

Disciplining Diagnoses: Sexology, Eugenics, and Trans* Subjectivities

By

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Abstract

While some believe that eugenics ended after World War II, eugenics heavily influenced the development and evolution of diagnoses of gender variance. Where eugenicists applied the terms “degenerate” and “unfit” to those deemed undesirable in the early twentieth century, so too did sexologists, many of whom were also eugenicists, when describing and constructing the diagnostic category of transvestite. I trace the evolution of trans-diagnostic categories and argue that eugenics significantly influenced how both sexologists and transpeople understood transvestism in the 20th century, particularly in relation to race, sexuality, and disability. Reflecting the common eugenic strategies of the first several decades of the 1900s, many sexologists commented on degeneracy, heredity, and disability within texts focused on transvestism. Their eugenic leanings were also evidenced by anxieties concerning transvestites marrying and reproducing, two actions that eugenicists sought to control. The wide influence of eugenic ideology in sexological writings made the separation of eugenics and transvestism irreversible. Reading texts about and by transvestites and transsexuals while recognizing the discursive and historical context in which they wrote, I point out the ways in which understandings of gender and eugenics were mutually productive in these writings. While current descriptions of transsexuals do not include terms like “degeneracy,” its vestigial meanings remain. The present-day search for causes and “cures” for transsexualism are rooted in this history of eugenics. Recognizing and acknowledging this history is crucial for understanding what is at stake for inhabiting these diagnoses, and for how trans* communities will negotiate them moving forward.

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INTRODUCTION

At the turn of the 20th century, eugenics emerged as a movement that would dominate approaches to numerous academic fields such as medicine, law, and psychology. Sexology, the scientific study of human sexuality, was a field that intersected ideologically with eugenics throughout the 20th century. I argue that this intersection heavily influenced the development of “transvestite” and “transsexual” as diagnoses, and that this history has shaped 1) the ways in which we access and conceive of the diagnoses and identities associated with gender non-conformity; 2) how transactivism has evolved over the last six decades; and 3) the development of Transgender Studies as a field. Trans* subjectivities are produced and accessed at the intersection of race, sexuality, and disability, and these subjectivities reflect the discursive influence of eugenics present in the creation of the diagnoses and in the medical fields from which they emerged.¹

My research is the first to examine the intersection of eugenics and sexology at the site of these diagnoses. Many believe that eugenics, the social movement focused on “bettering” the human population through selective breeding and sterilization, ended after World War II. Recently, scholars from multiple disciplines have disputed this claim, including Siobhan Sommerville in Critical Race and Queer Studies, Ladelle McWhorter in Philosophy, and Ellen Samuels in Disability Studies. One manifestation of eugenics is found in the histories of diagnoses of gender variance. Just as eugenicists applied the terms “degenerate” and “unfit” to those deemed undesirable in the early twentieth century, so too did sexologists use these terms when describing and constructing the diagnostic category of transvestite. However, most

¹ The “*” following the words trans is used to indicate the various subjects that might be included in the umbrella term of “trans.” For example: transgender, transsexual, transwoman, transman, transmasculine, transfeminine, and can also include individuals who are gender non-conforming or non-binary. The use of “trans*” is not without contest. See: Danie Diamond and Eli Erlick, 2016.

historical works about eugenics do not discuss transvestism or its later manifestation, transsexualism. Similarly, the scholarship on transvestism and transsexualism focuses mostly on the intersection of sexology with popular culture, medicine, and psychiatry, and fails to engage with eugenics. My dissertation fills this gap as I trace the evolution of trans-diagnostic categories and argue that eugenics significantly influenced how both sexologists and people diagnosed with transvestism understood transvestism in the first half of the 20th century, particularly in relation to race, sexuality, and disability, and how we continue to engage with trans* subjectivities in 2016.

Below, I will provide some brief comments on the emergence of gender diagnoses that articulated and defined this deviance. I will then provide an overview of the social milieu in which the sexologists – the physicians studying human sexuality – operated. Next, I will outline my methods and archives. Lastly, I provide a chapter outline for the dissertation.

Emerging Subjects

According to Michel Foucault, the discursive formation of the “homosexual” as a subject position rather than an aberration had occurred by 1870.² At the time, concepts of “gender identity” and “sexed bodies” did not exist - they were conceived of as one and the same; feminine men and masculine women were understood to be embodying not gender deviance but *sexual deviance*. The medical professionals of the time understood gender identity, sex/sexual identity, and sexuality/sexual orientation as normatively linked in ways that should produce what we would call today heterosexual, feminine women with female bodies and heterosexual,

² Foucault argues that the 19th century homosexual “became a personage, a past, a case history, a life form, and a morphology... Nothing that went into his total composition was unaffected by his sexuality... The sodomite had been an aberration; the homosexual was now a species.” Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1976). 43.

masculine men with male bodies. During the first half of the twentieth century, “sex” was used to indicate not only the biological aspects of sex (chromosomes, genitalia, hormones), but also what we understand today as gender identity and gender expression. According to feminist historian Joanne Meyerowitz, “sex signified not only female and male but also traits, attitude, and behaviors associated with women and men and with erotic acts.”³ Sex was generally understood as deterministic of not only gender identity and expression, but also of occupational aptitude, clothing preference, as well as sexual inclinations.

Newer understandings of “gender” as distinct from “sex” emerged and evolved over the course of the twentieth century, and this distinction emerged largely from conversations among sexologists writing and talking about transvestism. Magnus Hirschfeld in 1910 began to distinguish sexual deviance from “other emotional characteristics” – transvestism. Sexologist Robert Stoller in the 1960s, along with John Money and Richard Green, all worked to define “gender” as something distinct, but related to, biological “sex.” The emergence of *gender* marked a shift in the discursive construction not only of gender and sexuality more broadly, but *gender deviance* in particular.

Originally called “eonism,” and later transvestism, cross-dressing and other manifestations of gender deviance became “diagnosable” at the turn of the twentieth century. Sexologist and eugenicist Magnus Hirschfeld brought the term transvestite into scientific and popular use. Magnus Hirschfeld first used “Transvestite” in 1910, yet it was not until the late 1940s and early 1950s that “transvestite” and “transsexual” were widely used outside of a small group of sexologists. Sexologists David O. Cauldwell and Harry Benjamin would coin and popularize the term “transsexual.” Until the late 1940s and even into the 1950s, transvestism was

³ Joanne J. Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge: Harvard University Press, 2002). 3

widely used as an umbrella term, with “transsexual” being a rare and “extreme” form of transvestism. Cauldwell, while publishing prolifically on the topic, refused to endorse surgeries that would “change” sex. Harry Benjamin, however, would step in where Cauldwell would not. Benjamin published *The Transsexual Phenomenon* in 1966, one of the only comprehensive texts on transvestite and transsexual diagnoses at the time, and advocated for surgical intervention when deemed appropriate. Benjamin helped to network patients with sexologists, endocrinologists, and surgeons throughout the U.S. and Western Europe.

This network of physicians would codify “transvestism” and “transsexualism” as diagnoses while simultaneously establishing gender expectations for all members of the social body based on a white, ablebodied, and heterosexual norm.⁴ Critical historian Julian Carter demonstrates how normality discourse in the beginning of the 20th century represented whiteness. He also argues that normality “provided a common, and deeply sexualized, vocabulary through which an increasingly diverse group of whites could articulate their common racial and political values to one another.”⁵ Anyone could be normal, “so long as they willingly subjected themselves and their children to the bourgeois erotic and relational disciplines that certified their allegiance to the social and civic order on which white American civilization rested.”⁶ The social and civic order of white America was heterosexual, able-minded, able-bodied, and middle-class. As the conflation of these categories became concretized at the turn of

⁴ This term has emerged as a way to refer to both able-bodied and able-minded rhetoric and notions of ability. More than this, though, it builds off of Margaret Price's notion of “bodymind” that acknowledges the ways in which mental and physical processes both give rise to and affect each other. In her words, “mental and physical processes not only affect each other but also *give rise to each other* – that is, because they tend to act as one, even though they are conventionally understood as two – it makes more sense to refer to them together, in a single term.” Pulling from Rosemarie Garland-Thomson's articulations of disability, Price also utilizes the concept of “misfitting” that directs attention to “the co-constituting relationship between flesh and environment.” See: Margaret Price, “The Bodymind Problem and the Possibilities of Pain,” *Hypatia* 30, no. 1 (2015), 169; Babette Rothschild, *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment* (New York: Norton, 2000).; Rosemarie Garland-Thomson, “Misfits: A Feminist Materialist Disability Concept,” *Hypatia* 26, no. 3 (2011).

⁵ Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham: Duke University Press, 2007), 6

⁶ Ibid. 154.

the 20th century, it became impossible to discuss whiteness without always already referencing normality, heterosexuality, normative gender expression, class, able-mindedness and able-bodiedness, among other categories of embodiment and identity that were rendered “normal” and in alignment with the social and civic order of the time.

Eugenics and the Social Milieu of the 20th Century

Whiteness

Sexologists lived in an environment in which eugenic ideologies were not only present, but ubiquitous. Eugenic discourses were co-constitutive with discourses of white racism. In his work on white ignorance as a cognitive phenomenon, Charles W. Mills discusses what he calls “white normativity,” and defines it as “the centering of the Euro and later Euro-American reference group as constitutive norm.”⁷ In her review of various epistemologies of ignorance, feminist philosopher Linda Alcoff summarizes Mills approach as follows:

One of the key features of oppressive societies is that they do not acknowledge themselves as oppressive... there is a dominant view about the general nature of the society that represents its particular forms of inequality and exploitation as basically just and fair... it is very likely, however, that this dominant representation of the unjust society as a just society will have countervailing evidence on a daily basis that is at least potentially visible to everyone in the society... Therefore, cognitive norms of assessment will have to be maintained that allow for this countervailing evidence to be regularly dismissed so that the dominant view can be held stable.⁸

Discourses of white ignorance simultaneously masked and justified its affects. White ignorance in the U.S., and for U.S. eugenicists, follows the same pattern. These discourses influenced sexologists not only in their approach to sexological work, but how they understood the world more broadly. Eugenics became as popular as it did in part because of its foundations in long and

⁷ Charles W. Mills, "White Ignorance," in *Race and Epistemologies of Ignorance*, ed. Shannon Sullivan and Nancy Tuana (Albany: State University of New York Press, 2007). 20, 25.

⁸ Linda Alcoff, "Epistemologies of Ignorance: Three Types," in *Race and Epistemologies of Ignorance*, ed. Shannon Sullivan and Nancy Tuana (Albany: SUNY, 2007). 48.

violent histories of racism in the United States. As Dorothy Roberts argues, “racist ideology... provided fertile soil for eugenic theories to take root and flourish.”⁹ Eugenic thinking relied on constructions of white superiority, a central concept for white supremacy.

Eugenicists relied almost wholly on degeneracy for explanations for who was “unfit.” Even when they began to account for some environmental influence, the heredity piece of their logic remained dominant. Those with good genes could be ruined by environment, but those with bad genes were hopeless – no amount of influence and environment could fix their inherited “defects.” Racism informed this theoretical framework. Roberts emphasizes the impact of racism, emphasizing the long history of white supremacy in the U.S.: “White America has for over two centuries developed an understanding of the races as biologically distinct groups, marked by inherited attributes of inferiority and superiority.” White skin indicated superior breeding, intellect, physicality, and possibility. If given proper social support, white babies would improve the “race,” the nation. However, non-white babies, or white babies with any number of abnormalities or defects, would ruin the nation and drive it into chaos.¹⁰

Gender and Sexuality

Sexologists found many ways of talking about norms without directly referencing whiteness and heterosexuality. Rather than discuss the dysgenic aspects of raced, gendered, and sexual deviance, sexologists would reference psychiatric disability, poor upbringing, or environments that failed to offer proper training. Anthropologist Sherry Ortner speaks to this type of discursive elision, particularly how it pertains to conversations around class in the U.S.

⁹ Dorothy E. Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997). 59.

¹⁰ In his introduction to Laughlin’s *Eugenical Sterilization in the United States*, Harry Olson wrote: “America needs to protect herself against indiscriminate immigration, criminal degenerates, and race suicide. The success of democracy depends upon the quality of its individual elements... [if] there is a constant and progressive racial degeneracy, it is only a question of time when popular self-government will be impossible, and will be succeeded by chaos, and finally a dictatorship.” Harry H. Laughlin, *Eugenical Sterilization in the United States* (Chicago: Psychopathic Laboratory of the Municipal Court of Chicago, 1922). v.

She argues that “although class goes largely unspoken in American social life, it is not discursively absent. Rather it is displaced into culturally more salient discourses... of gender and sexuality.”¹¹ Ortner argues that for middle- and upper- class individuals, “gender and sexuality are projected out onto the world of class relations...the working class is cast as the bearer of an exaggerated sexuality, against which middle-class respectability is defined.”¹² One of the ways in which this occurs is through dress. As Marjorie Garber argued in *Vested Interests*, clothing is central to the policing of social boundaries, marking out “visible and above all legible distinctions of wealth and rank within a society undergoing changes that threatened to even obliterate social distinctions.”¹³ This was particularly relevant for transvestites. While neither Ortner’s nor Garber’s analysis speaks directly to eugenics, the relevance of their logic to the issue of eugenics and its continuing influence on sexological conversations into the 1950s and 60s is difficult to ignore. Sexologists’ continued to advocate eugenic ideals, but most often through conversations of “norms,” of “ideal” masculinity and femininity manifest in comportment, dress, and sexuality. Each of these norms and ideals were tightly aligned and almost synonymous with whiteness, heterosexuality, ability, and middle-class existence.

Before the medical articulation of gender deviance in the late 19th century, “normal” gender was less well defined. However, as cultural scholar Vron Ware notes, “different elements in this system of ‘race’ and gender identity have no intrinsic meaning; they work only in and through differentiation.”¹⁴ Ethics scholar Laurel Schneider, following this notion, argues that two opposing identifiers, in this case “normal” gender and “abnormal” gender, “are so interdependent

¹¹ Sherry B. Ortner, *Anthropology and Social Theory: Culture, Power, and the Acting Subject* (Durham: Duke University Press, 2006). 20.

¹² Ibid. 32-33.

¹³ Marjorie B. Garber, *Vested Interests: Cross-Dressing and Cultural Anxiety* (New York: Routledge, 1992). 105.

¹⁴ Vron Ware, "Defining Forces, 'Race,' Gender and Memories of Empire," in *The Post-Colonial Question: Common Skies, Divided Horizons*, ed. Iaian Chambers and Lidia Curti (New York: Routledge, 1996). 159.

that they cannot signify anything but the shape of their opposition.”¹⁵ As gender deviance was more clearly identified, this definitional work helped to create boundaries around concepts of “normal” gender. Through the continued solidification of the category “transvestite,” a discursive subject position is added to assist in defining *normal* gender, gender that was already coded as white, able-bodied, able-minded, and heterosexual. While this began in the early 1900s, the explosion of medical, popular, and personal coverage of transvestism following Christine Jorgensen’s global debut in 1952 made these intersections clearer than ever.

Disability

Systems of race, gender, and sexual norms were fully informed by evolving notions of psychiatric disability and able-mindedness. The connections between race, particularly non-white races, and disability are undeniable. Disability scholar Douglas Baynton argues that “Nonwhite races were routinely connected to people with disabilities,” as is evidenced by the language and performance of race and disability throughout the 19th and 20th century.¹⁶ For example, as Baynton notes, Down’s syndrome was called “Mongolism” because the doctor who identified it “believed the syndrome to be the result of a biological reversion by Caucasians to the Mongol racial type.”¹⁷ Similarly, “primitives” and “defectives” were displayed along side each other at the 1904 World’s Fair, signaling “similar and interconnected classification schemes for both defective individuals and defective races.”¹⁸ Histories of disability are embedded in and informed by histories of racism and white supremacy.

¹⁵ Laurel Schneider, "What Race Is Your Sex," in *Disrupting White Supremacy from Within*, ed. Jennifer Harvey, Karin A. Case, and Robin Hawley Gorsline (Cleveland: Pilgrim Press, 2008). 158.

¹⁶ Douglas C. Baynton, "Disability and the Justification of Inequality in American History," in *Race, Class, and Gender in the United States: An Integrated Study*, ed. Paula S. Rothenberg (New York: Worth Publishers, 2003). 95.

¹⁷ *Ibid.* 95.

¹⁸ *Ibid.* 95.

The connection between race, class, and sexuality as categories of classification are embedded in understandings of disability, where “Ableist ideologies... viewed people with disabilities as inherently undesirable and deficient,” as *abnormal*.¹⁹ Disability studies scholar Leonard Davis writes about the context in which normalcy as a category was enforced in an ableist U.S. culture, where “the rise of the concept of normality was tied to the rise of eugenics, statistics, and certain kinds of scientific claims about the human body, race, gender, class, intelligence, strength, fitness, and morality.”²⁰ The normality he references was utilized to encourage people to “conform to some white, Eurocentric, ableist, developed-world, heterosexual, male notion of normality.”²¹ He recognized that the “idea of normal was an effective rationale for a monocultural society that could define itself as the norm and standard [where] immigrants, indigenous peoples, people of color, and foreigners were always going to be abnormal and were ‘proven’ to be so using eugenically oriented biometric tests and measures.”²² Desire for legitimacy required a disassociation from disability, pathology, homosexuality, and any other category that could be or had been associated with deviance, including blackness or any race that was not currently included in what counted as “white.”

The rhetoric of developmental delays, or the lack of development in general, has a long history in the U.S. in relation to groups who existed outside the historical version of the “norm.” By the 1950s, transvestism was more often categorized as a psychiatric disability or developmental delay. This categorization marginalized those who inhabited those diagnoses and subject positions. It also reified medicalized notions of disability, particularly psychiatric disability. Baynton references a government document that discussed the “classification of

¹⁹ Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012). 155.

²⁰ Lennard J. Davis, *The End of Normal: Identity in a Biocultural Era* (Ann Arbor: University of Michigan Press, 2013). 1.

²¹ *Ibid.* 3.

²² *Ibid.* 2.

‘constitutional psychopathic inferiority... including various unstable individuals on the border line between sanity and insanity... and persons with abnormal sex instincts.’²³ While gender pathology was not officially given a name or diagnoses until almost sixty years later, the common element among anyone deemed “unfit” was the “presence or attribution of disability.”²⁴ A central aspect of the medicalization of transvestism and transsexualism was its classification as a psychiatric disability. Arrested sexual development, a type of psychiatric disability, was also an explanation given by doctors as the reason individuals desired to either dress in cloths of the opposite sex, or had the desire to *be* the opposite sex.

Discourses of psychiatric disability also informed constructions of citizenship in the twentieth century. In 1950, four years after the end of the war, governmental and medical discourses converged in an article written by then director of the FBI, J. Edgar Hoover. “Let’s Keep America Healthy,” published in *The Journal of the American Medical Association*, compared the “life of the nation” to the “life of the individual.” Hoover asserted that the nation must be healthy “physically, intellectually and spiritual.... A nation [must be] kept strong, virile and healthy by the combined efforts of its citizens.”²⁵ His comparison of the individual to the nation places the expectations of “health” onto the population and frames health as a requirement of citizenship. Following this analogy is a critique and dismissal of communism, a request to “defeat the Communist challenge... in a democratic manner.”²⁶ However, in his conclusion, he returns to the “individual health” analogy, reminding readers that:

²³ Baynton, "Disability and the Justification of Inequality in American History." 102.

²⁴ Ibid. 95.

²⁵ John Edgar Hoover, "Let's Keep American Healthy," *The Journal of the American Medical Association* 144, no. 13 (1950). 1094.

²⁶ Ibid. 1095.

A healthy nation... must receive the unstinting cooperation of all its component parts; if one part fails to carry its share the whole organism is weakened. America... must remain strong and healthy. This is the task of each and every person.²⁷

If an individual citizen fails to remain healthy, they make the nation weaker. Hoover does not directly mention sexuality or gender in his short piece, but concepts of intellectual health invoke psychiatric disability. The gender deviance of transvestites and transsexuals, deviance that was racialized, classed, and steeped in discourses of psychiatric disability, affected the ways in which individuals accessed the term “citizen.” The categorization of gender deviance often rendered transpeople ineligible for, or at least suspect in relationship to, full citizenship and the protections full citizenship afforded.

Aligning transvestism and transsexualism with disability reflected a particularly racialized and heterosexist environment. While African Americans were often described as being less evolved and as less-capable intellectually, so too were women of all races throughout the 19th and into the 20th century. Cynthia Eagle Russett provides historical context for this, tracing this rhetoric back to the Victorian era. She argues that “women and savages, together with idiots, criminals, and pathological monstrosities... were a constant source of anxiety to male intellectuals in the late nineteenth century.”²⁸ This anxiety did not end in the 19th century, however, but continued well into the 20th and 21st century in the U.S. and was fully informed by medicalized understandings and ideals of mental and intellectual development.

²⁷ Ibid. 1095.

²⁸ Cynthia Eagle Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge, MA: Harvard University Press, 1989). 63.

Methodology and Archives

Methodology

My theoretical and methodological approach draws from feminist Foucauldian genealogy and Foucault's theoretical framework and method that positions genealogy as a history of the present. I also draw from methods and theories utilized by scholars in the field of oral history.

Genealogy helps us to question the founding assumptions of our daily lives. In *Language, Counter-Memory, Practice*, Foucault discusses his understanding of genealogy as interpretation, noting that it should “disorder... break up what is extant... [it is] history that disturbs what was previously considered immobile... fragments what was thought unified...”²⁹ Genealogy also attends to power, its role in discourse, and the material effects of this power. Seeking out subjugated knowledges, finding voices within discourse, and shifting our interpretation of histories and discourses is important work that is central to any scholarly commitment to feminist research. Genealogy makes visible those discursive constructs that operate all around us every day without us even noticing.

Genealogy is a method that looks at the development of discourses and their effects, specifically in relation to the body. Emma Pérez reminds us that genealogy “asks that disciplines, their categories, their grids and cells be exploded, opened up, confronted, inverted, and subverted; genealogy recognizes how *history* has been written upon the body.”³⁰ While many of the theoretical underpinnings of genealogy are useful for my project, three are particularly prescient. Genealogy provides scholars with the tools to 1) focus on the “interpretation of social practices;” 2) explore how the effects of these social practices are written onto the body; and 3)

²⁹ Michel Foucault, *Language, Counter-Memory, Practice: Selected Essays and Interviews* (Ithaca, N.Y.: Cornell University Press, 1977). 147.

³⁰ Emma Pérez, *The Decolonial Imaginary: Writing Chicanas into History* (Bloomington: Indiana University Press, 1999). xvi.

engage in the search for emergence, rather than the origins, of transvestite and transsexual subjectivities. Exploring the discourses of sexology, psychiatry, culture, and gender, as well as their interactions with medical and juridical institutions provides an entry point for my work. Using genealogy, I investigate how discourses of gender, race, disability, and sexuality inform the emergence of transvestite and transsexual diagnoses and subject positions, as well as the legacies of this emergence.

I pair genealogy with theory gleaned by scholars in the field of oral history in my analysis of autobiographical writings by self-identified transvestite and transsexual individuals. Some of these writings were published by popular presses and were available to the public, while others are found only in the Kinsey Institute archives and were seen only by the sexologists to whom they were written. While not engaging in oral history proper, I will use the autobiographical writings available as data I can analyze using theories and methods from oral history. Oral history theory allows me to analyze these writings in ways that find strength in the distance between my 21st century context and the historical context from which the autobiographies and sexological writings emerged. The insights provided by queer oral historians Horacio N. Roque Ramírez and Nan Alamilla Boyd help me to attend to this temporal gap. They argue that, while many oral histories can be difficult to analyze, queer oral histories in particular are “methodologically tricky...[as] repressive forces have not always been evenly distributed across time and place.”³¹ Ramírez and Boyd discuss the difficulties of accessing histories of queer communities of color in particular, and acknowledge the difficulty of negotiating and attending to “other vectors of social position, experience, and identity” in our work.³² Ultimately, both oral

³¹ Nan Alamilla Boyd and Horacio N. Roque Ramírez, "Close Encounters: The Body and Knowledge in Queer Oral Histories," in *Bodies of Evidence: The Practice of Queer Oral History*, ed. Nan Alamilla Boyd and Horacio N. Roque Ramírez (Oxford: Oxford University Press, 2012). 13.

³² *Ibid.* 13.

history and genealogy allow me to make historical discontinuities explicit and to explore what these discontinuities can tell us about discourse, subject positions, and dominant memories of transvestite and transsexual identities and diagnoses.³³

My Archive

In *Archaeology of Knowledge*, Michel Foucault offers a broad understanding of the “archive.” Foucault’s “archive” is not limited to material objects. Rather, discourse is also an archive, one that is comprised of historical statements. More specifically, Foucault understands the word archive to mean “the set of rules at a given period and for a defined society [that] defined... the limits and forms of a discursive formation.”³⁴ Thus, the archive of a culture is “a general system of the formation and transformation of statements” into what comes to be known as *history*.³⁵ Foucault’s concerns move beyond the things that are collected, and instead on *how* these things create conditions of emergence for new artifacts, statements, and discourses.³⁶ Approaching the archive with this in mind creates space to engage the historical contexts in which this archive and its contents emerged.

My archive consists of writings from the mid-20th century: sexological publications, legal documents, autobiographical texts, magazines and newspapers from the 1950s and 60s, as well as other discursive artifacts I encountered through which power was articulated during this time. Any discursive artifact that is related to gendered embodiment and gender “deviant” subject positions counts as evidence. I analyze this evidence in relation to the discursive context from which it emerged – I am interested in subject positions and what can be made transparent about

³³ Ibid. 5.

³⁴ Michel Foucault, *I, Pierre Rivière, Having Slaughtered My Mother, My Sister, and My Brother... A Case of Parricide in the 19th Century* (London: Peregrine, 1973). 14-15.

³⁵ *The Archaeology of Knowledge* (New York: Pantheon Books, 1972). 130.

³⁶ Foucault project of history is distinctly different from his project of archaeology. What I am referencing here would fall more in line with “archaeology” rather than what Foucault names as “the history of ideas.”

their construction by particular utterances or the existence of particular artifacts within their historical context.

The artifacts I rely on for my research provide evidence of the ways in which people accessed subject positions and identities. It is also evidence of the ways in which individuals and communities (sexologist, transsexual and transvestite individuals, journalists, etc.) navigate medical, legal, and social discourse and the ‘facts’ and ‘truths’ that emerged from these discursive sites. The autobiographical writings, paired with medical writings, will serve to contextualize the emergence of the “transvestite” and “transsexual” for individuals navigating these subject positions. This will then make visible the discursive investments in these terms in relation to whiteness, masculinity/femininity, sexuality, normalcy, and respectability. These life-writings will also provide insight into how individuals encountered other institutions and discourses not discussed by medical writings.

Chapter Outline

In chapter one, “Eugenics, Sexology, and Transvestite Subjectivities,” I trace the earliest constructions of transvestism in the 1910s within a culture saturated by eugenics. Transvestism as a term fell out of favor in the 1990s, but it was the earliest diagnosis of gender deviance. Reflecting the common eugenic strategies of the time, many sexologists commented on degeneracy, heredity, and disability when discussing transvestism; this remained true for texts focused on transsexualism when it emerged as a distinct diagnosis in the 1960s. Sexologists’ eugenic leanings were also evidenced by anxieties concerning transvestites marrying and reproducing, two actions that eugenicists sought to control. The wide influence of eugenic ideology in sexological writings made the separation of eugenics and the diagnostic category of

“transvestite” irreversible.

In chapter two, “Bodies and Mayhem: Transsexualism after Jorgensen,” I track the evolution of both eugenics and sexology at the site of transsexual diagnosis following World War II. While transsexualism as a diagnostic category emerged before Christine Jorgensen’s world debut in 1952, her notoriety marked a significant shift in discourses concerning diagnoses of gender deviance. In particular, anxieties about “sex change” surgeries changed both the tenor and fervor of the discourse for sexologists, transsexual and transvestite individuals, and their representations in the media. The evolution of these discourses culminated in the publication of sexologist Harry Benjamin’s groundbreaking text, *The Transsexual Phenomenon*, which set the stage for diagnostic criteria and medical intervention for transsexual diagnosis then, and continues to influence standards of care today.

Literature emerging from the medical fields existed alongside autobiographical narratives written by transvestites and transsexuals. These autobiographies influenced the discursive construction of the diagnoses, concepts of abnormal gender, and the underlying aspects of eugenics and racism present in the categories - and they reached very different audiences. I analyze these writings in chapter three, “Disciplining Narratives.” Written over a timespan beginning in the early 20th century through the 1960s, these narratives added to the myriad understandings of transsexual and transvestite categories of identity and diagnoses. As with the literature produced through medical discourse, the popular autobiographies also engaged concepts of hermaphroditism, homosexuality, citizenship, marriage, reproduction, “mental illness” or psychiatric disability, sometimes in ways that were similar to that of medical professionals, and sometimes diverged in important ways. These autobiographies offer subject positions that differed from those produced by medical discourse. The authors also grapple with

competing discourses concerning race and gender within popular print culture that trafficked in degeneracy/respectability narratives, social and civic morality, and white supremacy.

Chapters four and five move in a slightly different direction. I examine how the genealogy I traced in the first three chapters informs the present moment in the context of official diagnostic manuals, evolving terminology, activism, and also in the academy. In chapter four, “The Legacies of the Diagnoses,” I analyze how this history influences our present moment and how the echoes of eugenics and its goal to eliminate “degenerates” continues to affect who can and cannot access diagnoses of gender non-conformity, identities, and medical interventions today, as well as how this history shapes the ways transgender subject positions are conceived of and positioned within transactivist communities.³⁷ New terminology, approaches to social justice, and evolving relationships among transgender individuals, diagnoses, and the media have fundamentally changed transgender discourses, but the histories of these discourses continue to affect their shape and trajectory.

In chapter five, “Disciplining Effects: Transgender Studies and the Legacies of Eugenics,” I trace the emergence of the academic and activist discourses that allowed for transgender studies (TS) as a field to emerge in the early 1990s. The context of these discourses and their emergence shaped TS and helped to define some of its “objects” of study. After highlighting some directions the field has taken and the functions it has served for transpeople in the academy, I will demonstrate several ways that eugenics continues to shape not only transgender studies but the medical and political discourses with which the field is continually engaged. A century-long history of gender diagnoses, identities, subject positions, and self-making steeped in eugenic, racist, and ableist ideologies continues to have affects for transgender

³⁷ I use the term “transgender” here because, as of 2016, it functions as a common umbrella term for gender non-conformity under which transsexual subject positions are often placed.

studies. Recognizing the co-constitutive work of the diagnosis alongside practices of self-making must be a part of the discourses within transgender studies today. Transgender studies must engage eugenic ideology because it was so discursively intertwined with the emergence of the very categories that, in part, constitute the field's existence. Eugenics will never fail to be a part of TS' discursive history, and it must be a foundational part of the scholarly work emerging from the field.

The Future of Trans* Subjectivities

This project reflects my commitments not only to interdisciplinarity, but also to understanding and analyzing how race, disability, and sexuality inform the ways in which we inhabit sexed and gendered subject positions. Ultimately, this work illustrates the lasting impact of century old eugenic ideology on the ways in which we conceive of and access trans* subject positions and diagnoses today. In the late 1800s, founder of eugenics Francis Galton believed the body “told the truth about one’s identity no matter how much one tried to disguise it.”³⁸ Medical and legal classifications were, and continue to be, based on the “truth” of the body and those who change the gendered presentation of their bodies are often accused of hiding this “truth” – their sex assigned at birth. A belief in this “truth” has haunted transsexuals for over 100 years. Constructions of transsexualism are still rooted in ableist notions of psychiatric wellness. Transsexual narratives similar to those told in the 1950s are often still required for access to medical intervention today. In addition, whiteness remains central to constructions of “proper” femininity and masculinity, ideals that transsexuals are expected to embody. While current descriptions of transsexuals do not include terms like “degeneracy,” its vestigial meanings

³⁸ Quoted in: David Serlin, *Replaceable You: Engineering the Body in Postwar America* (Chicago: University of Chicago, 2004). 12-13.

remain. The present-day search for causes and “cures” for transsexualism are rooted in this history of eugenics. Recognizing and acknowledging this history is crucial for understanding what is at stake when inhabiting these diagnoses, and for how trans communities will negotiate them moving forward.

