sex” (“Story” I 5).

18. Does this collapsing of Jorgensen’s military past with the dangerous “blonde beauty” that she
became justify designating her a “blonde bombshell”? The military was certainly was concerned about her
explosive and destructive power. For a superb account of the word “bombshell,” see Stephanie A. Smith’s
Household Words (2006). Also, in this connection, see the opening of my first chapter.

19. Jorgensen later wryly observed that “[a]s I had played no active part, personally, in this
shocking demoralization of American troops in Europe, I had a clear conscience. Having been in the army
myself, I didn’t remember that the American GI could be so easily corrupted” (Autobiography 210). The
implication of her statement is, of course, that she is simultaneously resistant to corruption (as a GI), and an
agent of corruption (that GIs must resist), and the irony of this dual role was probably not lost on Jorgensen
herself, who possessed a well-developed sense of humour concerning the perceived ambiguity of her sexual
status. (Also implicit in her comment is, perhaps, a mockery of the belief that, as the US senate put it in the
early 1950s, only one “pervert” was required to “pollute a government office”—or, one presumes, an army
[D’Emilio 42].)

20. The common view that such operations were illegal was promulgated by various sources,
including doctors who refused to operate out of fear of prosecution (Meyerowitz, How Sex Changed 47,
120–21) and news media, including Time, which declared in one article that “most surgeons will have
nothing to do with what they consider a crime against nature and the laws of the 48 states” (“Mixed Sex”
88) and in another which maintained that removing the “sex glands” was “illegal in every state in the U.S.,
except in cases of physical disease” (“Case of Christine” 83). (Time’s merging of crimes covered by state
law with “crimes” against the supposed laws of “nature” is intriguing.) These objections to sex
reassignment were often based on an interpretation of mayhem statutes, which originated in English
common law but had found their way into American law. The mayhem statutes were intended to prevent
potential soldiers from being deliberately maimed, by themselves or others, in ways that would deprive
them of limbs required to fight (Meyerowitz, How Sex Changed 47; Sherwin, “Legal Problem” 244). In
1954, lawyer Robert Veit Sherwin countered these views in an article appearing in the American Journal of
Psychotherapy, writing that “there is no law which specifically prohibits a doctor from performing this
operation with the consent of the patient. Nevertheless, there is hardly a district attorney in the country who
would not inform a doctor that it would be illegal[,] . . . point[ing] to the mayhem Statute. Rarely has the
law been used in such a ridiculous and unscientific fashion. The mayhem Statute has no connection . . .
with anything remotely connected to the subject under discussion” (“Legal Problem” 243–44). In 1969,
Sherwin further observed that English courts had specifically excluded genitalia from the mayhem laws
(“Legal Aspects” 421).

21. Another interesting connection between transsexualism in Sex Gantlet to Murder and the “real
life” Jorgensen comes up when we learn that Johnnie (like Jorgensen) has been involved in an
“inappropriate” relationship with a military officer stationed overseas.

22. I feel compelled to observe that the stilted prose style of this conversation is unusual in a book
that is, for the most part, more fluidly written (odities of diction and sentence structure aside).

23. Of “bisexuality” Hinsie and Shatzky wrote in 1940, and again in 1953, “[t]he presence of the
qualities of both sexes in the same individual. The term is synonymous with hermaphroditism, though the
latter term appears to have gained almost exclusive reference to organic manifestations of the condition. . .
Bisexuality manifests itself also in the psyche” (74). This definition—from which our current
understanding of bisexuality is notably absent—suggests that the authors regarded their varying
understandings of bisexuality to be “manifestations” of a single “condition.” Warren, writing in 1934 and
reprinted in 1962, made a more clear-cut distinction: “bisexuality = 1. possession by an individual of the
psychological or anatomical characteristics of both sexes; 2. (pathol.) a sexual abnormality in which the
individual is more or less equally attracted to members of both sexes” (33). Kinsey, although he objected to
the now-current definition of bisexuality in his 1948 volume on the human male, and made mention of the
term’s (supposedly) more appropriate reference to somatic states, had apparently accepted the more limited
modern definition by 1953, when his “female” volume appeared (Male 656–59, Female 468).

It is interesting that, in his Three Essays on the Theory of Sexuality, Freud’s “amphigenic
inverts”—those whose “sexual objects may equally well be of their own or of the opposite sex” (47)—look
very much like today’s bisexuals, while Freud’s definition of “bisexuality” was a little different. Of his
ever-developing understanding of bisexuality, Marjorie Garber writes

When he first began to think about bisexuality Freud envisioned it as biological,
chemical, and anatomical—in any case, innate. . . . [T]he child, whose body bore
biological traces of both male and female elements, was erotically attracted to both males
and females. Only later, through a mechanism of repression, did he or she achieve
“maturity” by suppressing one side of the “bisexual disposition” in accordance with
(heterosexual) social norms and expectations. . . .

As will be clear from this short account, the “original bisexual disposition” was
imagined not only as innate and biological but also as intrinsically part of a system at
once heterosexual and monosexual. Men would normally grow up to desire women and
to repress any leftover “original” desire for men; for women the reverse would be true.
An adult was “bisexual” only in terms of his or her biological makeup. What we would
today call bisexuality—sexual attraction to both men and women—was a problem, a
symptom of neurosis. . . .

Later in his career, he changed his ideas. . . . [I]t was not that bisexuality
represented a biological or developmental stage prior to “mature” heterosexual desire, but
rather that all human subjects were precarious or divided in their sexuality, developing
sexual roles and desires as a result of cultural as well as biological factors and “gender
imprinting.” [. . .] “Bisexuality” for Freud, then, comes to mean the unfixed nature of
sexual identity and sexual object choice. (Vice Versa 181–82)

24. A peculiar narratorial comment from Tony, provides at least some support for this reading: “I
could see that [Fleming] was head strung [sic] toward pushing a homosexual more to the left than to the
right way” (60). This oddly opaque phrase becomes a little clearer in light of Marjorie Garber’s discussion,
in Vice Versa, of the historically “persistent analogy between left-handedness and homosexuality—[and]
ambidexterity and bisexuality” (284). Tony’s comment seems, then, to suggest that an “ambidextrously”
desiring subject could be influenced to embrace either the homosexual “left” or the heterosexual “right.”
There are also, of course, sinister Cold War values at work in Tony’s comment, given the widespread
cultural insistence that left-wing, communist politics were aligned with homosexuality, that the “right way”
was the way of democracy and heterosexuality, and that anyone could be seduced into an apparent
“ambidexterity,” seeming to be right while actually being left, seeming heterosexual while actually being
homosexual.

25. Except to suggest that, according to the heteronormative schema that undergirds Tony’s
question, surely the homosexual should be taken away from, rather than be “brought back to” (members of)
his own sex.

26. It is perhaps worth observing that Fleming’s haywire, roaming “science” seems at least as
unsettled as the desires and identities of the people who are its subjects. Indeed, Johnnie seems far more
stable in her identity than Fleming is in his science.

27. This declaration is from Jacques Tourneur’s 1947 film noir, Out of the Past.

28. James Naremore observes that, although many critics have accepted the bracketing of noir’s
“classic era” proposed by pioneering noir critic Paul Schrader—beginning with The Maltese Falcon in
1941 and ending with Orson Welle’s 1958 film, A Touch of Evil—“[m]ost recent discussions treat film noir
as a transgeneric form that begins somewhere in the late thirties or early forties and continues to the present
day” (280 n.2).

29. Including classics such as Dashiell Hammett’s *The Maltese Falcon* (book 1930, film 1941), Raymond Chandler’s *The Big Sleep* (1939, 1946), and James M. Cain’s *The Postman Always Rings Twice* (1934, 1946) and *Double Indemnity* (1936, 1944).

30. Specifically, “the French critic Nino Frank . . . coined the term *[film noir]* in 1946 to designate the resemblance between a group of recently released Hollywood films and the hard-boiled detective fiction then being published [in France] by Gallimard as part of its *Serie noir*” (Corber 55).

31. Also, its black and white cover art has the visual style of film noir.

32. This despite the appearance of John Huston’s *The Maltese Falcon* in 1941, which many critics regard as the first film noir (although see note 28, above). However, there were relatively few such films produced during the war years, while production exploded immediately following the war; David N. Meyer’s comprehensive chronological index of *films noir* lists only ten released between 1941 and 1945, but twelve in 1946 alone (298). This sudden increase is culturally significant, and Meyer reflects the views of many critics when he observes that, following the war, noir tapped into a spirit of post-war disillusionment and fed an audience hungry for a change from “cheer-up movies of the Depression” and patriotic films from the war years (12).

33. Blaser adapted his master’s thesis in English, and some additional material, into a web site titled *No Place for a Woman: The Family in Film Noir and Other Essays*. The home page is at www.lib.berkeley.edu/MRC/noir/index.html. My discussion here summarizes material from two pages on Blaser’s web site: “The *Femme Fatale*” (www.lib.berkeley.edu/MRC/noir/np05ff.html) and “*Film Noir*’s Progressive Portrayal of Women” (www.lib.berkeley.edu/MRC/noir/pp-all.html). (URLs checked 4 April 2007).

34. In *The Lavender Scare*, historian David K. Johnson observes that, although Senator Joseph McCarthy “was the first major politician to publicly suggest that there were homosexuals in the [American] government and that they posed a risk to national security,” he was not involved in investigations or hearings concerned with homosexuality. Johnson continues: “A knowledgeable observer at the time suggested he did not pursue the ‘homosexual angle’ more aggressively because he was afraid of a boomerang. As an unmarried, middle-aged man, he was subject to gossip and rumor about his own sexuality” (3).

35. In *Laura*, Waldo Lydecker’s exquisite apartment marks him as homosexual (Corber 67), while in *Gilda* there is evidence of strong attraction between Ballin Mundson and Johnny Farrell which goes unacknowledged in Johnny’s voice-over (Hollinger 250). (Actor Glenn Ford, who played Johnny, later remarked: “Of course, we knew their relationship was homosexual” [Dyer n.p.].) In *The Maltese Falcon*, Joel Cairo’s aestheticism marks him as queer, while detective Sam Spade refers to Wilmer Cook as a “gunsel,” an ambiguous word which means both a gunman and a homosexual youth. (Dashiell Hammett’s original novel presents the sexuality of Cairo and Cook even more explicitly.)

36. In light of the considerable control exercised over what could or could not be shown on screen during this period, Naremore observes that to “find truly systemic violations of [Production Code] morality or ‘good taste’ in American mass culture during these years, one needs to look not at movies but at paperback books” (101). *Sex Gantlet to Murder* is particularly interesting to consider in light of this observation, since it specifically positions itself as noir, using noir’s stock characters, situations, settings and visual style, but, because it is a novel, explicitly addresses sexual matters that screen noir could discuss only obliquely or does not discuss at all (as in the case of transexualism).

37. The specificity of this declaration renders it deliciously ambiguous. Perhaps she’s “never been in bed with a man” (emphasis added) but one thing this novel has taught us, if we didn’t know it already, is that there is a myriad other sexual possibilities. Perhaps also suspicious is Daphne’s sudden endorsement of
premarital sex, although it seems clear that the two are going to be married the following day.

