

The Empire Strikes Back



A Posttranssexual Manifesto

By Sandy Stone

Sandy Stone's classic essay confronts the ways in which both the medical complex and feminism had been used as a tool for the regulation of gender/sex systems and the management of trans bodies. While the essay is certainly dated in many ways, we see a usefulness in making sure that it continues to be distributed. Stone captures the paradox of the trans subject's will to be recognized as the gender/sex of their choosing while at the same time questioning the maintenance of gender/sex systems on a systemic level. This raises questions about what an insurrectionary trans feminism might look like and how it might be theoretically developed. Is the development of a speaking trans subject already a failure, or is an affirmation of transgender bodies destabilizing to identity and gender/sex? How can we reconcile self-abolition and desubjectification with the desire to be recognized as the gender/sex of our choice? How can we reconcile the lived experience of being trans with self-negation without falling into a Transsexual Empire-style critique of trans identity as more artificial? Can we use our trans positionality as the beginning of an attack upon all systems of domination? These questions are potentially daunting ones, but must be answered if we choose to engage with trans experience.

-mimi, not yr cister press

1. *Frogs into princesses*

The verdant hills of Casablanca look down on homes and shops jammed chockablock against narrow, twisted streets filled with the odors of spices and dung. Casablanca is a very old city, passed over by Lawrence Durrell perhaps only by a geographical accident as the winepress of love. In the more modern quarter, located on a broad, sunny boulevard, is a building otherwise unremarkable except for a small brass nameplate that identifies it as the clinic of Dr. Georges Burou. It is predominantly devoted to obstetrics and gynecology, but for many years has maintained another reputation quite unknown to the stream of Moroccan women who pass through its rooms.

Dr. Burou is being visited by journalist James Morris. Morris fidgets in an anteroom reading Elle and Paris-Match with something less than full attention, because he is on an errand of immense personal import.

At last the receptionist calls for him, and he is shown to the inner sanctum. He relates:

I was led along corridors and up staircases into the inner premises of the clinic. The atmosphere thickened as we proceeded. The rooms became more heavily curtained, more velvety, more voluptuous. Portrait busts appeared, I think, and there was a hint of heavy perfume. Presently I saw, advancing upon me through the dim alcoves of this retreat, which distinctly suggested to me the allure of a harem, a figure no less recognizably odlesque. It was Madame Burou. She was dressed in a long white robe, tasseled I think around the waist, which subtly managed to combine the luxuriance of a caftan with the hygiene of a nurse's uniform, and she was blonde herself, and carefully mysterious... Powers beyond my control had brought me to Room 5 at the clinic in Casablanca, and I could not have run away then even if I had wanted to... I went to say good-bye to myself in the mirror. We would never meet again, and I wanted to give that other self a long last look in the eye, and a wink for luck. As I did so a street vendor outside played a delicate arpeggio upon his flute, a very gentle merry sound which he repeated, over and over again, in sweet diminuendo down the street. Flights of angels, I said to myself, and so staggered...to my bed, and oblivion.

Exit James Morris, enter Jan Morris, through the intervention of late 20th century medical practices in this wonderfully “oriental”, almost religious narrative of transformation. The passage is from *Conundrum*, the story of Morris’ “sex change” and the consequences for her life. Besides the wink for luck, there is another obligatory ceremony known to male-to-female transsexuals which is called “wringing the turkey’s neck”, although it is not recorded whether Morris performed it as well. I will return to this rite of passage later in more detail.

2. *Making history*

Imagine now a swift segue from the moiling alleyways of Casablanca to the rolling green hills of Palo Alto. The Stanford Gender Dysphoria Program occupies a small room near the campus in a quiet residential section of this affluent community. The Program, which is a counterpart to Georges Burou’s clinic in Morocco, has been for many years the academic focus of Western studies of gender dysphoria syndrome, also known as transsexualism. Here are determined etiology, diagnostic criteria, and treatment.

The Program was begun in 1968, and its staff of surgeons and psychologists first set out to collect as much history on the subject of transsexualism as was available. Let me pause to provide a very brief capsule of their results. A transsexual is a person who identifies his or her gender identity with that of the “opposite” gender. Sex and gender are quite separate issues, but transsexuals commonly blur the distinction by confusing the performative character of gender with the physical “fact” of sex, referring to their perceptions of their situation as being in the “wrong body”. Although the term transsexual is of recent origin, the phenomenon is not. The earliest mention of something which we can recognize *ex post facto* as transsexualism, in light of current diagnostic criteria, was of the Assyrian king Sardanapalus, who was reported to have dressed in women’s clothing and spun with his wives. Later instances of something very like transsexualism were reported by Philo of Judea, during the Roman Empire. In the 18th century the Chevalier d’Eon, who lived for 39 years in the female role, was a rival of Madame Pompadour for the attention of Louis XV. The first colonial governor of New York, Lord Cornbury, came from England fully attired as a woman and remained so during his time in office.