CHAPTER 1

Eugenics, Sexology, and Transvestite Subjectivities

“I repeat here that it is not our object to create a new human race of superior beings, but simply to cause gradual elimination of the unfit...”
-August Forel, 190

At the turn of the 20th century, the term “transsexual” had not yet emerged, and other terms like “transvestite” and eugenics were not in common use. However, the first four decades of the twentieth century witnessed the rise of both eugenics and diagnoses pertaining to gender “deviance.”¹ “Transvestite” would evolve to become a broad diagnosis of gender and sexual deviance, and eugenics would grow into a nationwide movement advocating for the control of genetics in order to “improve” the nation. Eugenicists believed that the white race was not only superior, but that the future success of the nation depended on the perpetuation of white racial superiority, paired with the elimination of those deemed “unfit” based on notions of degeneracy, criminality, perversion, and disability.² The influence of eugenics during this time and for years after, informed the way lawmakers and medical professionals attempted to discipline the population through laws, diagnoses, and medical procedures well into the 20th century.³

This chapter traces the discourses that shaped the environments in which “transvestite” as a diagnosis emerged. I also analyze how power moved within these discourses, and the material affects of this power for those deemed “gender deviant.” The production and emergence of

¹ For a thorough and focused genealogy of eugenics, see: Nancy Ordovery, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).; Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001).

² Laura Ann Stoler argues that the “self” in the 19th century was “affirmed in the proliferating discourses around pedagogy, parenting, children’s sexuality, servants... hygiene: micro-sites where designations of racial membership were subject to gendered appraisals and where ‘character,’ ‘good breeding,’ and proper rearing were implicitly raced.” These discourses function beyond technologies for and disciplining of the self, they also demonstrate how intricately whiteness, American-ness, and citizenship were, and remain, co-constitutive. Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995). 11.

³ Troy Duster, *Backdoor to Eugenics* (New York: Routledge, 1990). Also see: Alex Stern, "Sterilization Abuse in State Prisons: Time to Break with California's Long Eugenic Patterns," *Huffington Post* 22 September 2013.

transvestite subjectivities is embedded in eugenics. Analyzing how they are intertwined illuminates how transvestite subjects—particularly those who sought medical intervention of some kind—were caught in a web of power that involved sexology and eugenics, but also medicine, law, politics, and culture. Furthermore, the diagnosis of transvestism was intricately intertwined with understandings of sexuality and disability. During this time, sexual deviance had not been differentiated from what we might now call gender deviance. Furthermore, much of the rhetoric of “psychopathology,” “psychosis,” and “feeble-mindedness” were consistent among transvestite diagnoses as well as diagnoses specifically geared towards other “conditions” that were understood as psychiatric disabilities.

Eugenics, Normalcy, and Abnormality

Eugenics as a movement and an ideology began to command attention at the turn of the 20th century. Francis Galton, the founder of eugenics and cousin to Charles Darwin, wanted his eugenical framework to be “a new, guiding religion for a secular, rational age: namely knowledge of, and control over, human procreation.”⁴ Eugenicians were anything but bashful in their articulation of what they desired concerning the elimination of the unfit.⁵ In 1906, notable eugenicist and psychiatrist August Forel wrote “I repeat here that it is not our object to create a new human race of superior beings, but simply to cause gradual elimination of the unfit...”

⁴ His first use of the term appeared in his book, *Inquiries into Human Faculty and Its Development*, published in 1883. Galton was a cousin of Charles Darwin. Lucy Bland and Laura Doan, eds., *Sexology Uncensored: The Documents of Sexual Science* (Chicago: University of Chicago Press, 1998). 165. It is important to note, also, that eugenic influence was broad: eugenicists made research and articles about eugenics widely available beyond the public school system. McWhorter notes that “Between 1914 and 1948, 87 percent of science textbook discussed eugenics and 70 percent recommended it as practice.” Ladelle McWhorter, *Racism and Sexual Oppression in Anglo-America: A Genealogy* (Bloomington: Indiana University Press, 2009). 208.

⁵ Michel Foucault recognized the reach of eugenics, arguing that “the medicine of perversions and the programs of eugenics were the two great innovations in the technology of sex of the second half of the nineteenth century... the series composed of perversion-heredity-degenerescence formed the solid nucleus of the new technologies of sex.” Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1976). 118.

Those deemed unworthy of children varied over time, but there were several consistent “categories” of individuals that almost always appeared on the list of the “unfit.” Forel, for example, created a list entitled “Types to Eliminate.” He wrote:

First of all we must understand that negative action is much easier than positive. It is easier to mention the types which should not be allowed to multiply than those which should. These are, in the first place, all criminals, lunatics, and imbeciles, and all individuals who are irresponsible, mischievous, quarrelsome or amoral.⁶

In 1907, one year after the publication of “Types to Eliminate,” California passed the first state eugenic law allowing for the sterilization of anyone deemed sexually perverse.⁷ Two years later in 1909 Karl Pearson, Galton’s successor, argued for the “scope and importance of the state” in relation to what he called the “science” of national eugenics, advocating for the sterilization of all those deemed degenerate, including sexual inverters.⁸ Eugenic ideology was not invested in

⁶ August Forel, *The Sexual Question: A Scientific, Psychological, Hygienic and Sociological Study*, trans. C.F. Marshall (U.S.A. : Project Gutenberg eBook; Physicians and Surgeons Book Company, 1906). 512.

⁷ “Sexual perversion” was a board term and included those engaging in homosexual sex acts, to unmarried women engaging in sexual activity. By 1932, twenty-nine other states had enacted sterilization statutes. As eugenics scholar Nancy Ordover notes, these laws allowed physicians to sterilize anyone “with a real or imagined physical or developmental disability.” Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism*. 79. Sterilization entered the public consciousness as an approach to bettering the race, making it less egregious to the general public. As eugenicists gained a foothold within organized medicine as well as the larger cultural milieu, the number of sterilizations rose steadily over the next 23 years, with an average of 2,273 sterilizations annually being performed on women by the 1930s, an average 10 times higher than the average number between 1907 and 1920. Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. 4. During the 1930s, over 20,000 sterilizations were performed. The sterilization laws, while aimed primarily at criminals and individuals with disabilities, also affected individuals seen as sexual perverts. Historian Estelle Freedman writes “along with the goal of preventing the reproduction of the insane, feeble-minded, and mentally defective population, these laws sanctioned the sterilization of *sexual perverts*.” Estelle B. Freedman, *Redefining Rape: Sexual Violence in the Era of Suffrage and Segregation* (Cambridge: Harvard University Press, 2013). 175, emphasis mine. Some of these laws required the sterilization of sodomites if convicted several times of the same crime or, in Nebraska, as a *prerequisite* for discharge or parole. Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism*. 80.

⁸ Karl Pearson, developed the method of biometrics to help to make eugenics a broader and more encompassing ideology. Biometrics is a statistical methodology that categorized “the human population in terms of different physical and mental characteristics, and correlating them between parents and offspring,” and allowed eugenicists to identify “fitness’ and ‘unfitness’... and traced back through family lines of heredity.” Rather than focusing on individuals and procreation, Pearson shifted eugenics in a more biopolitical direction by providing a tool allowing it to be applied to the level of the population. His methodology also marked a shift in focus; rather than examine only those who are currently “unfit,” it was important to examine their entire genetic and hereditary history. By expanding the purview and interests of eugenics, Pearson was responsible, in part, for the ways in which eugenics played out at various levels of power in the U.S. during that time. Bland and Doan, *Sexology Uncensored: The Documents of Sexual Science*. 165.

“individual rights,” but rather the future of the *race*, in those who were “eugenically valuable” and could produce *normal* offspring.⁹

Definitions of who was “eugenically valuable” and notions of normality shifted, but one thing remained consistent: whiteness. Diagnosing “transvestism” and identifying those individuals as *abnormal* implicitly supported eugenicist aims of “building a better” white race. The diagnoses relied on eugenic ideals and worked to maintain a white, able-minded, and heterosexual definition for the “normal” subject. Queer theorist and critical historian Julian Carter argues that discourses of “normality” emerged at the turn of the twentieth century, and that they appeared to be politically neutral, but always housed ideologies of white racial dominance and the heterosexual reproduction that perpetuated it. Because eugenics heavily influenced sexology as a discipline, ideologies of normality, white racial dominance, ableism, and heterosexuality were foundational to the construction of “transvestite,” a term that emerged in this first decade of the 1900s just as sexology was establishing itself as a legitimate academic discipline.

The Implications of Etiology

In the late 1800s and early 1900s, sexologists’ writings did not reflect a conception of gender transgression as something distinct from transgressions of sexual desire or sexual

⁹ Eugenics was part of a larger movement now referred to as scientific racism. Feminist scholar and theologian Laurel Schneider, in her work on racism in the 20th century, traces some of its roots to the emergence of scientific racism in the 19th century. She argues that the discourses and logics created by “race scientists” in the 19th century “made sex and gender foundational to a racial theory of white supremacy” through conceiving of whiteness and maleness as the ideal. As whiteness and maleness also became synonymous with class status and wealth, “gender and race both became instruments of class by mirroring the priorities of those already in positions of power,” and I would add ablebodiedness to gender and race. The establishment of these categories and their material effects began well before sexology was emerged as a discipline. French and German race theorists in the 19th century were collaborators in constructing what Schneider calls “the ‘natural’ rightness of white upper-class sex and gender practices as paradigmatic of true and originally human ideals, thus radicalizing those practices and solidifying them in a class structure.” It constructs and theories like these that influenced the shape eugenics would take in the 20th century. Laurel Schneider, “What Race Is Your Sex,” in *Disrupting White Supremacy from Within*, ed. Jennifer Harvey, Karin A. Case, and Robin Hawley Gorsline (Cleveland: Pilgrim Press, 2008). 154, 157.

behavior. “Inversion,” for example, one of the original terms for homosexuality, did not actually describe male sexual desire for other males, which was in some ways inconceivable for sexologists at the time. Rather inversion described female sexual desire for a man located in a male body. In his 1886 work *Psychopathia Sexualis*, sexologist and psychiatrist Richard von Krafft-Ebing outlined various degrees of inversion, indicating that homosexuality and male femininity were various manifestations of a similar condition.¹⁰ Dressing in the clothes of the opposite sex was classified as a fetish or perversion, and as *inversion*, rather than as a condition or diagnosis all its own. Krafft-Ebing clearly articulated what he believed caused inversion and other abnormalities like it: degeneracy.

Eugenicist and sexologists alike relied heavily on “degeneracy” as an explanation for a number of sexual and gender “perversions,” and aligned perversions with criminality and psychiatric disability. For example, eugenicist F.E. Daniel argued in 1893 that heredity controlled more than sexual perversion – it also controlled criminality and insanity, establishing a close association among the three. He advocated for the criminalization of sexual perversion, arguing that a cure for this “illnesses” was castration. Countering Daniel’s call to criminalize these sexual anomalies was Havelock Ellis, a well-known eugenicist *and* one of the founders of the sexology. Ellis, both in 1896 and again in 1897, advocated for the decriminalization of sexual inversion in all of its manifestations – including homosexual sex acts and cross-dressing – as long as adult individuals engaged in their “abnormal acts” in private. He argued that if others did not witness these acts and if they did not cause a public disturbance, they should not be illegal.

Sexologists differed in their explanation about what “caused” perversion. Krafft-Ebing blamed degeneracy for sexual perversion. Ellis argued that both heredity *and* psychology play a

¹⁰ Richard von Krafft-Ebing, *Psychopathia Sexualis with Special References to the Antipathic Sexual Instinct: A Medico-Forensic Study*, trans. F.J. Rebman (New York: Rebman Company, 1900). 285-6.

role in causing perversion, that inversion was not a sign of deterioration of the genes, but rather a birth defect or a latent predisposition that manifested because of environmental factors in early childhood. Ellis did not connect sexual perversion and heredity, but his constructions of perversion was still linked to pathology. These debates about causes, as well as potential “cures,” would continue for years to come. However, regardless of the “cause” of perversion, one thing remained consistent: the connections sexologists made among biology, perversion, and moral character.

Feminist theorist and historian Jennifer Terry contextualizes the concepts of “biological deficiencies” in relation to physiology and psychology, and argues that today we often think of the biological domain of the body as somewhat distinct from the psyche.¹¹ However, she argues that throughout the much of the twentieth century, “sexologists did not understand these to be clearly differentiated domains.” Instead, she argues:

an individual’s constitution encompassed biological attributes as well as moral, intellectual, and psychical qualities, all of which were seen to be deeply reflective of each other and embedded in an individual’s body. In the case of homosexuality, an individual’s tendency toward perverse acts was seen as evidence of innate moral inferiority *as well as* biological deficiency. Conversely, those who were robust and free of perverse temptations were seen to be biologically sound and morally upright.¹²

Clarifying how sexologists grappled with a body’s “constitution” is crucial for understanding how deviance was constructed, particularly when a body’s “constitution” indicated not only one’s physical and psychiatric well-being, but also one’s moral standing. Their etiological explanation of these perversions as congenital abnormalities rather than degenerate ones complicated the narratives and discourses of causation, but failed to disconnect morality from perversion and what they considered to be degeneracy.

¹¹ Jennifer Terry and Jacqueline Urla, *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington: Indiana University Press, 1995). 131.

¹² *Ibid.* 131.

Sexologists like Havelock Ellis and Magnus Hirschfeld cast themselves as advocates for those diagnosed or labeled as “sexual degenerates.” Their etiological explanation of these perversions as congenital abnormalities rather than degenerate ones complicated the narratives and discourses of causation, but failed to disconnect morality from perversion. While they attempted to separate what they claimed were “congenital sexual pathologies” from the “realms of morality and religion and move them to the purview of science and medicine,” these sexologists, influenced by eugenic discourse, simultaneously reinforced what feminist scholar Siobhan Somerville argues were “concepts of immutable difference which were the backbone of racial hierarchies and justifications for segregation and imperialism.”¹³ In other words, sexologists reified the connections among what they “considered sexual pathologies” to morality, degeneracy, and racism.

Other scholars have focused on some of these intersections, particularly regarding homosexuality. Somerville argues that race and sexuality discourses intertwined *because* of their relationships to the concept of degeneracy. Instead of evolving towards civilization, respectability, and bourgeois ethics, degenerates were those who regressed, “resulting in a weakened nervous system and the emergence of ‘primitive’ physical and mental traits,” notions that would influence the medical field throughout the twentieth century.¹⁴ The belief that U.S. society was becoming more dysgenic was also common. Non-white bodies were often among those understood as degenerate.

Sexologists often cast the bodies of those considered to be not white as more primitive and less developed, particularly in regard to sexual differentiation. Somerville notes that as a result of this “sexual characteristics became a key site for establishing ‘normal’ and ‘generate’

¹³ Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, N.C.: Duke University Press, 2000). 202-3.

¹⁴ *Ibid.* 202.

anatomy.” In particular, inversion, which again at the time was understood as a “man’s soul in a woman’s body, or vice versa,” was believed to be caused by degeneracy. This belief emerged from within a discourse that, in Somerville’s word, “saw homosexuality as a reversion to a sexually undifferentiated past... [where] the bodies of sexual degenerates... are analogous to criminals and ‘primitive’ races.”¹⁵ We know that these narratives and ideologies did not produce “truths” about homosexuality or people of color, but they did produce bodily norms against which notions of abnormality would be constructed.¹⁶ Similarly, eugenic ideologies and narratives of degeneracy did not produce the “truth” about transvestism, but they did produce the gender norms against which notions of gender deviance would be constructed.

From Inversion to Intermediaries and Eonism

In the first several decades of the 1900s, distinctions between gender, sex, and sexuality were beginning to take shape. It was in this context that in 1910, German physician Magnus Hirschfeld published *Transvestites: The Erotic Drive to Cross-Dress*. Hirschfeld’s treatise provides insight into how transvestites, particularly those seeking medical intervention, were caught in a web of politics around the evolving norms of sexuality, race, and disability. It also marked an important shift in discourses about abnormal sexuality and gender. Hirschfeld’s understanding of “normal” gender, his explanations of heredity and mental illness, his anxiety concerning marriage and reproduction, and his praise of eugenicists’ assessment of transvestism all demonstrated the influence of eugenics in his writing.

Hirschfeld was among the first to suggest that transvestism was related to but distinct from homosexuality. In fact, he argued that most transvestites were heterosexual. Other

¹⁵ Ibid.

¹⁶ Ibid.

sexologists, and many psychoanalysts, believed that cross-dressing was a severe manifestation of homosexuality. This framed transvestism as gender inversion rather than sexual inversion. Hirschfeld disagreed. Rather than transvestism falling under the rubric of sexual inversion (homosexuality), his use of four categories of “intermediaries” provided a different lens through which to understand gender as distinct from sexuality. Hirschfeld argued that his demarcation was “not a matter of theory... but rather only a principle of division.”¹⁷ However, just as with sexual inversion, he incorporated heredity and degeneracy into the diagnosis of transvestite. After providing “evidence” of the fundamental femininity of the “feminine core cell” [the egg] and the masculinity of the “male core cell” [sperm], Hirschfeld argued that children contain germ cells from both parents. The “egg cells and the semen cells have a manly or womanly predilection,” and these “predilections” affected the inclinations of the child.¹⁸ In addition to discussing the hereditary aspects of biology, in eleven of the seventeen cases discussed, Hirschfeld commented on degeneracy within the transvestite’s families. He argued that in each case “a neurotic disposition... could be suggestive of a present degenerative constitution.”¹⁹ Commenting on degeneracy and heredity was not only a common eugenic practice of the time, but was expected when discussing deviance. Hirschfeld’s reliance on eugenic strategies reified the co-constitutive nature of transvestism and other “degenerate” conditions.

He proposed four types of intermediaries, defined as individuals who failed to embody male masculinity or female femininity and deviated from the norm in at least one of these ways: 1) *sexual organs*, individuals known as hermaphrodites; 2) *other physical characteristics*, individuals with secondary sex characteristics of the opposite sex, i.e., men with gynecomastia or

¹⁷ Magnus Hirschfeld, *Transvestites: The Erotic Drive to Cross Dress*, trans. M.A. Lombardi (Buffalo: Prometheus Books, 1991). 215.

¹⁸ Ibid. 219.

¹⁹ Ibid. 144.

women with facial hair; 3) *sex drive*, those engaging in homosexual or non-normative heterosexual sex acts; or 4) *other emotional characteristics*, individuals labeled as transvestites.²⁰ That transvestism was placed under a rubric of emotion reflects an evolving approach to what many sexologists struggled to define. Particularly because their work focused mostly on men who were effeminate and whose dress reflected this effeminacy, Hirschfeld's use of emotion is perhaps not surprising, as women were thought to be more "emotional" than men. A diagnosis of emotion here also indicates the belief that the emotions were wrong or were manifesting improperly. Sexologists and eugenicists often attributed emotionality to those labeled unfit (for example, those diagnosed with hysteria are as some other diagnosis due to sporadic emotional outbursts). That transvestism, here, is aligned with an emotional "characteristic" places the diagnosis among other "unfit" emotional diagnoses.

This theory of intermediaries relied on a clear division between femininity and masculinity, both rooted in a white, middle-class, and able-minded norm. Hirschfeld never directly mentioned race but his explication of women's sexuality, that women should be "the receiver, responder... the more passive partner" to a man, mirrors cultural expectations based on understandings of white sexuality.²¹ Black women were constructed as "beyond the moral constraints of white sexuality codes" that included "purity, piety, domesticity, and submissiveness...the four ideals towards which (white) women should strive."²² Instead, black women were often portrayed as lascivious and hypersexual.²³ Throughout his writings, Hirschfeld's understanding of "normal" femininity, therefore, mirrored that of white femininity.

²⁰ Ibid. 220.

²¹ Ibid. 216.

²² (Maurer 39

²³ (Skidmore 292).

Hirschfeld's distinctions within "intermediary" categories are important to note. He categorized males who cross-dressed intermittently together with those whose sole desire was to *be* women.²⁴ However, he distinguished transvestism from *metamorphosis sexualis paranoica*, a congenital "mental illness." He argued that most transvestites knew that they were not *really* women, even if they sometimes felt like one. Those who truly believed they *were* women, Hirschfeld believed, suffered from insanity or delusions. Hirschfeld's association of gender abnormality and "congenital mental illness" was not uncommon. The terms describing "mental illness" varied, but they almost always included the "unfit" and sexual "perverts" and were more often applied to poor people and people of color. In line with eugenic goals of bettering the race, these individuals were either sterilized or strongly encouraged to *not* reproduce.

Hirschfeld's discussion of marriage and reproduction also revealed his reliance on eugenics. He asserted that heterosexual love was normal, even if one individual cross-dressed. He even provided cases of individuals cross-dressing in order to accompany their heterosexual partner to work or in travel. Hirschfeld believed that this demonstrated an increased level of heterosexual, and therefore normal, devotion and commitment. However, Hirschfeld questioned the "suitability" of marriages between transvestites and their opposite-sex partners, despite his indication that many transvestites were in happy, heterosexual marriages. He was particularly doubtful about reproduction within these marriages. He believed that the children of transvestites might "be endangered by a heredity burden," or that the deviation of transvestism might "lead to offspring who are psychologically disunified... [and] unstable, degenerated individuals."²⁵ He

²⁴ Hirschfeld did briefly discuss individuals assigned female at birth, but the majority of his text and his research focused on those assigned male at birth. Do you have any thoughts/research about why he did that? / why that was a general trend in this kind of work? Maybe that isn't important it just strikes me as a reader.

²⁵ Hirschfeld, *Transvestites: The Erotic Drive to Cross Dress*. 235.

believed that transvestites were not “fit[] to enter into marriage” or to reproduce.²⁶ Hirschfeld aligned himself with eugenics when he expressed anxieties concerning transvestites marrying and reproducing, two actions that eugenicists sought to control.

At times, Hirschfeld demonstrated what might be considered sympathy towards transvestites. While he was reproachful in his writing about transvestites marrying, he advocated for the protection of transvestism as a legitimate, albeit abnormal, way of existing in the world. He felt that the laws condemning cross-dressing for transvestites were unjust. This sympathy, however, failed to affect his writings about larger connections between criminality and cross-dressing. One entire chapter of *Transvestites* focused on a discussion of how criminals utilize cross-dressing to evade the law and to escape arrest for crimes committed, reflecting a larger discursive tendency within both sexology and eugenics to align transvestism with criminality. He at no point directly differentiated between those who cross-dress because of an inborn desire and those that cross-dress as an “intentional deception.”²⁷ Hirschfeld here did not succeed in differentiating transvestites from criminals and cross-dressing, despite his profession that transvestites should not be condemned for it.

Lastly, Hirschfeld praised well-known eugenicist and psychiatrist August Forel’s etiology of transvestism. Hirschfeld quoted Forel description of one “case” at length. Forel describes an individual, born male, who “maintain[ed] he [was] a girl.”²⁸ After describing the normal appearance of his genitals, Forel asserted that this person was “sexually anesthetic,” or asexual. This was enough evidence for Forel to assert that his psychosexual condition—his inversion and “emotional hermaphroditism”—was “predetermined by heredity.”²⁹ Hirschfeld cited Forel as an

²⁶ Ibid.

²⁷ Ibid. 297.

²⁸ Ibid. 321.

²⁹ Ibid.

expert source, supporting his hereditary explanation for transvestism as a degenerate condition, an explanation that was explicitly informed by eugenic logic. Aligning himself with Forel and this particular etiology of transvestism indicates Hirschfeld's belief in the accuracy of eugenic explanations for degenerative "conditions."

In the decades following the publication of *The Transvestites*, it was impossible to discuss transvestism without also discussing eugenics, due in part to the wide influence of Hirschfeld's book, but also because most writings by eugenicists and sexologists engaged the same discourses as Hirschfeld. Eugenicist thinking remained central to the solidification of "transvestite" and eventually "transsexual" as diagnoses over the next forty years. Reading Hirschfeld's text with this in mind, while also recognizing the discursive and historical context in which he wrote and his lasting influence in the field of sexology, makes visible how understandings of gender and eugenics were not only mutually productive, but inseparable.

In 1920, ten years after Hirschfeld published *Die Transvestiten*, Havelock Ellis, a well-known sexologist and a contemporary of Hirschfeld, published a short article in a journal called *The Medical Review of Reviews* entitled "Eonism." This piece, following Hirschfeld, worked to differentiate sexual perversion from cross-dressing. In fact, Ellis preferred not to use the term "sexo-esthetic inversion" because it recalled too easily the idea of homosexuality. Ellis instead used the term eonism, as it was less apt "to arouse suggestions of homosexuality, which may be quite absent."³⁰ The necessity for this distinction reflects a shift in the discourse away from placing transvestism under the larger umbrella of sexual deviance.³¹

³⁰ Havelock Ellis, "Eonism," *Medical Review of Reviews* 26, no. 1 (1920). 4.

³¹ As historian Joanne Meyerowitz asserts, sexologists often "subsumed crossgender identification under the broader rubric of 'inversion' and associated it primarily with homosexuality." Even the popular press made little attempt to parse out the difference between those labeled as transvestites and "inverts," or men who desired same-sex sexual behavior. As Meyerowitz notes, "popular stories rarely distinguished sex, gender, and sexuality... they usually melded a number of phenomena that today we might consider distinct." While we cannot expect the journalists of the time to have a 21st century lens through which to examine behaviors deemed deviant, it is important to recognize

According to Ellis, many of the eonists he conversed with were different from homosexuals; he claimed to be impressed by their morals as well as their refinement, sensitivity, and high intelligence.³² As such, he expressed disagreement with the classification of transvestism as a fetish but also dissatisfaction with his own understanding about why these men dressed in clothes of the opposite sex. He was one of the first proponents of the notion that dressing was not about disguise, but that instead transvestites felt a sense of relief when dressed, that “he has thereby become emancipated *from a disguise*, and is at last really himself.”³³ Ellis explained that this longing was rooted in heredity and that the environment one was raised in assisted in the manifestation of these desires. However, the “cause” was ultimately physiological like other “aberration[s] of the sexual impulse.”³⁴ He never explicitly classified transvestism as a disease, but instead as an abnormal pathology.

While Ellis did not wholly agree with Hirschfeld’s assertion that inversion and transvestism were various iterations of “intermediaries,” and despite the fact that Ellis understood homosexuality and eonism as distinct phenomena, his beliefs did reflect the idea that *common threads* existed between sexual abnormality (homosexuality) and transvestism. The difficulties of parsing out sexual deviance from gender deviance, though, were caused in part by discursive histories that found commonalities among “perversions” and racist understandings of humanity.

Ellis, Sterilization, and Abnormality

the overlapping discourses that included both notions of sexuality and of gender expression, particularly because many individuals who cross-dressed did not consider themselves homosexuals. In fact, many “eonists” worked diligently to establish firm distinctions between themselves and homosexuality. Joanne J. Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge: Harvard University Press, 2002). 15, 32.

³² Ellis, “Eonism.” 11.

³³ *Ibid.* 3, emphasis mine.

³⁴ *Ibid.* 11.

Ellis, an ardent supporter of eugenics, was particularly interested in the relationship between eugenics and sexology.³⁵ He linked sexual abnormalities to degeneracy and reproduction, and distinguished more “superior” human races from “savages.” He believed that the eugenic ideal would manifest through natural, instinctive, and unconscious impulses and that this ideal would, for example, “lead men and women to reject as partners only the men and women who are naturally unfit—the diseased, *the abnormal*, the weaklings.”³⁶ This instinct would help to limit the reproduction of “savages,” but would also help to control sexual instincts. It would help those who were “fit” to only reproduce with others deemed “fit.”

As early as 1896 Ellis explicitly linked degeneracy with sexual perversion in a piece he co-wrote with Dr. E. S. Talbot.³⁷ Ellis and Talbot described the case of Guy T. Olmstead. Olmstead, burdened by a history of “insanity,” paranoia, and stints in asylums, attempted a murder-suicide with a former male lover. Despite an imperfect historical record available for Olmstead’s case, Ellis was confident in regarding this man as “the subject of ill-defined hereditary degeneration.”³⁸ Ellis understood the cause of his “homosexual perversion” to be congenital, as evidenced by his “physical conformation,” citing that the “parasitic growth of sexual inversion” was nourished by the “favorable soil” in Olmstead’s background and history.³⁹ The conformation Ellis and Talbot referred to here concerned Olmstead’s physical structure – Olmstead is described as having a “normal and fair” physical condition overall, but with small genitals described as a “rudimentary penis.”⁴⁰

³⁵ Ellis, a disciple of Galton, served a term as president of the Galton Institute as well as vice-president of the Eugenics Education Society.

³⁶ Havelock Ellis, *The Task of Social Hygiene*, Project Gutenberg Ebook Edition ed. (Boston: Houghton Mifflin Company, 1916). 207-8, emphasis mine.

³⁷ Talbot was a dentist, but was also well-known for his writing on degeneracy and criminal anthropology.

³⁸ E.S. Talbot and Havelock Ellis, "A Case of Degenerative Insanity with Sexual Inversion, Melancholia, Following Removal of Testicles, Attempted Murder and Suicide," *The Journal of Mental Science* 42, no. 177 (1896). 345.

³⁹ *Ibid.*

⁴⁰ *Ibid.* 341.

By the 1910s, Ellis had also firmly established himself as a supporter of sterilization for those deemed “unfit.” In his 1911 work *The Problem of Race Regeneration*, Ellis outlined his understanding of eugenics. He argued that the success of eugenics rested largely on personal responsibility, that “the finer breeding of the race is a matter that is primarily settled in the individual conscience.”⁴¹ As such, Ellis claimed to disagree with compulsory or forced sterilization. Rather, he affirmed the idea that, “It is the more reasonable, as well as the more Christian plan, to allow the unfit to make themselves eunuchs for the kingdom of Heaven’s sake... [and] should not even be applied to irresponsible lunatics who are under restraint.”⁴² Through governing oneself and making “responsible” decisions in the interest of the race would render forced sterilization unnecessary. Ellis reiterated his rejection of forced sterilization in *The Task of Social Hygiene* (1912), stating that:

the only compulsion we can apply in eugenics is the compulsion that comes from within. All those in whom any fine sense of social and racial responsibility is developed will desire, before marriage, to give, and to receive, the fullest information on all the matters that concern ancestral inheritance.⁴³

He was not alone in this view and it cannot be dismissed as irrelevant to his sexological writings.

Despite his reluctance to require sterilization for the ‘unfit’, Ellis expressed concern with the “kind of people” who were born into families with histories of degeneracy, namely “tramps, prostitutes, paupers, criminals, inebriates, all tending to be born a little defective.”⁴⁴ While he did not explicitly name “sexual perverts” here, sexual perversion is linked to these subject positions

⁴¹ Havelock Ellis, *The Problem of Race-Regeneration*, New Tracts for the Times (New York: Moffat, Yard & Company, 1911). 60.

⁴² Ibid. 63. This belief falls directly in line Julian Carter’s assertion that “self-governance was the core value at the heart of whiteness,” a notion he attributes to African American Studies scholar Matthew Frye Jacobsen. Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham: Duke University Press, 2007). 35.

⁴³ Ellis, *The Task of Social Hygiene*. 45.

⁴⁴ *The Problem of Race-Regeneration*. 39.

through the common denominator of congenital abnormality and through constructions of degeneracy.⁴⁵

Legislating Criminality and Inversion

While sexual perversion was often linked to feeble-mindedness and general unfitness, it was also linked with criminality. Ellis drew a direct link between criminality and sexual behavior when he argued that:

Criminality, again, is associated with feeble-mindedness in the most intimate way. Not only do criminals tend to belong to large families, but the families that produce feeble-minded offspring also produce criminals, while a certain degree of feeble-mindedness is extremely common among criminals, and the most hopeless and typical, though fortunately rare, kind of criminal, frequently termed a ‘moral imbecile,’ is nothing more than a feeble-minded person whose defect is shown not so much in his intelligence as in his feelings and his conduct.⁴⁶

Conduct here is not explicitly defined, but as homosexual behavior was considered a criminal act, there is a direct link between inversion as a behavior and what is being referred to here as “criminal conduct.” The recognition that inversion, criminality, and “feeble-mindedness” were linked is particularly important considering that Ellis and other sexologists believed that sex “penetrated the whole of life,” and that “the impulse of sex is just as fundamental as the impulse of nutrition.”⁴⁷ As such, sex required acknowledgement and consideration: it required investigation because it was so central to life and indicative of one’s moral character.

⁴⁵ This opinion would continue to carry significant weight in sexological circles, despite Freud’s difference of opinion - that sexuality was not the result of heredity, but rather an emotional and developmental aspect of a person’s identity. It follows that gender as we understand it today would also be implicated to some degree in these assertions because their co-constitutive nature. Concerning acquired abnormal sexual (and gender) perversion, Ellis mentions that parents must be trained to raise children well so that mothers, in particular, do not provide false ideas of sex. This anxiety over parenting, as well as the influence of schools, in relation to sexual hygiene, and fitness more generally, had been seen already in Hirschfeld’s work but would become a common theme in eugenically and sexological literature over the following decades.