38. Even Daphne is suspect, at least by virtue of her connection with Tony; also see note 37, above.

39. In ways that are perhaps different from its presumably “shocking” effect on readers of the 1950s.

40. For another example, see note 17, above.

41. The quoted material comes from the 1938 (2d ed 1952) book Sexual Anomalies and Perversions: Physical and Psychological Development, Diagnosis and Treatment, which is, according to the title page, “A Summary of the Works of the Late Professor Dr. Magnus Hirschfeld . . . Compiled as a Humble Memorial by his Pupils.”

42. The Chevalier d’Eon (1728–1810) was a French diplomat, spy and war hero who, from the age of forty-nine, lived his/her remaining thirty-two years as a woman. During D’Eon’s life, people placed large bets on whether s/he was male or female. For more on D’Eon, see Gary Kates’ provocative biography, Monsieur D’Eon is a Woman: A Tale of Political Intrigue and Sexual Masquerade (1995).

43. It has been pointed out that Hirschfeld coined the term transsexualism in 1923 (Pfaefflin np). While this is true, his full term was seelischen Transsexualismus, which translates as “psychic transsexualism.” Joanne Meyerowitz notes that “he associated [this state] with a form of ‘inversion,’ but he did not use the word transsexual the way we use it today. For people who hoped to change their sex, he used the word transvestite” (How Sex Changed 19).

44. In 1958, the American physician Eugene de Savitsch published a monograph entitled Homosexuality, Transvestism and Change of Sex in which he discusses a Swiss case from the 1940s—that of Arlette-Irène Leber—and also presents, in an Appendix, a translation of a pertinent Swiss court decision from 1945. Without having access to the original document, it is difficult to gauge the reliability of this translation, but the decision is, nevertheless, of interest in connection with the present discussion. Leber, who had undergone surgical reassignment from male to female, petitioned the courts in order to change her name from Arnold-Léon to Arlette-Irène and her civic status to female. Supporting testimony from physicians, included in the court decision, identified her (in the translation) as a “real” transvestite (de Savitsch 100), a modification of terminology which suggests that she was somehow understood to be different from other transvestites, although the precise nature of “real” transvestism is not made clear. Despite the apparent desire to make a distinction between types of transvestites, then, the term “transvestite” is nevertheless retained.

45. I have found it difficult to decide whether to refer to “cross-sex” or “cross-gender” identification. Understood according to our contemporary distinctions between sex and gender, the subjects I am discussing might appropriately be understood as “cross-gendered.” However, I am reluctant to use a presentist “back formation” of this kind. Therefore, in most such cases I refer to “cross-sex” identification. Similarly, although many pre-1950s European transvestites might now be understood to be transsexuals, I will maintain the designation of “transvestite” for these cases, making it clear from context whether they are transvestites who do or do not wish to change sex.

47. This dictionary has been sufficiently influential to have seen eight editions, the most recent of which appeared in 2003 under the title of *Campbell’s Psychiatric Dictionary*, renamed for one of its more recent editors.

48. Although Hamburger *et al.* do not mention their source for this definition, it is almost certainly Magnus Hirschfeld. Michael A. Lombardi-Nash’s recent translation of *Die Transvestiten* renders one passage as: “In all cases [of transvestism] we are clearly faced with the strong drive to live in the clothing of that sex that does not belong to the relative build of the body” (124). An earlier translation, appearing in *Sexual Anomalies and Perversions* (which is a digest of Hirschfeld’s work compiled by “his pupils”), more closely resembles Hamburger *et al.*’s rendition: “This is the impulse to appear in the outward trappings of the sex to which a person, according to the visible sexual organs, does not belong” (187).

49. In addition, we may wonder what they mean by “external genitalia.” Aren’t all genitalia external? It is difficult to know whether this is simply an accidental and unnecessary adjective, or whether it carries some significance, and the confusion engendered here is reminiscent of the odd phrases we encountered throughout *Sex Gantlet to Murder*. Like them, “external” looks like it should mean something but it has, nevertheless, a certain impenetrability. Nevertheless, I can tentatively propose one way we might read this, which arises out of Harry Benjamin’s definition of “genital organs” in *The Transsexual Phenomenon*. For Benjamin, the testes and ovaries are “primary” genital organs “because they are directly concerned with reproduction.” One might debate whether testes are internal or external, but ovaries are certainly internal. “Secondary” genital organs in the male are “penis, scrotum, prostate, masculine hair distribution, a deeper voice, and so on, and a masculine psychology (such as aggressiveness, self assurance, and related traits).” The penis and scrotum are external, the prostate internal, but the other items Benjamin lists might strike us as odd candidates for a list of genitals or organs. Nevertheless, they are arguably useful in determining someone’s supposed biological sex. His equivalent list for women is similarly problematic: “clitoris, vulva, uterus (with its menstrual function), vagina, breasts, a wide pelvis, female voice, female hair distribution, and the usual feminine mental traits (shyness, compliance, emotionalism, and others)” (6-7). Whatever complaints we might have about Benjamin’s understanding of the differences between men and women, his lists do suggest one way we might understand Hamburger *et al.*’s phrase “external genitalia.” Perhaps we are to understand “external genitalia” as a variety of outwardly visible somatic markers that may provide cues about a person’s sex, markers that could be seen as being at odds with the person’s choice of apparel. This understanding seems to be in keeping with my comment, in the body of my discussion, that the phrase “according to his or her external genitalia” suggests that there may be a variety of ways to determine someone’s sex.

50. It hardly needs saying but, in the context, we must understand “queer” in its older, pejorative sense that refers specifically to homosexuality.

51. Such hostility was not restricted to Karpman. In their 1944 article, “Eonism with Outstanding Psychopathic Features,” D.M. Olkon and Irene Case Sherman refer to their transvestite subject’s wish to be anatomically female as “senseless, silly and asinine” (166). I discuss their work in greater detail later in the chapter.

52. An observation of Havelock Ellis’s seems relevant here: “Though they *do not often desire* inverted sexual [i.e. same-sex] relationships, male Eonists sometimes feel an almost passionate longing for a woman’s experiences, of pregnancy and motherhood” (*Psychology* 244).

53. Further, the potential for understanding cross-sex identity and homosexuality as overlapping or congruent states of being is strikingly illustrated by Jorgensen’s physicians, who appropriated Ulrich’s phrase as part of their definition of transvestism: transvestites have a “female personality in a male body” (Hamburger *et al.* 391). This characterization has, of course, become a standard popular explanation of *transsexualism*, but is not now typically associated with transvestism.

54. It was around this time that, in America, the desire to be rid of one’s genitals and to have those of the “opposite” sex began to be associated with the soon-to-be-articulated clinical designation of
transsexualism. In 1947, the same year Karpman’s article was published, the popular sex writer David O. Cauldwell addressed this desire in a pamphlet chapter called “Desire for Surgical Sex Transmutation: An Insane Fancy of Near Males,” and by 1949 Cauldwell specifically associated such a desire with a condition he dubbed *psychopathia transsexualis* (in an echo of Richard von Krafft-Ebing’s book *Psychopathia Sexualis*). In 1953, the same connection was made in the medical literature with the publication of Harry Benjamin’s “Transvestism and Transsexualism.” Cauldwell was, for a long time, cited as the originator of the term “transsexual.” However, Hirschfeld was the first to use it (see note 5, above). Nevertheless, the term did not enter the medical lexicon until after Harry Benjamin began actively championing it in 1953. I discuss Benjamin later in this chapter.

55. Another of Ellis’s suggested replacement terms for “transvestism” is “sexo-aesthetic inversion,” which Olkon and Sherman render incorrectly here as “sexesthetic inversion” and elsewhere as “sexesthetic inversion.”

56. Olkon and Sherman actually wrote twice on Mildred, the 1944 article to which I have referred being the second publication. The first, a brief summary of a conference presentation, appeared in 1943. There is information in this summary which does not appear in the longer article, and to which I will refer. Because the titles of the two publications are extremely similar, I distinguish them by year rather than title in my citations.

57. Ellis wrote, for example, that “[t]o describe a mental condition which, though abnormal, is sane, by its relation to an insane state it never reaches […] is to assume too pathological a standpoint” (“Eonism” 9). Hirschfeld, as we have seen, placed transvestites within the broad class of sexual intermediaries, and it was his contention that to “view the sexual intermediaries to be pathological” is to hold “an indefensible standpoint”; rather, intermediaries are simply “sexual varieties, […] a widespread and important natural phenomenon” (*Transvestites* 228).

58. In *Transvestites*, Hirschfeld devotes whole chapters to apparent connections between transvestism and fetishism (158–70), narcissism (155–57), masochism (171–81) and homosexuality (147–54); Ellis, likewise, addresses fetishism (“Eonism” 11, 29), narcissism (29) and homosexuality (11).

59. It seems, then, that the people Karpman’s subject longed for, those who would “some day understand conditions like this” but whom he had not “been able to find . . . in reality” (329), existed in places other than America. It would, however, be misleading to suggest that European medicine overwhelmingly supported sex reassignment. Meyerowitz cites cases of European doctors who, in the 1950s, objected to these therapies (*How Sex Changed* 109, 310 n.23).

60. Eventually, clinicians in North America began to incorporate their cross-gendered clients’ analyses and understandings of their conditions into clinical theories. One of the first such practitioners was Harry Benjamin, whose work on transsexualism I examine later in the chapter. Benjamin was also an early champion of the theories of Virginia Prince, a male-to-female transvestite whose initially modest activism in the 1950s led eventually to the establishment of a still-thriving international network of cross-dresser’s clubs and societies. She was also involved in writing for and publishing magazines for cross-dressers. Prince began living full-time as a woman in the late 1960s, but without genital surgery.

While Prince did not have a background in medicine or psychiatry, Benjamin helped to get her article “Homosexuality, Transvestism and Transsexualism: Reflections on their Etiology and Differentiation” published in a 1957 issue of the *American Journal of Psychotherapy*, the first of many articles Prince published in the medical literature, often in collaboration with practitioners in the field. She continued with such publication as late as 1997, when “Transvestism: A Survey of 1032 Cross-Dressers,” written in collaboration with physician Richard F. Docter, was published in the *Archives of Sexual Behaviour*. Prince also began using the term “transgenderist” in the late 1970s (which she is credited with coining), as a classification for people who live full-time in the “other” gender, perhaps with the aid of hormone therapy but without genital surgery. (Within current usage, “transgender” has a much broader application.)

Prince’s history is unusual inasmuch as cross-identifying subjects have, at least until very recently,
rarely been as influential as she has been in the development of medical theories about their own “condition,” although a growing number of therapists and theorists have begun to adopt this kind of collaborative approach; medical practice is changing radically as a result, a shift I discuss in the next chapter.