Transsexualism was not accorded the status of an “official disorder” until 1980, when it was first listed in the American Psychiatric

of the transsexual body imply produce not an irreducible alterity but a myriad of alterities, whose unanticipated juxtapositions hold what Donna Haraway has called the promises of monsters-- physicalities of constantly shifting figure and ground that exceed the frame of any possible representation.

The essence of transsexualism is the act of passing. A transsexual who passes is obeying the Derridean imperative: “Genres are not to be mixed. I will not mix genres.” I could not ask a transsexual for anything more inconceivable than to forgo passing, to be consciously “read”, to read oneself aloud--and by this troubling and productive reading, to begin to write oneself into the discourses by which one has been written--in effect, then, to become a [look out--dare I say it again?] posttranssexual. Still, transsexuals know that silence can be an extremely high price to pay for acceptance. I want to speak directly to the brothers and sisters who may read “read” this and say: I ask all of us to use the strength which brought us through the effort of restructuring identity, and which has also helped us to live in silence and denial, for a re-visioning of our lives. I know you feel that most of the work is behind you and that the price of invisibility is not great. But, although individual change is the foundation of all things, it is not the end of all things. Perhaps it’s time to begin laying the groundwork for the next transformation.

Afterword

In the brief time, or so it seems, since this essay was first written, the situation both on the street with regard to articulating a specifically transgendered positionality and within the academy *vis-a-vis* theory has deeply changed, and continues to evolve. Whether the original Empire paper had the privilege of being a fortunately timed bellwether or whether it successfully evoked the build-it-and-they-will-come principle is unknown, but the results are no less gratifying for lack of that knowledge. Transgender (or for that matter, posttransgender) theory would appear to be successfully engaging the nascent discourses of Queer Theory in a number of graceful and mutually productive respects, and this is reason for guarded celebration. Needless to say, however, beginnings are most delicate and critical periods in which, while the foundation stones are still exposed, it is necessary to pay exquisite attention to detail. For this author, it is a most promising and interesting time in which to be alive and writing.

diagnostic battlefield which this scenario suggests, the transsexuals for whom gender identity is something different from and perhaps irrelevant to physical genitalia are occulted by those for whom the power of the medical/psychological establishments, and their ability to act as gatekeepers for cultural norms, is the final authority for what counts as a culturally intelligible body. This is a treacherous area, and were the silenced groups to achieve voice we might well find, as feminist theorists have claimed, that the identities of individual, embodied subjects were far less implicated in physical norms, and far more diversely spread across a rich and complex structuration of identity and desire, than it is now possible to express. And yet in even the best of the current debates, the standard mode is one of relentless totalization. Consider the most conspicuous example in this paper. Raymond's stunning "All transsexuals rape women's bodies" [what if she had said, e.g., "all blacks rape women's bodies"]! For all its egregious and inexcusable bigotry, the language of her book is only marginally less totalizing than Gary Kates' "transsexuals... take on an exaggerated and stereotypical female role", or Ann Bolin's "transsexuals try to forget their male history". Both Kates' and Bolin's studies are in most respects excellent work, and were published in the same collection as an earlier version of this essay; but still there are no subjects in these discourses, only homogenized, totalized objects--fractally replicating earlier histories of minority discourses in the large. So when I speak the forgotten word, it will perhaps wake memories of other debates. The word is some.

Transsexuals who pass seem able to ignore the fact that by creating totalized, monistic identities, forgoing physical and subjective intertextuality, they have foreclosed the possibility of authentic relationships. Under the principle of passing, denying the destabilizing power of being "read", relationships begin as lies--and passing, of course, is not an activity restricted to transsexuals. This is familiar to the person of color whose skin is light enough to pass as white, or to the closet gay or lesbian... or to anyone who has chosen invisibility as an imperfect solution to personal dissonance. Essentially I am rearticulating one of the arguments for solidarity which has been developed by gays, lesbians and people of color. The comparison extends further. To deconstruct the necessity for passing implies that transsexuals must take responsibility for all of their history, to begin to rearticulate their lives not as a series of erasures in the service of a species of feminism conceived from within a traditional frame, but as a political action begun by reappropriating difference and reclaiming the power of the refigured and reinscribed body. The disruptions of the old patterns of desire that the multiple dissonances

Association Diagnostic and Statistical Manual. As Marie Mehl points out, this is something of a Pyrrhic victory.