⁴⁶ Ellis, *The Task of Social Hygiene*. 39.

⁴⁷ *Ibid.* 255-6.

The discursive links between sexuality and degeneracy also informed sexologists' views on the role of the legal system in relation to regulating and controlling sexual abnormalities. An entire chapter of Ellis' *The Task of Social Hygiene* concerns "Immorality and the Law." In this chapter, Ellis discussed the legal implications of inversion and other sexual and gender "abnormalities." He discussed the need to distinguish between immorality and criminality here, but found it difficult to parse out what was considered immoral from what was considered illegal, asserting that disgust for a behavior or action should not necessitate its illegality. Simply because individuals might be offended by particular behaviors, like homosexuality or cross-dressing, he argued, did not provide reason to punish those behaviors "with extreme severity."⁴⁸

Ellis recognized the subjectivity of what constituted an "immoral" or anti-social act.⁴⁹ He even provided a brief recognition of hierarchies of privilege, naming the fact that laws, once instituted, influence common constructions of morality and no longer represented the whole community but rather tended to "merely [reflect] an expression of the feelings of a small upper-class social circle."⁵⁰ However, Ellis contradicted himself in these assertions when arguing that if an anti-social act was met "with a reaction of social indignation which is fairly universal and permanent, it may be regarded as a crime coming under the jurisdiction of the law." If opinion varied, however, it should not be considered a "crime." He repeated this type of argument several times within his work, reflecting a powerful morality discourse operating in relation to notions of criminality, normalcy, and perversion.⁵¹ The logic of his arguments concerning crime and morals was predicated on an understanding that morality was not legislated and that criminal law did not reflect the dominant, and dominating, morality of his particular context. Furthermore, any

⁴⁸ Ibid. 255.

⁴⁹ Ibid. 263.

⁵⁰ Ibid. 262.

⁵¹ While he did not support criminalizing homosexuality, he did place the conversation concerning homosexuality in among a discussion concerning the sale of alcohol, prostitution, the "age of consent" for girls, and molestation – all of which were issues falling under the purview of legislation.

intention Ellis had regarding the decriminalization of sexual and gender deviance falls short, as his rhetoric continually links criminality, abnormality, and eugenics.

Responses to sexual “abnormalities” reveal the overlapping nature of discourses regarding sexology and eugenic, but also legal discourses. As early as 1882, laws were in place that criminalized inversion and its various manifestations. Between 1848 and 1952, thirty-nine cities across the U.S. passed anti-cross-dressing laws.⁵² As these laws multiplied, so too did arrests of those soliciting or engaging in “lewd acts,” “sodomy,” “crimes against nature,” and also cross-dressing. Though these anti-cross-dressing laws were not synonymous with sodomy and “lewd acts,” they were closely associated. Legal scholar William Eskridge, writing of the growing surveillance concerning gender and sexual deviance, provides one particularly striking example from 1919 involving an investigator who “uncovered a subculture of fairies among the Newport sailors.”⁵³ These men had formal charges brought against them and were labeled “moral degenerates.” This was, in part, because of their homosexual behavior, but also because these men dressed as women.

The Burden of a Nation

Both eugenicists and sexologists associated homosexuality and gender deviance with the “lower races” and “savages,” and with stunted development in relation to physical or psychological growth. This language and these connections emerged from racist scientific discourse and practice dating back years before “transvestism” became a subject position. For example, Ellis wrote that “On the whole, evidence shows that among lower races homosexual practices are regarded with considerable indifference, and the real invert... generally passes

⁵² William N. Eskridge, *Gaylaw: Challenging the Apartheid of the Closet* (Cambridge, Mass.: Harvard University Press, 1999). Appendix A2.

⁵³ *Ibid.* 36.

unperceived... [thus] *the uncultured man of civilization is linked to the savage.*"⁵⁴ In her work about homosexuality and surveillance, feminist scholar Jennifer Terry provides evidence that Krafft-Ebing held many of the same views. Sexual perversion was evidence of a "sign of a lagging evolutionary process," and was closely associated with ambiguous sex characteristics or gender ambiguity. Thus, these abnormal manifestations of sex were "interpreted to be primitive and, most likely, degenerate... unfinished specimens of stunted evolutionary growth, a status they shared with 'savages' and certain types of criminals."⁵⁵ Regardless of the condition caused by this "degeneracy," each condition causing one to be *unfit* was seen as a burden not only for the race, but also for the nation.⁵⁶

Disability scholar Kim Nielson further highlights the intersections between race, disability, and sexuality, discussing the numerous actions that led one to be labeled "a burden." In the 1910s, Alice Smith, a white woman, was deemed defective and then sterilized by authorities because after leaving her abusive father, she lived with a black man and became pregnant. Authorities justified the sterilization citing the fear that without it she would "be the cause of a new generation of epileptics and imbeciles."⁵⁷ Nielsen argues that the "disability

⁵⁴ Havelock Ellis, "Studies in the Psychology of Sex, Vol. VII: Eonism," in *Sexology Uncensored: The Documents of Sexual Science (1928)*, ed. Lucy Bland and Laura Doan (Chicago: The University of Chicago Press, 1998). 210, emphasis mine.

⁵⁵ Terry and Urla, *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture*. 135.

⁵⁶ Historical anxieties about degeneracy, disease, and defectiveness affected access to citizenship, both for those already living in the U.S. but also for those entering the United States. Kim Nielson cites warnings given to immigration officials at the turn of the century about the "defective immigrant... [who] would attempt purposeful and shrewd shams in order to enter the United States," intentionally concealing their physical disabilities. One man was denied entrance to the U.S. because he lacked male genitals. These individuals were denied entry into the U.S. because they would "weaken" the nation. Kim E. Nielsen, *A Disability History of the United States* (Boston: Beacon Press, 2012). 105, 107. The discourse of degeneracy was a "mobile discourse of empire that designated eligibility for citizenship, class membership, and gendered assignments to race," where degeneracy as a concept was always informed by class, race, gender, sexuality, and disability - all concepts also intricately bound to concepts of citizenship. Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things*. 32.

⁵⁷ Harry H. Laughlin, *Eugenical Sterilization in the United States* (Chicago: Psychopathic Laboratory of the Municipal Court of Chicago, 1922). 446-7.

transgressions” for Smith were “racial, sexual, and class based.”⁵⁸ “Disability transgressions” references the ways in which Smith, but also others, transgressed normative expectations in ways that “caused” disability – medically or socially. When an individual performed or embodied these transgressions, they could be, and often were, labeled as “disabled” – particularly as having a psychiatric disability. Smith—because she was sexually active, involved with an African American man, and poor—was constructed as disabled, which in turn made her subject to legal and medical surveillance and control. She had become a “burden.”

The particularities of Smith’s case hold meaning for considerations of transvestism during this time. Transgressions of gender expression during the 1920s were never wholly separate from race, sexuality, and disability. If one “transgressed” whiteness, able-mindedness, and sex within intra-racial heterosexual marriage, they were subject to medical and legal surveillance. As gender deviance was linked to degeneracy and defectiveness, it fell under the purview of discourses of disability and medical intervention, particularly at the behest of eugenicists and a discourse that was invested in keeping the (white) race pure and free of “defectives.”⁵⁹

Support for sterilization increased in the 1910s and 1920s as a solution to this issue. Eugenicist Harry H. Laughlin, in his 1922 publication *Eugenical Sterilization in the United States*, defined the “unfit” as those who were “socially inadequate,” a term vague enough to include almost anyone who either lived with an identifiable disability, stepped outside of the

⁵⁸ Nielsen, *A Disability History of the United States*. 113.

⁵⁹ Race and disability discourses were central to the “dehumanizing practices of eugenics” and disability scholar Nirmala Ervelles argues that the “social category of disability” was used not only to construct and justify practices such as institutionalization and sterilization, but also to “produce constructs such as IQ (intelligent quotients).” Categories of disability along with racialized intelligence quotients were utilized “to the detriment of both people of color and disabled people... Eugenics grouped disabled people and people of color under the category of ‘defect.’” Nirmala Ervelles, “The Color of Violence: Reflecting on Gender, Race, and Disability,” in *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana University Press, 2011). 130. Furthermore, those who were understood to have disabilities expanded as medical institutions incorporated concerns from an ever-growing list of disciplines – sexology as one among them.

social, sexual, or legal order even slightly, or suffered from an infectious disease.⁶⁰ Referencing socially inadequate persons, rather than classes, Laughlin argued that, “the whole purpose of eugenical sterilization is to prevent the reproduction of persons who, because of their hereditary make-up, would be destined to become social menaces or wards of the state.”⁶¹ Laughlin constructed a definition so broad as to include any person or class subject to changing and malleable definitions of weakness, disability, and degeneracy.⁶²

This belief that “the unfit” caused a burden on the nation included concerns that extended beyond sexuality and sexual preference. Laughlin and other eugenicists discussed the “cost of the socially inadequate,” arguing that these individuals were a financial burden for the state.

Laughlin wrote in 1928 that:

the inability of the inadequates to support themselves, their lack of participation in the production of wealth and their hindrance to progress, welfare and sanitation generally, greatly outweigh their direct money charge to the state.⁶³

He cited the appropriations for the state of New York for the 1928 fiscal year, showing that fifteen percent of those appropriations (totaling over thirty-two million dollars) was spent on

⁶⁰ Laughlin provides this list: “The socially inadequate classes, regardless of etiology or prognosis, are the following: (1) Feeble-minded; (2) Insane, (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate (including drug-habitues); (6) Diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deaf (including those with seriously impaired hearing); (9) Deformed (including the crippled); and (10) Dependent (including orphans, ne’er-do-wells, the homeless, tramps and paupers).” Laughlin, *Eugenical Sterilization in the United States*. 446-7. Laughlin was the director of the Eugenics Record Office from 1910-1939, the entire tenure of this office. He was an ardent activist for compulsory sterilization, among other eugenically oriented initiatives. His papers can be found in the special collections of Truman State University.

⁶¹ Ibid. 455.

⁶² Laughlin also believed that courts and judges could, and should, identify not just persons but entire classes that were “socially inadequate.” Citing the failure of a New Jersey court judge to see “logical boundaries to the whole group of undesirable parenthood,” Laughlin argued that if the judge had made amore “careful investigation of the classification of social handicap and degeneracy,” he would have found that the 10 classes of individuals mentioned about “include the whole range of social inadequacy... [and] is therefore proper by statutory definition to draw a definite line of demarcation between the socially effective and the socially ineffective members of the community.” As seemingly disparate communities were listed together, they all were reduced to one simplified category: the unfit. Ibid.

⁶³ “The Direct Cost of the Socially Inadequate to New York State,” in *American Philisophical Society* (Eugenics Archive, 1928).

institutions and aides “chargeable to... [the] feeble-minded, insane, criminalistic, epileptic, blind, deaf, paupers, and other institutionalized and socially aided classes.”⁶⁴ This understanding of abnormality as a burden, both social and financial, was consistent with the eugenic ideology held by Galton and his predecessor Karl Pearson. Degeneracy and abnormality, regardless of how they manifested, resulted in individuals being not “worth” the cost of their care. While gender deviance was not named here, the links between gender deviance, criminality, institutionalization, and disability firmly places it within this list.⁶⁵

The goals for eugenicists to “better the race” remained consistent, regardless of how they achieved those goals or how eugenicists defined the cause of the “unfit.” Rubin, a eugenicist who believed that both heredity and environment could influence an individual’s character, argued that “the fertilized egg... contains within itself all that ultimately develops... [but] environment may modify these characteristics...”⁶⁶ However, his political investments leaned heavily toward supporting sterilization laws. He even called these laws “splendid.”⁶⁷ His understanding of heredity and genetics aligned with the most popular understandings of eugenics at the time, including the notion that characteristics can be inherited from distant relatives going back “scores of generations” and that “those who are unfit for parenthood — the feeble-minded, insane, the epileptic, the syphilitic — should be prevented from producing children, if we are to

⁶⁴ Ibid.

⁶⁵ Many scholars have provided specific examples of the real-life effects of this withdrawal of resources. Dorothy Roberts points to historical constructions of “Black biological inferiority” in relation to motherhood, achievement, and morality, constructions linked to concepts of heredity used to justify the withdrawal of resources for black children. She recalls the logic used to explain why this withdrawal was necessary: “since these children are unalterable defective, any attempt to improve their lives through social spending will be futile.” Historical imperatives to withdraw economic and social resources from “degenerates,” more loosely defined, are present throughout the historical record, as evidenced above; withdrawing resources became an imperative based on eugenical and hereditary understandings of these “defects.” Controlling these “defected,” “feeble-minded,” disabled, and poor bodies intersected in many ways with the desire to control gender variant bodies in relation to legal, medical, and social avenues.

⁶⁶ Herman H. Rubin, *Eugenics and Sex Harmony: The Sexes, Their Relations and Problems* (New York: Pioneer Publications, Inc, 1938). 19.

⁶⁷ Ibid. 26.

raise the physical and mental standard of the race.”⁶⁸ Institutions scrutinizing potential parents with increasing intensity were particularly important for eugenicists, as sterilization not only eliminated “genetic defects,” it also restricted parenthood. Their justification for this was two fold: 1) the “feebleminded” should not raise children, especially children who were “normals,” and 2) sterilization would not only better the race, it would be cost effective as well.⁶⁹

Along with a concern about the “future of the race,” the “empire” of the U.S. and its success as a nation was an ever-present concern. Pearson believed that good stock produced good and responsible citizens, that without “fit” citizens “a nation can neither be built up nor an empire preserved.”⁷⁰ Embedding eugenic ideology into his definition of patriotism, Pearson argued that individuals must commit to their “national duties” to better the race, rather than indulge in their “individual interests.”⁷¹ Pearson criticized “the nation” for allowing anybody to reproduce, arguing that commitments must be made to support *fit* parents and their reproduction, and that individuals must judge legislation and social habit by 1) preservation of economic value of child and 2) emphasis on economic value of child of fit parentage.⁷² Of course not everyone agreed. As I mentioned above, Ellis did not advocate legislating sterilization but instead urged that “the finer breeding of the race is a matter that is primarily settled in the individual conscience... [o]rder, self-control... intelligent regulation, are necessary in all the matters that concern society and the race.”⁷³ Pearson and Ellis most often utilized terms like “feeble-minded” or “unfit,” but these broad terms always implicitly included sex and gender “perverts.” If an individual was a homosexual, a transvestite, or was labeled as any other type of sexual or gender

⁶⁸ Ibid. 25.

⁶⁹ Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. 100.

⁷⁰ Karl Pearson, *The Scope and Importance to the State of the Science of National Eugenics*, ed. The Francis Galton Eugenics Laboratory (London: University of London, 1909). 10.

⁷¹ Bland and Doan, *Sexology Uncensored: The Documents of Sexual Science*. 171.

⁷² Karl Pearson, *The Problem of Practical Eugenics* (London: Dulau and Co., 1912). 31.

⁷³ Bland and Doan, *Sexology Uncensored: The Documents of Sexual Science*. 140, 141.

pervert, by virtue of their perversion or deficiency they should choose to *not* reproduce, *for sake of the nation*.

The Rebranding of Eugenics

The terms used for individuals considered “unfit” was somewhat consistent throughout the early half of the 20th century: degenerate, feeble-minded, moron, pervert, idiot, and deviant, among others. However, the definitional malleability of those terms, and of eugenics in general, also remained constant. Definitions for terms like “unfit,” or “moron,” or “pervert” were reshaped time and again to include any number of behaviors, characteristics, or abnormalities. In a 1935 issue of *The Eugenics Review*, the editors sought to clarify the “Aims and Objectives of Eugenics” by identifying those whom they believed constituted a “Social Problems Group.” This list, created by the “Mental Deficiency Committee” in 1930, identified those who belonged: those with characteristics such as “insanity, mental defects, epilepsy, occupational instability, recidivism, inebriety and social dependency.”⁷⁴ If one were identified as having one or more of these “characteristics,” the committee would then determine if the cause was hereditary in nature. The group claimed that they were relying on objective, scientific evidence for their determinations of who was a “social problem.” However, the definitions reflected evolving social norms and discourses. Despite the consistency of the terminology used, those deemed “unfit” always reflected current social anxieties. Even if “unfit” was defined differently in 1915 and 1935, the same individuals always seemed to occupy that subject position.

Eugenicist Ellsworth Huntington played a significant role in helping to keep eugenic discourse relevant in the midst of a changing political landscape. In 1935, when serving as president of the *American Eugenics Society*, Huntington wrote and published *Tomorrow's*

⁷⁴ "Aims and Objectives of the Eugenics Society," *Eugenics Review* 26, no. 2 (1935). 186.

Children.⁷⁵ In this text, Huntington's language reflected the flexibility of eugenics in incorporating evolving social anxieties, while remaining consistent in its ideologies. He navigated among eugenics, economics, family, science, education, and even public relations in a way that was accessible to a general readership, but with an approach that differed from his predecessors. Eugenics scholar and digital archivist Nancy L. Gallagher, referencing this text, argued that while many eugenic organizations continued to use terms like "race hygiene" and openly supported "race hygiene measures in Nazi Germany," the American Eugenics society:

recognized the political liabilities of framing eugenics in racial terms. In 1934, AES president Ellsworth Huntington rewrote the eugenics catechism to appeal to democratic sentiments, the desire for the health and happiness of children, and the need to improve economic opportunities. Denoting their program the "new eugenics," the American Eugenics Society preserved the core philosophy of the "old" eugenics and the goal of a eugenic society through reproductive selection, while avoiding the explicitly racist rhetoric of the Nazi regime and its sympathizers.⁷⁶

Adapting to the shifting political landscape, particularly within the post-depression economic context of the U.S., was crucial for the perpetuation of eugenic ideals both in politics and in education. Eugenics, regardless of its label, needed to be understood as financially beneficial and democratic. Huntington utilized appeals to the "nation," arguing that the "defectives... may be compared to an insidious disease affecting the body politic."⁷⁷ He continued, urging for the immediate and far-reaching response of eugenicists and the public more broadly to rid themselves of this burden, one he compared to cancer. Part of his strategy was to equate eugenic policies and social policies as, for the most part, one in the same and equally desirable.⁷⁸

Concurrent to an effort to democratize eugenics, those active in the movement worked to expand their influence. Lewis M. Terman, along with Catharine Cox Miles, published an

⁷⁵ Ellsworth Huntington, *Tomorrow's Children: The Goal of Eugenics*, ed. The Directors of The American Eugenics Society (New York: John Wiley & Sons, Inc., 1935).

⁷⁶ Nancy L. Gallagher, "1930s- 1940s: American Eugenics Reform: "New Eugenics"," Vermont Eugenics.

⁷⁷ Huntington, *Tomorrow's Children: The Goal of Eugenics*. 45.

⁷⁸ *Ibid.* 113.

influential sexological text concerning masculinity and femininity in 1936.⁷⁹ While this may, at first glance, be seemingly unrelated to eugenics, it is important to note that Terman served on the advisory council of the *American Eugenics Society*, the society where Huntington served as president from 1934-1938. It is also evidence of eugenicists continuing to further their influence on sexology, specifically sexological understandings of gender “conditions.” In the interest of further codifying what constituted a “normal man” and a “normal woman,” Terman and Miles created what *they* called the “M-F Test,” but what was officially known as the “Attitude-Interest Analysis Test.” The text assessed the relative amount of masculinity and femininity present in individuals as well as “other variables” that included aspects of their personality, occupational choices, as well as “delinquency, and homosexuality.”⁸⁰ The purpose, according to the authors, was to “enable the clinician or other investigator to obtain a more exact and meaningful, as well as more objective, rating of those aspects of personality in which the sexes tend to differ.”⁸¹ This text was influential. At its most basic, it helped to reflect and establish normative expectations of masculine behaviors and feminine behaviors during the time. However, the test was also used, for example, in helping to classify “degree of custody and the type of housing” for inmates in prisons.⁸²

⁷⁹ Terman would go on to create, along with Maud Merrill, the 1960 version of the Stanford-Binet intelligence test.

⁸⁰ Lewis M. Terman and Catharine Cox Miles, *Sex and Personality: Studies in Masculinity and Femininity* (New York: McGraw-Hill Book Company, Inc., 1936). 10.

⁸¹ They understood “sex differences” to indicate not only masculinity and femininity, but a general identification as a man or woman. Their text included two versions of their MF Test – Form “A” and Form “B.” Each form includes seven exercises. In exercise four on Form A, responders are asked to indicate how much fear they feel when faced with various animals, objects or people. Among “burglars,” “end of the world,” and “pain” are “becoming deaf or blind” and “negroes.” Other exercises focus on what evokes pity, anger, or disgust, as well as word association and tests assessing how much an individual knew about geography and literature. These exercises reflect assumptions informed by racist and eugenic discourses. Despite the emergence of new categories of classification like transvestite, femininity on men continued to indicate perversion of sexuality. Terman and Miles believed that their test could indicate those individual who might become homosexuals, if not identify those who already were practicing as such. *Ibid.* 6, 495.

⁸² In 1941, five years after its publication, Edward L. Walker, a genetic psychologist, published an article entitled “The Terman-Miles ‘M-F’ Test and the Prison Classification Program.” In this article, Walker argued that the test might be a useful instrument to detect “homosexuals or insipient homosexuals.” Furthermore, the results from the

Beyond being able to identify masculinity, femininity, and homosexuality, identifying those who were “fit” was a broad concern for all eugenicists. In 1937, eugenicist Julian Huxley expressed the desire to more clearly define “fitness.” He argued that not only would the “inferior stocks” need to be picked out with “more certainty,” but that the reproduction of those deemed “superior” would need to happen more quickly in order to offset the negative affects of the unfit.⁸³ This job also became the responsibility for the “medicine of perversion,” as Foucault called it, and sexology was among the disciplines charged with this task. The sexologists, with their varied interests and specialties, became the producers of various taxonomies and diagnoses concerning sex and gender deviance. Not only were they concerned with naming these abnormalities, they also expressed interested in what “caused” them so they could prevent other “normal” people from falling prey to these perversions.

As eugenic discourse was beginning to incorporate environmental explanations alongside genetic ones for “degeneracy,” in the late 1930s a more pressing issue arose. Eugenicists worked diligently to rebrand the movement in order to distinguish itself from what they called the “racial hygiene of the 3rd Reich.”⁸⁴ Felix Tietze, for example, attempted to differentiate German and U.S. approaches to eugenics by explaining the fundamental differences in their understandings of the word “race.” He referenced Galton’s original definition of eugenics as “the science which deals with all influences which improve the inborn qualities of a race, altho [*sic*] those that develop them to the utmost advantage.”⁸⁵ He argued that the English used “race” as a category

test, if used in correlation with other information available in prison files such as “mental ages, type of crime committed, total among of time served, and prison disciplinary records,” might help reveal “additional, desirable information” about prisoners. Ultimately, he argued, using all of this data would be useful in “the prison classification program in determining the degree of custody and the type of housing.” E.L. Walker, "The Terman-Miles 'M-F' Test and the Prison Classification Program," *The Pedagogical Seminary and Journal of Genetic Psychology* 59 (1941). 27.

⁸³ Julian Huxley, "Eugenics and Society," *The Eugencis Review* 28, no. 1 (1937). 198.

⁸⁴ Felix Tietze, "Eugenic Measures in the Third Riech," *Eugencis Review* 31, no. 2 (1939).

⁸⁵ *Ibid.* 105.

but not in the “anthropological sense.” Race for the German’s referred to a Nordic or Germanic race, which, he argued, was “a thing that does not exist.”⁸⁶ Tietze also, though, discussed a German law that provided the foundation for “racial hygiene” that seem to mimic what eugenicists were advocating in the U.S. These laws concerned 1) the prevention of hereditary diseases, 2) laws that forbid marriages between Jews and Germans (similar to those preventing interracial marriage in the U.S.), 3) laws promoting particularly ‘fit’ marriages, and 4) the protection of “hereditary health.” While the German approach to eugenics was admittedly more aggressive, the differences between “racial hygiene” and eugenics only manifested in their method and unapologetic commitment to racial hygiene, as their ultimate goals remained very similar.⁸⁷

This rebranding of eugenics also involved sexologists and their numerous publications. With the task of differentiating the eugenics of the U.S. from other, more “unsavory” approaches, *Sexology: Sex Science Magazine* was one of several publications that ran articles in the 1940s supporting eugenicists and their aims. *Sexology*, a magazine written for the general public, published an article in the March 1941 issue entitled “Must we Raise Our Birth Rate?”

⁸⁶ Ibid.

⁸⁷ Hitler’s approach to racial hygiene involved a rejection of homosexuality and gender deviance. This rejection resulted in the burning of Magnus Hirschfeld’s institute of sexology, *Institut für Sexualwissenschaft*. Founded in 1919 to conduct research and provide counseling and education to individuals and couples, it was burned in 1933 by Nazi’s trying to rid the nation of homosexuality and what they understood as “sex deviance.” While in exile from German due to his anti-Nazi stance, Hirschfeld wrote and published one of his last texts, *Racism*, in 1938. Hirschfeld philosophized about the origins and constructions of sex and race. In her close reading of *Racism*, Heiki Bauer argues the text demonstrated Hirschfeld’s:

complicated and at times apparently contradictory ideas about identity and identification in relation to ‘race’ and ‘sex’... specifically... that Hirschfeld, while rejecting the idea of a biological ‘racial type,’ nevertheless held on to the notion of an innate and universal ‘sexual type.’

She notes that he employed naturalized and innate sex as a norm in an attempt to dismantle part racist ideas. His work on race exposed the influence of biology and culture on discourses of both race and sex, and Hirschfeld was not bashful about his critique of Hitler. Despite Hirschfeld’s scathing critique of the negative eugenics employed by Hitler, and the move by eugenicists to distance themselves from the aggressive techniques used by the 3rd Reich, eugenics remained a strong and active movement in the U.S. Magnus Hirschfeld, *Racism*, trans. Eden Paul and Cedar Paul, 2nd ed. (London: Kennikat Press, 1973). Heike Bauer, “‘Race’, Normativity and the History of Sexuality: Magnus Hirschfeld’s Racism and the Early-Twentieth-Century Sexology,” *Psychology & Sexuality* 1, no. 3 (September 2010). 240.

The author argued that “there is much silly anti-eugenic criticism abroad nowadays much of which will not stand logical examination.”⁸⁸ Five years later, after the end of WWII, *Sexology* continued their support. The 1946 November issue included a short paragraph discussing the “Aims of Eugenics.” The author wrote:

One of the aims of eugenics is to secure the largest number of births from the intelligent families in every social and economic class. The least intelligent families have about three times as many children as the most intelligent. This trend should be reversed... Race suicide will not be brought about by a universalized knowledge of how to prevent pregnancy. It is the love of children that has resulted in a restriction of their number, good prospects for a few being preferred to poverty for many.⁸⁹

Nancy Ordover argues that these instances of support for eugenics demonstrated that the movement in the U.S. was actually encouraged by Nazism, rather than diminished. The existence and influence of the movement continued to exert influence, and those involved in the movement remained committed to its goals of improving the “race” through their various political and professional commitments. While many sexologists remained bold in their eugenic ties, indirect reference to the eugenic politics of the previous decades continued to have devastating consequences for individuals labeled dysgenic or “unfit.” This manifested in many different ways, and conversations about transvestism expanded to include more frequent references to criminality, race, disability, class, and other categories that helped sexologists advocate for eugenics without directly naming their commitment to its ideology.

World War II: Non-Effectives, Misfits, & Social Responsibility

Rhetoric and discourses about disability, sexuality, and race evolved during and after World War II, particularly in relation to transvestism and gender deviance. Military personnel, particularly psychiatric experts enlisted by the military to assess the “fitness” of those enlisting,

⁸⁸ "Must We Raise Our Birth Rate," *Sexology* 8, no. 4 (March 1941). 230.

⁸⁹ Eugenics Society of England, "Aims of Eugenics," *ibid.* 13 (November 1946). 256.

played a significant role in these discursive evolutions and shifts. Military officials expressed ongoing concern about enlisting men with psychiatric or physical disabilities, but also men who deviated from normal gender expression or heterosexuality. Oftentimes, femininity and presumed homosexuality were directly connected to assumptions about psychiatric disability. Feminine men were targeted by draft boards and underwent immense scrutinization because of concerns about psychiatric disabilities that would inhibit the effectiveness of a soldier.

When men were drafted, they underwent an examination comprised of both physical and psychological components. While histories of men being rejected for presumptions or knowledge of homosexuality are somewhat familiar to those engaged in histories of homosexuality, the histories of individuals being rejected for transvestism are more obscured and scattered.⁹⁰

Sexologist David Cauldwell, who served as a psychiatrist in an induction station in Lafayette, Louisiana, briefly discussed this topic. Cauldwell wrote of his time in Lafayette and shared stories of men rejected on the basis of their transvestism. One man told the draft board that he felt like a woman and wore feminine attire. In this case, he was deemed ineligible for service because of a “psychopathic personality,” and because it was possible he was a “maligner.”⁹¹

Another man identified himself as a homosexual. When Cauldwell pushed him to discuss this

⁹⁰ Discourses about disability and sexuality were prevalent not only in decisions about who could and could not serve as active military, but also who was dismissed from active duty; psychiatric disability was used as justification for dismissal from service.

⁹¹ A shift occurred during this time in how military understood sexual perversion and this affected these diagnoses of psychopathy. Canaday argues that during WWII, the military “came to see perversion less as a marker of degeneracy... and more as behavior associated with a psychopathic type.” This shift in understanding sexual perverts, transvestites, and others as a “type” motivated the military to avoid this “type” by either disallowing enlistment or by discharging individuals found to be of this “type” of person. It was informed also by the contradiction concerning degeneracy and intelligence. If transvestites and sex perverts were intelligent, they could not also be degenerate; instead they must be psychopathic. This does not exclude their rhetoric from being informed by notions of degeneracy more broadly but does indicate their attempt to negotiate their exclusion of “perversion,” those that presented as “intelligence” but also as perverted, and historical understandings of hereditary degeneracy. For example, they still referred to conditions like “psychopathic inferior” as “constitutional,” mirroring the explicitly eugenic language of the 20s and 30s. Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton: Princeton University Press, 2009). 57, 65, 228; David O. Cauldwell, "Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals," in *Big Blue Books B-856*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1950). 28.

further, the individual said “I’m a homosexual... I assure you, because these organs down here mean nothing. I am a woman and all the doctors in these United States and Europe can’t convince me otherwise.”⁹² Despite this man’s confession as a homosexual, the disclosure of his identification as a woman earned him the diagnoses of “Inadequate personality. Paraphernalia. (Cunnilinguist - imagines he is a female).”⁹³ Cauldwell asserted that “The Armed Forces did not want a man like that.”⁹⁴

The cooperation between military leaders, medical professionals, government officials, sexologists, psychiatrists, and psychologists is indicative of the growing number of institutions involved and invested in naming and identifying psychiatric disability, and specifically gender “deviance.” The need for capable and “fit” soldiers, in particular, motivated a more well-defined and thorough articulation of what “counted” as a disability and what did not.

The identification and rejection of individuals understood to have a psychiatric disability (which included homosexuality and transvestism) reflected an anxiety about disability more broadly, but particularly the deleterious economic effect for the military and the U.S. Government. At a symposium about the “Selection of Military Might” in 1951 sponsored by the National Academy of Sciences, Dr. John C. Whitehorn reflected upon this anxiety:

Looking back upon the screen practices of World War II, it would be difficult to appreciate the attitudes which prevailed in rejecting so large a proportion for neuropsychiatric reasons unless one gave consideration to a special factor — the costliness of the care of veterans who had developed neuropsychiatric disabilities. Faced with a figure of approximately \$30,000 as the ultimate probable cost to the Government... many examiners... were strongly motivated thereby to save the national treasury from heavy prospective costs by rejecting questionable candidates.⁹⁵

⁹² "Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals." 28-9.

⁹³ Ibid. 29.

⁹⁴ Ibid.