For more on Prince, see King and Ekins’ “Pioneers of Transgendering: The Life and Work of Virginia Prince” (http://www.gender.org.uk/conf/2000/king20.htm). Ekins and King have also collected some of her writings under the title Virginia Prince: Pioneer of Transgendering (Haworth: Ringhampton NY, 2005). For a critique of her theories and influence, which nevertheless acknowledges Prince’s historical importance, see Denny’s “Heteropocrisy: The Myth of the Heterosexual Male Crossdresser.”

61. On left-handedness, compare note 24, above. In contrast to Peabody et al., Hyman S. Barahal’s “Female Transvestism and Homosexuality,” also from 1953, promises to be refreshing in at least two respects. First, he writes about women transvestites, who were usually ignored (perhaps because, according to Peabody et al.’s infantilizing observation, “Transvestitism in woman . . . [has] a greater element of ‘pretending’ . . . and is of less serious character than its counterpart in the male” [342].) Second, Barahal breaks with his contemporaries to declare that transvestism, at least the female variety, “is not a manifestation of homosexuality” (438, emphasis added). This, however, simply seems to be because homosexuality does not actually exist, but is “only a symptom in a neurotic structure” (437). A little later, having suggested that love plays no role in his subject’s same-sex relationships, Barahal totals on this case, declaring that, “[i]n fact, homosexuality is inconsistent with love” altogether (437); however, Barahal fails to explain how something that does not exist can be said to be consistent or inconsistent with anything. Ultimately, one is tempted to conclude that Barahal actually concurs with Peabody’s assessment of the relative unimportance of female transvestism since it is, it seems, nothing more than typically female: “Qualitatively, it does not differ essentially from other similarly-motivated disturbances in the sphere of feminine psychology” (438).

62. The now-defunct categories of true hermaphrodite, male pseudo-hermaphrodite and female pseudo-hermaphrodite were established in the nineteenth century. So-called true hermaphrodites had both male and female gonads—one ovary and one testicle or fused ovo-testes. Male pseudo-hermaphrodites had testes but female-appearing external genitalia. Female pseudo-hermaphrodites had ovaries but male-appearing external genitalia. Because so-called true hermaphroditism is rare (some nineteenth- and early twentieth-century practitioners believed it never occurred) these divisions allowed medical men to divide virtually all cases of hermaphroditism into females or males. The result was an effacement of hermaphroditism as a set of recognizable body types, since “true” hermaphroditism hardly ever happened and the pseudo (or “false”) hermaphrodites could be reinscribed as “true” females or males based on their gonads. (Dreger 155–56, Chase 190, Fausto-Sterling, Sexing 50).

63. One wonders why Time felt it could elucidate what the medical “experts” seemed unable to agree upon.

64. Indeed, some time later, after it was clear that Jorgensen was, in fact, not a hermaphrodite, a Time article asserted that “many readers jumped to the conclusion that his [sic] was one of the not uncommon cases of pseudohermaphroditism [. . .], or one of the rare cases of true hermaphroditism . [. . .] In either instance, the operations would have left Jorgensen a girl, or a reasonable facsimile thereof” (“Case of Christine” 82). The implication here, of course, is that because Jorgensen was not hermaphroditic, “the operations” did not leave her “a reasonable facsimile” of “a girl.” Such a position seems indefensible, however, given how successfully Jorgensen transitioned into her life as a woman. However, the point Time is making has to do with the authenticity of her claim. Meyerowitz writes: “In the American media, an intersexed person had a legitimate claim to female status, but a male ‘transvestite,’ even surgically and hormonally altered, seemingly did not” (How Sex Changed 72).

65. One American physician, responding to Hamburger, Stürup and Dahl-Iversen’s article, remarked, with disapproval, that “[t]he use of surgery to minimize the difference between a patient’s appearance and the appearance for which he has a neurotic craving is a novel suggestion” (Ostow 1553). Novel to him, perhaps, but not in several countries abroad.
66. It may be that Jorgensen’s doctors are invoking Ellis when they refer to “psychic hermaphroditism” since Ellis briefly mentions the term “psychical hermaphroditism” when discussing possible alternatives to Hirschfeld’s “transvestism.” However, Ellis rejects the term on the grounds that it “is not accurate since these people are not always conscious of possessing the psychic disposition of both sexes, but sometimes only of one, the opposite sex” (“Eonism” 28). Freud also uses the term, in the “Three Essays,” remarking that it is “tempting to extend” what is known about somatic hermaphroditism “to the mental sphere and to explain inversion in all its varieties as the expression of a psychical hermaphroditism” (52).

67. However, the logic behind such a linkage might seem a little obscure, given that “genuine” transvestism would appear to be, from an etymological point of view at any rate, more obviously consistent with Ellis’s first type of eonist, whose activities are mainly confined to clothing. On the other hand, as Janet Giltrow has suggested to me, “genuine” tranvestism also demonstrates the extent to which the unmarked term—transvestism—signified cross-identification for Hamburger et al. That is, the genuine transvestite is the transvestite who cross-identifies. (Although this raises the question of how one is to understand the non-cross-identifying transvestites.)

68. At least two of Ellis’s cases explicitly express these kinds of wishes: “In my tendency to femininity [sic] I have often thought seriously of castration. Only the possible danger has several times prevented me from castrating myself. I know that I should be immensely happier if my sexual organs were removed. If I knew anyone who would perform the operation I should immediately have recourse to him” (“Eonism” 66); and “I would undergo a surgical operation if the result would give me a beautiful and attractive female form with full womanhood” (86).

69. See notes 43 and 54, above.

70. Because there is often a sameness to the titles of Benjamin’s articles, I frequently distinguish them by date in my citations.

71. Here is the entire text of the letter:

February 16, 1953

Dear Miss Jorgensen:

These lines are written to you in the interest of some of my patients and naturally also of those whose emotional problems, nobody understands better than you do.

Frankly I am worried over the effect your story and publicity may have in some instances. I had a few rather frantic phone calls and letters recently. Therefore, I would be grateful to you if you would tell me how you are handling the innumerable communications that undoubtedly came to you. Don’t they all indicate hopefulness yet utter frustration?

In my many years of practice of sexology and endocrinology, problems similar to yours have been brought to me frequently. I need not tell you how profoundly disturbed some of these people are. Naturally they identify with you. Can I tell them that you will answer their pleas with a personal note, a friendly non-committal form letter perhaps, but—for psychological reasons—bearing your signature? That would help enormously. Or have you formulated another plan? Can I be of any assistance? If so please feel free to call on me.

Most sincerely and earnestly yours,

Harry Benjamin, M.D. (qtd. in Ettner 16–17)
72. Meyerowitz makes a similar point in *How Sex Changed*, although she is writing about court decisions made by liberal judges in the 1970s concerning the legal sex status of transsexuals. See pages 252–53.

73. The latter of these two views seems to me particularly problematic. While it may be true that some—even many—transsexuals essentialize the culturally endorsed continuity between gender and sex, it is also true that the vast majority of non-transsexuals in Western culture do the same. Vilifying transsexuals for not being able to stand outside a sex/gender discourse that has been fundamental to Western culture—a discourse that is inculcated from before birth, that governs the way people are understood within families and relationships, that, to greater or lesser degree, defines who we are as consumers, as workers, as lovers, as television viewers, as virtually everything that we are in every moment of every day—in short, vilifying transsexuals for not being able to separate themselves and their aspirations from a virtually inescapable cultural discourse is unreasonable, at the very least.

74. Benjamin had made a similar argument a few years earlier in a 1949 review article that predates his published work on transsexualism. “Two Years of Sexology” examines recent sexological research, including an article called “The Venereal Disease Patient as a Delinquent” which Benjamin feels “is sound and progresssive in many ways.” Nevertheless, he notes disapprovingly that its “assertion that ‘the venereal disease patient has acted as a delinquent and should be handled as such’ is a rather dangerous statement without further elaboration. The patient has not acted as a ‘delinquent.’ Only society has made him so and it may be better to change the attitude of society instead of adjusting a patient to society’s errors” (424). Although at first glance this might seem to be a species of the argument that maintains social forces drive people into delinquency, this is not, in fact, what Benjamin is saying. Rather, he is taking the position that the patient’s actions are not those of a “delinquent,” unless society has produced an erring definition of “delinquency” which includes the kinds of acts (presumably sexual) that lead to a person’s inclusion in the category of “venereal disease patient.” There is, then, in this short paragraph a suggestion that Benjamin regards categories, and the states of being that produce / are produced by them, as contingent rather than fixed or universal.

75. However, even “descriptive” categories Benjamin understood to be temporary and unstable. For example, he writes that “the term ‘transsexualism’ answers a practical purpose and is appropriate to our present state of knowledge” and then suggests future conditions under which it might no longer be useful (1954 222).

76. Loathing for one’s birth genitals stands to this day in the DSM as a diagnostic sign of “gender identity disorder,” but some transsexuals question its supposed universal legitimacy. For examples, see Sandy Stone on “wringing the turkey’s neck” (“The Empire Strikes Back” 281, 289, 292) and Kate Bornstein (*Gender Outlaw* 119).

77. Hirschfeld’s legacy may well be at work here, given that the German-born and educated Benjamin maintained close personal and professional ties with Hirschfeld until his death in 1935, and Benjamin would have read Hirschfeld’s work in the original German. Hirschfeld’s concept of *sexuelle Zwischenstufen* is most frequently translated as “sexual intermediaries,” but this translation does not take *Stufe* into account, which can mean stage, phase, plane, or level. (My thanks to Thomas Kemple for pointing this out to me.) It is possible, then, that Benjamin’s shifts between bounded and continuous classifications of transvestism—“types” vs. “stages”—arises out of Hirschfeld’s terminology.

78. As in note 77, above, we are perhaps again witnessing the legacy of Hirschfeld’s *sexuelle Zwischenstufen*, that vast matrix of sexual possibilities which no taxonomy of sexual categories could adequately account for.

79. Given Benjamin’s dedication to facilitating the transsexual’s social integration, it is interesting that he does not comment on another passage—which appears within his longer quotations—from this committee’s findings. The committee maintained that “[i]t is questionable whether laws and records such as the birth certificate should be changed [in order to] help psychologically ill persons in their social
adaptation. The Committee is therefore opposed to change of sex on birth certificates in transsexualism” (qtd. in Benjamin 1966 165). One might have expected Benjamin to question their opposition to a measure that, by their own account, would help people it regards as “psychologically ill” to improve their social functioning.

80. For other examples of this persistent musical metaphor in Benjamin’s work, see 1954 219, 221, 226, 229; 1964a 106; 1967a 428–29; 1967b 110; Benjamin and Ihlenfeld 457.

81. For example, what do the “sex relations” of a woman with a man look like? What do they look like when the woman is “hindered” by her penis? How do men “woo”? In what respect is this different from lesbian wooing? And does lesbian wooing take a single, universal form?

82. Brevard means, one presumes, “c[linched] my claim to womanly status.” However, photographs of a wasp-waisted Brevard from the early 1960s—included in her autobiography—suggest that her “claim to womanly status,” like that of many other women of the period, owed at least something to cinching.