Prior to 1980, much work had already been done in an attempt to define criteria for differential diagnosis. An example from the 1970s is this one, from work carried out by Leslie Lothstein and reported in Walters and Ross' *Transsexualism and Sex Reassignment*:

Lothstein, in his study of ten ageing transsexuals [average age fifty-two], found that psychological testing helped to determine the extent of the patients' pathology [sic]...[he] concluded that [transsexuals as a class] were depressed, isolated, withdrawn, schizoid individuals with profound dependency conflicts. Furthermore, they were immature, narcissistic, egocentric and potentially explosive, while their attempts to obtain [professional assistance] were demanding, manipulative, controlling, coercive, and paranoid.

Here's another:

In a study of 56 transsexuals the results on the schizophrenia and depression scales were outside the upper limit of the normal range. The authors see these profiles as reflecting the confused and bizarre life styles of the subjects.

These were clinical studies, which represented a very limited class of subjects. However, the studies were considered sufficiently representative for them to be reprinted without comment in collections such as that of Walters and Ross. Further on in each paper, though, we find that each investigator invalidates his results in a brief disclaimer which is reminiscent of the fine print in a cigarette ad: In the first, by adding "It must be admitted that Lothstein's subjects could hardly be called a typical sample as nine of the ten studied had serious physical health problems" [this was a study conducted in a health clinic, not a gender clinic], and in the second, with the afterthought that "82 per cent of [the subjects] were prostitutes and atypical of transsexuals in other parts of the world." Such results might have been considered marginal, hedged about as they were with markers of questionable method or excessively limited samples. Yet they came to represent transsexuals in medicolegal/psychological literature, disclaimers and all, almost to the present day.

During the same period, feminist theoreticians were developing their own analyses. The issue quickly became, and remains, volatile and divisive. Let me quote an example.

Rape...is a masculinist violation of bodily integrity. All transsexuals rape women's bodies by reducing the female form to an artifact, appropriating this body for themselves...Rape, although it is usually done by force, can also be accomplished by deception.

This quote is from Janice Raymond's 1979 book *The Transsexual Empire: The Making Of The She-Male*, which occasioned the title of this paper. I read Raymond to be claiming that transsexuals are constructs of an evil phallogocentric empire and were designed to invade women's spaces and appropriate women's power. Though *Empire* represented a specific moment in feminist analysis and prefigured the appropriation of liberal political language by a radical right, here in 1991, on the twelfth anniversary of its publication, it is still the definitive statement on transsexualism by a genetic female academic. To clarify my stakes in this discourse let me quote another passage from *Empire*:

Masculine behavior is notably obtrusive. It is significant that transsexually constructed lesbian-feminists have inserted themselves into the positions of importance and/or performance in the feminist community. Sandy Stone, the transsexual engineer with Olivia Records, an 'all-women' recording company, illustrates this well. Stone is not only crucial to the Olivia enterprise but plays a very dominant role there. The... visibility he achieved in the aftermath of the Olivia controversy...only serves to enhance his previously dominant role and to divide women, as men frequently do, when they make their presence necessary and vital to women. As one woman wrote: "I feel raped when Olivia passes off Sandy... as a real woman. After all his male privilege, is he going to cash in on lesbian feminist culture too?"

This paper, *The Empire Strikes Back*, is about morality tales and origin myths, about telling the "truth" of gender. Its informing principle is that "technical arts are always imagined to be subordinated by the ruling artistic idea, itself rooted authoritatively in nature's own life." It is about the image and the real mutually defining each other through the inscriptions and reading practices of late capitalism. It is about postmodernism, postfeminism, and [dare I say it] posttranssexualism. Throughout, the paper owes a large debt to the work of Donna Haraway.

of mixture. One and the same with passing is effacement of the prior gender role, or the construction of a plausible history. Considering that most transsexuals choose reassignment in their third or fourth decade, this means erasing a considerable portion of their personal experience. It is my contention that this process, in which both the transsexual and the medicolegal/psychological establishment are complicit, forecloses the possibility of a life grounded in the intertextual possibilities of the transsexual body.

To negotiate the troubling and productive multiple permeabilities of boundary and subject position that intertextuality implies, we must begin to rearticulate the foundational language by which both sexuality and transsexuality are described. For example, neither the investigators nor the transsexuals have taken the step of problematizing "wrong body" as an adequate descriptive category. In fact "wrong body" has come, virtually by default, to define the syndrome. It is quite understandable, I think, that a phrase whose lexicality suggests the phallogocentric, binary character of gender differentiation should be examined with deepest suspicion. So long as we, whether academics, clinicians, or transsexuals, ontologize both sexuality and transsexuality in this way, we have foreclosed the possibility of analyzing desire and motivational complexity in a manner which adequately describes the multiple contradictions of individual lived experience. We need a deeper analytical language for transsexual theory, one which allows for the sorts of ambiguities and polyvalencies which have already so productively informed and enriched feminist theory.