⁹⁵ John C. Whitehorn, "History and Practices Concerning the Health Standards for Psychiatric Abnormalities," in *The Selection of Military Manpower: A Symposium*, ed. Leonard Charnichael and Leonard C. Mead (Washington, D.C.: National Academy of Sciences - National Research Council, 1951). 129. Others, including Lawrence S. Kubie discussed below, expressed this concern of “keeping out” those who were “costly oversight[s].” Citing the same statistics as Whitehorn, Dr. Bettina Warburg stated that “every neuropsychiatric casualty due to this war will cost the

Captain Robert A. Bell of the U.S. Navy who also presented at this symposium referenced those with psychiatric disabilities as “non-effectives,” with a physician, Dr. Raymond Franzen, arguing that the military should have a department dedicated solely to psychological assessment, in part because the “detection of disorders and measurement of function are quite different tasks.”⁹⁶ Dr. Lawrence S. Kubie cited the incredibly high percentage of individuals with neuropsychiatric disabilities as a rationale for this special department, citing that “between 50 and 60 per cent of all patients [in military hospitals] have neuropsychiatric disabilities with a psychosomatic component.”⁹⁷ While there were differing opinions about the potential success and acclimation possible for those diagnosed with these disabilities, there was little to no interrogation into the subjective assessment of these diagnoses, the conflation of various conditions understood as disabilities, or the cultural framing that constituted disability in the first place. The major concern about psychiatric disability for the military was an economic one.

Ultimately, these conversations were all rooted in who was “fit” or “unfit” for service. Dr. Clements C. Fry conducted a study of men admitted to service who had previously been seen for psychiatric disorders at Yale or Harvard. He was concerned that these men were approved for service despite the otherwise consistent rejection of men with their same diagnosis. This rejection was based on regulations followed by the evaluation boards and he argued that

government approximately thirty thousand dollars.” Lawrence S. Kubie, “The Detection of Potential Psychosomatic Breakdowns in the Selection of Men for the Armed Services,” *Annals of the New York Academy of Sciences* 44, no. 6 (1943). 622.

⁹⁶ Robert A. Bell, “Medical Screening (Physical Standards) and Its Relation to Service Requirements and to Retirement,” in *The Selection of Military Manpower: A Symposium*, ed. Leonard Charmichael and Leonard C. Mead (Washington, D.C.: National Academy of Sciences - National Research Council, 1951). 94; Not all doctors expressed this same opinion. Dr. Harold Wolff, made the case that “rejections [from military service] made because of diagnoses such as psychopathic personality, behavior disorder, or sex deviation are... likely to be unjustified.” However, his problem is with the rejection of these men from service, not the diagnoses in the first place. Harold G. Wolff, Raymond H. Franzen, and Cgarkes W. Shilling, “Nirake Abd Capacity for Endurance: Unresolved Problems in the Selection and Classification of Miliatry Manpower,” *ibid.* 112, 113, 105.

⁹⁷ Kubie, “The Detection of Potential Psychosomatic Breakdowns in the Selection of Men for the Armed Services.” 605.

“prevailing psychiatric thought concurred in the judgment that people with histories of some emotional disturbance should have been excluded from the armed forces — for their own good and for the good of the services.”⁹⁸ He continued, referencing the concept of fitness, a term steeped in eugenic histories of degeneracy:

Above all, the psychopathic personality, the homosexual, the man who had had a history of psychosis or psychotic episode should not have been considered fit to serve. The popular word in use was ‘misfit,’ and there was much talk of ‘eliminating the misfits.’ We all thought that we know those who would be unfit — even if we didn’t happen to call them ‘misfits.’⁹⁹

While transvestism is not mentioned in this list, it is important to note that transvestism was often referred to as both psychosis and psychopathology. Fry is very transparent about the discursive slippage between “misfit” and “unfit.” It is difficult to miss the parallels between conversations eugenicists had about the “unfit” and the “feeble-minded” and this statement by Fry concerning the “misfits” of the draft.¹⁰⁰

The military, supported by other institutions, were so committed to defining normality, and they led the charge in codifying and outlining all psychiatric conditions. Leading up to World War II, several texts classifying diseases existed. The military utilized three texts: 1) the *Standard Classified Nomenclature of Diseases* revised in 1942, 2) the *War Department Technical Bulletin 203* outlining military-specific nomenclature – a guide provided by the Veterans Administration, and 3) the *International Statistical Classifications of Diseases, Injuries*

⁹⁸ Clements C. Fry, "A Study of the Rejected Causes, Success and Subsequent Performance of Special Groups," in *The Selection of Military Manpower: A Symposium*, ed. Leonard Charnichael and Leonard C. Mead (Washington, D.C.: National Academy of Sciences - National Research Council, 1951). 134.

⁹⁹ *ibid.*

¹⁰⁰ His and others’ understanding of who was “fit to serve” and who would be successful in that service was also wrapped up in concepts of patriotism and the responsibilities of a patriotic citizen. Out of 234 men that would have been rejected from service, Fry’s study found that 68.8 percent “served as officers, and all the 234 gave satisfactory, and in many cases distinguished, service.” Fry’s conclusion for their success is varied, but one hypothesis he suggested had to do with patriotic obligation, where one of the reasons “for the unexpectedly good performance of those presumably unfit” were that “men felt a personal responsibility to do their share toward winning the war” and were cognizant of their own “social responsibility”. He cited their “participation in patriotic activities” and their “sense of patriotic obligation” as a “strong element in the emotional equipment.” *Ibid.* 142, 143, 146.

and Causes of Death (ICD) originally published in 1939. However, these multiple classifications systems created confusion and inconsistency regarding diagnoses. The military responded to this inconsistency. In 1948, Secretary of Defense James Forrestal dictated that the Armed Services prepare a uniform classification and nomenclature of diseases, injuries, and conditions for joint use.”¹⁰¹ This resulted in the writing and publication of the *Joint Armed Forces Nomenclature and Method of Recording Psychiatric Conditions*. Four years later, the American Psychiatric Association would draft the first *Diagnostic and Statistical Manual of Mental Disorders (DSM I)* patterned directly from the military’s classification manual, solidifying the military’s influence on all psychiatric “disorders,” including transvestism and transsexualism, for years to come.

Drawing Connections between Genitals, Race, and Deception

In the late 1940s, publications by and about transvestite individuals continued to grow in number. *Sexology* began publishing more autobiographical writings as well as commentary from various sexologists and medical professionals concerning transvestism. These writings focused on topics ranging from the “causes” and “cures” of transvestism, to its connection to hermaphroditism, degeneracy, and criminality. Despite the horrors perpetrated by Hitler’s Nazi regime and the U.S. disavowal of his practices, eugenics continued to influence constructions of transvestism and gender abnormality.

David O. Cauldwell, mentioned above, was well-known for his “popular sexology” writing and wrote extensively about transvestism, among other topics related to sex.¹⁰²

Beginning in April of 1946, he became the editor of *Sexology*’s “Question and Answers

¹⁰¹ André B. Sobocinski to Navy Medicine: The Official Blog of U.S. Navy and Marine Corps Health Care, 2014.

¹⁰² See: Richard Ekins and David King, "Pioneers of Transgendering: The Popular Sexology of David. O. Cauldwell," *The International Journal of Transgenderism* 5, no. 2 (2001). Cauldwell also wrote about hermaphroditism and homosexuality, at times conflating transvestism, hermaphroditism, and homosexuality.

Department.” Many of these replies concerned issues of cross-dressing or transvestism. He also published dozens of individual works as well, both in *Sexology*, and in the form of Big Blue Books, small books published in Girard, Kansas with Haldeman-Julius Publishing Company.¹⁰³ While he was not the only sexologist writing about transvestism, he was one of the most prolific.

Cauldwell’s writings about sex and sexual disorders relied heavily on eugenic ideology, as well as euthenics. He spoke highly of the goals behind both, where “eugenics means to be well born. Euthenics means to be well bred.”¹⁰⁴ Cauldwell explained that males wore female attire because of “unfortunate heredity on the one hand, the unfortunate heritage of a psychotic mother (rarely father) on the other, and an unfavorable and unhealthy environment resulting from a combination of these factors.”¹⁰⁵ He continued: “Education, preventative medicine, treatment, and above all frank publicity, now promise... to eradicate” not only “general disease,” but also what Cauldwell referred to as “sexual ignorance.”¹⁰⁶

For many sexologists, their work focused on connecting transvestism to genetics and heredity. Proving this “cause,” would lead to potential “cures” or justification for other eugenic methods of reproductive control in order to stop the transmission of this defect. If transvestism was caused by heredity, there was no cure and therefore transvestites should not reproduce. If it

¹⁰³ The Little Blue Book series is more well-known.

¹⁰⁴ David O. Cauldwell, "Sex and Psychosomatology: A Study of the Various Aspects of the Relation of Psycho-Somatic Medicine to Sexuality and Sexual Disorders, Including Important Endocrine Data," in *Big Blue Books B-527*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 10.

¹⁰⁵ *Ibid.* 29.

¹⁰⁶ *Ibid.* 10. The National Committee for Mental Hygiene was founded by psychiatrists Clifford Beers and Adolf Meyer, and philosopher William James in 1909. The organization changed its name over the years, but is known today as Mental Health America (MHA). According to their website, the original committee set forth three goals: “to improve attitudes toward mental illness and the mentally ill; to improve services for people with mental illness; and to work for the prevention of mental illnesses and the promotion of mental health.” “Our History,” Mental Health America. For their work in this area, Cauldwell sang the praises of the *National Committee for Mental Hygiene*, arguing that it was “an example of accomplishment.” “Psychoquackery: Why It Enjoys Immunity: The Problems Met in Seeking to Control Mental Quackery, and a Survey of Mental Hygiene,” in *Big Blue Books B-653*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 30.

was caused by environment rather than heredity, poor parenting was to blame. Cauldwell and other authors in *Sexology* told stories of mothers who corrupted their sons, causing them to be transvestites. Cauldwell accused one mother of this, arguing that she was “trying hard to make an eonist of her son” by dressing him in girls cloths and forcing him to keep his hair long.¹⁰⁷ However, he claimed that there was no cure for transvestites as this affliction was made manifest by events in early childhood; the effects were irreversible. He also blamed schools and churches: “schools practicing corporal punishment help to create [transvestites]. Churches requiring penance do a first class job.”¹⁰⁸ Despite the blame he placed on parents, schools, and churches, he ultimately did not claim that anything was “right or wrong” about transvestism, and saw “nothing further than inconvenience and possible chagrin.”¹⁰⁹ He continued: “What’s wrong with transvestites? We may as well ask what’s wrong with anyone,” echoing his earlier assertion that “transvestism, within itself, is neither an aberration nor a perversion.”¹¹⁰ While potentially a liberal take on transvestism, he expressed this view alongside statements that drew out connections among transvestites, their personality or mental defects, and neurosis.¹¹¹

Despite his claim that transvestism was neither “an aberration nor a perversion,” Cauldwell’s assessment of hermaphroditism differed greatly. Cauldwell did not describe hermaphroditism as a benign variation. He aligned himself with those who attributed hermaphroditism to “developmental defectiveness” and also claimed that it was “more or less

¹⁰⁷ “What Is a Hermaphrodite? A Study of Persons of Either Sex Whose Genital Organs, Mental Integration and Chemical (Hormonal) Characteristics Embrace the Characters or Characteristics of Both Sexes,” in *Big Blue Books B-525*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 24.

¹⁰⁸ “Transvestists Tell Their Stories: Confessions of Persons Who Prefer to Dress Like the Opposite Sex,” in *Big Blue Books B-623*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 13.

¹⁰⁹ “What’s Wrong with Transvestism? A Complication of the Diaries of Transvestists as Revealed to the Author, with Letters and Day-by-Day Events from the Lives of Those Who Prefer to Wear the Clothing of the Opposite Sex,” in *Big Blue Books B-825*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1949). 29.

¹¹⁰ *Ibid.* 29, 9.

¹¹¹ *Ibid.* 30.

correct” to think of the hermaphrodite as a “monster or freak.”¹¹² Concepts of monsters, freaks, and psychopaths were categories that had very particular non-white, racial implications. Elizabeth Reis, in her study of the history of hermaphroditism in the U.S, discusses two preoccupations that fueled notions of freakishness, one of which concerned race. She argues that “two related cultural preoccupations colored the anxiety about hermaphrodites in the period of the new republic; worries about *racial instability* and concerns about *deception and fraud*.”¹¹³ Linkages were being made between degeneracy and “defectiveness,” freakishness and abnormality, and race. These linkages are evidence of the ways in which Cauldwell’s description of both transvestites and hermaphrodites, and later transsexuals, left each of these groups subject to eugenic label of “unfit.”

The anxieties around race, degeneracy, and deception have a long history in the U.S., linked specifically to a desire to have a visible and stable category of whiteness. Reis argues that “the unnerving possibility that individuals could suddenly change sex paralleled the early national preoccupation with race, racial categories, and the possibility of changing racial identity.”¹¹⁴ “Questions about race, skin color, and heredity,” she argues, were discussed in reference to those who purportedly “changed race;” i.e., their skin color either darkened or lightened at some point in their life.¹¹⁵ If individuals could change skin color, their bodies threatened clear and definable racial categories.¹¹⁶ If individuals were to change sex, it would

¹¹² Cauldwell’s description of the “psychological hermaphrodite,” rather than physiological, is similar to his and others’ descriptions of transvestites. He defines this person as someone who is “androgynous mentally,” but not necessarily “androgynous physically... the mental hermaphrodite is such because he or she is chemically (because of hormonal imbalance) androgenous [*sic*].” “What Is a Hermaphrodite? A Study of Persons of Either Sex Whose Genital Organs, Mental Integration and Chemical (Hormonal) Characteristics Embrace the Characters or Characteristics of Both Sexes.” 7, 6.

¹¹³ Elizabeth Reis, *Bodies in Doubt: An American History of Intersex* (Baltimore: Johns Hopkins University Press, 2009). 24, emphasis mine.

¹¹⁴ *Ibid.* 36.

¹¹⁵ *Ibid.* 38.

¹¹⁶ Reis draws connection between fears of black freedom and the fear of racial mixing, suggesting that this was one of the reasons that whites felt compelled to “stiffen measure that controlled and separated African Americans.” As

undermine the clear and definitive categories of immutable sex, an anxiety evidenced in Cauldwell's writing. While "mental hermaphrodites"—a term sometimes used synonymously with transvestism—were cause for less immediate concern because of their clearly defined genitalia, they still posed a threat in relation to undermining clear boundaries between sexes, and thus disrupting understandings of sexuality. In response to fears of "chaos," sexologists like Cauldwell pushed for what Reis characterizes as more "stringent classification of such categories as race and sex, based on the conviction that such divisions were embodied and essential."¹¹⁷ This also provided an opportunity for doctors to racialize bodily anomalies, and in particular genital anomalies. Biologists and "race scientists" of the early 1900s believed that African Americans were "disproportionately affected by genital anomalies, especially elongated penises and enlarged clitorises and labia."¹¹⁸ While most of the transvestites discussed in Cauldwell's writing were white, the historical connections between race and sex shaped understandings of who was degenerate and who was not, placing both people of color and transvestites among those who failed to adhere to "non-degenerate" whiteness.

While connections among race and transvestism demonstrated a persistent eugenic influence, so too did connections between transvestism and criminality. Many authors writing about transvestism in the 1940s continued to link transvestism and criminality, links evident already in conceptions of the "unfit" and in earlier sexological writings. Even if, and when, these authors mention that the number of criminals who cross-dress to commit crimes are few, mention of them appears too frequently in texts discussing transvestites for it to be ignored – a legacy that emerged as early as 1910 with Hirschfeld's text *Transvestites*. In the January 1947 issue of

blacks were claiming freedom, and women in the 1920s began to claim political rights in a realm previously limited to men, the clearly demarcated boundaries of citizenship, sex, and race were changing. Ibid. 38.

¹¹⁷ Ibid. 40.

¹¹⁸ Ibid. 39.

Sexology, for example, the author mentions an individual named William Heirens, who the author refers to as a “young sex criminal.”¹¹⁹ Heirens was a “garment fetishist.” He stole clothes when he was young but eventually killed a woman and a young girl. The way this case is discussed reveals anxieties about the consequences of poor upbringing:

When you talk to the average parents on this subject they listen incredulously and resent the implications. They just cannot believe that they are playing with dynamite. These good, but misled people, have never learned the truth that twisting a child’s personality endangers the whole future life of the child. Often such experiments have terrible consequences.¹²⁰

The author blames the parents, but specifically the mother who let Heirens grow his hair out when he was young. She is also charged with dressing him in women’s clothes. The author believed that this led not only to homosexuality, but also caused individuals to “become perverts of many different types, and who sooner or later run afoul of the law.”¹²¹ The writer then argues that if *Sexology* were in charge, they would make it a “criminal offense to masquerade children in clothing of the opposite sex.”¹²²

Others echoed these anxieties. In the March 1948 issue of *Sexology*, eugenicist and sexologists Winfield Scott Pugh in “The Transvestite – (A Timely Warning)” recommended that transvestites dress at home rather than masquerade in public “because their chief danger lies in seduction.” He continued:

When this happens, certain latent sexual centers are then brought into prominence and slight gratification is experienced. Then, having a desire to repeat the performance, he may become an acquired homosexual. As a rule I have found the transvestite to be a very good citizen and patron of the arts and the drama — highly cultured persons in every way. This is, of course, quite natural.¹²³

¹¹⁹ Editor, “Boys Will Be Girls,” *Sexology* 13, no. 6 (January 1947). 323.

¹²⁰ Ibid. 323, 324.

¹²¹ Ibid. 325, emphasis mine.

¹²² Ibid.

¹²³ Pugh also wrote the introduction to Henry Rubin’s 1933 book, *Eugenics and Sex Harmony*. Winfield Scott Pugh, “The Transvestite (a Timely Warning),” *ibid.* 14, no. 8 (March 1948). 405.

Pugh also blamed the parents for causing these perversions, and encouraged them to dress their sons in masculine cloths and give them a masculine haircut as early as possible. Pugh, Cauldwell, and other sexologists were not shy in connecting criminals who dressed in “the attire of the opposite sex” to transvestism, aligning these two subject positions.¹²⁴

Psychopathia Transexualis

Among the many articles written by Cauldwell in the 1940s, “Psychopathia Transexualis” is one of his most well-known. Cauldwell, who previously discussed transvestism almost exclusively, began to include discussions of transsexuality in his work. The two terms had not yet been clearly differentiated but transsexualism was used to indicate a more extreme version of transvestism, and Cauldwell’s writing reflects a distinct opinion about the cause and long-term implications for each. Originally published in *Sexology* in 1949, Cauldwell pointed to “poor hereditary background” as a cause of transsexualism.¹²⁵ This differs slightly from his original emphasis on parenting, corporal punishment, schools, and churches as the cause of transvestism, mentioned above. While he does not dismiss the importance of childhood environment, he is quick to link the discussion and rhetoric of his writings to eugenic logics of degeneracy. He also diagnosed those “affected” by *psychopathia transexualis* as “mentally unhealthy.” He continued by arguing that there were “varying degrees of psychopathic transsexuality,” and links psychopathology and poor heredity to those identifying or trending towards what was becoming recognized as transsexualism.¹²⁶ Cauldwell painted himself as sympathetic to his transsexual

¹²⁴ David O. Cauldwell, "Why Males Wear Female Attire: Strange Stories, Weird Confessions, Historical Data, and Scientific Explanations of Transvestism," in *Big Blue Books B-540*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 27.

¹²⁵ "Psychopathia Transexualis," *Sexology* 16, no. 5 (December 1949). 274.

¹²⁶ His use of “psychopathy,” if aligned with general understanding of the term by psychologists, would indicate an individual who has a personality disorder that might involve anything from a lack of empathy to recklessness and

patients, referencing his “broad and tolerant consideration of people and of the sexual nature of the human being,” while simultaneously describing them as having “psychopathic traits.”

Cauldwell’s understanding of his patient’s sexuality also greatly influenced his assessment of their mental state. Discussing one transsexual patient who was a physician, Cauldwell acknowledged his own experience with “numerous case histories of males... who have become well integrated transsexuals [*sic*] living useful lives and helping, rather than hindering society.”¹²⁷ However, he found it relevant to mention their sexual leanings; they were “transsexuals [*sic*] by affectation only... they are all, in their sexual activities, purely autosexual.”¹²⁸ While transsexual sexuality is a more complicated topic, one that will be explored more in the next chapter, what is important to note here is Cauldwell’s superficial distinction between homosexuality and transsexualism. Transsexuals, because they were engaging in somewhat normative sex, or no sex at all, could be understood as good citizens.¹²⁹ Labeling them as autosexual – as individuals who were either asexual or only interested in masturbation – or as heterosexual allowed him to dismiss their “eccentricity” as harmless.

Towards the end of this short article, Cauldwell, again, referenced psychopathology. This time, however, he argued that the “psychopathic characteristic is manifested not... in actual homosexuality or transvestism... but in such practices as seduction, parasitism, violation of the social codes in numerous ways, frequently kleptomania and actual thievery, pathological lying,

lying. Psychosis, generally a term referring to a loss of touch with reality, was also used frequently in reference to transvestites. Cauldwell’s use of the term does seem to align with notions of personality disorders, although later writings about transsexuals and those who believe themselves to “be women” seem to indicate that Cauldwell associates those individuals with psychosis rather than psychopathology.

¹²⁷ Cauldwell, “Psychopathia Transexualis.” 280.

¹²⁸ Ibid.

¹²⁹ As early as 1917, a transman convinced doctors to recommend a hysterectomy by employing a “form of eugenic reasoning, advising ‘sterilization’ for ‘any individual’ with ‘abnormal inversion,’” which included their own abnormal inversion. While sterilization was being forced onto those labeled as homosexual, some trans individuals were using the same logic of sterilization to their benefit, further distinguishing themselves from homosexuality. Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*. 18.

and other criminal and unsocial tendencies.”¹³⁰ It is unclear from this work if he believed that there were transsexuals free from psychopathology. However, the rhetoric of how this psychopathology manifests reflected the language emerging from discourses of criminality, disability, and homosexuality. Cauldwell’s statement emerged in a context in which each of these discourses worked to link transsexuality with more general notions of pathology.

Cauldwell would continue to write over the next decade, often returning to discussions of causes and cures for sexual perversion. Over time, his emphasis on heredity lessened as his emphasis on environment increased. He blamed transvestism on parents and “other near relatives” for their overindulgence. This shift mirrored the shifts in eugenic ideologies that began to evolve and incorporate environmental explanations for degeneracy. Cauldwell’s writings were rooted in eugenic notions of normality, as were the evolving diagnosis of “transvestite” and the newly emerging “transsexual.”

A Shift Occurs

Moving into the 1950s, definitions about transvestism and transsexualism varied greatly. This was due, in part, to the growing distinction between the two terms. Transvestism generally functioned as an umbrella term during this time. Labels such as “genuine” or “true” transvestite, eonist, and transsexual were all terms that implied a more specific and extreme manifestations of transvestism. While the desire for medical intervention was not new, a growing interest in transsexualism, paired with advancements in the medical field over the previous four decades, the possibilities of “sex changes” seemed more attainable. The desire for this type of medical intervention—and what seemed to many “extreme beyond measure”—accounted for some of the differing responses.

¹³⁰ Cauldwell, "Psychopathia Transexualis." 280.

Transsexualism, because it involved permanent bodily changes, was understood as extreme, making transvestism seem less radical to some sexologists. The editors of *Sexology* believed that transvestism was “of all the sexual deviations... the most innocuous.”¹³¹ While many medical professionals still reviled transvestism, growing responses to transsexualism garnered negative responses from those who even felt nonplussed by transvestism, David Cauldwell included.

In relation to his attitudes concerning transvestism, Cauldwell reacted with an uncharacteristic severity to transsexuals. Unlike his view that transvestism was a harmless eccentricity, he believed that transsexuals not only had and created sexual problems, “they [were] themselves sexual problems.”¹³² In this same publication, he explained why doctors would not perform these “sex change” surgeries, stating his view that there was:

no necessity for an individual who is a member of one sex to cultivate a persistent attitude that he or she is sexological... of the wrong sex... The psyche and sanity are never at stake as was contended by the sick-minded individual. The psychic is already ill and sanity is seriously involved when an individual develops a compulsion to be rid of his natural organs and places his insane desires ahead of the rights of others. Mutilating surgery can not preserve such a psyche and it cannot restore sanity to the insane.¹³³

Cauldwell was inconsistent in his assessment of transsexuals. While referencing the concern about transsexuals being crazy, he said “one may as well ask whether heterosexuals are crazy. Some are and some are not.”¹³⁴ One year later though, Cauldwell articulated a stance on transsexuality, using the term “sex-transmutationist,” very concisely:

The sex-transmutationist is a sick person. The transvestist may be a thoroughly delightful individual, charming, entertaining — even daring. The transvestist is an individual who is willing to indulge a harmless eccentricity.... were sex transmutation possible I would have no more objection to helping an individual through transmutation than I have to writing a friendly letter. Any other attitude is not that of the scientist...I regard the

¹³¹ Transvestal, "'Bashful' Transvestite," *ibid.*, no. 10 (May 1950). 649.

¹³² Cauldwell, "Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals." 30.

¹³³ *Ibid.* 20.

¹³⁴ *Ibid.* 4.

destruction of any healthy organ of the body an act which either borders on criminality or *is* criminal.¹³⁵

Here, Cauldwell brings together discourses of criminality, psychiatric disability, and sexual deviation. Each of these discursive categories informs and reifies one another, adding bite to his admonishment of transsexual desires.

This description of the patients clothing as “eccentric” is rife with classed, particularly upper-class undertones. Mismatched or odd clothing for poor people, people of color, or people who are understood to have psychiatric disabilities would rarely be described as “eccentric,” a term that according to George E. Marcus in his essay “On Eccentricity” is a term with explicit class implications. He argues that eccentricity is “often associated...with the bearing of great wealth,” regardless of the person’s actual wealth. In fact, he argues, this is “always an aspect of class resentment or desire associated with eccentricity,” even when the person labeled as eccentric is working- or middle-class. While he does not spend a significant amount of time discussing it, he does offer several examples of behaviors that have been labeled eccentric, and “inversions of commonsense habits, gender identifications, and dress.”¹³⁶ Beyond the myriad assumptions behind the reference to “commonsense habits,” these assertions help link eccentricity, transvestism, wealth, and normality, links that help to uncover the indirect meaning of Cauldwell’s description. Cauldwell’s classification of transvestite’s eccentricity as “harmless” and his belief that they were interesting and ingenious was saturated with not only with class meanings, but the gendered, raced, and psychiatric notions of wellness that attended them.¹³⁷

¹³⁵ "Sex-Transmutation---Can One's Sex Be Changed? There's but a Thin Genetic Line between the Sexes, but the Would-Be Sex Transmute Battles Forces More Stubborn Than the Genes," in *Big Blue Books B-932*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1951). 19-20.

¹³⁶ Ibid. 50.

¹³⁷ These implicitly classed comments also indicate racial and gender meanings. Later in the 1950s, Dr. Christian Hamburger's description of a patient's comportment as “very quiet and reserved” (393), “slightly affectionate, with feminine voice production and movements,” are reminiscent of descriptions of respectable, femininity and in

A growing focus on transsexualism, paired with the increased influence of psychiatry and the *Diagnostic and Statistical Manual of Mental Disorders I* (DSM-I), shifted opinions about causes and cures towards the notion that it was a psychological problem rather than a genetic or physiological one. Janet Thompson, a self-identified transvestite writing in 1951 for the *International Journal of Sexology*, suggested to her readers (both professionals and lay people) that transvestism was the “outward and obvious manifestation of symptom of other deeply rooted emotional problems.”¹³⁸ She linked transvestism to other pathologized identities, and argued that groups of transvestites included heterosexuals but also “fetishists, sadist, masochists, voyeurs, homosexuals, etc.”¹³⁹ She also classified some as “psychotic,” specifically those who “actually believe he is of the opposite sex or that he is ‘a female soul in a male body.’”¹⁴⁰ Thompson did not relegate the problem of transvestism to families of lower social class, arguing that “transvestism knows no special group or strata of society. It appears to develop in families dancing from the apparently well-balanced emotionally and financially secure to the incise, impoverished or broken families.”¹⁴¹ This explanation is possible in part because of her reliance on a psychological explanation - that transvestism, and its more extreme manifestation transsexualism, occurred because of deep-seated emotional problems rather than from poor genetic make up. In fact, she argued that the “only way to obtain any sort of ‘cure’ in these cases

particular *white* femininity. Hamburger was adding to the rhetoric and discourse that help to construct “the ‘ideal woman’ stereotype” of the time that Jennifer Holt argues “reflected a political-economic effort to socially construct (and reward women for assimilating to) socially acceptable gender roles in the aftermath of World War II.” Stürup G. K. Dahl-Iversen E. E. Hamburger C, "Transvestism: Hormonal, Psychiatric, and Surgical Treatment," *Journal of the American Medical Association* 152, no. 5 (1953). 393; Jennifer Holt, "The Ideal Woman," *Soundings* (<https://www.csustan.edu/sites/default/files/honors/documents/journals/soundings/Holt.pdf>) (2014). 1.

¹³⁸ Janet Thompson, "Transvestism: An Empirical Study," *International Journal of Sexology* 4, no. 2 (1951). 219. Janet Thompson was a pen name. This author's preferred name was Doris, and she was a patient of Harry Benjamin's (his 5th trans patient). See: Leah Schaefer and Connie Wheeler, "Harry Benjamin's First Ten Cases (1938-1953): A Clinical Historical Note," *Archives of Sexual Behavior* 24, no. 1 (1995). 80-82.

¹³⁹ Thompson, "Transvestism: An Empirical Study." 217.

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

is to get at the basic emotional problems and resolve them.”¹⁴² While she departed from the some of the more traditional theories of eugenicists, where psychosis or degeneracy was a result of heredity, her use of the word “psychotic,” paired with her reference to “fetishists, sadists, masochists...,” bespeaks her proximity to the ways in which eugenics collapsed psychiatric disability, criminality, and non-normative sexual behavior regardless of their fundamental causes.¹⁴³

1952 – The Year Things Changed

As opinions and declarations increased about transsexualism from eugenicists, sexologists, and even self-identified transsexuals, transvestism as an umbrella term remained consistent, and continued to dominate most conversations about gender deviance. Notions of “fitness,” psychiatric disability and wellness, sexual deviance, criminality, race, and class had all become foundational to constructions of transvestism by the early 1950s. Transsexualism caused some alarm and concern among medical professionals, in large part due to accusations of psychosis or psychopathology, but did not fully dominate the scene. This would all change in 1952.

¹⁴² Ibid. 219.

¹⁴³ Ibid.

CHAPTER 2

Bodies and Mayhem: Transsexualism After Jorgensen

“From a eugenic point of view it would do no harm if a number of sexually abnormal men [transsexuals] were castrated and thus deprived of their sexual libido.”
-Christian Hamburger, 1953

Both transvestism and transsexualism as diagnostic categories were the focus of many sexological writings, starting with Hirschfeld in 1910 and continuing through the 1950s. Transvestism, serving as an umbrella category for moderate to “severe” manifestations of cross-dressing, generally received more attention. Transsexualism, the most “extreme” version of the diagnoses being used at the time, was part of the discourse but did not demand the same attention as transvestism. This would change significantly in 1952, the year in which Christine Jorgensen, the first widely known transsexual woman, became a media sensation. This chapter, while including transvestism, focuses on discourses of transsexualism following Christine Jorgensen’s global debut. The growing influence of psychoanalysis and advances in medical technology, paired with the 1952 global media sensation of Jorgensen, created an environment in which debates about transsexualism, medical and surgical intervention, definitions of sex and gender, and mental well-being increased exponentially. Transsexual individuals, much like transvestites, had to navigate the shifting definitions of pathology, criminality, and degeneracy, a task made more difficult for those without the means to access the medical intervention they might desire.

The growing attention to transsexualism [referred to by different terms: “genuine transvestism,” “true transvestism”] was reflected in the medical literature of the time following Jorgensen’s visibility in the larger culture. Increasingly transsexualism was included in titles of medical articles alongside transvestism. Concurrently, discussions of transvestism *as* fetishism increased, as did medical and popular articles specifically discussing “change of sex.” While

discussing transvestism as a fetish was not new, a shift in focus towards transsexualism displaced sexologists' focus on transvestites and other "sex perverts" as degenerates or those with psychiatric disabilities. While transsexualism during this time always fell under the rubric of transvestism, evidenced by Benjamin's assertion that the "transsexualist is always a transvestite but not vice-versa," it also assumed a life of its own as the specificity of the diagnosis evolved.¹

While Jorgensen was the center of much sexological debate, so too were the issues of intersexuality, respectability, and relationships between sexuality and gender.² One sexologist's voice and writings dominated the discourse: Harry Benjamin. His foundational writings continue to affect transsexual discourses, as well as diagnosis, treatment, and constructions of transsexualism today. Benjamin never directly referenced eugenic ideology, but its affects are present in his writing. Despite the negative press eugenics received during and after World War II, eugenic ideology continued to play a role in transsexual discourses, of which Benjamin, Jorgensen, and the other subjects were a part.