83. Perhaps this is another example of the way Cold War ideology used marriage as a container for “out-of-control” sexuality. Could reducing the terrifying polyvalency suggested by transsexualism to the known strictures of marriage be one way to control this “threat”? Also, it is fascinating to note that, elsewhere in The Transsexual Phenomenon, Benjamin decries the hypocrisy produced when people are forced into a narrow range of culturally legitimated sexual expression and identities, but here implicitly approves of the hypocrisy to which Joanna must resort—deceiving her husband concerning her past and reproductive capacity—in order to successfully integrate herself into that same narrow range of possibilities. Indeed, the fabrication of a plausible personal history became an essential element of “successful” sex reassignment. In Chapter Four, I discuss some transgendered reactions to this requirement in the 1990s.

Chapter 3

1. Burou developed a vaginoplasty technique that is still used, albeit with refinements, in which the erotically sensitive skin of the penis forms the inner walls of the new vagina.

2. In previous chapters I have avoided using formulations such as MTF (male to female) because of their historic specificity: they belong to the late twentieth and early twenty-first centuries. In this chapter I use MTF and FTM whenever it seems appropriate but recognize that not all transpeople identify their experience using such terms, or prefer similar but not identical formulations such as F2M, M2F, ftm, mtf, MTM, and FTF.

3. Although in rare cases, surgery had been performed in the United States from the early 1950s, usually on MTF transsexuals who had managed either to self-castrate or who had arranged for castration abroad. Surgeons in the US were unwilling to remove testicles because they feared prosecution. See note 20 in the previous chapter.

4. Biber’s clinic continues in operation to this day, now under the direction of Dr. Marci Bowers who is, herself, a transsexual.

5. For example, Harry Benjamin had been interested in endocrinology from early in his career, and had prescribed feminizing hormones to a male cross-dressing client in the 1920s. See note 20 in Chapter One.

6. Despite surgical improvements, many FTM still feel that phalloplasty is unsatisfactory.
7. The Harry Benjamin International Gender Dysphoria Association (HBIGDA) changed its name to the World Professional Association for Transgender Health (WPATH) in 2006. The name change is interesting for what it reveals about how broader perceptions of gender variance have changed, moving from a model that emphasizes psychopathology—gender variance as a dysphoric phenomenon—to a model that uses terminology (transgender) developed by transpeople, and which emphasizes health rather than illness. This broader shift is largely the subject of this chapter.

8. This, of course, is an extraordinarily abbreviated account of developments from the late 1960s onward, derived in large part from fuller accounts in Dallas Denny’s “The Politics of Diagnosis and a Diagnosis of Politics” and “Changing Models of Transsexualism,” Janice M. Irvine’s Disorders of Desire (229–278), Arlene Istar Lev’s Transgender Emergence (40–43), and Joanne Meyerowitz’s How Sex Changed (especially 48–50, 145–47, 148–53, 218–22, 267–75).

9. In a 2004 article, “Changing Models of Transsexualism,” Dallas Denny details these shifting conceptual models of gender variance with considerable clarity. What Denny calls the “transsexual model” was my focus in the previous chapter. This model, which began emerging in the 1950s, was built around the idea of “wrong” embodiment: the psyche of one “sex” was “trapped” in the body of the “other,” and this was a state of mental illness whose psychic distresses could be palliated (but not “cured”) only through a program that transformed the body, both surgically and hormonally. Denny observes that the model was not without merit, providing a framework out of which treatment programs were developed and became available; however, predicated on the idea of dichotomous gender, and informed by heterosexist assumptions, it was narrow and prescriptive, making services inaccessible to gender variant people who did not meet its criteria. The “transgender model” emerged in the 1990s, with the impetus for it coming from the transgendered themselves. It is non-pathologizing, regarding variant manifestations of gender as an aspect of human diversity, thus offering gender variant people the opportunity to view their gender identifications as healthy. A flexible, non-prescriptive model, it takes the view that transpeople display a multitude of “gender trajectories” (26) which they themselves should be instrumental in identifying and developing, and which may or may not include either hormone treatments or surgeries. A possible pitfall of this model is that it could be used to argue that, if transpeople are not mentally ill, then the counseling and medical services they require are volitional. But Denny observes that the distress transpeople experience in attempting to navigate an intolerant culture structured around the idea of two exclusive sexes is well documented, as is the benefit such people derive from counseling and medical services. Denny also observes that the transgender model is inclusive of transsexuals; there have been, and continue to be, those who understand themselves as unambiguously belonging to their non-natal, “opposite” gender, and it is well established that sex reassignment procedures benefit them.

10. Of course, Althusser’s hailing in the street is metonymic of a broad range of ideological calls that penetrate the whole social structure, while the medical terminology of gender variance is not metonymic, but applies to very specific circumstances. Nevertheless, as we saw in the previous two chapters, even specific medical “calls” function within the service of ideology; thus, if I recognize myself within the classification of, for example, “gender identity disorder,” I simultaneously acknowledge that I am bound within a much more broadly based ideological structure, which takes in the two-sex/two-gender system, marriage, “the family,” heterosexuality, homosexuality, heteronormativity, etc.

11. Dr. Christian Hamburger, for example, received letters from 465 people seeking sex reassignment once his involvement in Christine Jorgensen’s transformation was made public. See Hamburger’s “The Desire for Change of Sex as Shown by Personal Letters from 465 Men and Women” 372. Also see Joanne Meyerowitz, How Sex Changed, 92–96.

12. It is not uncommon to find the idea of interpellation referred to academic writing concerned with transgendered identities and identity formation. Indeed, after establishing the theoretics of gendered interpellation that I have outlined so far, Butler then applies it to an analysis of Jennie Livingston’s documentary film Paris is Burning, about drag balls in New York City. She is particularly concerned with Venus Xtravaganza, a preoperative MTF transsexual who aspires to a life of marriage and middle-class “repectability,” but is, at the time of the documentary, working in the sex trade. By the end of the film, the
viewer learns that she has been murdered by a client. Butler argues that the reiteration of gender norms—
the rearticulation of the interpellations of gender—cannot in this case be considered subversive, leading, as
they seem to, to Xtravaganza’s violent undoing. Further, she argues that success of someone like
Xtravaganza in denaturalizing the norms of gendered subjection, of “femaleness,” does not in such a case
displace the norm; rather, this citing of the norm “becomes the means by which that dominant norm is most
painfully reiterated as the very desire [. . .] of those it subjects” (133). Thus Xtravaganza, a poor Latino/a
transgendered sex worker aspires to fulfil the virtually unattainable—for her—feminine “ideal” of leading a
middle class, married life, with a house in the suburbs.

More recently, Gayle Salomon (a lecturer in Gender and Women’s studies at the University of
California, Berkeley), has invoked the theory of interpellation in her response to Griffin Hansbury’s “The
Middle Men: An Introduction to the Transmasculine Identities.” She observes that Hansbury’s argument
that transgendered identity is “all about self-interpredation” (where one sets the terms of one’s identity and
asks others to recognize it) constitutes “the perfect reversal of Althusser’s theory of interpellation” (270).
Salomon suggests, however, that “even the most interior felt sense of gender seems to be confirming the
social binary by which gender becomes legible” (272); thus, even transgressive gender identities are
elaborated through reference to the existing cultural terms of gender.

Despite such examples as these, it is less common to find the idea of interpellation applied, as I am
doing, to the specific terms through which medical culture has traditionally constructed transsexual
subjects. Susan Stryker, in a passage I quote more fully later in the chapter, makes a brief reference of this
kind when writing about her strategic engagement with the medico-psychological discourse of
transsexualism: “[B]eing interpellated under the sign of [transsexual] was for me, at that moment in time,
the access key to the regulated technologies I sought (“Transgender Issue” 151–52, emphasis added). A
connection between interpellation and the medical discourse of gender variance is implicit in Judith
Butler’s recent investigation of the psychiatric diagnosis of “gender identity disorder” in chapter four of
*Undoing Gender*. Here, Butler writes about the simultaneously enabling and destructive powers of the GID
diagnosis.

13. In the very early 1980s, the director of a gender clinic informed MTF Riki Anne Wilchins that
she “could not be a lesbian” on the grounds that “all transsexual women [. . .] want to be penetrated,”
leading Wilchins to speculate that “maybe he knew even less about woman-to-woman sex than I did”
(Wilchins 177).

14. Nevertheless, Arlene Istar Lev has observed, quoting Steiner, that many clinicians have tended
to regard these relationships as “really” homosexual (Lev 279). The passage from Steiner she refers to is:
“All transsexual biological females are homosexual in erotic object choice” [i.e. they desire women]
(“Transsexuals” 353). See Jason Cromwell’s *Transmen and FTMS: Identities, Bodies, Genders and
Sexualities* (especially pages 130–35) for a recent discussion that is sensitive to the varied and nuanced
sexual desires and practices of FTMs.

15. J. Randell. “Indications for Sex Reassignment Surgery.” *Archives of Sexual Behaviour*, 1, 2

16. Specifically, he writes that, where children are concerned, “common sense demands that their
father, who is about to become a female, not be granted the usual visitation terms.” In practical terms, this
meant that the father had no guaranteed visitation rights whatsoever, since the mother would receive sole
custody of the children and visitation would be at her discretion. Why this constitutes “common sense” is
not explained, although Sherman refers vaguely to “the protection of the children,” offering no explanation
of what the children need to be protected from (“Legal Aspects” 421–22).

However, the inference that the gender-variant subject is in some way dangerous can certainly be
drawn from the then-current version of *Diagnostic and Statistical Manual of Mental Disorders* (1968’s
second edition). While the DSM did not yet include transsexualism, transvestism was included in the same
class of conditions as pedophilia, under the heading of “Sexual Deviations”; in this context, “deviations” are
sexual interests that are not directed toward “people of the opposite sex” and that are “not associated with
coitus” (DSM-II 44). The first edition of 1952 was similar, although less explicit, and also included rapists
within the classification, although they were dropped from the 1968 edition. The current manual, 2000’s
DSM-IV-TR, continues to class transvestites and pedophiles together, under the broad heading of “Paraphilias.” Paraphilias involve “recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving 1) nonhuman objects, 2) the suffering or humiliation of oneself or one’s partner, or 3) children or other nonconsenting persons” (DSM-IV-TR 566).

17. Steiner was not the only clinician writing this way. Susan Harding seems to echo Randell (note 15, above), when she writes that “[d]ivorce is a prerequisite for sex reassignment surgery” (120) and some of her comments are also reminiscent of Sherman’s (note 16, above): “Obviously the wife of a male-to-female transsexual will need to have some measure of acceptance and understanding of her husband in order to allow the continuation of the relationship between him and the children” (121). This, despite her remark immediately preceding this one, that “[c]hildren often accept the transsexual parent” once they understand the condition and feel assured of the continuation of that parent’s love (121).