Judith Shapiro points out that "To those...who might be inclined to diagnose the transsexual's focus on the genitals as obsessive or fetishistic, the response is that they are, in fact, simply conforming to their culture's criteria for gender assignment" [emphasis mine]. This statement points to deeper workings, to hidden discourses and experiential pluralities within the transsexual monolith. They are not yet clinically or academically visible, and with good reason. For example, in pursuit of differential diagnosis a question sometimes asked of a prospective transsexual is "Suppose that you could be a man [or woman] in every way except for your genitals; would you be content?" There are several possible answers, but only one is clinically correct. Small wonder, then, that so much of these discourses revolves around the phrase "wrong body". Under the binary phallogocentric founding myth by which Western bodies and subjects are authorized, only one body per gendered subject is "right". All other bodies are wrong.

As clinicians and transsexuals continue to face off across the

5. *A posttranssexual manifesto*

To attempt to occupy a place as speaking subject within the traditional gender frame is to become complicit in the discourse which one wishes to deconstruct. Rather, we can seize upon the textual violence inscribed in the transsexual body and turn it into a reconstructive force. Let me suggest a more familiar example. Judith Butler points out that the lesbian categories of “butch” and “femme” are not simple assimilations of lesbianism back into the terms of heterosexuality. Rather, Butler introduces the concept of cultural intelligibility, and suggests that the contextualized and resignified “masculinity” of the butch, seen against a culturally intelligible “female” body, invokes a dissonance that both generates a sexual tension and constitutes the object of desire. She points out that this way of thinking about gendered objects of desire admits of much greater complexity than the example suggests. The lesbian butch or femme both recall the heterosexual scene but simultaneously displace it. The idea that butch and femme are “replicas” or “copies” of heterosexual exchange underestimates the erotic power of their internal dissonance. In the case of the transsexual, the varieties of performative gender, seen against a culturally intelligible gendered body which is itself a medically constituted textual violence, generate new and unpredictable dissonances which implicate entire spectra of desire. In the transsexual as text we may find the potential to map the refigured body onto conventional gender discourse and thereby disrupt it, to take advantage of the dissonances created by such a juxtaposition to fragment and reconstitute the elements of gender in new and unexpected geometries. I suggest we start by taking Raymond’s accusation that “transsexuals divide women” beyond itself, and turn it into a productive force to multiplicatively divide the old binary discourses of gender--as well as Raymond’s own monistic discourse. To foreground the practices of inscription and reading which are part of this deliberate invocation of dissonance, I suggest constituting transsexuals not as a class or problematic “third gender”, but rather as a genre--a set of embodied texts whose potential for productive disruption of structured sexualities and spectra of desire has yet to be explored.

In order to effect this, the genre of visible transsexuals must grow by recruiting members from the class of invisible ones, from those who have disappeared into their “plausible histories”. The most critical thing a transsexual can do, the thing that constitutes success, is to “pass.” Passing means to live successfully in the gender of choice, to be accepted as a “natural” member of that gender. Passing means the denial

3. “All of reality in late capitalist culture lusts to become an image for its own security”

Let’s turn to accounts by the transsexuals themselves. During this period virtually all of the published accounts were written by male-to-females. I want to briefly consider four autobiographical accounts of male-to-female transsexuals, to see what we can learn about what they think they are doing. [I will consider female-to-male transsexuals in another paper.]

The earliest partially autobiographical account in existence is that of Lili Elbe in Niels Hoyer’s book *Man Into Woman* [1933]. The first fully autobiographical book was the paperback *I Changed My Sex* [not exactly a quiet, contemplative title], written by the striptease artist Hedy Jo Star in the mid-1950s. Christine Jorgensen, who underwent surgery in the early 1950s and is arguably the best known of the recent transsexuals, did not publish her autobiography until 1967; instead, Star’s book rode the wave of publicity surrounding Jorgensen’s surgery. In 1974 *Conundrum* was published, written by the popular English journalist Jan Morris. In 1977 there was Canary, by musician and performer Canary Conn. In addition, many transsexuals keep something they call by the argot term “O.T.F.”: The Obligatory Transsexual File. This usually contains newspaper articles and bits of forbidden diary entries about “inappropriate” gender behavior. Transsexuals also collect autobiographical literature. According to the Stanford gender dysphoria program, the medical clinics do not, because they consider autobiographical accounts thoroughly unreliable. Because of this, and since a fair percentage of the literature is invisible to many library systems, these personal collections are the only source for some of this information. I am fortunate to have a few of them at my disposal.