All About Christine

¹ Harry Benjamin, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes," *American Journal of Psychotherapy* 8, no. 2 (1954). 220.

² Transsexuals and transvestites were not alone in relying on concepts of respectability; the early homophile organizations subscribed to similar norms. The first homophile organization in the U.S., the Mattachine Society, was founded in 1951 by Harry Hay and his small cohort of communist allies. By 1953, leadership shifted the focus of the organization and, according to Urvashi Vaid, advocated that "homosexuals should 'adjust to a pattern of behavior that is acceptable to society in general and compatible with the recognized institutions of home, church, and state.'" The homophile organizations did not include any advocacy for transvestites and transsexuals. In fact, the organizations were explicit about excluding those concerns. This was due, in large part, to their belief that in order to assimilate, they had to conform to normative gender; white, middle-class femininity and masculinity. Craig Peariso explains their reasoning: "Worried that gay men may never gain acceptance if they continued to associate themselves with the same stereotypical personae [effeminacy in mannerisms and appearance] that had been used to vilify them, the Mattachine Society turned all potential transvestite and transsexual members away." Urvashi Vaid, *Virtual Equality: The Mainstreaming of Gay and Lesbian Liberation*, 1st Anchor Books hardcover ed. (New York: Anchor Books, 1995). 53; Craig J. Peariso, *Radical Theatrics: Put-Ones, Politics, and the Sixties* (Seattle: University of Washington Press, 2014). 83.

Christine Jorgensen, the first widely-known transsexual woman, made headlines in 1952 in the *New York Daily News* as the “Ex-GI” who became a “Blonde Beauty.”³ With the advent of new medical technology, growing focus on and anxieties about gender and in particular women’s place in the home following WWII, as well as the evolution of sexological focus on gender deviance, the discursive landscape produced a moment in which someone like Jorgensen would catch global attention. Her story is well-known among individuals and communities interested in transgender history. What has not been explored, though, is how the trajectory of eugenic and sexological discourses affected not only her own articulation of her identity, but the ways in which she and other transsexuals afterwards were assessed, diagnosed, and constructed. Jorgensen’s debut onto the world stage would mark a significant shift in the focus of sexologists, from transvestism to transsexualism. While both were still central to the discourse, Jorgensen’s “sex change” surgery became a hotbed of controversy.

Jorgensen’s claim and access to some semblance of white, able-minded, heterosexual womanhood played a significant role in the amount of attention she received. Feminist scholar Emily Skidmore argues that Jorgensen and other white transwomen, “articulated their acceptability through their performance of the scripts of white womanhood and by implication, normative investments in heterosexuality, consumerism, and white supremacy.”⁴ Furthermore, Jorgensen and others created and relied on narratives of the “good transsexual,” a narrative that Skidmore argues “helped to support the continued dominance of the bi-gender system and gender norms forged in white heteronormativity.”⁵ Their complicity in these narratives aided in their access to visibility. Jorgensen made headlines for years after the original *New York Daily*

³ “Ex-Gi Becomes Blonde Beauty,” *New York Daily News* December 1, 1952.

⁴ Emily Skidmore, “Constructing the “Good Transsexual”: Christine Jorgensen, Whiteness, and Heteronormativity in the Mid-Twentieth-Century Press,” *Feminist Studies* 37, no. 2 (2011). 295-6.

⁵ *Ibid.*

News article. While not always positive news coverage, part of her appeal was her simulacrum of normative, white, able-bodied, middle-class, heterosexual womanhood. Cultural historian

George Mosse argues that during this time:

the distinction between normality and abnormality, between bourgeois respectability and sexual deviance, and between moral degeneracy and eugenic cleansing were the elements of a discourse that made unconventional sex a national threat and thus put a premium on managed sexuality for the health of the state.⁶

Despite her attempts to present herself as a proper and productive woman, she always stood just outside the realm of the acceptability, normativity, and those who were considered good citizens.⁷ Newspapers and magazine tracking her “management” by her team of sexologists became a spectacle for the nation.

While it is fair to critique the ways in which she negotiated her positionality over and against other subject positions (homosexuality most notably), it is important to recognize how she was limited by the ways in which she was being produced by the multiple discourses at play. She did access the “scripts of white womanhood” and the normative aspects of that position, but her willingness to perform in the spotlight was not without benefits for others. It provided an example for how one might navigate the discourses producing trans subject positions; it is also possible that her performance allowed marginalized people to imagine possibilities for new subject positions, positions that they glimpsed in her public personae, even if her particular example was not possible to access, or even particularly desirable.

⁶ George Mosse, *Nationalism and Sexuality: Respectability and Abnormal Sexuality in Modern Europe* (Madison: University of Wisconsin Press, 1985). Quoted in: Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995). 34.

⁷ Aren Aizura's words can be used to describe Jorgensen and what might have been a desire to: “fad[e] into the population... to be ‘proper’ in the eyes of the state: to reproduce, to find proper employment; to reorient one’s ‘different’ body into the flow of the nationalized aspiration for possessions, property, [and] wealth.” Aren Z. Aizura, “Of Borders and Homes: The Imaginary Community of (Trans)Sexual Citizenship,” *Inter-Asia Cultural Studies* 7, no. 2 (2006). 295.

The middle class, white, heterosexual expectations and references are found throughout popular press articles about Jorgensen. In one, "Parents Praise Bravery," Christine's mom shares that when Christine was boy, "he dated girls, was with girls at parties. He had a normal boyhood. He liked tennis and belonged to the ski club at Bear Mountain."⁸ Affirming her heterosexuality before transitioning, as well as appealing to normality through very raced and classed activities like tennis and skiing, Jorgensen's mom aligned Jorgensen with normal, middle-class values.⁹ In the same article, a doctor also attempted to distance Jorgensen from sexual and gender deviance, arguing that "persons who change their sexes usually are pseudo-hermaphrodites," even though by this time there were many doctors who did not believe this to be true.¹⁰ Regardless, though, this explanation offered a physiological "cause" of Jorgensen's transsexualism, rather than a psychological or "mentally disordered" one.

Affirming her heterosexuality post-transition, the *Chicago Daily Tribune* published a piece from the Associated Press that interviewed one of Jorgensen's love interests. He affirmed her femininity, even discussing the way she exceeded expectations of clothing, figure, and aesthetic. He repeatedly referenced her as a girl or woman, saying that "when I met her she was a girl and, as far as I am 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 figure of any girl I ever met."¹¹ This interview served several functions: the man quoted in the article represents a heterosexual man interested in a heterosexual *woman*, and he indirectly references her surgical transition when he stated that she's a girl now" and that she had the "best figure of any girl I ever met." Not only was he comparing Jorgensen to other women whose femininity was not up for debate, Jorgensen outdid

⁸ "Parents Praise Bravery," *Chicago Daily Tribune* 2 December 1952.

⁹ For example, see: Annie Gilbert Coleman, "The Unbearable Whiteness of Skiing," *Pacific Historical Review* 65, no. 4 (1996).

¹⁰ "Parents Praise Bravery."

¹¹ "U.S. Sergeant Calls Ex-Boy 'Girl Friend'," *Chicago Daily Tribune* 5 December 1952.

these women in her performance and embodiment of femininity and womanhood. The man normalized attraction and desire for this “blonde beauty,” and this portrayal of heterosexual desire for a transwoman set a precedent for one of the ways in which Jorgensen, and those that followed, would legitimate their claim to womanhood.

Continuing to rely on her class status as integral to and indicative of her femininity, many reporters commented on her looks, jewelry, and clothing. Several articles, referencing her mink coat and comportment, discussed her portrayal of femininity. In one article, “Christine Arrives Back Home a New Woman and with Mink,” published in the *Chicago Daily Tribune*, reporters debated her identity and wardrobe and seemed to suggest through their title that wearing a mink coat was a part of her successful embodiment as a “new woman,” and in particular a white, middle-class woman. The article also included a conversation between Jorgensen and a “woman reporter”: On her [Jorgensen] arm hung a cape and a woman reporter asked what it was. ‘Don’t you know mink when you see it?’ demanded Christine, as tho [*sic*] she had worn it all her life.”¹² The *Tribune* positioned Jorgensen’s femininity and womanhood as *natural*, as something that was so familiar as to give the impression that she “really had been a woman” her entire life. Later in this same article, the reporter even championed her success in portraying confusion as a woman: she at one point “Raised her hands to her pearl earrings in a gesture of womanly confusion.”¹³ Minks and pearls were, and are, feminine symbols of class status, and Jorgensen drew attention to her pearls by performing this stereotypical feminine gesture, and this particular reporter’s tone conveys their conviction of Jorgensen’s womanhood.

In another article, Jorgensen utilized the media’s attention to draw connections between her femininity and her role as a useful and productive citizen. Jorgensen even referenced herself

¹² “Christine Arrives Back Home a New Woman and with Mink,” *Chicago Daily Tribune* 13 February 1953.

¹³ *Ibid.*

as an “American woman.” This appeal to American-ness was an attempt to distance herself from narratives of perversion, psychopathology, homosexuality, and disability more broadly. Citizenship in America was defined over and against these labels, and her claim to American-ness—if successful—would function to discursively separate Jorgensen from these negative pathologies so often associated with transsexualism at the time.

What Makes a Woman a Woman?

Throughout the early 1950s, definitions concerning what made a woman a “woman” and what made a man a “man” were hotly debated. While Jorgensen’s personal story will be explored in depth in chapter three, it is important to note her role in the shifting discourses of transsexuality and determination of sex, particularly in media narratives and discourse. Almost overnight, national media attention to transvestism, transsexualism, and medical intervention grew exponentially. Sexologists, surgeons, endocrinologists, and psychiatrists offered expert opinions for newspapers and magazines as the topic of and interest in transsexuals expanded. As Joanne Meyerowitz argues in *How Sex Changed*, “In the history of sex change in the United States, the reporting on Jorgensen served as both a culminating episode and a starting point.”¹⁴ Jorgensen’s notoriety gave voice and provided (some) legitimacy to transvestites and transsexuals who had been asking for various medical interventions for years. It also inaugurated these more public conversations about “what makes a woman a woman and a man a man?”¹⁵

Despite her beauty, charm, race, class, and affect, Jorgensen was vulnerable to charges that she was not a woman, only a male whose sexual organs had been removed. She strategically used normative discourses of white womanhood in attempts to gain mainstream legitimacy as a

¹⁴ Joanne J. Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge: Harvard University Press, 2002). 49.

subject. However, her precarious position left her open to accusations of deviance and perversion. People wondered if she really was a woman post-surgery. The original *New York Daily News* article mentioned above proclaimed that Jorgensen was a woman: “Now George is no more. After six operations, Jorgenson’s sex has been changed and today she is a striking woman, working as a photographer in Denmark.”¹⁶ They even declare that her Army records were officially changed to “Christine.”¹⁷ While the bulk of the article references Jorgensen as “he” and even as George, they switched to female pronouns by the end of the piece. In another article, “Bronx ‘boy’ is now a girl: Danish treatments change sex of former army clerk,” Jorgensen’s doctor Christian Hamburger was more vague, and said that her “treatment was about complete.”¹⁸ Hamburger here seems to suggest that making Christine a “real woman,” though incompletely achieved, was an attainable goal.

Within months of the first news article, however, the press became less sure about Jorgensen’s status as a woman. As early as February of 1953, two months after her debut, the success of her “sex change” was up for debate.¹⁹ In 1954, a reporter for the *Indianapolis Times* went so far as to refer to Jorgensen as “it” rather than “he” or “she” in an attempt to be “neuter” on the situation, and pokes fun at what he called her “sex-cess story.”²⁰ This article, and many more like it, would be common in the years to come, and reflected debates about what Jorgensen’s doctors actually accomplished in 1952, as well as what constituted biological sex more broadly. In April, Hamburger, providing more specificity than his previous statements, was

¹⁵ Ibid. 50.

¹⁶ “Ex-Gi Becomes Blonde Beauty.”

¹⁷ Ibid. This was something that, until December of 2014, was not particularly accessible to any veterans. to Trans Military Veterans Can Now Update Critical Records, 19 February 2015.

¹⁸ “Bronx ‘Boy’ Is Now a Girl,” *New York Times* 2 December 1952.

¹⁹ For example: “Christine Same Sex, Doctor Says,” in *Louise Lawrence Collection* (Kinsey Institute, nd). “Is Christine Really a Man after All?,” in *Louise Lawrence Collection*, ed. San Francisco Chronicle (Kinsey Institute, 16 February 1953).

²⁰ Earl Wilson, “It Happened Last Night,” *Indianapolis Times* 6 January 1954.

quoted in an article entitled “Christine discounted as 100 Pct. Woman by Her Copenhagen Doctor.” He asserted that “no doctor can change the sex of an individual 100 percent.”²¹ He claimed that this was not the purpose of surgery. Instead, surgical intervention was intended “to make life... easier for the person who strongly feels that she belongs to the opposite sex.”²² When asked for a definitive answer concerning Jorgensen’s sex post-surgery, he said, “it was beyond his authority as a doctor to tell.”²³ Determining sex had become so difficult, sex was so ambiguously defined, that even one of the leading doctors on the Jorgensen case abdicated the responsibility of clearly defining Jorgensen’s status as a woman.

Within the year, though, Hamburger would again shift his response in the media. One reporter relayed that the doctors, Hamburger included, “make it clear that their patient... is not now a woman, despite surgery and hormone treatments.”²⁴ Her treatment was for psychiatric relief only, where “the treatment - plus legal permission to wear women’s clothing – achieved mental balance and thus was logical and ethical.”²⁵ The doctors defined all patients with transvestism as “under sway of a mental sexual deviation,” and believed that a change in physiology would relieve psychological anguish.²⁶ The media narrative focused on physical transformation, but this was almost always paired with discussions of psychiatric wellness.

The focus on Jorgensen’s outward physical appearance as mirroring that of a woman gestures towards reasons why Jorgensen was understood to not be 100% woman. *TIME Magazine* called Jorgensen an “altered male” and a “male castrate,” and assured readers that her case was “not one of hermaphroditism or pseudohermaphroditism” because if it had been, the

²¹ “Christine Discounted as 100 Pct. Woman by Her Copenhagen Doctor,” in *Louise Lawrence Collection*, ed. San Francisco Chronicle (Kinsey Institute, 18 February 1953).

²² *Ibid.*

²³ *Ibid.*

²⁴ “Doctors Claim They Did Right for Christine,” *Chicago Daily Tribune* 28 May 1953.

²⁵ *Ibid.*

²⁶ *Ibid.*

“operations would have left Jorgensen a girl, or a reasonable facsimile thereof.”²⁷ Jennifer Terry links this doubt to scientific scopophilia, what she defines as “the pleasures of viewing [that] were deeply tied to... a positivist quest for the truth in physical evidence.”²⁸ Jorgensen, following the logic of physical evidence, was not “100%” woman; she did not possess ovaries and a uterus and thus she could not reproduce. If, as a woman, she could not reproduce, she fell outside the standards of white, heterosexual womanhood, a womanhood infused with eugenic notions of reproduction and the advancement of the race.

Some doctors rejected transsexuals’ claim to womanhood based on their understandings of the connections among womanhood, heterosexuality, and reproduction. In 1953, sexologist Mortimer Ostow critiqued Hamburger (Jorgensen’s doctor) and his colleagues for suggesting that plastic surgery could be used to “resolve such a discrepancy” that Jorgensen and others experienced. Ostow argued that Hamburger and his team were mistaken in their understanding that Jorgensen and others wanted to live as women because “the patient has no desire for sexual relations with men. There is no evidence of any maternal interests... it seems that the patient’s only concern is to *look* like a woman.”²⁹ Ostow believed that transvestism, and by default transsexualism, was only a symptom of neurosis and was not something that required or justified surgical intervention. According to Meyerowitz, Ostow “compared the desire for genital surgery with the desire for death.”³⁰ Sexologists like Ostow claimed a position that aligned those who desired “genital surgery” with those who were suicidal—or in other words, those with depression or some other serious psychiatric disability.

²⁷ “The Case of Christine,” *Time* April 20, 1953.

²⁸ Jennifer Terry and Jacqueline Urla, *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington: Indiana University Press, 1995). 140.

²⁹ Mortimer Ostow, “Transvestism; Correspondence,” *Journal of the American Medical Association* 152, no. 6 (1953).

An Expert Witness

One of the most well-known sexologists who worked with transvestites and transsexuals came to notoriety in the 1950s: Harry Benjamin. He began seeing patients in the late 1940s and spearheaded the effort to provide specificity to the “transvestite” diagnosis. Benjamin encouraged and supported those who reached out to him. He also had a major impact in the work differentiating between transvestism and transsexualism. Publishing in the 1950s and more prolifically in the 1960s, his most notable text is *The Transsexual Phenomenon* (1966). Part of his rise to fame within the transsexual community had to do with his involvement with Jorgensen, someone he mentioned as a quintessential example of transsexualism in his book. Through his work with Jorgensen, and his many publications pertaining to transvestism and transsexualism, his influence on the ultimate outcome on constructions of these two diagnoses is undeniable.

In his 1954 article “Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes,” he laid out most clearly his early distinctions between transvestism and transsexualism. He believed transvestism to be a fetish and a desire to be “accepted in society as a member of the opposite sex.”³¹ “Transvestites,” he argued, “enact the role of a woman.” Transsexualism, though, was what he categorized as a “different problem and a much greater one.”³² Rather than enacting the role of woman, the “transsexualist” wanted both to be and to function as a woman. He summarized his view:

To put it differently: In 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. Otherwise there is no sharp separation between the two, one merging into the other.³³

³⁰ Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*. 106.

³¹ Benjamin, “Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes.” 220.

³² Ibid.

³³ Ibid.

He also believed that for transsexualists, there were always inclinations towards homosexuality. He originally conceived of three types of transvestites. First, the *principally psychogenic transvestite* who had no desire to physically transition but felt more comfortable in women's clothing. Second, the *intermediate type*, who was similar to the psychogenic transvestite but their desire was more pronounced. Benjamin described this person as "very disturbed" and noted that "masturbation fantasies are narcissistic and he visualizes himself functioning as a woman."³⁴ This intermediate type of transvestite also lacked a desire to be "cured," and that, because of Jorgensen's publicity, they might "turn toward transsexualism."³⁵ Lastly, the *somatopsychic transsexualist*; Christine Jorgensen was emblematic of this type of transvestite. Their "sex life is largely cerebral and non-genital," and according to Benjamin they tended to believe that they were "really females with faulty sex organs."³⁶ This distinction among three types would become more nuanced, reaching its most popular iteration in Benjamin's landmark publication *The Transsexual Phenomenon* thirteen years later in 1966.

The cause of transvestism and its various manifestations was multifaceted for Benjamin. He dismissed etiologies that relied 100% on either psychological or biological factors. While Benjamin emphasized the importance of "environment and psychological conditioning," he also discussed the genetic etiological factors:

The endocrine aspect of the problem is intimately related to the genetic. If we find in a transvestite underdeveloped gonads and other signs of a congenital hypogonadism or if there are undescended testicles or hypospadias, we may be justified to suspect the sexual deviation to be due to a *primary genetic disturbance also*. But on the other hand all physical abnormalities can secondarily have far-reaching psychological repercussions.³⁷

³⁴ Ibid. 224.

³⁵ Ibid. 225.

³⁶ Ibid.

³⁷ Ibid. 223, emphasis mine.

As is evidenced in his writing from the time, Benjamin assumed that because “crossgender identification” had a “somatic cause,” it justified medical intervention. This continuation of drawing linkages, however subtly, to genetic malformation or poor development reified a reliance on genetics and heredity. These connections emerged in a context in which the lasting influence of eugenics was pervasive. Benjamin never self-identified as a eugenicist, nor was he identified as a eugenicist by the media or other physicians. However, any reliance on an etiological explanation for transvestism or transsexualism continued to rely heavily upon eugenic understandings of genes and heredity because of the ways eugenic thinking dominated the field for so many years prior to the 1950s. Benjamin’s writing, regardless of his intentions, reflected this influence.

In addition, part of the conflict about etiology was rooted in differing notions of what constituted sex in the first place. Many sexologists, including Benjamin, believed that “organically, sex is always a mixture of male and female components.”³⁸ He later mentioned chromosomes, arguing that “the effeminate male may look and behave as he does on a purely psychosomatic or psychological basis... but he may also be the product of a somato-psychic mechanism originating in his chromosomes.”³⁹ The reference to chromosomes, genetics, and organic aspects of being cannot be wholly disconnected from the histories of eugenics that influenced understandings of these biological concepts. What is so impactful about Benjamin’s indirect connection to eugenic ideology is that Benjamin would become *the* expert on transsexualism.

As Benjamin’s expertise grew and he became more recognizable as a spokesperson for transsexualism and transvestism, his advocacy increased, but with limitations. His writing

³⁸ Ibid. 222.

³⁹ Ibid. 223.

reflected recognition of the social and legal difficulties facing individuals who dress in public: “one can only wonder that their neurotic symptoms are often not more pronounced.”⁴⁰ In another article published in 1953, he pondered a different approach to treatment: “Instead of treating the patient, might it not be wiser and more sensible to treat society educationally so that logic, understanding and compassion might prevail?”⁴¹ However, despite these empathetic declarations, he still advocated that “the psychiatrist must have the last word” regarding surgery.⁴² Benjamin, along with most other sexologists and psychiatrists, continued to place power with the medical establishment rather than with the subjects seeking treatment, particularly when it came to surgical intervention.

Inflicting Mayhem

Renewed attention on this “extreme version” of transvestism reinvigorated debates about what “caused” transvestism and transsexualism, as well as what “cures” might exist. Because medical professionals were now discussing direct medical intervention via hormones and surgery, however, these debates were saturated with new concerns about medical ethics, the irreversibility of the types of medical intervention some people were requesting, as well as the legality of surgically altering a body, particularly male genitalia.

“Sex Change Surgery”

Genital surgery, particularly castration, was illegal in the 1950s due to the mayhem laws, laws that were in place to prevent the “willful destruction of healthy tissue.” Mayhem has its etymology in “maim,” a word that evolved into a legal term meaning “an injury to the body

⁴⁰ Ibid. 228.

⁴¹ “Transvestism in the News,” *Journal of the American Medical Association* (1953). Cited in: Leah Schaefer and Connie Wheeler, “Harry Benjamin's First Ten Cases (1938-1953): A Clinical Historical Note,” *Archives of Sexual Behavior* 24, no. 1 (1995). 91.

⁴² Benjamin, “Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes.” 229.

which causes the loss of a limb, or of the use of it; a mutilation, a mutilating wound.”⁴³ Mayhem became the more common term in reference to the law by the mid-1700s and more specifically referenced “the infliction of physical injury on a person, so as to impair or destroy that person’s capacity for self-defense.”⁴⁴ At the time, because individuals who we might now refer to as female born women or ciswomen were not expected to fight in combat for their country, these laws generally did not apply to them. However, in the twentieth century when those assigned male requested castration, they were denied their request because it fell under conditions of mayhem — of destroying or “mutilating” healthy tissue. Those deemed unfit by eugenical standards were not considered integral to social body and therefore were subject to castration, sterilization, among other medical procedures and experiments. Mayhem laws, preventing many surgeons from granting requests for castration, were inconsistently applied in relation to who fell under purview the laws and who did not.

Many sexologists were generally in agreement with the law and surgeons consistently refused requests for castrations for men seeking the procedure. In 1951, before Jorgensen’s case was widely known, physicians William Perloff and Morris Brody made a plea for “somatic normality,” a normality based on clearly delineated expectations of maleness and femaleness. Beyond advocating for this “somatic normality,” they also dismissed the desires of their patients. Perloff and Brody wrote about a case study of a “male pseudo herm” who was, according to them, the equivalent of a castrated male. However, she had been reared as a female and professed a commitment to being a woman. The doctors only supported this commitment

⁴³ Oxford English Dictionary, “*Maim, N.1*” (Oxford University Press).

⁴⁴ Ibid. 1765 W. Blackstone *Comm. Laws Eng.* I. 130 Those members which may be useful to him in fight, and the loss of which only amounts to mayhem by the common law. <http://press-pubs.uchicago.edu/founders/documents/amendIXs1.html>.

because, according to them, the patient was particularly difficult and because the testicles were atrophied. The physicians were not happy with this outcome, and forcefully argued that:

Obviously, the final decision cannot be up to the patient... if this procedure were carried out ad absurdum, genetic males, normal physical, who were homosexual, might present themselves for such treatment. Manifestly, no reputable physician would be a party to such manipulation, and yet, in effect, the present authors were guilty of just such behavior.⁴⁵

These words supported the belief that operating on otherwise healthy genital tissue was a “manipulation” and was a disreputable act. Furthermore, they expressed doubts as to the long-term outcome for the patient mentioned above, saying that despite the patient’s consistent urge to be a woman, her “ultimate psychologic prognosis for this patient is in doubt... It is considered that the prognosis for eventual adjustment to femaleness is likely to be poor.”⁴⁶ The reasons they provided for this skepticism was because the case had been “poorly managed.” Their failure to consider the patient’s professed desires, as well as the fact that the patient had been reared as a female (despite their belief that “early training of the child” was more important than any congenital factors) led them to discourage any surgical intervention in favor of the individuals who are trained to correct “psychologic difficulties”: psychiatrists.⁴⁷

David O. Cauldwell also dismissed the desires of transsexuals, calling them “whims and fancies,” and asked “Is it right, reasonable or sensible to pit the whims and fancies of one individual against an entire well-established and honored social structure?”⁴⁸ His professed beliefs supported the mayhem statutes and he argued that surgeries for transsexuals went against the Hippocratic oath and medical ethics. Surgeons who “indulged” transsexuals were

⁴⁵ William H. Perloff and Morris W. Brody, "Clinical Management of a Male Pseudohermaphrodite," *Postgraduate Medicine* 10, no. 4 (1951). 339. A similar, albeit more harmful, form of control and domination by medical professionals was occurring during this time with the Tuskegee Syphilis Study. By 1951, the study had been underway for almost two decades, and would continue for another two. This exploitation of black men in Alabama is in now way identical to what transpeople were facing at this time, but speaks to the larger discourses of medicine and the construction of patients as less than human, unworthy of agency.

⁴⁶ *Ibid.* 340.

⁴⁷ *Ibid.*

committing, according to Cauldwell, “deleterious and mischievous” acts because no one could actually “change sex,” save for pseudo-hermaphrodites—and even then surgery simply “restored an individual of mistaken sex to his or her proper sex.”⁴⁹ Between 1958 and 1959, other *Sexology* authors reaffirmed surgical intervention as “self-mutilation,” with one author in 1959 claiming that it was representative of a “suicidal impulse [that] is concentrated on a part of the body as a substitute for or symbol of the whole.”⁵⁰

There were some sexologists who supported surgical intervention in spite of the general support of the mayhem laws. While references to class, race, and gender can be very indirect ways of indicating a eugenic underpinning, anxieties about surgically altering genitals (castration and removal of the penis specifically) pushed some doctors to make direct and unapologetic reference to eugenics.⁵¹ Christian Hamburger, Christine Jorgensen’s Danish doctor, argued for the justification of castrating transsexuals. He argued that “destroying healthy tissue” was worth providing a more complete and integrated sense of self. He was one of few sexologists explicitly aligned themselves with eugenic principles, and his eugenic leanings provided ideological room for him to support sterilizing these individuals. He stated this explicitly: “from a eugenic point of view it would do no harm if a number of sexually abnormal men were castrated and thus deprived of their sexual libido.”⁵² Many surgeons, particularly in the U.S., refused to perform the procedure for years to come because of many ethical and legal complexities, but the mayhem statute was often cited as the main reason.

⁴⁸ David O. Cauldwell, "Is 'Sex Change' Ethical?," *Sexology* 22, no. 2 (September 1955). 111-112.

⁴⁹ Ibid. 112, 110.

⁵⁰ Leon M. Beilin, "Sexual Self-Mutilation: What Are the Motives Which Make Disturbed Individuals Sometimes Take the Unusual Action of Mutilating Their Sex Organs?," *ibid.* 25, no. 10 (May 1959). 618.

⁵¹ Castration has historically been connected to eugenics—it either was refused or mandated based on who “should” or “could” reproduce. Furthermore, White slave owners used castration black men as punishment, as what historian Kirsten Fischer argues was a form of humiliation often closely tied to their execution and “contributed to the sexualization of mastery.” Kirsten Fischer, *Suspect Relations: Sex, Race, and Resistance in Colonial North Carolina* (Ithaca: Cornell University Press, 2002). 181.

Even while Hamburger claimed that to destroy “healthy tissue” was worth it if one could be more “integrated,” these statements belie his ableist tendencies and how he framed what constituted a “healthy” or “integrated” person. More than this, much of the controversy regarding the mayhem laws can be traced back to anxieties about disability and disabled bodies. That the original laws were based on the notion that the loss of a limb was one form of “mutilation,” and that the loss limited one’s “capacity for self defense” is evidence of ableist notions of the capabilities of people with physical disabilities.

While the mayhem statutes played a role in debates about justification for or against surgical intervention, sterilization was also a concern, particularly for those who understood transvestism as being caused by heredity. In June of 1959, *Sexology* published an article by physician Nicola Brunori that discussed the “pros and cons of sterilization,” demonstrating the continuing influence of eugenic ideology. While he did not discuss transsexualism or transvestism directly, that his works was published in the midst of numerous articles about transvestism and transsexualism is revealing. His conversations focused not only on eugenic notions of birth control, but criminality as well. Brunori did *not* recommend sterilization as an answer to eugenic or criminal problems, and stated that “neither voluntary nor forced sterilization should be done either for contraceptive or eugenic reasons.”⁵³ However, this conclusion came after he clearly tied heredity to degeneration and crime within a cultural context in which transvestism was related to both. He acknowledged that sterilization was used to prevent the transmission of disease and that it was also used as a way to punish criminals, in particular sexual criminals. Beyond punishment, he cited the use of sterilization as “a means of preventing the transmission of heredity tendencies to crime, if connected to special forms of

⁵² Stürup G. K. Dahl-Iversen E. E. Hamburger C, "Transvestism: Hormonal, Psychiatric, and Surgical Treatment," *Journal of the American Medical Association* 152, no. 5 (1953). 395.

organic degeneration.”⁵⁴ While he wholly dismissed using race as a justification for sterilization, he failed to acknowledge the connections between the ways in which mental and physical “defects” were racialized. While Brunori is not a name that carries significant weight in ongoing discourses of transsexualism, the presence of an article like this in *Sexology* illuminates the context in which discourses of transvestite and transsexual subject positions were evolving.⁵⁵

Sexological Attitudes Regarding SRS

Throughout the 1960s, attitudes towards surgical intervention varied greatly among psychologists, general practitioners, surgeons, those who identified as either homosexual, and even among self-identified transvestites and transsexuals. In 1966, sexologists Richard Green, Robert Stoller, and Craig MacAndrew surveyed 196 individuals from both the medical and transvestite community. Their questionnaire and subsequent publication reflecting the results provide an overview of the “attitudes toward sex transformation procedures” and transsexualism more broadly. They categorized their results by demographics: psychiatrists, urologists and gynecologists who they referred to more generally as “surgeons,” general practitioners, transvestites, male homosexuals, and female homosexuals. They surveyed these groups regarding their views on how neurotic they believed transsexuals to be, how psychotic, and asked if they were a “threat to society.” Regarding surgical intervention, over seventy percent of transvestite respondents were recorded as favoring “sex transformation procedures for a male

⁵³ Nicola Brunori, "Pros and Cons of Sterilization," *Sexology* 25, no. 11 (June 1959). 721.

⁵⁴ *Ibid.* 719.