As with the earlier writers, neither Harding nor Steiner provide rationales for requiring divorce before sex reassignment, nor do they make it clear why contact with children must either be severed (Steiner) or left to the discretion of the non-transsexual parent (Harding). However, considering such requirements in light of the heteronormative assumptions that underpin the views of the clinicians and researchers, it is clear that at least one “danger” of maintaining a pre-existing marriage through and after transition is that it would result in a marriage between two people of the same gender, an undesirable outcome in a treatment regime that calls its subjects to heterosexuality and in a culture that is hostile to queer parents. In addition, Lev observes that the divorce requirement would eliminate legal complications for clinics that might be understood to be facilitating marriages between people of the same gender (277).

18. The present author knows personally a former client of Toronto’s Centre for Addiction and Mental Health [CAMH], into which the Clarke Institute of Psychiatry merged in 1998. As late as the year 2000, the CAMH informed hir—and, one presumes, other similar clients—that s/he could not receive treatment without first divorcing hir spouse.

19. This phrase of Butler’s can also be understood to suggest that the “cost” of an identification is the shutting down of as-yet-unknown—and now unknowable—possibilities. In the present context, however, I am suggesting that the cost of identification may be the loss of extant identifications. These two understandings of Butler’s formulation are not mutually exclusive.

20. Also see Anne Bolin’s 1988 MTF study. She observes that many transsexuals “know that hyper-femininity is an expectation of caretakers. They are also aware that many male caretakers [. . .] rely[. . .] on stereotypes of women” when making diagnostic decisions. As a result, many of her research subjects consciously conformed to such expectations in order to qualify for treatment (In Search of Eve 108).

21. Although the current edition of the DSM is 2000’s DSM-IV-TR, here (and elsewhere in the chapter) I refer to earlier editions and related apparatus because they were the editions current during the period to which I refer. In many respects, however, little has changed in the DSM’s conception of gender variance.

22. I have used “scare” quotes here because, although the Casebook maintains that “[t]hese cases have been drawn from our own experience and from the practices of a large number of clinicians” (ix), an examination of the “same” cases from one edition of the Casebook to another frequently reveals small changes in details. (Typically each revision or new edition of the DSM since 1980 has been accompanied by a new edition of the Casebook.) In addition, the Casebook’s introduction makes it clear that the histories in it have been prepared to ensure the inference of clear diagnoses based on the criteria in the DSM. In short, although the originals of these cases may have been drawn from actual clinical practice, the versions that appear in the Casebooks are almost certainly redactive artifacts designed not only to illustrate whatever the current diagnostic criteria are, but to also validate those criteria.

23. See, by contrast, Cromwell (112–15). As Cromwell makes clear, FTMs have various reasons for not pursuing phallography, not least of which is that the results of such surgery are often unsatisfactory.
24. I have placed the term in quotation marks because I do not consider gender variance to be a disorder. Arlene Istar Lev, a clinical counselor with many years experience working with the transgendered, expresses this position well:

Terminology that pathologizes gender-variant people has been eliminated from this discussion, except when discussing extant medical theories. Transgenderism, or gender variance, will not be considered a pathology, a disorder, an illness, a disease, a deviance, a manifestation of childhood trauma, a lack of appropriate gender-role modeling in childhood, or caused by a suffocating mother or absent father. It is assumed that gender variance is as natural as any other expression of gender and that etiological theories and psychomedical nosologies serve only to further compound the isolation and social ostracism that is the inheritance of those who are labelled mentally ill. (Transgender Emergence 5)

25. Some signs of childhood GID (taken verbatim from the DSM-III-R) include:

For girls
- “regularly have male companions”
- “avid interest in sports and rough-and-tumble play”
- “no interest in dolls or playing ‘house’ (unless they play the father or another male role)”
- “marked aversion to normative feminine clothing and insistence on wearing stereotypic masculine clothing”

For boys
- “girls are regularly their preferred playmates”
- “rough-and-tumble play or sports are generally avoided”
- “compelling desire to participate in the games and pastimes of girls; female dolls are often their favorite toy[,] when playing ‘house’ the role of a female is generally adopted”
- “preference for dressing in girls’ or women’s clothes[,] may improvise such items from available material when genuine articles are unavailable”

(DSM-III-R 71–72)


27. In addition, Zucker wrote in 1990 about a boy who, at the age of two, began “display[ing] feminine or effeminate motoric movements” (“Gender Identity Disorders in Children” 5), leaving unexamined the question of whether gendered meaning can reasonably be attributed to the gestures and movements of a two-year-old.

28. Blanchard also mentions doll-play with, in particular, Barbies. He does not explain why Barbie-play should more strongly indicate GID than other doll-play.

29. Parlee cites Kenneth Gergen’s “Toward Generative Theory” (1346) as the source of her ideas about generative theorizing.

30. Parlee asks several pointed rhetorical questions to illustrate this, two of which are: “Is someone who feels, acts and is socially accepted as a man and who has a vagina a man? Is a female who cross-dresses [.] and looks and acts like a man at home, who dresses and is accepted as a woman at work, and who is married to a MtF TS woman a ‘woman’, ‘man’, ‘gay’, ‘lesbian’, ‘straight’?” (128).

31. As an example of such an “everyday” theorist, she cites Riki Anne Wilchins: “I don’t believe in ‘male’ and ‘female’ or ‘man’[,] and ‘woman’ either. Certainly I believe in them as political accomplishments, cultural categories instituted to cause us to read the body in a specific way [. . .]. But I don’t view them as the so-called ‘natural facts’ they are interminably and predictably proposed to represent. (I should add that I do support anyone’s right to identify as any of these.)” (Parlee 130). (Originally from

32. An observation which contains the very peculiar implication that particular politico-ideological affiliations necessarily accompany the occupation of a diagnostic category.

33. Lev further observes that the frustrating dilemma of having to choose between changing gender or maintaining a relationship with a spouse and children is a “frustration [. . .] iatrogenically created within the existing programmatic guidelines” (278). (Iatrogenic: “Induced unintentionally by a physician through his diagnosis, manner, or treatment; of or pertaining to the induction of [mental or bodily] disorders, symptoms, etc., in this way” [OED 2d. ed.].)


35. What is an “active masculine social existence”? They do not elaborate.

36. The adjectives are Stryker’s, used elsewhere in her article to characterize the “apparatus” she refers to here.

37. Not so flattered, however, that he didn’t “assure[. . .] the doctor [he] wasn’t” (Siciliano n.p.).

38. Toward the end of the previous chapter, I noted the clinical division, which arose in the 1960s, between supposedly appropriate candidates for clinical treatment—the middle class, educated transsexuals who aspired to quietly disappear into the mainstream—and the “antisocial” ones, who were exhibitionistic, “flamboyant,” and “hysterical” (Meyerowitz 197). Dana belongs to the first group.

39. Transperson Kate Bornstein, for example, writes “I used to have a cock, and now I [. . .] have a cunt” (222), while MTF Riki Anne Wilchins has led workshops called “Our Cunts Are Not the Same” (115).

40. We might be reminded of Mildred’s doctors, Olkon and Sherman, discussed in the previous chapter. Because Mildred’s requests for sex reassignment seem impossibly paradoxical to them, they dub the requests “senseless, silly and asinine” (Olkon and Sherman 1944, 166) in much the same way that the narrative voice in Trans-SisterRadio dismisses the idea of a “faggot cunt” as “oxymoronic[, . . .] implausible” and “silly.”

41. In fact, there is one chapter which breaks the pattern, but this seems to be a typographical error. As an error, however, it emphasizes the reductive artificiality of the schema.

42. Dana’s childhood memories also conform to the binarized expectations of the clinicians. It was a childhood of yearnings for baby dolls and Barbies (46), dresses and ballet classes (47), and fairy-tale dressup games (156).

43. Petersen and Dickey remark that this finding “should allay the common fear of transsexuals that they will be denied surgery unless they falsify or deny their true sexual preferences” (150), an observation that is hardly sensitive to those transsexuals unfortunate enough to be living in the vicinity of the three clinics that continued to deny treatment on the basis of sexual preference. It should also be noted that, whatever the clinics’ attitudes toward sexual preference, the great majority were still requiring married
clients to divorce.

44. Will’s character bears a brief comment, here. From early on in the novel he is represented as stereotypically “male”: he’s opinionated and controlling, and communicates poorly with Patricia, his second wife, to whom he is still married. Not surprisingly, Dana inspires in him strong views about who is, or is not, a true woman or man. As his marriage to Patricia collapses, however, his attitudes seem to soften, including his views on Dana’s transsexualism. But, despite this apparent change in his character, his insecurities lead him to a string of sexual partners as he attempts to shore up his faltering sense of heterosexual masculinity, which is shaken not only by the failure of his marriage but by his increasing attraction to Dana. His thoughts and desires keep returning to her, however, and he eventually acts on them. Although the medical case studies do not stipulate that, to really enter the ranks of true womanhood, the MTF transsexual must, like so many women before her, give herself to a self-centred and arrogant man, Trans-Sister Radio certainly seems to suggest such a course.

45. Stone first presented this essay at a conference in 1988. In a later edition, published on-line, she included this note about her term, posttranssexual: “‘Posttranssexual’ was an ironic term, since when this essay was first published everything in theory was post-something-or-other. I was looking for a way forward. ‘Transgender’ is way better.” (See <http://www.actlab.utexas.edu/~sandy/empire-strikes-back>. URL checked 23 October 2007.)

46. For more on medicine and semiotics, see Robert D. Tobin’s “Prescriptions: The Semiotics of Medicine and Literature.”

47. Nomothetic: “that pertains to or is concerned with the study or discovery of general (scientific) laws” (OED 2d ed.).

48. Coincidental, but presumably not random or haphazard in their co-incidence. These two examples of late-century dissatisfaction with medicine (that is, the rise of the discontented pathography, and the emergence of transgendered opposition to pathologizing medical discourses) both belong to a particular configuration within contemporary relations of power, in which there is both resistance to a variety of traditional regimes of care, and a rise in “alternative” forms of care, such as acupuncture and homeopathy.

49. In addition, like the “testimonial pathographies,” earlier life-writing by transsexuals tends to represent medical encounters benignly. Jorgensen, for example, is glowing in her representations of her physician, Christian Hamburger; indeed, she chose the name Christine to honour “the man to whom I owed so much” (Autobiography 110). Similarly, Renée Richards, in her autobiography Second Serve, writes of her physician, Harry Benjamin, that he “really did understand[. . . . H]e understood almost as well as I did” (qtd. in Prosser 107).

50. See note 24, above.

51. For excellent discussions of the complicated issues involved in officially depathologizing gender variance—which still appears in the current edition of the DSM in a variety of forms—I refer readers to Lev, 177–81, and chapter four (“Undiagnosing Gender”) of Butler’s Undoing Gender.

52. In addition, the essay concludes with the inevitable—in academic writing—“Notes” and “Works Cited” sections. Although these sections seem to merely fulfil the conventions of academic discourse, upon reaching them, the reader might well well reflect on ways in which they, too, might be considered their own species of performance or life-writing.

53. Some might object to a male-bodied person who desires women identifying “his” desire as queer. It could be argued, however, that objections such as these simply essentialize queerness.

54. In fact, the father is “a pierced, tattooed, purple-haired punk fag anarchist who helped his dyke
friend get pregnant” (210). So much for heteronormativity.