What sort of subject is constituted in these texts? Hoyer [representing Jacobson representing Elbe, who is representing Wegener who is representing Sparre], writes:

A single glance of this man had deprived her of all her strength. She felt as if her whole personality had been crushed by him. With a single glance he had extinguished it. Something in her rebelled. She felt like a schoolgirl who had received short shrift from an idolized teacher. She was conscious of a peculiar weakness in all her members...it was the first

time her woman's heart had trembled before her lord and master, before the man who had constituted himself her protector, and she understood why she then submitted so utterly to him and his will.

We can put to this fragment all of the usual questions: Not by whom but for whom was Lili Elbe constructed? Under whose gaze did her text fall? And consequently what stories appear and disappear in this kind of seduction? It may come as no surprise that all of the accounts I will relate here are similar in their description of “woman” as male fetish, as replicating a socially enforced role, or as constituted by performative gender. Lili Elbe faints at the sight of blood. Jan Morris, a world-class journalist who has been around the block a few times, still describes her sense of herself in relation to makeup and dress, of being on display, and is pleased when men open doors for her:

I feel small, and neat. I am not small in fact, and not terribly neat either, but femininity conspires to make me feel so. My blouse and skirt are light, bright, crisp. My shoes make my feet look more delicate than they are, besides giving me...a suggestion of vulnerability that I rather like. My red and white bangles give me a racy feel, my bag matches my shoes and makes me feel well organized...When I walk out into the street I feel consciously ready for the world's appraisal, in a way that I never felt as a man.

Hedy Jo Star, who was a professional stripper, says in *I Changed My Sex*: “I wanted the sensual feel of lingerie against my skin. I wanted to brighten my face with cosmetics. I wanted a strong man to protect me.” Here in 1991 I have also encountered a few men who are brave enough to echo this sentiment for themselves, but in 1955 it was a proprietary feminine position.

Besides the obvious complicity of these accounts in a Western white male definition of performative gender, the authors also reinforce a binary, oppositional mode of gender identification. They go from being unambiguous men, albeit unhappy men, to unambiguous women. There is no territory between. Further, each constructs a specific narrative moment when their personal sexual identification changes from male to female. This moment is the moment of neocolportography--that is, of gender reassignment or “sex change surgery”. Jan Morris, on the night preceding surgery, wrote: “I went to say good-bye to myself in the mirror. We would never meet again, and I wanted to give that other self a last wink for luck...”

culture tells itself, the transsexual body is a tactile politics of reproduction constituted through textual violence. The clinic is a technology of inscription.

Given this circumstance in which a minority discourse comes to ground in the physical, a counterdiscourse is critical. But it is difficult to generate a counterdiscourse if one is programmed to disappear. The highest purpose of the transsexual is to erase herself, to fade into the “normal” population as soon as possible. Part of this process is known as constructing a plausible history--learning to lie effectively about one's past. What is gained is acceptability in society. What is lost is the ability to authentically represent the complexities and ambiguities of lived experience, and thereby is lost that aspect of “nature” which Donna Haraway theorizes as Coyote--the Native American spirit animal who represents the power of continual transformation which is the heart of engaged life. Instead, authentic experience is replaced by a particular kind of story, one that supports the old constructed positions. This is expensive, and profoundly disempowering. Whether desiring to do so or not, transsexuals do not grow up in the same ways as “GGs”, or genetic “naturals”. Transsexuals do not possess the same history as genetic “naturals”, and do not share common oppression prior to gender reassignment. I am not suggesting a shared discourse. I am suggesting that in the transsexual's erased history we can find a story disruptive to the accepted discourses of gender, which originates from within the gender minority itself and which can make common cause with other oppositional discourses. But the transsexual currently occupies a position which is nowhere, which is outside the binary oppositions of gendered discourse. For a transsexual, as a transsexual, to generate a true, effective and representational counterdiscourse is to speak from outside the boundaries of gender, beyond the constructed oppositional nodes which have been predefined as the only positions from which discourse is possible. How, then, can the transsexual speak? If the transsexual were to speak, what would s/he say?

4. *Whose story is this, anyway?*

I wish to point out the broad similarities which this peculiar juxtaposition suggests to aspects of colonial discourse with which we may be familiar: The initial fascination with the exotic, extending to professional investigators; denial of subjectivity and lack of access to the dominant discourse; followed by a species of rehabilitation.

Raising these issues has complicated life in the clinics.