⁵⁵ Very few doctors in the U.S. advocated, much less performed, the “conversion operation” on transsexual males. The mayhem statutes were still being cited by lawyers and hospital boards when doctors inquired about performing the surgery. In light of this, doctors willing to perform surgery were unable to find a hospital that would allow them to perform the initial procedure: castration. As a result of self-inflicted castration (complete or partial) some surgeons did intervene to complete what their patients had started. Others would help with revisions on surgical procedures completed overseas.

transsexual.”⁵⁶ When asked if surgical intervention for males with “a pseudo-hermaphroditic anomaly” was appropriate, the approval rating from physicians rose dramatically, moving from around three to eight percent to twenty-eight to forty percent.⁵⁷ Green et. al, argued that doctors, and surgeons in particular, would have been more “sympathetic” if they had not been concerned about malpractice suits, a concern informed by the rhetoric and threat of the outdated “mayhem statutes.”⁵⁸

Sexologist Robert Stoller was very vocal about his views, publishing several articles in 1966 discussing the issue. He was not fully on board with surgical intervention. Part of his and other sexologists’ hesitancy had to do with “issues of morality.” They questioned the moral implications of these surgical procedures both for the transsexual and themselves, with Stoller claiming that it was “impossible to discuss the treatment of transsexuals without becoming involved in moral issues.”⁵⁹ A number of sexologists and even self-identified transvestites believed that transsexuals were “*by definition*, morally depraved.”⁶⁰ Stoller also expressed concern that homosexuals and others would request surgery, thinking that surgery would help them to become heterosexual. He argued that individuals who were not “actually transsexual” would experience “severe depression or paranoid psychosis” as a result of castration or other surgical procedure.⁶¹

Stoller was wary not only about surgery, but the long term success were the procedure to occur. Referencing Benjamin’s recommendation that people live for one year as a woman before

⁵⁶ Richard Green, Robert J. Stoller, and Craig MacAndrew, "Attitudes toward Sex Transformation Procedures," *Archives of General Psychiatry* 15, no. 2 (1966). 180.

⁵⁷ *Ibid.* 180, 181.

⁵⁸ *Ibid.* 181.

⁵⁹ Robert J. Stoller, "The Treatment of Transvestism and Transsexualism," *Current Psychiatric Therapies* 6 (1966). 97.

⁶⁰ Green, Stoller, and MacAndrew, "Attitudes toward Sex Transformation Procedures." 180, 179. Some self-identified transsexuals answered in the positive. Those who agreed constituted three percent of the transvestite respondents, but it is interesting to note that only two percent of the psychiatrists replied in the affirmative.

undergoing surgery, Stoller expressed doubts about this approach. Even if a male were to live one year as a woman, he felt that the “rigors of living as a woman are either too frightening or the person is too masculine.”⁶² This echoed Harry Benjamin’s admonishment from a 1963 *Sexology* article where he wrote a general letter to transwomen telling them “You have to learn how to behave like a woman, how to walk, how to use your hands, how to talk, how to apply make-up, and how to dress... you may have had your experience with dressing... but was then more or less a game.”⁶³ Ultimately, Stoller did not wholly dismiss surgical intervention. He advocated for surgery only in terms of research and only for people who had undergone extensive study for *at least* six months “by a team of psychiatrists, psychologists, endocrinologists, and urologists.”⁶⁴ Sexologists struggled over these approaches for years, and continue to do so today. Because of the seriousness and irrevocability of the surgical procedures at hand, transsexualism and surgical intervention posed new ethical, moral, and philosophical questions for sexologists.

In this controversial context, Johns Hopkins opened their Gender Identity Clinic in 1965. The clinic was only open for fourteen years, it was the first academic institution to not only condone but also perform “sex reassignment surgery.” The clinic was started by John Money and Claude Migeon. Both had worked with intersex children and had a growing interest concerning the formation of gender identities. In a recent Johns Hopkins Newsletter, editor-in-chief Rachel Witkin described Money’s approach: “He thought that performing surgery to match one’s sex to one’s gender identity could produce better results than just providing these patients with therapy.”⁶⁵ He was not alone in this assumption.

⁶¹ Stoller, “The Treatment of Transvestism and Transsexualism.” 98.

⁶² *Ibid.* 100.

⁶³ Harry Benjamin, “I Want to Change My Sex,” *Sexology* 30, no. 5 (December 1963). 294.

⁶⁴ Stoller, “The Treatment of Transvestism and Transsexualism.” 101.

⁶⁵ Rachel Witkin to The Johns Hopkins Newsletter, 1 May 2014.

Characterized as “investigational” work, the clinic largely focused on transsexualism, and the sexologists involved were interested in what caused transsexualism as well as what the best treatment plan might be. Witkin quoted a Beyer, a woman who considered surgery and sought information from the clinic. Beyer decided not to pursue surgery at the clinic for many reasons, but a central reason had to do with the highly sexualized environment:

It was so highly sexualized, which was not at all my experience, certainly not the reason I was going to Hopkins to consider transition, that I just got up and left, I didn't want anything to do with it... No one said this explicitly, but they certainly implied it, that the whole purpose of this was to get a vagina so you could be penetrated by a penis.⁶⁶

This individual's experience reflects the emphasis on the sexologists' goals for performing any transsexual related surgery: *heterosexual* womanhood. The preliminary criteria set by the committee at the Clinic reflected this emphasis. Among the seven specific criteria covering criminal history, mental health, and other concerns was a requirement that the “patient had to have legally dissolved an existing marriage bond.”⁶⁷ The committee had no interest in constructing lesbians.

The “success” of the clinic is debated, but its role in changing the tide of opinion regarding SRS for physicians is not. When they closed their doors in 1979, Jon Meyer, chair of the Sexual Behaviors Consultation Unit and member of the Gender Identity Clinic, argued that “My personal feeling is that surgery is not proper treatment for a psychiatric disorder, and it's clear to me that these patients have severe psychological problems that don't go away following surgery.”⁶⁸ During the fourteen years it was open, only thirty people underwent surgical

⁶⁶ Ibid.

⁶⁷ John Money and Florence Schwartz, "Public Opinion and Social Issues in Transsexualism: A Case Study in Medical Sociology," in *Transsexualism and Sex Reassignment*, ed. Richard Green and John Money (Baltimore: The Johns Hopkins University Press, 1969). 261.

⁶⁸ Jane E. Brody, "Benefits of Transsexual Surgery Disputed as Leading Hospital Halts the Procedure," *New York Times* 2 October 1979.

treatment. However, by the time they closed their doors in 1979 twenty other medical institutions had changed their policies and were allowing trans-related surgeries.

Mayhem and Eugenics

Mayhem worked in the interest of eugenic notions of worth and in service of eugenics as a strategy to improve the race. Susan Stryker and Nikki Sullivan apply a Foucauldian analysis to these mayhem laws and their application in response to requests for castration. They wonder who draws the arbitrary line between which enhancements are “normal” and which are understood as enhancing the body. Furthermore, they argue that answers to this question shed light onto an expanded concept of bodily integration — not one that is “predicated... on the organic *integrity* of the human organism,” the integrity of flesh as defined by medical norms, but instead on “the body’s suitability for integration, its ability *to be integrated* as a biopolitical resource into a larger sociotechnical field, or into an apparatus such as the state.”⁶⁹ They are referencing the ability of legal, political, and social institutions to integrate the body as something of use and of value.

In addition, their language reflects the ongoing links between mayhem and disability and concerns about “bodily integration” and the body’s *ability* to function as a biopolitical resource. Feminist philosopher Rosalyn Diprose puts it differently: “The regimes of social regulation... seek to preserve the integrity of every body such that we are compatible with the social body.”⁷⁰ Bodies that cannot be integrated into the social body are seen as less valuable, and in turn less “socially viable.”⁷¹ Many have written about the circularity and absurdity of what medical procedures count as “enhancement” and which are understood to “disable” bodies, and these

⁶⁹ Susan Stryker and Nikki Sullivan, "King's Member, Queen's Body: Transsexual Surgery, Self-Demand Amputation and the Somatechnics of Sovereign Power," in *Somatechnics: Queering the Technologisation of Bodies*, ed. Nikki Sullivan and Samantha Murry (Burlington: Ashgate, 2009). 51.

⁷⁰ Rosalyn Diprose, *The Bodies of Women: Ethics, Embodiment and Sexual Difference* (London: Routledge, 1994). 131.

arguments will not be explored in depth here.⁷² However, what is relevant is that what “counts” as bettering the body and what does not aligns with eugenic ideals concerning bodily aesthetic, reproductive capabilities, as well as raced and classed gender norms.⁷³

As transsexual existence came under the surveillance of medical and surgical teams, body parts became more of a focus – particularly which ones to keep and which ones to add. There was always a discursive attachment, however, to body parts that “facilitate[d] specific uses of the biopower of the bodily remainder.”⁷⁴ Biopower here references a type of power articulated by Foucault, whereby nation states regulate their subjects through “an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations.”⁷⁵ The U.S. since the turn of the century had increased its regulation of its subjects at the level of the population through the regulation of citizenship, health, economics, marriage, and reproduction. Eugenics informed each site of regulation. Eugenics was, and remains, a biopolitical movement in which only certain bodies are useful or valued for their potential biopower. The potential (re)productive possibilities of each individual was always a focus, but their ability to achieve a particular aesthetic was also important to the goals of normativity.

For transsexuals able to achieve a normative (white and upper-class) feminine appearance, they put themselves in a position to be regularized, to become more socially

⁷¹ Ibid. 52.

⁷² For example, see: Rosemarie Garland-Thomson, *Extraordinary Bodies : Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997).; Cressida J. Heyes, *Self-Transformations: Foucault, Ethics, and Normalized Bodies* (Oxford: Oxford University Press, 2007).; Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995).

⁷³ While the mayhem laws pertaining to amputation may seem disconnected from how people conceive of surgical intervention for transsexuals, in the 1940s, 50s, and 60s, many trans people actually wanted penectomies - an amputation of the penis. Rather than vaginoplasty, which some people desired, the more common request was for castration, removal of the testes, and penectomies. However, more than removing healthy tissue, Stryker and Sullivan argue that mayhem can also be understood as a term “through which we morally condemn somatomorphic practices which have not – or not yet – been legitimated.” Stryker and Sullivan, "King's Member, Queen's Body: Transsexual Surgery, Self-Demand Amputation and the Somatechnics of Sovereign Power." 56.

⁷⁴ Ibid.

⁷⁵ Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1976). 140.

integrated than the transvestites around them—the men who dressed as women for a sexual fetish. Stryker and Sullivan argue that the:

transsexual body... becomes a more socially integrated body, no longer confined to an underground economy. It becomes a body that reproduces, through its atypical technologisation, the visual norms of gendered embodiment that form part of the routine functioning of the social body; it becomes a body suited for taxable work, for labour more readily harnessed to purposes of state... [and] strikes a deal with sovereignty to access the power of certain normativities as an avenue for its own peculiar life.⁷⁶

Christine Jorgensen typifies attempts at achieving a “more socially integrated body,” as she worked to present herself and her body as achieving the “visual norms of gendered embodiment.” This achievement and reification of these norms necessarily include the eugenic ideologies embedded in those norms.

These conversations about surgery, body parts, and biopower are also linked to concepts of productivity and human value. Historian Dan Irving ties together anxieties about surgical intervention and constructions of productive citizenship. When transsexual patients met with medical professionals, they were assessed by various means - size of genitals, overall health, intelligence, heredity and family, but they were also assessed “in terms of their aptitudes, earning potentials, education, and class backgrounds.”⁷⁷ Their success or failure in these categories mirrored norms of citizenship and productivity during the middle of the century, norms based on white middle-class, heterosexual workers. Class also played a role in either advocating for or refusing medical intervention. Irving argues that some doctors “opposed any medical intervention... in part because they believed [it] would thwart the industrious potential of the middle class, able-bodied (presumed) male and (re)productive potential of the (presumed)

⁷⁶ Stryker and Sullivan, "King's Member, Queen's Body: Transsexual Surgery, Self-Demand Amputation and the Somatechnics of Sovereign Power." 59.

⁷⁷ Dan Irving, "Normalized Transgressions: Legitimizing the Transsexual Body as Productive," (Duke University Press, 2008). 42.

female.”⁷⁸ These doctors, he argues, saw the potential economic value their patients represented and did not want to compromise that value.

As I mentioned above, some sexologists vehemently disagreed with transsexual surgical intervention. Cauldwell himself argued that “it would be criminal of a doctor to remove healthy organs.”⁷⁹ Some were sympathetic—Benjamin and Hamburger, for example. However, doctors in favor of allowing patients to undergo these procedures were also invested in productive subjects, albeit with a different logic. Hamburger and Benjamin’s support was based in the belief that because there was no psychological “cure,” surgery would make transsexuals feel better about themselves, which in turn would make them more productive.⁸⁰ The valorization, Irving argues, of “the maleness or femaleness of post-transition transsexuals hinged in part on understandings of their productive capacity.”⁸¹ However, the gendered-ness also hinged on the specific norms and ideals of what constituted maleness and masculinity, and femaleness and femininity—concepts steeped in discourses and expectations of whiteness, wealth, and ablebodiedness.

Discourses of disability, and the portrayal of those with psychiatric disabilities as a burden, also coincide with this conversation. Any person understood to have a psychiatric disability was often understood to be “threatening and dangerous.” Irving argued that “medical professionals identified transsexuals as a... disability — a preoccupation with sex/gender identities and expressions that tempered the ability of transsexuals to contribute to society.”⁸²

⁷⁸ Ibid. 43.

⁷⁹ David O. Cauldwell, "Questions and Answers on the Sex Life and Sexual Problems of Trans-Sexuals," in *Big Blue Books B-856*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1950).

⁸⁰ Money, in fact, argued in support of FTM trans more than MTF, as he believed that transmasculine individuals became “reliable providers” where MTF individuals became “attention-attracting vamp(s).” John Money, *Gay, Straight, and in-Between* (Oxford: Oxford University Press, 1989). 92.

⁸¹ Irving, "Normalized Transgressions: Legitimizing the Transsexual Body as Productive." 44.

⁸² Ibid. 46.

Cauldwell and other medical professionals understood transvestites, transsexuals, and others labeled as having psychiatric disabilities to be burdens on society; they were “parasitic.” This rhetoric reflects the long-standing eugenic concerns about social welfare, and of those who were wasting funds and costing the state. Logics of productivity, worth, and dependence on the state used by Cauldwell and military personnel in the 1940s and well into the 1950s mirrored the logics used by eugenicists in the 1920s and 30s. The legacies of defining worth and productivity had foundations in eugenic ideologies that evolved over the first half of the twentieth century.

Shifting Alignments and Etiologies

Psychoanalysis and psychiatry played a significant role in the development of an approach to both transvestism and transsexualism as diagnostic categories. While psychoanalysis had been growing in influence since WWI, after 1946 it experienced what some call a “golden era” in the U.S. At that time, psychoanalysis had a sweeping influence on a number of fields ranging from criminology, education, and child welfare. This increase in popularity occurred in part because of the growing influence of Freudian psychology. As one historian notes, Freud’s ideas and theories offered a new way of understanding the mind and articulated, “the pathogenic power of repressed thoughts and feelings... the importance of sexuality to neurosis.”⁸³ This theoretical orientation provided many psychiatrists with what they thought to be more effective methods to treat pathologies and neurosis, particularly of the sexual sort. Throughout the 1950s, American psychiatry was moving more towards psychological explanations and treatments for

⁸³ Nathan G. Hale, "Review of the Rise and Crisis of Psychoanalysis in the United States by G.W. Pigman," *Journal of the History of Behavioral Sciences* 34, no. 1 (1998). 101.

neurosis rather than somatic ones—a contentious move in the face of desires for surgical intervention by transsexuals.⁸⁴

The war played a significant role in the acceptance and implementation of psychoanalysis in the U.S.⁸⁵ With the growing influence of psychoanalysis, many physicians relied on a psychological explanation for transvestism and this would apply to newer cases of transsexualism. While many sexologists were moving away from understanding transvestism to be caused only by physiology, the psychological explanation was not antithetical to an understanding of hereditary or genetic influence. Hereditary explanations for general characteristics and diseases were used for both physiological and psychological variations. However, psychoanalytic explanations came to dominate the discourse, with many sexologists arguing that transsexualism demonstrated these overlaps among psychoanalysis, transvestite etiology, and hereditary explanations rooted in eugenics.⁸⁶ Despite the waning public popularity of eugenics, explanations of heredity grounded in eugenic ideology persisted, even in their psychoanalytic iterations.⁸⁷ References to “fitness” had all but disappeared in medical writing

⁸⁴ Jack D. Pressman, "Review: America Analyzed," *Reviews in American History* 24, no. 3 (1996).

⁸⁵ In fact, William Menninger of the Menninger clinic was the chief psychiatrist for the Army during WWII, and operated from within a psychoanalytic approach. Because of Menninger’s commitment to psychoanalysis, paired with his role as chief psychiatrist during WWII, psychoanalytic doctrines and approaches were infused into the military medical apparatus. Following the war, this influence affected the broader psychiatric field through the creation of the military diagnostic manuals that would then heavily inform the creation of the first DSM. *Ibid.* 478.

⁸⁶ Dr. Gordon Northrup provided family histories with his case studies and found connections between heredity and psychosis. One transsexual patient, Mary, “came from a family tainted with neuropsychiatric disorders” and Northrup provides this information as part of an etiology of her disorder. He discusses Mary’s family members and their “heredodegenerative” diseases (diseases of the nervous system), casting Mary’s background as one of degeneration and psychosis. Gordon Northrup, "Transsexualism: Report of a Case," *Archives of General Psychiatry* 1 (September 1959). 117.

⁸⁷ In March of 1954, despite the changing opinions about eugenics and racial hygiene post-World War II, a new journal released its first issue: *Eugenics Quarterly*, replacing *Eugenical News* that, at the time, was the primary sources for news and events related to eugenics in the U.S. It was not until 1969 that the journal changed its name to *Social Biology*, but it continued to be published by the American Eugenics Society. In this first issue of March 1954, the editors stated what they understood to be the “role of the American Eugenics society.” One responsibility was to discuss the eugenics and its change over time and discussed how medical professionals would be a determining factor for how eugenics would play out in the future. To support their continued work, they referenced a statement made by the Pope about the “importance of studies in human heredity and the high moral aim of eugenics,” and stated that “Eventually, as it becomes possible to detect an increasing number of carriers of recessive genes, it may

about transvestism and transsexualism, but it was clear that transvestites, and in particular transsexuals, were anything but medically or genetically “fit,” and anxieties about hereditary involvement abounded.

Some sexologists and physicians sought out hereditary answers to what “caused” transvestism. Walter C. Alvarez was a physician and eugenicist who wrote extensively about transvestism in the popular press. In an article in the *Los Angeles Times* on January of 1957, Alvarez posited that transvestism was caused by a malfunction in the brain specifically, instead of by sexual glands. The article, entitled “Transvestites Called Harmless to Society,” called attention to the difference between transvestism and homosexuality, but also their different causes.⁸⁸ Alvarez here provided his own evidence for the physiological cause of transvestism and argued that “the main difficulty in homosexual persons lies not in defective male...glands, but in the brain.”⁸⁹ In an earlier article published in July of 1956, he drew connections between homosexuality, transvestism, and heredity. One patient asked if there were any medicines he might take to make him “normal sexually,” and in response Alvarez recalled a case of another patient who was “stuffed” with male hormones to no avail. He stated that:

During the last several years I have been asking homosexual persons about their ancestry, and so far I have always got a story of one more near relatives who were a bit psychotic or alcoholic or epileptic... [H]omosexuality... is commonly inherited as a variant of psychosis.⁹⁰

He notes that the biggest barrier to tracing hereditary links was the difficulty of interviewing people because most “prefer not to discuss the subject.” Despite his sympathetic approach to

be possibly vastly to diminish the heavy burden of the socially inadequate and the other defective hereditary types.” American Eugenics Society, “The Role of the American Eugenics Society,” *Eugenics Quarterly* 1, no. 1 (March 1954). 2; Rachel Gur-Arie to Embryo Project Encyclopedia, 2014.

⁸⁸ His writing reflects a fear that transvestites might “corrupt[] boys and ruin[] them for life.” He asserted that not only were transvestites *not* homosexuals, they were also not “aggressive” in relation to corrupting young boys. Walter C. Alvarez, “Dr. Alvarez Says: Transvestites Called Harmless to Society,” *Los Angeles Times*, 30 January 1957.

⁸⁹ *Ibid.*

transvestism, often arguing in support of surgical intervention, in this conversation he links an understanding of homosexuality caused by hereditary to a similar explanation for transvestism.

The editors of *Sexology Magazine* continued this line of inquiry regarding heredity. Despite the public rejection of eugenics post-WWII, an editorial in the January 1959 issue mirrored commentary from the 1930s. Entitled “Future of the Human Race,” the editors deplored the advancement of modern medicine. This medicine, they argued, allowed for infants with defects to be kept alive who would have otherwise died either at birth or shortly thereafter. The medicine which provided them life also provided them the opportunity to “pass on inherited defects to future generations.”⁹¹ The editors urged parents to recognize and act upon their responsibility to “bring into the world human beings as well equipped as possible.”⁹²

Other sexologists also continued to focus on heredity, arguing that it led not only to physiological but also psychiatric causes for transvestism. George Peabody, Arthur Rowe, and James Wall discussed several cases of transvestism in their article “Fetishism and Transvestism.” Discussing one case of transvestism, Peabody et.al. stated that “hereditary factors may be inferred from the several cases of personality disorder and mental illness among the patient’s immediate relatives. A constitutional element is also suggested by his early physical retardation, severe myopia, left-handedness, and undersized genitalia.”⁹³ These doctors identified heredity as a cause of many “disorders” and malformations, including transvestism.

Harry Benjamin acknowledged biological factors but advocated for a view that recognized how environment also played a significant role in development and eventual outcome for individuals. Any etiological explanation for transvestism and transsexualism that relied

⁹⁰ "Transvestites Cause of Parents' Distress," *L.A. Times* 4 July 1956.

⁹¹ Editor, "Future of the Human Race," *Sexology* 25, no. 6 (January 1959).

⁹² Ibid. For more examples see: Eugene de Savitsch, *Homosexuality, Transvestism and Change of Sex* (Springfield, IL: Charles C. Thomas, 1958).

heavily upon eugenic notions of genes reified the influence of eugenic ideology on concepts of normative femininity (on female bodies) and masculinity (on male bodies). Benjamin made direct comparisons to normality, and argued that it would not be likely that transvestism would develop in an individual whose “soma” was healthy and “normal.”⁹⁴ Benjamin never directly indicated any support for eugenic solutions to transvestism and transsexualism. In fact, he advocated that society should better accommodate transvestites and transsexuals. However, eugenics and eugenicists were present in his writings and professed opinions.

Psychiatric Diagnoses and Gender Deviance

In the 1950s and particularly in the 1960s, sexologists and psychiatrists continued a eugenic trend from the early 20th century of broadly categorizing various individuals as “mentally ill.” Transvestites and transsexuals were diagnosed as psychologically “disordered,” most notably with psychopathology and more frequently with psychosis.⁹⁵ The terms indicated different mental states, and were used freely by sexologists including Harry Benjamin and Robert Stoller. Psychopathology characterized an individual who exhibited “antisocial, violent... aggressive” or irresponsible behavior.⁹⁶ Psychosis indicated a “disordered mental state” and was characterized by “a loss of contact with reality... and deterioration of intellectual and social functioning.”⁹⁷ Both diagnoses were used to draw connections among transvestism and transsexualism to criminality, delusional states, and degeneracy.

Psychopathology and Psychosis

⁹³ George A. Peabody, Arthur T. Rowe, and James H. Wall, "Fetishism and Transvestism," *The Journal of Nervous and Mental Disease* 118 (1953). 348.

⁹⁴ Harry Benjamin, "Transvestism and Transsexualism," *International Journal of Sexology* 7 (1953). 13.

⁹⁵ For more about the shifts occurring within the fields of psychiatry and psychoanalysis, particularly the medicalization of psychiatry, see: Hannah S. Decker, "How Kraepelinian Was Kraepelin? How Kraepelinian Are the Neo-Kraepelinians? — from Emil Kraepelin to Dsm-Iii," *History of Psychiatry* 18, no. 3 (2007). 337-360.

⁹⁶ "Psychopathology, N.," in *Oxford English Dictionary Online* (Oxford University Press, 2015).

Labeling transvestites (and by definition, transsexuals) as psychopathic cast them as “mentally ill,” but it also served to draw connections between them and understandings of criminality. Sexologist and psychiatrist Karl Bowman argued that transvestites were not often a “serious menace” but explicitly mentions one case of murder “in which transvestism was a part of [a] prisoner’s psychopathology.”⁹⁸ Despite his assertion that most transvestites were not criminals or “menaces,” his assertion that transvestism and murder were connected through an individual’s “psychopathology” is telling. The intersection among discourses of transvestism, criminality, and psychology provided an environment in which sexologists like Bowman were able to connect these seemingly disparate “conditions” and reflects larger associations between transvestism and criminality.

Psychiatrist and psychoanalyst Naham Greenberg, along with his colleagues Alan Rosenwald and Paul Nielson, linked transvestism to criminal behavior and murder more directly. In 1958 at a conference hosted by the American Psychiatric Association, they provided accounts of three cases of transvestites and transsexuals committing at least one murder. The first case was the story of a transvestite from Wisconsin who was characterized as a “homicidal farmer.” The second was a transvestite from Chicago who “stabbed a young pregnant woman to death.” Lastly, to drive the point home, Greenberg et al., provided the details concerning a case where a “young man who admitted to multiple female murders and who practiced transvestitism for a period.”⁹⁹ Besides their dismissal of “surgical transformation” playing into the “patient’s illusions” the authors clearly associated transvestism with serious psychosis. They were not alone in this association, although not every sexologist and transvestite made such extreme

⁹⁷ "Psychosis, N.," in *Oxford English Dictionary Online* (Oxford University Press, 2015).

⁹⁸ Karl Bowman and Bernice Engle, "Medicolegal Aspects of Transvestism," *The American Journal of Psychiatry* 113, no. 7 (1957). 585.

⁹⁹ Nahman H. Greenberg, Alan K. Rosenwald, and Paul E. Nielson, "A Study in Transsexualism," *American Psychiatric Association* (San Francisco, CA, 15 May 1958). 234.

comparisons. Many transvestites and other sex “deviates” were subject to the connections being made among criminality, transvestism, and psychiatric disability. A number of sexologists and psychiatrists, however, believed that transsexuals were “delusional” or simply wanted to indulge “whims,” often calling them psychotic.¹⁰⁰

In 1966, J.C. Barker argued transvestites *and* transsexuals reflected psychopathology in his article for a major mainstream medical journal: The Journal of the American Medical Association. He claimed that in his experience, “transsexualism and transvestitism are completely separate clinical and possibly psychopathological entities.”¹⁰¹ He opined that the only approach to “cure” transvestites of their psychopathology was aversion therapy, and in particular an approach where patients underwent treatment that often caused severe nausea. Drs. Hertz, Tillinger, and Westman expressed agreement with Barker’s diagnosis, and stated firmly that “heterosexual individuals with transvestites are generally psychopaths who want to attract attention.”¹⁰²

Some sexologists, rather than seeing their patients as psychopaths, argued that their patients suffered from psychosis. In 1966, Green summarized his observations of twenty-five transsexuals and noted that while there was an “absence of *gross* psychosis in the great majority” of the patients, transsexuals were, in general, delusional.¹⁰³ He did not dismiss delusion all together, however, as he wrote about several of his patients who “demonstrated cross-gender

¹⁰⁰ In their essay on mental disorders and crime, Sheilagh Hodgins and Nathalie Lelonde explore the exponential growth in the 1960s of associating “major mental disorders (schizophrenia, major depression, bipolar disorder)” with those who committed criminal acts. They highlight the association of mental disorders and crime occurred during a significant growth in deinstitutionalization and individuals being discharged from psychiatric wards. See: S. Hodgins and N. Lalonde, “Major Mental Disorders and Crime: Changes over Time?,” in *Historical and Geographical Influences of Psychopathology*, ed. Patricia Cohen, Cheryl Slomkowski, and Lee N. Robins (Mahwah, NJ: Erlbaum, 1999).

¹⁰¹ J.C. Barker, “Transsexualism and Transvestism,” *Journal of the American Medical Association* 198, no. 4 (1966).

¹⁰² John Hertz, Karl-Gunnar Tillinger, and Axel Westman, “Transvestism,” *Acta Psychiatrica Scandinavica* 37 (1961). 291.

identities with varying degrees of circumscribed delusional thinking about their gender.”¹⁰⁴

Robert Stoller agreed with Green and characterized transvestites and transsexuals as psychotic. However, he did provide nuance to his diagnosis, arguing that transsexuals were not *clinically* psychotic, as “their ‘delusion’... is placed in a setting of intact reality testing. Almost all of these patients know their request is strange.”¹⁰⁵ Stoller here fails to clearly state a diagnosis yet still aligns transsexualism with psychosis, reaffirming the association, and often conflation, of the two.

As the number of transvestites and transsexuals working with sexologists and psychiatrists increased, discussions of psychosis in relation to this “condition” also grew. Sexologists G. Northrup argued that transvestism functioned in two ways: “as a mode of social advancement and as *a defense against psychosis* by projecting sexual delusional material into the group.”¹⁰⁶ Transvestites, and in particular those who were becoming more associated with the term transsexual, were time and again characterized as those who would “self-mutilate” via castration and who could easily be diagnosed as psychotic or neurotic.

Virginia Prince, a PhD in pharmacology and a self-identified transvestist, wrote about her experience of and views on transvestism. She was a prolific writer on the topic of transvestism, but also was a contradictory and enigmatic figure and spokesperson for transvestites during this time.¹⁰⁷ She argued that for some transvestites, the cause was based “on several factors”

¹⁰³ Richard Green, "Year One Summary: 25 Transsexuals," (Harry Benjamin Collection, Box 26, Series VIB, Folder 27: Kinsey Institute Archives, 17 February 1966). 1. Psychiatrist N. Lukianowicz in 1962 argued that for some, transvestism manifested at the onset of and subsided at the end of psychosis, if there was an end at all.

¹⁰⁴ Ibid.

¹⁰⁵ Stoller, "The Treatment of Transvestism and Transsexualism." 99.

¹⁰⁶ Northrup, "Transsexualism: Report of a Case." 120, emphasis mine.

¹⁰⁷ Prince's strong identification as a transvestite, as well as her medical degree, provided her with medical knowledge other transvestites of the time did not have.

including “psychological conditions with social factors of an environmental nature.”¹⁰⁸ She differed in her approach to transsexualism specifically, however, as she categorized transsexualism and an entirely different category of deviation rather than as an extreme form of transvestism. Prince argued that transvestites, unlike transsexuals, were “under no illusion as to his actual masculinity.” Transvestites *knew* they were men. Transsexuals, on the other hand, were convinced they “really” were women: “his desire for... wifehood are... motivated by... the conviction that he really ‘is’ a woman.”¹⁰⁹ This distinction reveals a rhetorical suspicion of transsexualism, and her language is strikingly similar to that used by sexologists when diagnosing transsexuals as psychotic.

Prince’s characterization of transsexuals as delusional echoed the views of many sexologists. Sexologists Worden and Marsh, for example, framed any surgical intervention as “mutilation” while simultaneously characterizing transsexuals as delusional: “Their [transsexuals’] feeling is that the difficulties in getting the surgery stem from the stupidity and prejudice of society rather than from any questions as to the appropriateness of their wish for a mutilating operation”¹¹⁰ They also described transsexuals as “extremely deviated.” They continued, stating “we have not yet found one subject who has a realistic idea of what a woman is like. They all show an extremely shallow, immature, and grossly distorted concept of what woman is like socially, sexually, anatomically, and emotionally.”¹¹¹ They cite the contradictory nature of a desire to have their own vagina while simultaneously abhorring it on other people (those born with vaginas and vulvas) as evidence of their “distorted concept.”

¹⁰⁸ C.V. Prince, "Homosexuality, Transvestism and Transsexuality Reflections on Their Etiology and Difference," *American Journal of Psychotherapy* 11 (1957). 18.

¹⁰⁹ Ibid. 20.

¹¹⁰ Frederic G. Worden and James T. Marsh, "Psychological Factors in Men Seeking Sex Transformation," *Journal of the American Medical Association* 157, no. 15 (1955). 1295.

¹¹¹ Ibid. 1293.

Sexologists and psychiatrists used the diagnosis of “psychosis” to draw links between transvestites and criminality, much like those who argued that their patients were psychopaths. In 1963, A.J.W. Taylor and D.G. McLachlan conducted a psychological study of six transvestites. They aligned transvestism closely with criminality in part because of the results of their psychological study. These two doctors believed that this type of psychological disturbance (transvestism) was connected to inherent proclivities for criminal activity. For the six cases discussed, they provided a brief description of each individual but also included their criminal records, which is demonstrative of their view that criminality was of central importance to discussions of transvestism as well as to its causes and possible cures.