55. Routledge published the hardcover version in 1994, which was followed by the Vintage paperback edition in 1995.

56. For examples, see the “Trans Studies Syllabi” page at Trans-Academics.org: <http://www.trans-academics.org/trans_studies_syllabi>. Several of the syllabi linked to this page include Gender Outlaw in either their required reading or their suggested reading. In addition, a chapter from Gender Outlaw appears in 2006’s Transgender Studies Reader (edited by Susan Stryker and Stephen Whittle) which, apart from whatever general interest it may have, is clearly intended as a sourcebook for university and college studies.

57. A cursory internet search (on the terms “performance” and “hidden: a gender”) easily turned up four productions (not including the original in 1989), three of which have been mounted since 2003, and one of which is in performance as I write this note in early October, 2007.

58. Where Butler contends that, “[i]n some ways, it is Kate Bornstein who is now carrying the legacy of Simone de Beauvoir.” Bornstein, Butler writes, “argues that to go from F to M, or from M to F, is not necessarily to stay within the binary frame of gender.” Thus, “[i]f one is not born a woman, but rather becomes one, then becoming is the vehicle for gender itself” (65).

59. In addition to the passage quoted here (which attempts to reproduce the distinctive typography of Bornstein’s book), one could also note the connection between Bornstein’s trans-genre writing style and transgendered identity by observing that the words genre and gender share an etymology; indeed, the OED’s (2d ed.) etymology for genre directs the reader to the entry for gender. Further, the OED’s definition for genre begins “Kind; sort; style,” while the definition of gender opens with “Kind, sort, class.”

60. For a related, though not identical, account of these opening photographs, see Bina Toledo Freiwald’s “Becoming and Be/longing: Kate Bornstein’s Gender Outlaw and My Gender Workbook (42–44).

61. In a later piece of writing, Bornstein provides this account of the “more” of her relationship with her mother:

My mother only once asked me, “Who are you?” It was about a week before she died. “Hoowahyoo, Albert?” she asked anxiously, mixing up names and pronouns in the huge dose of morphine, “Who are you?”

I told her the truth: I was her baby, I always would be. I told her I was her little boy, and the daughter she never had. I told her I loved her.

“Ha!” she'd exclaimed, satisfied with my proffered selection of who’s, “That's good. I didn't want to lose any of you, ever.”

(“Hoowahyoo?” n.p.)

62. Coincidentally, David Harrison, mentioned earlier in the chapter.

63. Beneath all of this lies yet another unspoken commentary on, and subversion of, the opening image. Its stable, closed, heteronormative, middle-class figuration—its “normal” family—gives way to (or has it emerged out of?), a less fixed or rigid ground which has the potential to yield possibilities other than an “integrated,” heteronormative, “traditional” family unit.

64. “Sometimes it’s painful for me to recall having been male,” she writes later on. “I did some stupid stuff—but that’s part of me, and I need my male past as a reference point in my life. Discouraged from examining our past, transgendered people are discouraged from growth” (127).

65. Other “medical” representatives include slapstick surgeons, modelled after the Marx brothers, and a television cooking show host.
66. Thus inverting the more common practice of laughing at the transperson.

67. This earlier scene is a clever one, presented as a television quiz show with Doc Grinder as the host and Herman, like many a non-fictional transsexual, supplying the “right” answers in order to get the “prize.”

68. In fact, Doc has been pushing his elixir throughout the play, but the “need” for it seems particularly urgent now.

69. Whether or not this is actually true, it is certainly a commonly held idea. For Bornstein’s purposes, whether it’s true or not doesn’t matter much. What matters is that that idea serves her philosophical and political ends.

70. It may be of interest to note that, in penile inversion, the genitalia are in fact not wholly disconnected from the body. A great deal of the tissue—including the skin of the penis and the scrotum—remains attached throughout the procedure and is fashioned into the new genitalia.

71. Eric Partridge, in his Dictionary of Clichés, writes that “a fish out of water” is a “person in circumstances to which he is strange or to which he fails to adapt himself” (80), and, in an earlier chapter, Bornstein refers to the feeling transpeople may have of “suffocating in the grip of the social disease called gender” (78). Stryker also evokes water and suffocation in “My Words to Victor Frankenstein,” relating a dream in which she is swimming upward through water, breaking the surface only to find more water, which fills her lungs as she tries to breathe; above that there is another surface, towards which she swims “frantically,” and then another and another (206–07).

72. In 1988 Anne Bolin observed that the actual views of MTF transsexuals was varied, ranging from dislike to views such as the following, from one of her research subjects: “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” (60). Jason Cromwell, in his 1999 study of FTMs, writes that “[a]t least some FTMs and transmen dislike their genitalia [. . .]. A few hate them. Many, however, have come to terms with having female genitalia. Some few have even come to the point of loving them” (114). FTM Davis Harrison writes: “I was a boy born with a vagina, and [. . .] I actually enjoy using it” (132). And Bornstein writes elsewhere in Gender Outlaw that “I never hated my penis; I hated that it made me a man” (47).

73. But “different cell-block.” Both recognized genders are prisons.

74. In addition, the classifications on the back cover read “Fiction / Queer Studies / Transgender” (but notably not “Memoir”), while the CIP data places the book unequivocally in the realm of fiction.

75. In the picture, the barely visible grain of the wood on the violin runs in straight vertical lines, quietly echoing the straight vertical lines of the corduroy. While this visual linking of two seemingly incongruous objects is not in itself “about” transgendered subjectivity, the book’s continuous and overt gender crossings provide a context for interpretation through which one could understand the interpenetration of these objects as another of the many “mixed” states represented in the book.

76. Elsewhere in the volume, Coyote, writing once again about the child-Ivan, evokes the uncomfortable disjunction between her experience of “self” and the efforts to “girl” her: “She knew she was not a boy; she had been made painfully aware of this already. Of this there could be no doubt, she had been told too many times. Yet she felt no affinity to the female sex either. To her real girls were an even stranger species than boys, their games made no sense, held no reason for her at all” (161–64).

77. Viviane K. Namaste observes in Invisible Lives, a sociological study of the day-to-day experiences of the transgendered, that the “issue of violence was central to [her] research participants, since most TS/TG people have experienced hostility and the very real threat of physical aggression due to a
perceived incongruity between sex and gender” (215–16).

78. See Katrina Roen’s “‘Either/Or’ and ‘Both/Neither’: Discursive Tensions in Transgender Politics” (2001) and Mandy Wilson’s “‘I am the Prince of Pain, for I am a Princess in the Brain’: Liminal Transgender Identities, Narratives and the Elimination of Ambiguities” (2002) for examples of recent research which reveals the extent to which many transpeople seek social and personal integration as members of one of the two social sanctioned sex/gender categories.

Chapter 4

1. Readers familiar with these books might question the inclusion of some of them. While transgressive gender identity is a central concern in several, I readily admit that, in others, issues of gender identity may be peripheral to, or implicit in, the narrative. In every case, however, the books provide scope for gender expressions and identities that cross the traditional boundaries of “male” and “female.”

2. Anne Fine is also the author of 1987’s Madame Doubtfire (which is the basis for the movie Mrs. Doubtfire). Despite the centrality of its cross-dressed title character, I have not included it in this list because the character is an adult.

3. There are hints, at the end of the novel, that the protagonist has not completely abandoned his transgendered interests, but has taken to exploring them furtively rather than openly. For a book published in the twenty-first century, which purports to explore the possibilities of gender, The Flip Side is remarkably conservative, and offers trivial “solutions” to very serious questions.

4. See Margison and Hyslop’s “Waking up on the Other Side: Gender Shock in Bill’s New Frock” for a discussion of this novel’s examination of discriminatory gender practices.

5. What is a “biologically acceptable gender role”?

6. I discussed Money’s pioneering 1950s work on intersexuality in Chapter One. In the 1950s, he and his associates were the first theorists to explicitly articulate the distinction between “sex” and “gender,” a distinction which informed his developing theories of gender and gender variance, as well as those of other researchers. The sex/gender split was also, of course, fundamental to much feminist theory beginning in the late 1960s.

7. In the same article, they suggest that the therapist himself (always male, in order to provide the gender-variant boy with an “appropriate” masculine role model) can model “an alternate style of family interaction” for gender-variant boys and their fathers by being confrontational with the “dominant” wife and mother (215).

8. In Andrew Matthews’ The Flip Side, the mother runs a software business and travels frequently in connection with her business, while the father works for her, from home, where he also takes care of cooking and housework. In Boy2Girl, by Terence Blacker, the gender-crossing boy is not the son but the nephew of the “inverted” husband and wife, but the boy does come to live with his aunt and uncle (and their son) at the beginning of the novel. In this case, the wife is the main wage earner, while the husband works at home as a proofreader, although caring for his family is his true calling; their son remarks: “I have a mixed-up version of a so-called normal family” (9). Julie Anne Peters’ Luna and Charlie Anders’ Choir Boy are a little different. In these books, the fathers are stereotypically “masculine” in a number of ways, but their careers have failed, while the mother in one book is building an increasingly successful business, and the mother in the other is mostly absent from home because she is balancing employment with courses to upgrade her professional skills.

9. Examples of these include Mary Downing Hahn’s The Gentleman Outlaw and Me—Eli, Anne
10. When I read this case, I find myself wondering to what extent the child’s increased hostility and anger were produced by the stress of the “therapeutic” relationship, rather than emerging out of a growing identification with a stereotypically male gender role.

11. Brown’s work is, itself, an interesting subject of study. Although ultimately less influential than figures such as Green and Money, his writing contains one of the first sustained arguments in the medical literature for early childhood intervention with a view to normalizing gender identity (see his “Masculinity-Femininity”). (Which is not to say that researchers had previously ignored such children. Phyllis Burke has found medical literature on the subject from the late 1930s and early 1940s, but these earlier researchers seemed more interested in incarcerating the children in psychiatric hospitals for the purposes of study, rather than in “treating” them. Such children were, apparently, considered too mentally deranged and criminal to be allowed contact with the outside world [Burke 71–74].) Brown is, perhaps, most significant for his development of a psychometric device called the “It Scale for Children.” He felt there was a “practical need for data” about “the process by which a little girl comes to adopt the feminine role and learns how to be a ‘woman’ and a little boy comes to adopt the masculine role and learns how to be a ‘man’” (“Masculinity-Femininity” 197). The It Scale is his chief contribution to such data collection. Intended to measure the “sex-role preference” of children, the test consisted of a (supposedly) gender-neutral image of a child—“It”—and a series of cards depicting gender-typed objects, activities, and so on, from which children made choices for It based on their perception of It’s preferences. These choices would, supposedly, reflect the child’s own preferences, and the test was scored by assigning different numerical values to “masculine” or “feminine” choices.