“Making” history, whether autobiographic, academic, or clinical, is partly a struggle to ground an account in some natural inevitability. Bodies are screens on which we see projected the momentary settlements that emerge from ongoing struggles over beliefs and practices within the academic and medical communities. These struggles play themselves out in arenas far removed from the body. Each is an attempt to gain a high ground which is profoundly moral in character, to make an authoritative and final explanation for the way things are and consequently for the way they must continue to be. In other words, each of these accounts is culture speaking with the voice of an individual. The people who have no voice in this theorizing are the transsexuals themselves. As with males theorizing about women from the beginning of time, theorists of gender have seen transsexuals as possessing something less than agency. As with genetic women, transsexuals are infantilized, considered too illogical or irresponsible to achieve true subjectivity, or clinically erased by diagnostic criteria; or else, as constructed by some radical feminist theorists, as robots of an insidious and menacing patriarchy, an alien army designed and constructed to infiltrate, pervert and destroy “true” women. In this construction as well, the transsexuals have been resolutely complicit by failing to develop an effective counterdiscourse.

Here on the gender borders at the close of the twentieth century, with the faltering of phallographic hegemony and the bumptious appearance of heteroglossic origin accounts, we find the epistemologies of white male medical practice, the rage of radical feminist theories and the chaos of lived gendered experience meeting on the battlefield of the transsexual body: a hotly contested site of cultural inscription, a meaning machine for the production of ideal type. Representation at its most magical, the transsexual body is perfected memory, inscribed with the “true” story of Adam and Eve as the ontological account of irreducible difference, an essential biography which is part of nature. A story which

Canary Conn writes: “I’m not a muchacho...I’m a muchacha now...a girl[sic].”

Hedy Jo Star writes: “In the instant that I awoke from the anaesthetic, I realized that I had finally become a woman.”

Even Lili Elbe, whose text is second-hand, used the same terms:

“Suddenly it occurred to him that he, Andreas Sparre, was probably undressing for the last time.” Immediately on awakening from first-stage surgery [castration in Hoyer’s account], Sparre writes a note. “He gazed at the card and failed to recognize the writing. It was a woman’s script.” Inger carries the note to the doctor: “What do you think of this, Doctor. No man could have written it?” “No,” said the astonished doctor; “no, you are quite right...” --an exchange which requires the reader to forget that orthography is an acquired skill. The same thing happens with Elbe’s voice: “the strange thing was that your voice had completely changed...You have a splendid soprano voice! Simply astounding.”[24] Perhaps as astounding now as then but for different reasons, since in light of present knowledge of the effects [and more to the point, the non-effects] of castration and hormones none of this could have happened. Neither has any effect on voice timbre. Hence, incidentally, the jaundiced eyes with which the clinics regard historical accounts.

If Hoyer mixes reality with fantasy and caricatures his subjects besides [“Simply astounding!”], what lessons are there in *Man Into Woman*? Partly what emerges from the book is how Hoyer deploys the strategy of building barriers within a single subject, strategies that are still in gainful employment today. Lili displaces the disruptive masculine self, still dangerously present within her, onto the God-figure of her surgeon/therapist Werner Kreutz, whom she calls The Professor, or The Miracle Man. The Professor is He Who molds and Lili that which is molded:

what the Professor is now doing with Lili is nothing less than an emotional moulding, which is preceding the physical moulding into a woman. Hitherto Lili has been like clay which others had prepared and to which the Professor has given form and life...by a single glance the Professor awoke her heart to life, a life with all the instincts of woman.

The female is immanent, the female is bone-deep, the female is instinct. With Lili's eager complicity, The Professor drives a massive wedge between the masculine and the feminine within her. In this passage, reminiscent of the "oriental" quality of Morris' narrative, the male must be annihilated or at least denied, but the female is that which exists to be continually annihilated:

It seemed to her as if she no longer had any responsibility for herself, for her fate. For Werner Kreutz had relieved her of it all. Nor had she any longer a will of her own...there could be no past for her. Everything in the past belonged to a person who...was dead. Now there was only a perfectly humble woman, who was ready to obey, who was happy to submit herself to the will of another...her master, her creator, her Professor. Between [Andreas] and her stood Werner Kreutz. She felt secure and salvaged.

Hoyer has the same problems with purity and denial of mixture that recur in many transsexual autobiographical narratives. The characters in his narrative exist in an historical period of enormous sexual repression. How is one to maintain the divide between the "male" self, whose proper object of desire is Woman, and the "female" self, whose proper object of desire is Man?

"As a man you have always seemed to me unquestionably healthy. I have, indeed, seen with my own eyes that you attract women, and that is the clearest proof that you are a genuine fellow." He paused, and then placed his hand on Andreas' shoulder. "You won't take it amiss if I ask you a frank question?...Have you at any time been interested in your own kind? You know what I mean."

Andreas shook his head calmly. "My word on it, Niels, never in my life. And I can add that those kind of creatures have never shown any interest in me."

"Good, Andreas! That's just what I thought."