The convergence of discourses of criminality, psychosis, psychopathology, and diagnoses of gender “deviance” was indicative of the growing influence of psychoanalysis, and the continuing influence of eugenics, during the 1950s and 1960s. Because psychoanalysis often came to bear on conversations about criminality, it is not surprising that conversations about transvestism and criminality would sometimes merge, especially considering previous association of the two “conditions.” Some doctors, like Nicola Brunori mentioned above, discussed sterilization in relation to these conditions, particularly because they claimed it prevented the transmission of disease and could be used to punish criminals. Other physicians, psychoanalyst William Menninger included, believed that criminals should receive *psychiatric* rather than physical treatment. Menninger believed the punishment criminals received were inefficient in relation to rehabilitation. Those who had previously been understood as criminals in need of punishment were now more commonly understood as patients, or at least as criminals who needed psychological intervention.¹¹² Writers for *Sexology* in 1956 drew direct connections

¹¹² Karl Menninger would publish an entire book examining the “inherent weakness” of the penal system: Karl Menninger, *The Crime of Punishment* (New York: Viking Press, 1969).

between sex criminals in particular and the subject position of “patient.” One author argued that “Legal action is taken against sexual deviates, and many of the cases we are discussing are considered emotionally unstable... the prevailing opinion today is to use the word patient and not the term criminal.”¹¹³ The way to deal with social ills, criminality, and deviance was moving from the realm of criminality and the carceral system into the realm of physicians and psychiatrists; rather than punishment, these individuals needed “treatment” to cure them of their abnormality.¹¹⁴

Connections to Eugenics

A growing understanding of DNA, chromosomes, and genetic heredity was influencing sexologists and their explanations for psychiatric “disorders” which included transvestism. Harry Benjamin had been linking chromosomes to the causes of transvestism as early as 1954, arguing that “the effeminate male may look and behave as he does on a purely psychosomatic or psychological basis... but he may also be the product of a somato-psychic mechanism originating in his chromosomes.”¹¹⁵ By the 1960s, however, references to chromosomes and genetics had grown significantly. While physiological explanations for deviance—gender or otherwise—were present in the discourse, newer psychogenic explanations for deviance were growing in popularity alongside the growing influence of psychology and psychiatry, explanations that relied on psychological, rather than physiological, origins for any number of

¹¹³ Wilfrid D. Hamblly, "The Soldier Was a Lady," *Sexology* 23, no. 5 (December 1956).

¹¹⁴ For more scholarship on this topic, see: Liat Ben-Moshe, C. Chapman, and A. Carey, eds., *Disability Incarcerated: Imprisonment and Disability in the US and Canada* (New York: Palgrave MacMillan Press, 2014); Liat Ben-Moshe and Erica Meiners, "Beyond Prisons, Mental Health Clinics: When Austerity Opens Cages, Where Do the Services Go?," *Public Eye* (Fall 2014). Anne E. Parsons, "Rejecting Mental-Health Institutions and Embracing Prisons in the 1980s," in *From Attics to Activists: Rethinking Family in Disability History*, ed. Sarah Rose and Stephanie Cole (College Station: Texas A&M University, Forthcoming).

¹¹⁵ Benjamin, "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes." 223.

physical or psychiatric “illnesses.” These psychogenic explanations often referenced heredity and degeneracy in relation to psychiatric and physical disability.¹¹⁶

Despite the growth of psychogenic explanations, physiological explanations for transvestism or intersex conditions continued to play a role in etiological conversations. A June 1960 *Sexology* article focused wholly on genetics and chromosomes in relation to intersex conditions. The author was excited about “the new genetic knowledge” about both physiological and psychological abnormalities. He believed that this knowledge “may well lead to the ultimate unraveling of many of the mysteries surrounding constitutional predisposition to illness and the development of sexual aberrations and other abnormalities, such as mental deficiency.”¹¹⁷

Reliance on new medical technology did not function to eliminate discussions and debates rooted in eugenic philosophy. Instead, this new technology changed the specifics of the conversations.

Eugenics had long since fallen out of favor in public discourse as a result of the Nazi utilization of negative eugenic methods in the 1940s. However, twenty years later sexologists were still discussing eugenic approaches to health and well-being. In the March 1965 issue of *Sexology*, sexologists discussed “forced sterilization” and admitted that the Nazi approach was problematic. However, they argued, forced sterilization could be justified in part because, “There was the probability that any offspring would be mentally deficient and become a public

¹¹⁶ For example, psychiatrist Ira Pauly did not wholly dismiss biological factors, he relied largely on psychological explanations for transvestism, and psychopathology in particular. He argued that a transsexual often “projects [their] delusional identification onto society.” (176) Pauly also placed homosexuality, transvestism, and transsexualism all under the umbrella of “psychosexual inversion” and relied on a psychogenic explanation for the cause if these types of “inversion.” Furthermore, genetics and heredity are referenced explicitly. He argued that “genetic etiology” for transsexualism had not been fully substantiated, but that there was “some evidence to suggest that biological factors... are prerequisite in setting the state for the operation of early psychosocial determinants in the establishment of gender role.” (179) He connects genetics and psychopathology here, but establishes psychosocial causes as the more dominant factor in the cause of transsexualism.

¹¹⁷ Sarah R. Riedman, “New Chromosome Discoveries Part II: The Number of Persons Whose Apparent Sex Is Different from Their Nuclear Sex Is Far Greater Than Was Ever Suspected in the Past,” *Sexology* 26, no. 11 (June 1960). 712.

charge.”¹¹⁸ While not speaking specifically of transvestism and transsexualism, the concepts of “mental deficiency” and “sexual deviance” were inextricable even if their manifestation differed. Race was also implicated in these conversations because of the ways in which these categories were co-constitutive.

In her book *Chang and Eng Reconnected*, Cynthia Wu explores the connections between race and disability. More specifically, she critiques the ways in which constructions of disability rely on “facile conflation between race and ability status.”¹¹⁹ Wu discusses how references to race when thinking about disability have “tended to rely on an assumption of unmarked middle-class whiteness.”¹²⁰ She continues:

“It is telling that racial difference—more specifically, blackness—served as an all-too-available trope through which early scholars have articulated an otherwise important argument about physical variation. Correspondingly, one can easily imagine that discourses of race may also have been inflected with a concern about disability. The question of “fitness” has historically attended discussions about racial difference in many ways.”¹²¹

Nowhere in this 1965 article do the authors discuss “fitness,” but there is no need. Discussions of forced sterilization as an approach to preventing unwanted hereditary deficiencies—psychological or physical—always already incorporated discussions of “fitness” and eugenic notions of superior genetics. One rather outspoken eugenicist, Frederick Osborn, was very frank about the continuation of eugenics. In his 1968 book *The Future of Human Heredity: An Introduction to Eugenics in Modern Society*, Osborn argued, “Eugenic goals are most likely to be

¹¹⁸ John Warren Giles, “Forced Sterilization,” *ibid.* 31, no. 8 (March 1965). 565.

¹¹⁹ Cynthia Wu, *Chang and Eng Reconnected: The Original Siamese Twins in American Culture* (Philadelphia: Temple University Press, 2012). 6.

¹²⁰ *Ibid.* 8.

¹²¹ *Ibid.*

attained under a name other than eugenics.”¹²² Both this quote and Wu’s insights illuminate how eugenic ideologies continued under the guise of racial, disability, and medical discourses.

Regardless of the diagnosis, most published sexologists at some point identified transvestites, and later transsexuals, as either psychotic or psychopathological. In light of this common practice, it is not difficult to recognize the underlying ties between transvestism, disability, and criminality, all of which have raced and classed implications. If one was diagnosed as a psychopath, it was a simple task to align that individual with criminal acts as a result of their “antisocial” or “aggressive behavior.” Casting transvestites and transsexuals as “delusional” recalls the ease with which early eugenicists applied the label of “feeble-minded” to anyone that they understood to be abnormal. The application of “psychosis” and “psychopathology” reflected and reified normative understandings of sex, gender, and sexuality.

Mixing Up Sex

Debates about causes for transvestism and transsexualism often led to questions about how to ascertain one’s “true” sex. Establishing an individual’s “true sex” proved crucial because if an individual was a transsexual and desired surgery to alter their physical birth sex, surgery could not be “justified.” However, if there was any chance of a sex “mix-up” or misidentification that occurred at birth, surgery was justified to correct the “mistake” of falsely identifying that individual as the “wrong sex.” Physical hermaphroditism necessitated surgical intervention; psychic hermaphroditism, a term sometimes used synonymously with transsexualism, could not justify surgery, and was instead seen as a neurosis or pathology in need of a psychiatric cure or treatment rather than surgical intervention. As these debates played out, physicians, reporters,

¹²² Frederick Osborn, *The Future of Human Heredity: An Introduction to Eugenics in Modern Society* (New York: Weybright and Talley, 1968). 104.

and even individuals now labeled as “transsexual” struggled to differentiate intersex conditions (hermaphroditism) from transvestism, and in particular from transsexualism.

After news of Jorgensen’s “sex change” surgery was circulated in the media, transvestites and transsexuals who had been identified male at birth sought medical intervention for their desire to become more feminine, or to become women. As publications, both academic and popular, began discussing transsexualism and specifically surgeries related to this “condition” more frequently, stories of patients’ “mistaken sex” increased as well. Shortly after Jorgensen’s debut in the *New York Daily News*, sexologists and journalists were quick to assert the impossibility of actual sex change surgeries. However, they argued, they could “correct” one’s sex, but *only if* they had been misidentified at birth. They also rushed to defend the surgeries that had been completed in the U.S., and asserted that these individuals were not transsexuals, but instead intersex individuals.

Sex Mixups

Walter C. Alvarez attempted to make these conversations accessible to a wider audience. In a May 1955 column, “How Surgery Helps Clear Up Sex Mixups,” he referenced Roberta Cowell’s story, a woman who is often now referred to as a transsexual, as a case study supporting his thesis about sex “mixups.” He believed that the surgeries Cowell received were appropriate since Cowell’s sex was “mixed up” at her birth; her surgeries were simply aligning her body with her “true sex.” Despite his references to “sex mixups,” he made no reference to hermaphroditism or intersex conditions. Rather, he spoke of the “unfortunate persons... [who] in their psychic makeup... are decidedly feminine,” of individuals with psychic, rather than physical, “problems.”¹²³

¹²³ Walter C. Alvarez, “How Surgery Helps Clear up Sex Mixups,” *Chicago Sun-Times* 23 May 1955. Some transsexuals and transvestites were accused of claiming the status of intersex or pseudohermaphroditism in order to

The March 1960 issue of *Sexology* speaks to this anxiety about “mistaken sex,” as Dr. Salvatore Vittorio Musumeci discussed definitions of both “true” and “false” hermaphroditism, where “true hermaphrodites” possess both “the male and female sex glands” but was extremely rare.¹²⁴ A majority of the article focuses on “false” hermaphrodites: individuals who, for example, were “genetic males,” but who “at birth show a certain number of external female anatomical characteristics, but possess male sex glands.”¹²⁵ The remainder of the article focused on surgical measures necessary to correct the mistaken sex identification. Musumeci at no point equivocated about his recommendations; if one was misidentified at birth, hormonal and surgical intervention early on in life will “have the greatest chances of full success.”¹²⁶

Both the popular press and academic works reflected this growing attention to intersex conditions as more legitimate and requiring medical intervention, as opposed to transsexualism. In one newspaper article, journalist Alton Blakeslee proclaimed that according to doctors, “Thousands have Intersex.”¹²⁷ Citing these doctors, Blakeslee also noted that “sex abnormalities” were far more common than was previously believed. *Sexology* went so far as to celebrate sex changes which were “successful,” a term used only in reference to cases of “mistaken sex.” Sex change surgeries for transsexuals could not be successful; as Benjamin noted in an issue of *Sexology* the next year, the “so-called ‘change’ by surgery concerns only those organs that make you physically and legally a man (or a woman),” and asserted that a person (after castration)

“obtain the change of sex operation.” Ira B. Pauly, "Male Psychosexual Inversion: Transsexualism: A Review of 100 Cases," *Archives of General Psychiatry* 13, no. 2 (1965). 176.

¹²⁴ Salvatore V. Musumeci, "Mistaken Sex," *Sexology* 26, no. 8 (March 1960). 497.

¹²⁵ Ibid.

¹²⁶ Ibid. 500. Another article published in May of 1961 entitled “Uncertain Sex” mirrors Musumeci’s approach to intersexuality and surgical intervention. Dr. Teuclo Dati wrote, “There are many persons in the world today who seek to change their sex. Many of them have no bodily structure of any kind which would justify their desire — the only basis for their preference for being member of the opposite sex is some emotional disturbance.” He then delves into a fairly clinical explanation of various intersex conditions. He understood intersex individuals to have a legitimate reason for wanting surgical intervention and stated the belief that they alone have a “true basis for change of sex” unlike transsexuals. Teuclo Dati, "Uncertain Sex," *ibid.* 27, no. 10 (May 1961). 688.

¹²⁷ Alton Blakeslee, "Thousands Have 'Intersex,' Doctor Says," 15 October 1962.

would “be neither male nor female, but instead a ‘neuter.’”¹²⁸ Some authors even characterized transvestism as a mistaken diagnosis; that instead these individuals could have intersex conditions, justifying doctors “fixing” the sex of “misdiagnosed” children.¹²⁹

As a result of this focus on “mistaken” sex, by 1964 sex at birth was being discussed as a diagnosis in and of itself. Authors in the July 1964 issue of *Sexology* reiterated the common explanation of surgical intervention for intersex individuals, “emphasizing that this was not a ‘surgical sex change’ but merely the correction of defects which had kept the child’s maleness incomplete, the doctors referred to the case as one of ‘mistaken transvestism.’”¹³⁰ However, beyond discussing surgical intervention, they claimed that their motivation for writing the article was that the “report may stimulate more accurate diagnoses” of sex at birth.¹³¹ In light of this discussion of sex being diagnosed at birth, the ability to ascertain the “correct” diagnoses proved to be of the utmost importance. Doctors, if able to establish their patients clearly as either hermaphroditic (intersex) or as a transsexual, would then be able to justify or deny surgical intervention without fear of legal prosecution via the mayhem statutes – as well as leverage the diagnoses in relation to their own moral positions in relation to gender deviance.

The “Truth” of Sex

Instead of relying on “sex mixups,” or a questionable claim to intersexuality, many physicians leading up to the 1950s believed in a theory of bisexuality (one that differs from current notions of bisexuality concerning sexuality). Developed in the early twentieth century, the theory of bisexuality recognized overlapping characteristics of males and females. Gregorio Mariñon, a Spanish physician, argued that sex was not “two antagonistic and profoundly

¹²⁸ Harry Benjamin, “I Want to Change My Sex,” *Sexology* 30, no. 5 (December 1963).

¹²⁹ Editor, “Surgery for Confused Sex: Report of an Unusual and Highly Successful Surgical Change,” *ibid.*, no. 12 (July 1964). 839.

¹³⁰ *Ibid.*

¹³¹ *Ibid.*

differentiated entities” but rather “a scale of infinite gradations.”¹³² Other notable sexologists agreed with this concept or concepts similar to it, including Hirschfeld, Krafft-Ebing, Havelock Ellis. Christine Jorgensen also claimed to believe in this view of sex. As Meyerowitz notes, this concept of human bisexuality took hold in Europe in the first few decades of the twentieth century, but appeared to a lesser degree in the U.S. in the 1920s and 1930s.¹³³ *Sexology* was sympathetic to this view and published articles reflecting that stance in the 1930s and 1940s stating “All human beings are bi-sexual in their makeup.”¹³⁴

However, the growing dominance of psychoanalysis shifted sexological discourse away from this theory. Psychoanalysts, according to Meyerowitz, “maintained a vision of separate biological sexes,” and dismissed transvestism and other cross-gender behavior as a psychological condition rather than a physical one. For psychoanalysts, psychoanalysis was the answer to aligning ones “true sex” with their behavior, not surgical intervention.¹³⁵

For decades, sexologists had confidently argued that biological sex was determined by gonads. Moving into the 1960s, however, sexologists came to rely more heavily on chromosomal definitions. This was due, in part, to evolving medical understandings of genetics and DNA. However, this move was also influenced by the expanding conversations and anxieties about transsexualism, intersex bodies, and an urgent need by physicians for clear, definable boundaries between male and female in light of those anxieties. W.W. Bauer, then the director of health education for the American Medical Association, believed that a “true sex” existed, but that it

¹³² Quoted in: Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*. 23, fn26.

¹³³ *Ibid.* 28.

¹³⁴ Rohama Lee, "A Case of Sex Mutation," *Sexology* 8, no. 11 (March 1942). 27.

¹³⁵ Brunori, mentioned above, believed in the theory of bisexuality. He also believed that latent homosexuality, however small, exists in all of us. Remaining true to his interest in criminology, however, his discussion of bisexuality in relation to transvestism turned quickly to his preoccupation with criminality. He referenced a boy who was “really” a girl, and later became a criminal. This individual had been raised as a male but thinking and feeling as a sensitive female. Brunori believed that “It was because of this confusion perhaps that he had become connected with anti-social and criminal behavior. Nicola Brunori, "Are We All Double-Sexed?," *ibid.* 24, no. 1 (August 1957).

was just a matter of making the proper determination. He referenced new innovations in sex chromatin research, something that would help determine an individual's "true sex." He believed that no one was bisexual, and that everyone was either female or male. He argued that "Physicians in general believe that there is no such thing as a bisexual individual and that an adult person of one sex cannot be converted into the other."¹³⁶ He dismissed popular understandings of "sex transformation" as a sex *change*, stating that "What actually happens is that the true sex of the individual concerned is ascertained and the necessary procedures initiated to make this sex apparent externally as well as internally."¹³⁷ The theory of a "true" sex that could be identified was growing in dominance over the theory of bisexuality.

The discursive overlap between transvestism, transsexualism, notions of "true sex" and intersex conditions manifested in other ways as well. At times, intersex terminology fully dominated conversations about transvestism and transsexualism. In a 1965 issue of *Confidential*, journalist Bert Eltinge defined intersex as "persons with the physical characteristics of one sex and the mental makeup of the other."¹³⁸ Following this broad definition, he discussed several transvestites and self-identified transsexuals, including Christine Jorgensen. However, instead of labeling her as a transsexual, he implied that she was intersex, arguing that the term included "persons with the physical characteristics of one sex and the mental makeup of the other," and called her "America's most famous sex-switcher."¹³⁹ His characterization of Jorgensen as intersex shifted her story away from one of a sex "change" from male to female into a story of medical intervention that "remove[d] the dominant sex organs and replace[d] them with the hidden or latent set."¹⁴⁰ In another *Confidential* article that year, Eltinge even suggested that the

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Bert Eltinge, "Inter-Sex," *Confidential* July 1965. 28.

¹³⁹ Ibid. 28,29.

¹⁴⁰ Ibid.

entertainment industry had covered all the sex scandal stuff so they might be seeking out intersex people to spice things up. Eltinge quipped, “don’t be surprised when Hollywood switches from Sex Symbols to Intersex Symbols.”¹⁴¹

While very few, if any, references were made to genetics, heredity, or eugenics in conversations about “true,” “mistaken,” or “mixed up” sex, the existence of anxieties around these distinctions speaks to larger concerns about what it meant to be “normal.” In 1960, sexologist Robert Stoller, along with Harold Garfinkel and Alexander Rosen, discussed what they claimed were the distinctions between intersex individuals and transsexuals. Sharing a case study of an intersex individual, they claimed that the intersex person, unlike transsexuals, had an *earnest* desire to be a woman: “The patient does not appear to be imitating the female role but seems clearly to have identified with it. Essential in this identification is the lack of caricature, of hostility seen in transvestites and transsexualists.”¹⁴² As such, they claimed that if a transsexual were to receive a “reconstructive castrating operation... her vagina would be man-made rather than gene-made, *and so worthless*,” but if a patient was intersex, then the operation was justified.¹⁴³ In addition, there were strong racial implications in the language of the article. They described their intersex patient as a “cultural stranger,” one who “must bring a great deal of awareness, skills, aptitudes, rehearsals.... in order to master his daily circumstances... the stranger is... able to teach the ‘normals’ about the strange features of the normals’ ordinary affairs of life.”¹⁴⁴

¹⁴¹ Ibid. 70.

¹⁴² Robert J. Stoller, Harold Garfinkel, and Alexander Rosen, "Passing and the Maintenance of Sexual Identification in an Intersexed Patient," *Archives of General Psychiatry* 2, no. 4 (1960). 44.

¹⁴³ Ibid. 47.

¹⁴⁴ Ibid. 43. Stoller again referenced “normals” in his 1964 article *Gender-Role Change in Intersex Patients*.” He discussed his belief that those who felt uncertain in their gender would more readily adjust to changing gender later on. However, changing from one sex to another for those who have developed a very fixed identity would prove difficult if not impossible. Referencing a potential patient, he argued that “his capacity to shift gender role is a s

This reference to “normal” can be examined through the lens of Julian Carter’s understanding of normality: that normality discourse emerges as politically neutral but houses ideologies of white racial dominance. While they make no reference to race here, they are creating a distinction between normal and abnormal, concepts embedded in racial distinctions. Their understanding of the authenticity of the intersex patient’s femininity was firmly rooted in raced and classed understandings of “normal” (read: white) femininity. They made several references to her “typical” femininity, as she was not “garish, outstanding, or abnormally exhibitionistic in her attire, nor was there any hint of poor taste,” mirroring the standards of middle-class, white femininity.¹⁴⁵ Stoller’s “normals” were never explicitly defined, but considering the discursive contexts in which he wrote, “normal” indicated white, heterosexual, and ablebodied, as well as those whose gender normatively aligned with their sex.¹⁴⁶

Benjamin’s Intervention

Serving as a culmination of decades of research as well as a milestone in transsexual, transvestite, and sexological history, Harry Benjamin published *The Transsexual Phenomenon* (TP) in 1966. At the time, TP was the most comprehensive text about transvestism and

much an unalterable part of the patient’s identity as is the inability to shift in normal.” Robert Stoller, "Gender-Role Change in Intersexed Patients," *Journal of the American Medical Association* 188, no. 7 (1964). 165.

¹⁴⁵ Directly referencing race, they discussed later in the article issues of legitimate and illegitimate passing. They referenced the difficulty of their intersex patient “passing” as a woman, and then list “sanctionable” and “legitimate” passing, what they also referred to as “transfers of persons from one status to another.” Changing from “single to married, from student to graduate, from unemployed to employed,” are legitimate and “publicly and ceremonially recognized.” However, illegitimate change for them was evidenced by more white people being counted in the census each year, due to “Negroes who have switched group affiliations, i.e., who have ‘passed.’” Stoller, Garfinkel, and Rosen, "Passing and the Maintenance of Sexual Identification in an Intersexed Patient." 44, 46.

¹⁴⁶ Stoller used the concept of “gender identity” by 1964, and argued that gender identity is often fixed by the age of two. Despite his research and exposure to intersex individuals, he argued in another 1964 article, *Hermaphroditic identity of Hermaphrodites*, that “it is rarely questioned that there are only two biology sexes, male and female, with two resultant genders, masculine and feminine. The evidence for biologic or psychologic bisexuality *does not contradict this division.*” His commitment to “normals” and the normality of binary sex divisions is evident, and speaks to his commitment to the two-sex system. Robert J. Stoller, "The Hermaphroditic Identity of Hermaphrodites," *The Journal of Nervous and Mental Disease* 139 (1964). 453, emphasis mine.

transsexualism and discussed etiology, definitions, symptoms, treatments, motivations, distinctions, approaches to diagnoses, legal aspects of transsexualism, results of operations, as well as photos of transsexuals both pre- and post- surgery.¹⁴⁷ Benjamin, advocating for proper treatment, criticized doctors for being too self-serving rather than having the interest of their transvestite and transsexual patients at heart. After appealing to the reader to be sympathetic, arguing that “we are all intersexes” in some ways, his medical definition was clear.¹⁴⁸ Where transvestites “‘feel’ as men and know that they are men,” transsexuals (both male and female) are “deeply unhappy as a member of the sex (or gender) to which he or she was assigned by the anatomical structure of the body, particularly the genitals. ... This has nothing to do with hermaphroditism.”¹⁴⁹ This assertion, however, did not preclude surgical intervention for transsexuals. Benjamin was an advocate for surgical intervention, repeating what others had noted for several years: psychotherapy was unsuccessful at “curing” transsexualism.

Despite his claim that psychotherapy was unsuccessful, Benjamin framed transsexualism as a psychological illness, a neurosis, and as narcissism. He even questioned if some of his patients’ schizophrenic or psychotic issues were caused by “thwarted sex life and the gender discomfort of the transsexual state.”¹⁵⁰ When discussing psychological illnesses, he referenced Ira B. Pauly’s work that showed that many transsexuals, because they failed to develop adequate interpersonal skills, often “present the picture of a schizoid or inadequate personality.”¹⁵¹ He highlighted various difficulties transsexuals face, from living full-time as women and keeping it secret, to legal troubles, to physical changes they must make, but also their “character and

¹⁴⁷ In addition, a supplement to TP was available to “doctors of the medical and psychological professions only,” and consisted of ten pages of photographs, all of which depict male-to-female transsexuals, and the majority of those focused on castration and surgically-constructed vaginas.

¹⁴⁸ Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian Press, Inc., 1966). 8.

¹⁴⁹ *Ibid.* 13.

¹⁵⁰ *Ibid.* 51-52.

¹⁵¹ Pauly, “Male Psychosexual Inversion: Transsexualism: A Review of 100 Cases.” 172.

behavior. From a so-called ‘character neurosis’ to outspoken hostile, paranoiac demands for help from the doctor, all kinds of objectionable traits may exist.”¹⁵² He continued, casting transsexuals as unreliable, deceitful, ungracious, and impatient, immature, and adding that “many transsexuals are utterly self-centered.”¹⁵³

Benjamin also mirrored other writers of the time, and paired conversations of criminality and transsexualism. He urged readers to recognize the difference between “legal criminality” and “criminality before science and common sense.”¹⁵⁴ He then mentioned transvestites and transsexuals in a list with “drug addiction, alcoholism, and prostitution” as examples of legal crimes that are “not crimes” in terms of “science and common sense.”¹⁵⁵ While dismissing claims that transvestism and transsexualism were connected to criminality, the presence of the conversation reflects the dominance of discourses that linked the two. Ultimately though, he argued that if society and the law were more permissive, allowing transsexuals to complete legal name changes and allowing both transvestites and transsexuals to wear female attire, this approach would promote a patient’s “peace of mind” and “his ability to work and maintain himself better economically and psychologically, to the benefit of the community.”¹⁵⁶

Despite his advocacy for transsexuals, his understandings of gender, sex, and sexuality reflected larger discourses of normality. He defined “the normal male (normal by his genetic inheritance)” and the “genetically normal” female as heterosexual.¹⁵⁷ When discussing Virginia Prince and her attempt to separate sex from transvestism, he dismissed this move as reflective of Prince and other transvestites “frequent lack of realism among... and their ever-present capacity

¹⁵² Benjamin, *The Transsexual Phenomenon*. 67.

¹⁵³ *Ibid.* 67-8.

¹⁵⁴ *Ibid.* 136.

¹⁵⁵ *Ibid.* 136.

¹⁵⁶ *Ibid.* 140.

¹⁵⁷ *Ibid.* 10.

for illusion and self-deception”¹⁵⁸ He also continually reinforced the notion that surgery could not change anyone’s sex, that it would only change the “external appearance from male to female,” effectively making that person a “neuter.” He consistently reminded the reader that there would be many obstacles in the path towards becoming a woman, namely masculine features, height, an Adam’s Apple, among other physical characteristics of male-bodied individuals. He mentioned the legal difficulties, but then also asked that the transsexual consider their family and how they might feel.¹⁵⁹ He continued:

when you have recovered from the pain and the aftereffects of the operation, after a few weeks or months, your real work begins — to change into a ‘woman.’ You have to learn how to behave like a woman, how to walk, how to use your hands, how to talk, how to apply make-up, and how to dress... if you may have had your experience with dressing... but was then more or less a game.¹⁶⁰

Benjamin relied on the “normal” feminine comportment of the time, and his reminder about learning to behave like a woman implies that transvestites were to act like heterosexual and normatively feminine (white) women.

Refusing to expand conceptions of sex beyond male and female, despite his knowledge of intersex conditions, Benjamin continually reaffirmed the belief that “medically, or rather endocrinologically, we are reminded that no ‘female’ can ever result from the operation but merely a castrated (or mutilated) male, with artificially created sex organs resuming those of a female and, if successfully created, allowing normal peno-vaginal sex relations.”¹⁶¹ Benjamin’s ability to reference post-surgical sex as “normal,” as heterosexual, speaks volumes about his idea that transsexual males who would then live full time as women could assimilate into “normal” life, pending their success as *feminine heterosexual* women. Ultimately, Benjamin was an

¹⁵⁸ Ibid. 36-37.

¹⁵⁹ Ibid. 108.

¹⁶⁰ Ibid. 109.

¹⁶¹ Ibid. 113.

advocate for surgical intervention based on the notion that the operations left people happier than they were before. He claimed that transsexual males could “attain a happier future” as women, and he stated that “in this way, the individual as well as society can be served.”¹⁶²

His insistence that these interventions ultimately served society speak to a larger concerns informed by decades of eugenic ideology. He was not alone in his concern for “the greater good,” and his optimism responded, if indirectly, to concerns from other sexologists such as Pauly, who was concerned about transsexual delusions being “projected” onto society, and Green et. al.’s concern that transsexuals might be a “threat to society.” Benjamin’s argument that medical interventions were of benefit to both the transsexual and to society relate to larger concerns about public health that were bolstered during the eugenics movement. Both surgical intervention and the eugenics movement attempted to modify and control various aspects of life and reproduction.

Sexuality played a significant role in Benjamin’s views regarding surgery. Foucault discussed sexuality in relation to eugenics and biopolitics, and argued that “sexuality exists at the point where the body and population meet,” and because of this is subject to both disciplinary power and regularization, particularly in relation to heredity.¹⁶³ Foucault argued that those who have been cast as having perverted sexuality were “assumed to have a heredity,” a degeneracy. Direct conversations about degeneracy are absent from Benjamin’s text, but vestiges of the anxieties that informed theories of degeneracy remain. He claimed to be concerned about the

¹⁶² He reflected on his experience with patients and the outcomes of the interactions between transwomen and physicians. In relation to the success of surgical intervention, he believed that “patients who want to please the doctor with their statements” regarding the success of operation. However, he reiterates his mistrust of what transwomen said, both before and after interaction with physicians. He was somewhat skeptical of their story of their lives leading up to surgery, and somewhat skeptical about their feedback regarding the successes of medical intervention. When discussing these issues, he again cited Pauly who called transsexuals “unreliable historians.” *ibid.* 135.

¹⁶³ Michel Foucault et al., *Society Must Be Defended: Lectures at the Collège De France, 1975-76*, 1st ed. (New York: Picador, 2003). 251-252.

greater good, about what could make transsexuals not only the most harmless, but also the most useful to society. He professed a hope to intervene with medical technology to correct or change what did not happen at birth, to correct the constitutional aspects of the transsexual's body. Eugenics was explicitly interested in purifying the body, particularly the bodies belonging to white, "eugenically valuable," individuals. Benjamin, and many other sexologists, physicians, and psychologists, were ultimately interested in assimilating and fixing those who did not fit.

Benjamin fell in step with the goals of many sexologists and medical professionals: rehabilitation via the medical industrial complex for transvestites and transsexuals. For example, he was willing to create "neuters," albeit heterosexual "neuters," in the interest of helping transsexuals lessen their potential for stress, neurosis, as well as their potential to commit criminal acts. In the interest of homeostasis, he advocated for the creation of women that were as similar to and consistent with the expectations of white, middle-class, heterosexual femininity – Christine Jorgensen served as the epitome of this goal. The preferred method of "rehabilitation" differed for some of these physicians and involved various degrees of either medical or psychological intervention. What was consistent, though, was the need to "fix" and rehabilitate transwomen in order to incorporate them back into society as productive citizens – and if those citizens could be white, middle-class, and heterosexual, all the better.

In Their Own Words

Sexologists writing about transvestites and transsexuals often explicitly dismissed the validity and legitimacy of the narratives that their patients shared with them. This dismissal was made even easier with the association of delusions, psychiatric disability, and the desire of some of these patients to *be* women. However, these "patients" began to write and publish their own

narratives. Their narratives both diverge from and reflect the one emerging from within sexological discourse. In their own words, yet influenced by discourse, publishers, editors, and strategic approaches to constructing themselves as sympathetic characters, they began to lay claim to discourses of respectability.

CHAPTER 3

Disciplining Narratives

“Sex change is not a new ‘fad’... It is a serious medical answer to a serious medical problem... He cannot be rightfully blamed for these conditions anymore than if he had been born with cerebral palsy.”