(In writing about the DSM’s diagnostic criteria for GID, Judith Butler expresses considerable skepticism concerning this kind of projective analysis: “The DSM assumes that the doll you play with is the one you want to be, but maybe you want to be her friend, her rival, her lover. Maybe you want all this at once. Maybe you do some switching with her. Maybe playing with the doll […] is a scene of improvisation that articulates a complex set of dispositions. Maybe something else is going on in this play besides a simple act of conforming to a norm. Perhaps the norm itself is being played, explored, even busted. We would need to take play as a more complex phenomenon than does the DSM if we were to begin to pose and pursue these kinds of questions” [Undoing 97].) The It Scale became a standard and long-lived tool for assessing childhood gender identity; I have found continued references to its use as a diagnostic tool in medical literature published into the 1990s. See Richard Green’s “Gender Identity Disorder in Children” (1995), George Rekers’ “Assessment and Treatment Methods for Gender Identity Disorders and Transvestism” (1995), and Rekers, Rosen and Morey’s “Projective Test Findings for Boys with Gender Disturbance, Draw-A-Person Test, IT Scale, and Make-A-Picture Story Test” (1990).

12. The maladjustment of the remaining boy is not surprising, and hardly seems attributable to whatever (if any) gender variance he displayed. His mother had been hospitalized for schizophrenia, and his father absent since his infancy. His grandfather—the one stable adult in his life—had died, and, at the time of study, the child was separated from his siblings and living with foster parents who didn’t want him (Green and Money, “Incongruous” 162, 165). Concerns about gender identity aside, under such circumstances any child might be expected to show signs of psychological disturbance, and there is no indication in the study that anyone had much interest in helping him come to terms with these traumas. In addition, he is the only of the children identified by race: he “came from a Negro household” (162). Although this fact seems to have been important enough to mention, Green and Money do not then analyze its significance. Were they simply working from an unspoken assumption that a “Negro” child would “naturally” be more unstable than a white child, and therefore felt that no further discussion of race was necessary? While it is difficult to know why they mention the boy’s race, the inclusion of this fact nevertheless suggests (when considered from a twenty-first-century vantage point) the likelihood that systemic racism, compounded with the other stressors in his life, might have affected his psychological health.

13. The conflation of gender variance and physical disease is a motif that appears elsewhere in this
literature. For example, Robert Stoller appears to characterize transsexualism as a cancer, writing that “adult transsexualism, which is a malignant condition irreversible by psychological methods, may be treatable and reversible in the small child” (Sex and Gender 140), while Brown equates gender variance with viral disease, writing about the importance guarding against it later in life through “psychosocial immunization” in childhood (“Transvestism and Sex-Role Inversion” 1018).

14. Which, of course, links to the longstanding association between “effeminacy” and male homosexuality. See Chapter Two, pages 53–54. Elsewhere, Green and Money write that “[t]he boy who is stuck with the handicap of effeminacy is still capable of leading a stable and productive life if properly guided. There have been many illustrious homosexuals in the history of civilization. Some parents are reassured by this historical knowledge” (“Effeminacy” 290). One might wonder how these “illustrious homosexuals” managed to succeed without the guidance of men like Green and Money.

15. I use the term transsexualism here because it provides more clarity for a contemporary reader. However, a more accurate representation of Brown’s views would use his preferred term, sex-role inversion, which in his work refers to the “phenomenon in which a person of one sex thinks, feels, and acts like the opposite sex.” In Brown’s terminology, the transsexual is specifically a sex-role invert who undergoes the surgical and medical processes of sex reassignment (“Transvestism and Sex-Role Inversion” 1018, 1020).

16. George A. Rekers and Mark D. Kilgus present similar arguments in favour of childhood intervention in a book chapter which appeared in 1995, the same years as Green’s article. (See “Differential Diagnosis and Rationale for Treatment of Gender Identity Disorders and Transvestism” 267.) Rekers is another recognized and influential authority in the field of childhood gender identity “disorder,” although some in the field have expressed reservations about his work because of the perception that it is influenced by his conservative Christian beliefs. (See, for such reservations, Green’s “Sissy Boy Syndrome” 261–62, and Kenneth J. Zucker’s “Treatment of Gender Identity Disorders in Children” 29.)

It is difficult to imagine any of these men pursuing their own arguments about parental rights to their logical conclusion, supporting the rights of parents who wish to raise their children as homosexuals or transsexuals, or their boys as girls and their girls as boys.

17. Minter and others have argued convincingly that the development of the DSM’s category of childhood gender identity disorder, which first appeared in the DSM in the wake of the delisting and depathologizing of homosexuality, constitutes a repathologization of homosexuality. Such arguments rest on the fact that clinical evidence strongly suggests that most children who show significant gender variance in childhood grow up to be gay or lesbian; attempting to alter their gender patterns in childhood therefore constitutes a pre-emptive attempt at preventing adult homosexuality. See, as examples, Minter’s “Diagnosis and Treatment of Gender Identity Disorder in Children,” Richard I. Isay’s “Remove Gender Identity Disorder from DSM,” and Eve Kosofsky Sedgwick’s “How to Bring Your Kids Up Gay: The War on Effeminate Boys.”

18. It is, admittedly, difficult to discern exactly what Zucker is suggesting at this point in his article. The sentence structure is slightly convoluted, and the ideas vaguely expressed, leaving one with the suspicion that Zucker is trying to leave the door open for clinicians who are inclined to attempt the prevention of adult homosexuality, but without having to explicitly suggest this as a legitimate treatment goal. Zucker’s exact words are: “In my view, the primary goal of avoiding adult homosexuality is, for a variety of reasons, considerably more problematic, and the contemporary clinician must be sensitive to the myriad of therapeutic and ethical issues that this matter raises. Thus, the treating clinician needs to think through these issues carefully and to develop a working relationship with families that is sensitive, empathic, and responsive to the complex reactions that matters pertaining to psychosexuality engender in most people” (“Gender Identity Disorder in Children and Adolescents” n.p.).

19. Oddly, Lenzer does not include education in her list of exceptions, although she mentions it a short time later.
20. See note 23, below.

21. An award presented by the Children’s Rights Workshop, a UK-based organization which, according to the *Oxford Companion to Children’s Literature*, is dedicated to promoting “non-sexist, non-racist children’s books” (Carpenter and Prichard, 114).

22. In this respect, of course, the story resembles many narratives that include children as characters and as readers, where the authoritative role of adults, as organizers of and spokespersons for children, is suspended, at least temporarily.

23. Assuming, of course, that young readers, pre-readers and gender variant children have access to the book. Very young children are, after all, generally dependent on adults for their reading material, and Munsch’s books—while widely read and well-loved by children, parents, educators and librarians—are, nevertheless, not strangers to controversy. *Giant* was banned by various school boards. (The giant of its title threatens to kick God in the knee, and God is represented as a little girl. It is difficult to know whether the book’s detractors are more distressed by the threat of violence against God, or by the anti-patriarchal, gender-challenging representation of God. Interestingly, Munsch observes that this is the only of his many books that is out of print. See <www.robertmunsch.com/books.cfm?bookid=46>). *I Have to Go*, about the common childhood experience of urgently needing to pee, inexplicably appears on lists of controversial and banned books. (See <www.adlerbooks.com/banned.html> and <www.cs.cmu.edu/~spok/most-banned.html>). Iram Khan writes that Munsch’s *Thomas’ Snowsuit* was removed from a school library, by the principal, because it “undermined the authority of all school principals”; indeed, as in *We Share EVERYTHING!* Munsch’s books are often populated by confident, iconoclastic children and ineffectual authority figures. Although, as I have mentioned, I am not aware of any organized attempts to control access to *We Share EVERYTHING!* it is easy to imagine parents or educators considering it unsuitable for children, given its “controversial” subject matter.


24. In fact, one hardly needs to imagine this scenario. I have found a mother’s blog account of her son’s junior kindergarten experience, which occurred in approximately the year 2000 and shows some remarkable similarities to Munsch’s kindergarten story—but without the “happy ending.” In his preschool years, the boy enjoyed wearing dresses from time to time, and continued to do so when he began school. “I’m big on freedom and choices,” the mother (who identifies herself online as Sage) writes, “and not just for women.” Consequently, “I decided that since my daughter has the right to choose pants or a dress, this right should be extended to him also.” So she let him go to school in a dress. When she received a phone call from her son’s displeased teacher, the mother asked if the problem was that the other boys were bothering or teasing him, but it turned out that the “problem” was exactly the opposite. Rather like the children in Munch’s story, other boys in the class began asking if they could also wear dresses, and the teacher had received complaints from their unsettled parents. As a consequence, cultural authority, in the form of the parents and the teacher, closed ranks in the face of the perceived threat of this boy’s gender non-conformity. He was required to wear only “school-appropriate clothing” after that. “I told my kid,” the mother continues, “that his liberties are being restricted because his actions are inspiring a revolution (or words to that effect)—a revolution that looks a lot like Amanda and Jeremiah’s in *We Share EVERYTHING!*”

25. For most of *The Turbulent Term of Tyke Tiler*, no personal pronouns are used in connection with Tyke. As the narrator, Tyke can manage this, but as a critic I cannot, and therefore adopt the transgender pronoun “hir” to refer to Tyke. For more on this and other transgender pronouns, see the “Definitions” section of my introduction.

26. “I have never known of an unprepared reader, adult or child, who did not assume automatically, from the beginning of the book, that Tyke is a boy,” writes Gillian Cross in “Children Are

28. All of this, of course, serves as a reminder, as Butler painstakingly points out, that gendered embodiment is not a wholly private experience, but that it also has a social dimension. The individual has both an internal sense of gender as well as an external presentation of gender, and the social realm not only perceives that presentation, but also comments on it, shapes it and structures it. In so doing, the social realm may also disorder the individual’s account of her/his/hir gender, as is the case with Mrs Somers’ shrill scolding of Tyke.

29. In conversation with the present author.

30. A funny example of this comes when Tyke is neither impressed by, nor excited about, hir older sister’s sudden engagement, despite being at an age when, if s/he identified as stereotypically female, s/he might well be excited. Instead, s/he comments “What a stupid thing to do. Fancy getting engaged when the world’s full of interesting things like climbing” (100).

31. This continued advocacy of remedial sports instruction further supports my earlier contention that, over the decades, much has remained constant in medical approaches to childhood gender variance.

32. Although, interestingly, the DSM-IV-TR allows girls to enjoy some sports, only regarding a preference for “contact sports” (577, emphasis added) as potentially pathological. Tennis and swimming are acceptable for twenty-first–century girls, then, but not ice hockey or football.

33. In Undoing Gender, a seemingly bewildered Butler writes: “I am trying to think through how it could be that evidence of one’s cross-gendered identification is confirmed by being identified as a boy by a stranger. It would seem that random social assignment functions as evidence” (97).

34. See, as examples, Green “Sexual Identity Conflict” 278; Green, Newman and Stoller “Treatment” 213; Green and Money, “Effeminacy” 286.

35. The word “tyke” has other associations that are interesting in the present context. Etymologically, it is from the Old Norse tik for bitch (as in a female dog), but it crossed genders (and species) to become an opprobrious term for low-bred, boorish men. In addition, it may also have an etymological connection to the Cornish word tioc, which refers to rural figures who are traditionally male, such as farmers and ploughmen. The latter may have some significance given that Kemp’s novel is set in the county of Devon, which neighbours Cornwall, among working class people.