Hoyer must separate the subjectivity of "Andreas", who has never felt anything for men, and "Lili", who, in the course of the narrative, wants to marry one. This salvaging procedure makes the world safe for "Lili" by erecting and maintaining an impenetrable barrier between her and "Andreas", reinforced again and again in such ways as two different

Mehl, written in 1986:

There is no mental nor psychological test which successfully differentiates the transsexual from the so-called normal population. There is no more psychopathology in the transsexual population than in the population at large, although societal response to the transsexual does pose some insurmountable problems. The psychodynamic histories of transsexuals do not yield any consistent differentiation characteristics from the rest of the population."

These two accounts, Mehl's statement and that of Lothstein, in which he found transsexuals to be depressed, schizoid, manipulative, controlling, and paranoid, coexist within a span of less than ten years. With the achievement of a diagnostic category in 1980--one which, after years of research, did not involve much more than the original sense of "being in the wrong body"--and consequent acceptance by the body police, i.e., the medical establishment, 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. Were there undiscovered or untried diagnostic techniques that would have differentiated transsexuals from the normal population? Were the criteria wrong, limited, or shortsighted? Did the realization that criteria weren't emerging just naturally appear as a result of "scientific progress", or were there other forces at work?

Such a banquet of data creates its own problems. Concomitant with the dubious achievement of a diagnostic category is the inevitable blurring of boundaries as a vast heteroglossic account of difference, heretofore invisible to the "legitimate" professions, suddenly achieves canonization and simultaneously becomes homogenized to satisfy the constraints of the category. Suddenly the old morality tale of the truth of gender, told by a kindly white patriarch in New York in 1966, becomes pancultural in the 1980s. Emergent polyvocality of lived experience, never represented in the discourse but present at least in potential, disappear, the berdache and the stripper, the tweedy housewife and the mujerado, the mah'u and the rock star, are still the same story after all, if we only try hard enough.

It took a surprisingly long time--several years--for the researchers to realize that the reason the candidates' behavioral profiles matched Benjamin's so well was that the candidates, too, had read Benjamin's book, which was passed from hand to hand within the transsexual community, and they were only too happy to provide the behavior that led to acceptance for surgery. This sort of careful repositioning created interesting problems. Among them was the determination of the permissible range of expressions of physical sexuality. This was a large gray area in the candidates' self-presentations, because Benjamin's subjects did not talk about any erotic sense of their own bodies. Consequently nobody else who came to the clinics did either. By textual authority, physical men who lived as women and who identified themselves as transsexuals, as opposed to male transvestites for whom erotic penile sensation was permissible, could not experience penile pleasure. Into the 1980s there was not a single preoperative male-to-female transsexual for whom data was available who experienced genital sexual pleasure while living in the "gender of choice". The prohibition continued postoperatively in interestingly transmuted form, and remained so absolute that no postoperative transsexual would admit to experiencing sexual pleasure through masturbation either. Full membership in the assigned gender was conferred by orgasm, real or faked, accomplished through heterosexual penetration. "Winging the turkey's neck", the ritual of penile masturbation just before surgery, was the most secret of secret traditions. To acknowledge so natural a desire would be to risk "crash landing"; that is, "role inappropriateness" leading to disqualification.

It was necessary to retrench. The two groups, on one hand the researchers and on the other the transsexuals, were pursuing separate ends. The researchers wanted to know what this thing they called gender dysphoria syndrome was. They wanted a taxonomy of symptoms, criteria for differential diagnosis, procedures for evaluation, reliable courses of treatment, and thorough followup. The transsexuals wanted surgery. They had very clear agendas regarding their relation to the researchers, and considered the doctors' evaluation criteria merely another obstacle in their path--something to be overcome. In this they unambiguously expressed Benjamin's original criterion in its simplest form: The sense of being in the "wrong" body. This seems a recipe for an uneasy adversarial relationship, and it was. It continues to be, although with the passage of time there has been considerable dialogue between the two camps. Partly this has been made possible by the realization among the medical and psychological community that the expected criteria for differential diagnosis did not emerge. Consider this excerpt from a paper by Marie

handwriting styles and two different voices. The force of an imperative--a natural state toward which all things tend--to deny the potentialities of mixture, acts to preserve "pure" gender identity: at the dawn of the Nazi-led love affair with purity, no "creatures" will tempt Andreas into transgressing boundaries with his "own kind".

"I will honestly and plainly confess to you, Niels, that I have always been attracted to women. And to-day as much as ever. A most banal confession!"

--banal only so long as the person inside Andreas' body who voices it is Andreas, rather than Lili. There is a lot of work being done in this passage, a microcosm of the work it takes to maintain the same polar personae in society in the large. Further, each of these writers constructs his or her account as a narrative of redemption. There is a strong element of drama, of the sense of struggle against huge odds, of overcoming perilous obstacles, and of mounting awe and mystery at the breathtaking approach and final apotheosis of the Forbidden Transformation. Oboy.