36. Janet Giltrow points out to me that what is abjected can also be understood as a “part” denied worth, but not worthless, repudiated but not bad—or bad only because repudiated on behalf of the favoured self. It seems to me that such an account of abjection could be understood to subtext the conflict inherent in Tyke’s simultaneous acknowledgment and repudiation of Mrs. Somers’ interpellation. Thus, being “girled” is not inherently bad, but becomes bad because it interferes with the self that Tyke is struggling to establish.

37. This case is particularly disturbing for the pressure that Green put on the boy’s mother. The mother had been limiting her son’s contact with the neighbourhood boys because of concerns about the place where they socialized: an establishment where she believed drugs were in open use. Despite her understandable reservations about letting her eight-year-old child “associate with people who smoke marijuana in a place with card playing and a pool table,” Green’s response to her (verbatim from his transcript of their conversation) was to say “I don’t care what they’re doing. I don’t care if they’re performing abortions underneath the malted milk counter,” as long as the child is associating with other boys (Sissy Boy 275–77; also see Sexual Identity Conflict 255–56). Although Green’s published transcript
of this conversation doesn’t describe the emotional responses of the mother, several of her comments suggest that his bullying was causing her considerable distress, and at times one gets the impression that she is close to tears as Green insists that she allow her child to spend time in a place that many parents would regard as inappropriate even for an older child, let alone one of primary school age. Green makes it clear that, in his view, it is preferable for the boy to spend time in a potentially dangerous social environment if there is a possibility that this will induce gender normativity in him, rather than run the “risk” of continuing to develop an unconventional gender identity.

38. Common explanations for this discrepancy suggest that it exists because there is a greater social tolerance for gender nonconformity in girls (Langer and Martin 6).

39. With the recent emergence of a supportive approach to childhood gender variance, such as that advocated by Lev, some clinicians now approach cross-sexed friendships differently. For example, Edgardo J. Menvielle and Catherine Tuerk mention a gender-variant boy “who avoided male peers” but began to flourish thanks to having pursued his “interest in learning the flute and in singing in a choir,” activities which “offered him mixed peer groups in which girls predominated and other gentle boys were present” (“Support Group” 1011, emphasis added). Similarly, Perrin, Menvielle and Tuerk write that “[t]herapists who advocate changing gender-variant behaviors should be avoided. Ideally the therapist should focus on helping the child and family cope with intolerance and social prejudice, not on the child’s behaviors, interests, and choice of playmates” (“Different Drummer” n.p., emphasis added).

40. Tyke refers to Danny’s mother as “a terror” (50) and overhears Mr. Merchant calling her “[t]hat awful mother” (69). Although we learn very little else about her, these assessments seem to have some validity, given both that she strikes Danny in one of her few appearances in the book, and that there is a hint of another child in the family who is now “in care” (69).

41. With the exception of fellow-students Martin Kneeshaw and Kevin Simms. The hostility between these boys and Tyke seems to arise for two main reasons. First, Martin’s father is Tyke’s father’s political rival in city elections. Second, Martin and Kevin verbally abuse and bully Danny (even going as far as stealing a watch and then attempting to use Danny’s kleptomaniac history to frame him for the theft).

42. Possibly because, many writers suggest, girls are afforded greater latitude for gendered behaviour than boys. (Cf. note 38, above. Also see Bartlett, Vasey and Bukowski 765; Green, “Gender Identity Disorder in Children” 2004; and Langer and Martin 6.)

43. In addition, while Bartlett and her colleagues accept that “gender nonconformity is associated with peer group difficulties in childhood,” their reading of research concerned with childhood peer relations in general (rather than research focussed on gender-variant children), leads them to question whether the gender non-conformist’s “difficulties are any greater than [. . .] those of other children who stand out as ‘different’ ” (766). They conclude that, while these children “may suffer from some degree of impairment in their peer group relations, [. . .] it cannot be concluded [to be] at a clinically significant level” (775).

44. This distinction raises another kind of concern. Is it reasonable to take the antisocial behaviour of other children as an indication of mental illness in the child who is the object of peer hostility? Or, put differently, should a gender-variant child undergo “treatment” for the cruel actions of hir peers? Bartlett, Vasey and Bukowski observe that “cross-cultural and historical data [concerning gender categories] strongly suggest that the failure of a biological male or female to conform to some socially prescribed gender role represents” not mental disorder, but “nothing more than a conflict between the individual and a society that seeks to police the particular gender boundaries it legitimizes” (774). Further, Arlene Istar Lev points out that although researchers state a concern for gender-variant children experiencing peer ostracism in childhood, they do not seem to focus their energies on sensitivity training in the school system or bias-related violence at a public policy level. In no other area where children or youth are routinely taunted, battered, and abused (e.g., children with disabilities, racially motivated harassment) would clinicians intervene by modifying the
45. Nevertheless, some people might question classifying this book as a YA novel, regarding its subject matter (which includes the use of dubiously obtained hormones, attempted self-castration and self-mastectomy, and a transgendered prostitute) as inappropriate, or too disturbing, for a youthful audience. In addition, unlike most YA novels, there is nothing on its jacket copy to signal that it is intended for a teen readership. On the other hand, critic Cat Yampbell has recently observed that “Young Adult publishers are journeying into new and potentially dangerous subjects” (351), and she mentions a number of YA titles that variously take, as their subject matter, rape, abusive relationships, self-mutilation, teen fatherhood, teenage exotic dancing, sexual threesomes, and drug addiction. She doesn’t include 2004’s *Luna* by Julie Anne Peters, which is about a transsexual teen, but might well have done. *Choir Boy*’s “controversial” subject matter hardly seems out of place in this company. Also, reviewer Alissa Chadburn has observed that *Choir Boy* is being marketed to a YA audience, and many libraries classify the book as YA literature. (In random checks on the listings in the WorldCat database, I found that *Choir Boy* is often included in collections as YA literature. I also checked the online catalogues of a few libraries. The Vancouver Public Library categorizes the book as YA fiction, and the library’s Youth Department includes it on their list of “Books for Lesbian, Gay, Bisexual and Transgendered Youth.” [See <chnwest.ca/branches/LibrarySquare/you/booklists/Queer.html>.] Interestingly, the Toronto Public Library classifies one of its several copies as “teen fiction” and the rest merely as “fiction.” Extraordinarily, while the Tuscaloosa Public Library in Alabama has a copy [and categorizes it as YA], the New York Public Library system didn’t have any copies as of January 2007, although by October 2007 it had three copies on order.)

46. More precisely, Berry receives two sets of pills, one which blocks testosterone—thus staving off the effects of male puberty—while the other induces female puberty. Berry doesn’t realize until late in the novel that he needn’t have taken the latter pills, but by this time not only does he have his breasts—which aren’t going to go away even if he stops taking the pills that have produced them—he also finds he likes them.

47. One could argue against such a view by pointing out that conventionally gendered people *deliberately* get gendered hair cuts, and buy gendered shoes and clothing.

48. Although Berry has some reservations about their plans, he is also entranced with the girl he sees in the mirror—“The person facing him had fascinating dark eyes and proud cheekbones, a pouty but not bratty mouth, and feathery black hair. As a boy, Berry could never approach a girl like the one he saw” (200).

49. Here we might recall Bornstein’s remark, quoted in the previous chapter: “I didn’t feel like I was a man. Ever. I was being a man” (41).

50. A short time earlier, Berry had nearly ended up on a psychiatric ward after cutting his breasts, which is why Judy asks if she should “have let them commit” him.

51. Aleshia Brevard, one of Benjamin’s clients (whose self-castration appears to be obliquely referred to in his *Transsexual Phenomenon* [47]), relates in harrowing detail how she successfully carried out her own castration. See her autobiography, *The Woman I was Not Born To Be*, pages 10–12.

52. In a recent web site entry (8 August 2007) Anders refers to a “discussion on a eunuch message board that mentions *Choir Boy*. I hadn’t realized there was an active eunuch subculture out there, but apparently there is” (http://www.charlieanders.com/). Like Anders, I was unaware of this subculture, learning of it through her web site late in the process of revising this chapter; many of the members of this on-line community have undergone voluntary castration, either physically or chemically. In their 2005 discussion of *Choir Boy*, one person writes about an actual choirboy, known to him, who arranged for his own physical castration at the age of fifteen in order to preserve his voice. One gets the impression that at least some of the members of this board would regard “choir boy” as a reasonable category of gender identity. (The archived page discussing *Choir Boy* is www.eunuch.org/vbulletin/showthread.php?t=7511,
and the entry page for the whole discussion board is www.eunuch.org. Accessed 17 October 2007.) Additionally, in July 2007, a group of sex researchers published the results of their research into this community, and they “suggest that many voluntary eunuchs [. . .] fit a separate transgender category that is not MtF, but rather male-to-eunuch (MtE)” (Brett, Roberts, Johnson and Wassersug 946), a distinction that might have been helpful to Dr. Tamarind. (Also see Johnson, Brett, Roberts and Wassersug 940.)

53. Indeed, “knowing” the answer in advance can prevent careful listening, as we have seen in the case of Tyke’s teachers, as well as in the case of Dr. Tamarind and Berry’s parents.

Conclusion

1. There are traces, here, of Benjamin’s early theorizing on transsexualism, where the most “successful” transsexuals are those who best conform to heteronormative standards of femininity and masculinity, thus facilitating their insertion into the heterosexual matrix. In addition, the surgeon’s comments are reminiscent of those of physicians of earlier decades, discussed in Chapter Three, who favoured MTF patients whose appearance appealed to their heteronormative sexual desires (Kessler and McKenna 118, Shapiro 254).

2. Cf. Sandy Stone: “Clinically ‘good’ histories now exist of transsexuals in areas as widely dispersed as Australia, Sweden, Czechoslovakia, Vietnam, Singapore, China, Malaysia, India, Uganda, Sudan, Tahiti, Chile, Borneo, Madagascar, and the Aleutians. (This is not a complete list.) It is a considerable stretch to fit them all into some plausible theory” (“Empire” 293).

3. This reading of the word “cut” is also, perhaps, strengthened by the observation that Salah’s choice of word, although possessing a different etymology, is but one letter away from the visually similar “cunt.” For several other terms that refer to the vulva in terms of a wound or a cut, see the entry for “vagina” in A. D. Peterkin’s Outbursts! A Queer Erotic Thesaurus.

4. Although Salah mentions three surgeries in the poem, she refers specifically only to two: her nose and her breasts. Based on internal evidence—most notably repeated references to an inability to walk—I am assuming that the third is a vaginoplasty. Nevertheless, there are other surgeries that MTF transsexuals sometimes undergo, such as a tracheal shave to reduce the size of the Adam’s apple, so this third surgery might be something other than vaginoplasty.

5. I am indebted to Richard Cavell and Peter Dickinson’s headnote to Salah’s poem, which is included in their anthology Sexing the Maple: A Canadian Sourcebook, where they point out this etymology.
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