The first operation...has been successful beyond all expectations. Andreas has ceased to exist, they said. His germ glands--oh, mystic words--have been removed.

Oh, mystic words. The mysticism of deep identity hovers about a physical locus; the entire complex of male engenderment, the mysterious power of the Man-God, inhabits the "germ glands" in the way that the soul was thought to inhabit the pineal. Maleness is in the you-know-whats. For that matter, so is the ontology of the subject; and therefore Hoyer can demonstrate in the coarsest way that femaleness is lack:

The operation which has been performed here [that is, castration] enables me to enter the clinic for women [exclusively for women].

On the other hand, either Niels or Lili can be constituted by an act of insinuation, what the New Testament calls *endeuein*, or the putting on of the god, inserting the physical body within a shell of cultural significance:

Andreas Sparre...was probably undressing for the last time...For a lifetime these coverings of coat and waistcoat and trousers had enclosed him.

It is now Lili who is writing to you. I am sitting up in my bed in a silk nightdress with lace trimming, curled, powdered, with bangle, necklace, and rings...

All these authors replicate the stereotypical male account of the constitution of woman: Dress, makeup, and delicate fainting at the sight of blood. Each of these adventurers passes directly from one pole of sexual experience to the other. If there is any intervening space in the continuum of sexuality, it is invisible. And nobody ever mentions wringing the turkey's neck.

No wonder feminist theorists have been suspicious. Hell, I'm suspicious.

How do these accounts converse with the medical/psychological texts? In a time in which more interactions occur through texts, computer conferences, and electronic media than by personal contact -- the close of the mechanical age and the inception of the virtual, in which multiplicity and prosthetic social communication are common -- and consequently when individual subjectivity can be constituted through inscription more often than through personal association, there are still moments of embodied "natural truth" that cannot be avoided. In the time period of most of these books the most critical of these moments was the intake interview at the gender dysphoria clinic, when the doctors, who were all males, decided whether the person was eligible for gender reassignment surgery. The origin of the gender dysphoria clinics is a microcosmic look at the construction of criteria for gender. The foundational idea for the gender dysphoria clinics was first, to study an interesting and potentially fundable human aberration; second, to provide help, as they understood the term, for a "correctable problem".

Some of the early nonacademic gender dysphoria clinics performed surgery on demand, which is to say regardless of any judgment on the part of the clinic staff regarding what came to be called appropriateness to the gender of choice. When the first academic gender dysphoria clinics were started on an experimental basis in the 1960s, the medical staff would not perform surgery on demand, because of the professional risks involved in performing experimental surgery on "sociopaths". At this time there were no official diagnostic criteria: "transsexuals" were, ipso facto, whoever signed up for assistance. Professionally this was a dicey situation. It was necessary to construct the category "transsexual" along customary and traditional lines, to construct plausible criteria for acceptance into a clinic. Professionally speaking, a test or a differential

diagnosis was needed for transsexualism that did not depend on anything as simple and subjective as feeling that one was in the wrong body. The test needed to be objective, clinically appropriate, and repeatable. But even after considerable research, no simple and unambiguous test for gender dysphoria syndrome could be developed.

The Stanford clinic was in the business of helping people, among its other agendas, as its members understood the term. Therefore the final decisions of eligibility for gender reassignment were made by the staff on the basis of an individual sense of the "appropriateness of the individual to their gender of choice". The clinic took on the additional role of "grooming clinic" or "charm school" because, according to the judgment of the staff, the men who presented as wanting to be women didn't always "behave like" women. Stanford recognized that gender roles could be learned [to an extent]. Their involvement with the grooming clinics was an effort to produce not simply anatomically legible females, but women...i.e., gendered females. As Norman Fisk remarked, "I now admit very candidly that... in the early phases we were awowedly seeking candidates who would have the best chance for success." In practice this meant that the candidates for surgery were evaluated on the basis of their performance in the gender of choice. The criteria constituted a fully acculturated, consensual definition of gender, and at the site of their enactment we can locate an actual instance of the apparatus of production of gender.

This raises several sticky questions, the chief two being: Who is telling the story for whom, and how do the storytellers differentiate between the story they tell and the story they hear?

One answer is that they differentiate with great difficulty. The criteria which the researchers developed and then applied were defined recursively through a series of interactions with the candidates. The scenario worked this way: Initially, the only textbook on the subject of transsexualism was Harry Benjamin's definitive work *The Transsexual Phenomenon* [1966]. [Note that Benjamin's book actually postdates *I Changed My Sex* by about ten years.] When the first clinics were constituted, Benjamin's book was the researchers' standard reference. And when the first transsexuals were evaluated for their suitability for surgery, their behavior matched up gratifyingly with Benjamin's criteria. The researchers produced papers which reported on this, and which were used as bases for funding.