-Charlotte McLeod, 1956

Claiming Respectability

Sexological literature focused on transvestism, transsexualism, and hermaphroditism grew exponentially during the first six decades of the twentieth century. Autobiographical writing provided the authors with a discursive space for constructing alternative understandings of their subjectivity and identities, and to communicate particular messages to the readers. Autobiographical writing occupies a space that is neither history nor fiction, but a liminal space where truths and subject positions emerge and stake their claim. In *Autobiography & Postmodernism*, English scholar Leigh Gilmore argues that, “autobiography and other forms of self-representation [are] a site of identity production; as texts that both resist and produce cultural identities.”¹ Gilmore also argues that the genre of autobiography participates “in the cultural production of a politics of identity... that maintains identity hierarchies through its reproduction of class, sexuality, race, and gender as terms of ‘difference’ in a social field of power.”² The autobiographies I analyze below both reify and challenge this process of cultural production. The narratives, published between the years 1918 to 1968, were written by those deemed abnormal in relation to manhood and womanhood by psychiatrists, psychoanalysts, sexologists, lawmakers, and the popular press. In attempts to access legitimacy, the authors do use discourses of white and heterosexual superiority to frame themselves as deserving of empathy and understanding.³

¹ Leigh Gilmore, "The Mark of Autobiography: Postmodernism, Autobiography, and Genre," in *Autobiography & Postmodernism*, ed. Kathleen M. Ashley, Leigh Gilmore, and Gerald Peters (Amherst: University of Massachusetts Press, 1994). 4.

² Ibid. 5.

³ Ibid. 6.

Moreover, the authors also appeal to discourses of respectability, situating themselves as empathetic figures deserving of legitimacy and respect through claiming the authority to tell their own narratives of becoming properly feminine. This demand to be understood as true and feminine women existed in stark contrast to the approach sexologists often took when approaching transvestite and transsexual narratives. Time and again, sexologists expressed a belief that transvestites and transsexuals were either incapable of narrating their history or that they were prone to exaggerate and manipulate their histories for their own benefit. In her work concerning scientific racism and homosexuality, Siobhan Somerville dates this dismissal back to the late 1800s. For medical professionals of the era, the “speaking pervert” was “a challenge to the ‘truth’ of medical examination and threatened to contradict tradition source of medical evidence, the patient’s mute physical body as interpreted by the physician.”⁴ Despite the pervasiveness of this dismissal, many publishers included introductions and forewords written by sexologists and doctors, as well as assessments and interpretations by doctors that often supported and congratulated the authors and their narratives of transition. Perhaps these were included with the hope that these additions provided legitimacy to narratives that had otherwise been deemed suspect as best, and outright lies at worst. Regardless, publishing their own stories provided transwomen with some semblance of authority and control over their own narratives that existed in contradiction to the sexologists’ dismissal of their authorial voices.

These narratives, while published outside of medical journals and texts, were still embedded in medical discourse. The diagnoses of transvestism and transsexualism helped to produce evolving and sometimes contradictory “truths” that emerged from both the writings of

⁴ Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham, N.C.: Duke University Press, 2000). 263. Trans studies scholar Talia Mae Bettcher references this dismissal, in part, as “Basic Denial of Authenticity.” See: Talia Mae Bettcher, “Trans Identities and First Person Authority,” in *You’ve Changed: Sex Reassignment and Personal Identity*, ed. Laurie J. Shrage (Oxford: Oxford University Press, 2009). 99.

sexologists and the writings of those being diagnosed. The truths produced in and through these autobiographies informed and were informed by the “norms of scientific regularity” and could not be separated from these norms. In her work on biomedical ethics and the frequency with which the private matters of vulnerable populations are forced into public discourse, Karla Holloway focuses on the instances where this occurs at the intersection of medical and legal contacts. Arguing that the privacy of marginalized groups, particularly black women, is sacrificed in service of public morality, her work underscores the “ways in which culture is a vigorously constructed interplay of identities.”⁵ The sexologists and authors were co-producing this interplay. These identities, for Holloway’s work and mine, are often “vigorously embedded in medicine” and medical discourse.⁶ These autobiographies provide insight into the work some transwomen did as they navigated the dominating and regulatory effects of medical discourse, norms of womanhood and femininity, as well as the disciplining effects of the diagnosis.

Confessions of Respectability

These autobiographical writings often take the form of a confessional. Many authors explicitly used the term “confession” when narrating their various medical examinations and what the examinations “revealed” or what “truths” emerged at the site of the examinations. Christine Jorgensen explicitly referred to her moment of “revelation” in dialogue with the medical fields, particularly an endocrinologist, as a “revealing confession;” Hedy Jo Star writes “I have a confession to make.”⁷ Using these various formulations of confession, the reader is constructed as a confidante, as a subject to whom a “secret” is being revealed, but also someone

⁵ Karla Holloway, *Private Bodies/Public Texts: Race, Gender, and a Cultural Bioethics* (Durham, NC: Duke University Press, 2011). xix.

⁶ *Ibid.* xviii.

⁷ Hedy Jo Star, *My Unique Change* (Chicago: Novel Books, Inc, 1965). 1.

who is trustworthy and who will believe the narrative the author constructs. Through these confessional narratives, the authors presented themselves as legitimate, heterosexual women, most often white, as well as someone whom the reader will listen to. They also utilized confessional narratives as an appeal for access to various medical interventions to produce a “sex change.”⁸

In readings these texts, one finds similar narratives, consisting of explanations and confessions of unhappiness as children, feelings of failure as men, dressing in women’s clothing as young children then working to avoid it, marrying for love – even having children, discussions of how cross-dressing got in the way, an eventual self-acceptance of their “condition,” with climactic endings describing how wonderful and fulfilling their lives were now that they were being “true” to themselves. Many times this “self-acceptance” was narrated as a confession. Always, though, the authors cast themselves as liberated from perversion or pathology, thus deserving of respect. These narratives were examples of transvestism enacting itself, of those inhabiting subject positions of gender deviance speaking on their own behalf, a move Michel Foucault characterized as demanding “that its [transvestism’s] legitimacy, ‘naturalness’ be acknowledged.”⁹

⁸ These narratives mirror earlier confessions of homosexuality—both popular and personal—to families, therapists, and journalists, confessions that Foucault argued utilized “the same vocabulary...the same categories by which” these individuals had been deemed abnormal, perverse, and “epistemically suspect,” as unable to know or articulate the ‘truth’ of their own narrative. However, these autobiographical narratives also did more than mirror the discursive products of sexology and other medical fields. The narratives invited readers to witness the production and habitation of subject positions deemed abnormal by legal and medical professionals, but subject positions transpeople themselves worked to normalize and make acceptable through their narratives. Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1976). 101.

⁹ Ibid.

Presenting the published books to readers as “authentic” provided what Ashley et al., call an environment where readers, writers, and publishers were “enjoined in a mutually productive performance of truth-telling.”¹⁰ As Foucault explained:

The confession is... a ritual that unfolds within a power relationship, for one does not confess without the presence... of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile... it exonerates, redeems, and purifies him; it... liberates him.¹¹

The readers, sexologists, and transpeople are all produced and interpellated by these narratives: the narratives plead for sympathy from doctors, empathy from the reader, and cast the authors as worthy of both.¹² As such, the discursive production of the “truths” of transsexuality were relational – sexologists, transsexuals, the popular press, and all those reading the texts produced from these various sites were all involved in shaping the discourses of transsexuality. The authorities, those requiring the confession, were the readers, which included medical professionals and those to whom the authors appealed to for understanding and respect.

More than just the emergence of subject positions occurred. The authors crafted their stories and represented their positions in relation to race, class, gender, sexuality, and disability.¹³ They also helped to construct who they understood as “other.” In her essay about Christine Jorgensen and constructions of transsexuality, Emily Skidmore argues that many of the transwomen had an opportunity to “put forth an inclusive display of gender variance,” but instead they “sought to claim an identity ‘just like’ other women, and in calling upon the notion

¹⁰ Kathleen Ashley, Leigh Gilmore, and Gerald Peters, eds., *Autobiography and Postmodernism* (Amherst: University of Massachusetts Press, 1994). 57.

¹¹ Foucault, *The History of Sexuality*. 61-62.

¹² Some books such as Elbe’s were, in fact, only available to the medical community when they were first published.

¹³ Meyerowitz discusses the phenomenon in detail in *How Sex Changed*. She argues that, “after Jorgensen made the news, American doctors and scientists took up the taxonomic process of sorting out a tangled thicket of varied conditions of sex, gender, and sexuality. On the ground, those who identified as transsexuals, transvestites, lesbians, and gay men sorted themselves out in parallel social process. Amidst a multiplicity of variations, some of them came to define their conditions not only in contradistinction to the mainstream norm... but also with regard to others on

of a universal sisterhood, they conflated transsexuality with whiteness, heterosexuality, and middle-classness.”¹⁴ She believes that this was not a failure of the women writing but instead was indicative of the “strong disciplinary mechanisms within the cultural ideology of race, gender, and sexuality.”¹⁵ The disciplinary mechanisms are fueled by decades of white supremacy at the intersection of eugenics and scientific racism. Through appeals to their whiteness, heterosexuality, and femininity, transwomen cast transsexuality as “an acceptable subject position.” To access these norms, however, they were required to subjugate those who were not white, heterosexual, and feminine.

The texts discussed that are the subject of this chapter emerged from a variety of publishers and each one engaged the discourses involved in the emergence of male-to-female transvestite and transsexual subject positions in the mid-twentieth century.¹⁶ Furthermore, some of the autobiographies narrated characters who outright rejected the terms associated with transvestism at the time in which they wrote.¹⁷ While a discussion of what terms they do and do not claim is provided below, it is important to note that I will refer to the writers as “authors”

the margins.” Joanne J. Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge: Harvard University Press, 2002). 7.

¹⁴ Emily Skidmore, “Constructing the “Good Transsexual”: Christine Jorgensen, Whiteness, and Heteronormativity in the Mid-Twentieth-Century Press,” *Feminist Studies* 37, no. 2 (2011). 294.

¹⁵ *Ibid.*

¹⁶ Throughout this chapter, I utilize theoretical insights from oral historians like Alessandro Portelli. As argued, “oral history has made us uncomfortably aware of the elusive quality of historical truth itself.” While the autobiographies discussed below are not *technically* oral histories, they are narrative sources. Portelli makes this comparison when he argued that “oral historical sources are *narrative* sources.” Just as with oral histories, these autobiographies are not “purely ‘objective’ realities” but instead are only “constructed as such by the network of relationships in which they are inserted.” Alessandro Portelli, *The Death of Luigi Trastulli, and Other Stories: Form and Meaning in Oral History* (Albany: State University of New York Press, 1991). 48.

¹⁷ Transmasculine individuals were and remain important to this history. However, their voices and narratives were not considered as important by sexologists and publishers. I focus only on transfeminine voices here because it was their voices, particularly those of white transwomen, whose narratives dominated larger discourses of transvestism and transsexuality at the time; it was their narratives that sexologists, psychiatrists, and lawmakers were primarily concerned with and it was their self-representations, both in person and in writing, that shaped the trajectory of the “official” diagnoses that continue to be accessed today. There were, however, some transmasculine narratives written during this time period: *But For the Grace*, an autobiography of transmasculine individual Robert Allen, was published in 1954. Thousands more brief autobiographical narratives were published in *Sexology*, in Harry

rather than as transwomen, intersex women, or hermaphroditic women. Despite the fact that present day intersex and trans* communities claim some of these women as their own, the authors did not often use this same terminology. Considering that each author worked to construct a narrative and to position themselves as legitimate subjects, I want to respect their self-identification. As such, because I am writing exclusively about individuals who desired to be or identified as *women*, I will use that term.

Circulation of Cultural Production

I explore and analyze ten different autobiographical narratives in this chapter. The publication and circulation, or lack thereof, for each is important to note. Those that were published were circulated to specific audiences. Many were published as pulp or as “sensational stories” of “sex change,” revealing much about a culture that regarded these women as a spectacle. However, others were published by more prestigious presses, or were only written for medical audiences. These differences inform how each author constructed both their narrative and their own subjectivities. They also help to think about questions posed by feminist scholar Sandy Stone in relation to these very autobiographies: “Who is telling the story for whom, and how do the storytellers differentiate between the story they tell and the story they hear?”¹⁸

Earl Lind’s *Autobiography of an Androgyne* was published in 1918. This text, as with his next two autobiographies, was published by New York physician Alfred W. Herzog in the midst of WWI. Ralph Werther, using “Earl Lind” and “Jennie June” as pseudonyms, narrated his story as a self-proclaimed “androgyne.” Herzog wrote a lengthy introduction to *Autobiography of an*

Benjamin’s *The Transsexual Phenomenon*, in David O. Cauldwell’s Big Blue Books, and in other popular publications.

¹⁸ Sandy Stone, “The Empire Strikes Back: A Posttranssexual Manifesto,” *Camera Obscura* 12, no. 2 29 (1992). 228.

Androgyne and professed that the book was “published in an endeavor to obtain justice and humane treatment of the Androgynes.”¹⁹ According to Herzog, Lind wrote his autobiography in an “endeavor to bring his misfortune vividly before the medical and legal fraternities, for the purpose of lightening the heavy load which rested so unjustly, he [Lind] said, upon the unfortunates of his class.”²⁰ After first reading the text, Herzog claimed that he saw no “literary nor scientific value” but after seeing a “light,” Herzog decided to offer it (“practically” unedited) as a “psychological study, well worthy of careful analysis.”²¹ The text was originally published by the Medico-Legal Society of New York in their *Medico-Legal Journal* and sold only to those in the medical or legal professions.²² The book had lower sales than Herzog had hoped for, but stands as one of the earliest records of an autobiography from a person who constructed a narrative explaining that they were a woman rather than a man, and who explicitly self-identified as an “Androgyne.”

Published in 1933 in Germany, *Man Into Woman: An Authentic Record of a Change of Sex* told the story of Lili Elbe. Lili, formerly Einar Wegener, used the name Andreas Sparre in the place of Einar in the text.²³ The book includes Elbe’s diary entries, letters, and conversations with Niels Hoyer, the book’s editor. Beacon Press, founded in 1854 by the American Unitarian Association, first published Elbe’s text in the U.S. Popular Library later issued a new edition. Established in 1942, Popular Library of New York published paperbacks and re-printed detective stories, only later expanding to include other genres. Today both intersex and trans communities

¹⁹ Earl Lind, *Autobiography of an Androgyne* (New York: Arno Press, 1975). ii.

²⁰ *Ibid.* ix.

²¹ *Ibid.* xii-xiii. In her analysis of Lind’s autobiography, historian Melissa Stein notes that “Werther was keenly aware of scientists’ power to shape popular discourse and thus their potential to save individuals like himself from both social ostracism and arrest.” Melissa N. Stein, *Measuring Manhood: Race and the Science of Masculinity, 1830-1934* (Minneapolis: University of Minnesota Press, 2015). 24.

²² Werther even used Latin terms for sexual acts he claimed he did not want laypeople to understand. Regardless of his knowledge of the power of medical and legal professionals to shape multiple discourses, obscenity laws would

claim Lili's autobiography as part of their history. Regardless of who claims this text, it was one of the first written for a popular audience by an individual who underwent a "sex change." Not nearly as sexually explicit as Lind's, Elbe's narrative was shaped for a broader audience.

After garnering global attention in 1952, Christine Jorgensen's notoriety created demand from the public for more "sensational stories" of sex change. The number of autobiographies grew post-Christine Jorgensen, or as Meyerowitz has referred to it, "A.D." or "After Denmark."²⁴ In 1954, Roberta Cowell's autobiography, *The Roberta Cowell Story*, was published by the British Book Centre of New York, then owned by publishing mogul Robert Maxwell.²⁵ One year later in 1955, Tamara Reese published her narrative, "*Reborn*": *A Factual Life Story of Transition from Male to Female*.²⁶ Originally published by a small publishing house in Los Angeles, it sold for \$1 and eventually fell into obscurity. Charlotte McLeod's story was published in 1956, although not by a book publisher. Her autobiography, much shorter than her peers, was published in *Mr. Men of Distinction* magazine out of New York. *Mr.* generally published on sensational and scandalous topics, and in the years between 1957 and 1960 included titles like: "Why Homos Hate Elvis," "An Insider's Report on Swap Clubs," "Kissing: An Exhaustive Study of an Exhilarating Pastime," and "7 Foolproof Alibis to Con the Wife."

Some autobiographies written in the 1950s and 1960s were never published but tell very similar stories and utilize similar rhetoric. Louise Lawrence, a well-networked transvestite, wrote a 117 page autobiography entitled *Lawrence Autobiography*. It is supplemented by a shorter

have prevented him from selling his text to a general audience. *Measuring Manhood: Race and the Science of Masculinity, 1830-1934*. 24.

²³ Lili's story was depicted in the 2015 film, *The Danish Girl*. I will discuss the film at the end of this chapter.

²⁴ Joanne Meyerowitz, "Sex Change and the Popular Press: Historical Notes on Transsexuality in the United States, 1930-1955," *GLQ: A Journal of Lesbian & Gay Studies* 4, no. 2 (1998). 171.

²⁵ Maxwell, originally from Czechoslovakia but based in Britain, owned a vast network of publishing houses. As such, Cowell's book was also published in London, Melbourne, and Toronto that same year. Despite the broad geographical reach, Cowell's story would never know the notoriety of Christine Jorgensen's.

²⁶ Tamara Reese, "*Reborn*": *A Factual Life Story of Transition from Male to Female* (n.p.1955).

piece (six pages) entitled *Lawrence Autobiography 1948-1957*. Both are housed in the Louise Lawrence Collection in the Kinsey Institute archives. The content of the works place the writing around the late 1950s and early 1960s. Perhaps in preparation for publication, someone, presumably Lawrence, began editing the typed-piece, as is evidenced by markings throughout the text.

Hedy Jo Star published her first autobiography in 1955 with an introduction written by sexologist Edwin Poole. Published first through Allied Books as *I Changed My Sex!*, it was reissued in 1963 through a now defunct publisher – Novel Books, Inc. out of Chicago – with a new title: “*I changed my sex!*”: *the autobiography of stripper Hedy Jo Star formerly Carl Hammonds; with an introduction by Edwin Poole*. Star published another autobiography under a different title, *My Unique Sex Change*, in 1965, again through Novel Books. The text of the autobiography remained the same, but this newer issue appeared without the introduction by Poole and with fewer photos. A pulp publisher known for its erotic fiction, Novel Books reached a wide audience and marketed their books with scandalous and catchy titles and descriptions.²⁷ Another transvestite, Abby Sinclair, published her autobiography, *I Was Male*, in 1965 through a subsidiary of Novel Books, Inc., called Specialty Books. In line with Novel’s reputation for publishing scandalous texts, on the cover of Sinclair’s book is the proclamation that it is “A story that makes Christine Jorgensen’s and Hedy Jo Star’s read like Dick and Jane!” promising more erotic and explicit discussions and descriptions of gender transgressions.

The last two narratives I examine appeared in the late 1960s. In 1967, fifteen years after her story broke in the U.S, *Christine Jorgensen: A Personal Autobiography* was published by Paul S. Eriksson through Bantam Books. Originally in a hardcover that sold 24,500 copies, the

²⁷ Novel bragged that some of their fiction had been reviewed by *Playboy Magazine*, creating for themselves a less than bourgeois reputation.

book eventually sold just under 450,000 copies.²⁸ Jorgensen's recognizability helped her autobiography receive a much wider audience than the other texts, and Harry Benjamin's introduction provided certain legitimacy as an "approved" text of sexology. Lastly, in 1968 R.L. Savage submitted her never published autobiography to Harry Benjamin and it is now housed in the Harry Benjamin collection also in the Kinsey Institute archives. Savage claimed that the document was written to assist "medical personnel in diagnoses and the planning of therapy" for those with problems similar to hers.²⁹ Despite the fact that this autobiography was never published, it was familiar enough to Benjamin that he referenced Savage's story several times in *The Transsexual Phenomenon*, thus providing this autobiography *some* circulation, albeit indirectly. Again, knowing that Savage submitted her autobiography to a sexologist rather than a publisher helps to situate her narrative and its possible goals.

Introducing the Characters, Introducing the Narratives

Many of the autobiographies begin with an introduction written, most often, by a sexologist or other medical professional. These introductions worked to legitimize the narratives, serving as a type of endorsement of authenticity. They also framed the texts, and provided the reader with various ways they might interpret the texts: as narratives of despair, of hope, or sometimes as even a spectacle of perversion.³⁰ As the first section to be read by the reader, these forewords and introductions set the tone for what followed. Even in the autobiographies of these authors, sexologists continued to have the first word, continued to discipline and shape these life narratives.

²⁸ Richard F. Docter, *Becoming a Woman: A Biography of Christine Jorgensen* (New York: Haworth Press, 2008). 218.

²⁹ R. L. (Lynn) Savage, in *Harry Benjamin Collection* (Kinsey Institute). 1-1.

³⁰ In addition, sexologists argued for their own approaches and the appropriateness of their view.

Roberta Cowell's text begins with two excerpts that function to frame her narrative as dispassionate, factual, and sympathetic. The first one page excerpt is part of a Reuter's dispatch from April 17, 1954, from Salvator Mundi Hospital in Rome, Italy. The excerpt consists largely of quote from Professor George Randegger who, the reader is told, is "head of Rome's leader International Hospital, where Roberta Cowell had spent three weeks."³¹ Randegger begins: "From the hormonal, physical and psychological going of view, Miss Cowell is now absolutely a woman. Her voice, mental attitudes and sexual attributes are entirely those of a woman."³² Before being exposed to any of Cowell's narrative, the reader is provided with a legitimizing statement as evidence of her womanhood *and* her heterosexuality. Randegger even confirmed the "existence of menstruation" in Cowell, stating that it occurred *before* she had undergone any surgical intervention. He also commented on her intelligence and background: "She is of a high intellectual level, her father is a surgeon," further legitimizing her narrative.³³

Canon A.R. Millbourn, then head priest of The Cathedral in Bristol wrote the second excerpt. Millbourn's two-page foreword paints Cowell as a "dispassionate" writer, one who had the "courage" to present "her own observations of herself."³⁴ He waxes philosophic about the moral and theological implications of the story and the lives of those who are like Cowell, but he presented himself as one who had been changed by Cowell's story and by her friendship with him. A clergy person affirming to the readers that her approach was "dispassionate" bolsters her truth claims, in part because the affirmation comes from a church leader, but also because it suggests that she is led less by emotion and more by a desire to tell her story in a straightforward manner.

³¹ Roberta Cowell, *Roberta Cowell's Story* (British Book Centre, 1954). 7.

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.* 10.

Dr. Edwin Poole wrote the introduction to the first iteration of Hedy Jo Star's autobiography. Poole's introduction functioned very differently than those found in Cowell's text. Poole began by telling a story of a beautiful bride in a white wedding gown who, after marrying her husband, was unable to fulfill her sexual obligations to him. This was because, according to Poole, this woman was Christine Jorgensen whose surgery had left her only with a "fold similar to the female opening" and without a vagina.³⁵ After revealing that he was discussing Jorgensen, he posed the question "Why would anyone want their sex changed?"³⁶ Discussing hermaphroditism as one justification, he quickly distinguished the Jorgensen case as one caused by "purely psychological" trouble that stemmed from poor hereditary background.³⁷ He is clear in his assessment of Jorgensen and others like her: "Perverted values were the basis for... requesting an operation 'like the one Christine had'... true cure lay in the field of psychiatry and not surgery."³⁸ He did not mention Star until the very last line of his foreword: "For the actual dramatic and exciting story of the first woman in the United States, Miss Hedy Jo Star, to have a sex change, read the following completing account my Miss Star herself."³⁹ His purpose in this foreword is unclear, as is his assessment of Star. Providing this as an entree into Star's narrative, Novel Books sets the stage for readers to be suspect, to be on the lookout for perversion, and to easily find it.

Abby Sinclair's autobiography contained both a foreword and an introduction. The editors of Novel Books wrote the foreword to Abby Sinclair's autobiography, citing the expertise of doctors as they worked to define sex, sexuality, and transvestism as well as the causes of these disorders. Citing their "expert" Dr. Saunders, the editors asserted that the cause of these "mix-

³⁵ Hedy Jo Star, *I Changed My Sex!* (Chicago: Novel Books, Inc., 1963). 6.

³⁶ *Ibid.* 7.

³⁷ *Ibid.* 8.

³⁸ *Ibid.* 9.

³⁹ *Ibid.* 10.

ups” were most often because of “some accident of fertilization or development.”⁴⁰ Additionally, they argued that transvestism was a “mental, not physical” sexual mix-up, where the “case of the transsexualism [was] an extreme type of transvestism in which the male patient desires to wear not only ‘the clothes of the opposite sex, but feels that nature intended him to be a member of it.’”⁴¹ They, like others, differentiated these “sexual problems” from homosexuality, but were clear in their assessment regarding these conditions: “It may be mental — or it may be physical — but either way it’s a cause for concern and anxiety among parents, teachers and doctors.”⁴² Firmly placing the burden of responsibility on parents, teachers, and doctors, the editors frame these “conditions” as preventable, appealing to the reader to always be on the lookout for “warning signs” or ways in which they can prevent these “perversions” and “disorders.”

Sinclair’s book also contained an introduction written by George Griffith and Carlson Wade. They began their introduction by categorizing men who “demand that surgeons remove their sex organs and transform them into women” as a “new species of sexual being on the rise in the United States today.”⁴³ They also characterized transsexual women as “deviant heterosexuals” who were on an endless quest to “prove” their womanhood. Griffith and Carlson believed that transsexuals themselves were responsible for this “deviance” and moral failing, and were the result of a “disavowal of the responsibility of being a male.”⁴⁴ Following from this disavowal, they believed, was a “great flaw: Many of the ‘new women’ turn into harlots,” and become “prostituted, taking men into their arms again and again in order to prove that they are

⁴⁰ They referenced intersex conditions specifically as the “most common accident of sexual mix-up,” on that is caused by “adrenal virilization,” urging females who are suffering from these conditions to partially amputate their “oversized organ that makes her look like a boy.” Abby Sinclair, *I Was Male* (Chicago: Novel Books, Inc., 1965). 7.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid. 9.

⁴⁴ The authors argue that this disavowal was often caused by alcoholic fathers who beat them in childhood.

women.”⁴⁵ The authors constructed individuals who desired sex-changes as lacking responsibility and as delusional, and if able to obtain surgical intervention they continued on this path of immorality and became “harlots.” Clearly, the antidote for this was to be of sound mental health, to be monogamous, and to assume responsibility for being a male. That the book began with an introduction constructing transsexuals like Sinclair as individuals who were delusional, deviant, immoral, and irresponsible sets the stage for readers to search for indications of these characteristics.

Harry Benjamin wrote the introduction to Jorgensen’s autobiography and it differed significantly from Griffith and Carlson’s. It seems fitting that the most well-known sexologist, Benjamin, would write the introduction to the autobiography of the most well-known transsexual at the time. In his short piece, Benjamin summarized the medical aspects of transsexualism, defined terminology like “gender role identity” and “sex change,” differentiated homosexuality from transsexualism, and even discussed what might “cause” transsexualism. Ultimately, though, he constructed Jorgensen as a sympathetic character worth of empathy and understanding. Despite his assertions that there was “no conclusive proof” of causes, he asserts that “[i]t would take much rigid preconception to ascribe Christine’s case to anything but an inborn, although not hereditary, condition.”⁴⁶ With this statement, he excused Jorgensen from any responsibility for “causing” her own transsexualism, but he was also engaged indirectly with the vestiges of eugenic influence on the diagnosis. Written in 1967, more than two decades after eugenics lost explicit public support in the U.S., he still was compelled to engage in discourses of eugenics, even if only to dismiss notions of transsexualism as a hereditary “deviation.”

⁴⁵ Sinclair, *I Was Male*. 13,10.

⁴⁶ Christine Jorgensen, *Christine Jorgensen: A Personal Autobiography* (New York: Paul S. Eriksson, 1967). ix.

Legitimizing Their Lives

One aspect of truth production present in almost every autobiography focused on definitional boundaries among transvestitism, transsexualism, hermaphroditism, and homosexuality. Some writers distanced themselves from transvestism and transsexualism by claiming to be hermaphrodites. Others claimed the term transvestite or transsexual within the narrative, but never both. All of the narratives, however, produced protagonists who rejected homosexuality.

Transvestism, Transsexualism, and Hermaphroditism

Two authors, rather than identifying with transvestism or transsexualism, claimed instead to be hermaphroditic. Lili Elbe in 1933 claimed to be a hermaphrodite, citing her doctor's discovery of ovaries within her body. Roberta Cowell in 1954 also narrated her story as one of hermaphroditism. After writing about several encounters with psychiatrists and disclosing her struggle with "living in misery" because of her "abnormality," she narrated a visit with a doctor wherein he confirmed that "there seemed to be some degree of hermaphroditism present" in her body.⁴⁷ She claimed to see a positive shift in her morale after being told that an inherent "feminising factor had been at work" within her body.⁴⁸ She continued, referencing feelings of shame and relief:

The intense shame I had felt began to disappear. Once I realised [*sic*] that my femininity had a *physical* basis I did not despair myself so much. I now know, of course, that I was physically abnormal, but I could accept a degree of involuntary femininity without losing self respect.⁴⁹

Furthermore, because Cowell's "condition" had a physical basis, she could be "fixed" by medical intervention. Cowell rhetorically constructed transvestism, then, as a psychological

⁴⁷ Cowell, *Roberta Cowell's Story*. 82.

⁴⁸ *Ibid.* 83.

⁴⁹ *Ibid.* 83.

problem, and thus, “psychotherapy can cure the transvestite - if he fully cooperates, and really wants to be cured.”⁵⁰ Cowell attempted to construct her position as one necessitating medical, but not psychiatric, intervention. As such, the solutions to her problems were clear, and she hoped that “medical science will find a solution to the ‘problem of the transvestite.’”⁵¹

The narrative referenced Jorgensen several times, and proclaimed that Cowell’s situation and Jorgensen’s “were widely different,” indicating that Jorgensen’s transsexualism was caused by choice, perversion, psychiatric instability, or all three rather than by an inherent biological “truth.” Jorgensen *by definition* could not be hermaphroditic because “the cause is the mind rather than in the body” for people “like her.”⁵² Cowell continued: “The distinctive feature in her [Jorgensen’s] case, of course... was the fact that the change had apparently been induced entirely through artificial means, no spontaneous changes having taken place at all (as they did in my case).”⁵³ The narrative aligned transvestism (and by definition transsexualism) with homosexuality, presenting transvestism as being caused by “deep-seated homosexual tendencies... Usually another contributing factor is exaggerated narcissism... fetishism is usually evident... often an element of masochism is present.”⁵⁴ More than aligning homosexuality with these other, non-desirable labels, her words distanced her position as a hermaphrodite from these “other” pathological categories.

Competing definitions of transvestite, transsexual, hermaphrodite, and homosexuality revealed different and evolving understandings about how to define sex and sexuality. In early sexological writings from the 1940s, sex was defined according to the gonads. One sexologist

⁵⁰ Ibid. 136.

⁵¹ Ibid. 138.

⁵² Ibid. 137.

⁵³ Ibid. 130. Jorgensen presented her own case as not one of hermaphroditism, but as a correction of a “glandular” problem, that her body was not 100% male to begin with so they were simply helping her body manifest its femaleness. Jorgensen, *Christine Jorgensen: A Personal Autobiography*. 111, 123-126.

⁵⁴ Cowell, *Roberta Cowell's Story*. 136.

argued in October of 1946 that Lili Elbe became “in reality a female. Just as the testicles proclaim the man, so the ovaries make the female.”⁵⁵ David O. Cauldwell asserted in 1947 that “[b]iologists distinguish sex by external characteristics. Sexologists distinguish sex by the gonads.”⁵⁶ However, by 1954 explanations of sex had become more complicated. Harry Benjamin acknowledged the role of chromosomes, genetics, and gonads in defining sex, but concluded that sexology’s approach to determining sex was still “incomplete,” was complex, and that sexologists were unable to always clearly discern a person’s “true sex.” Despite sexologists’ acknowledgment concerning complexity and difficulty of defining one’s “true sex,” Cowell and other writers claimed physical hermaphroditism—rather than transvestism or transsexualism—as evidence of their need for surgical intervention, relying on older models whereby sex was defined by gonads.

Those who did claim transvestite often framed their “condition” as wholly distinct from “transsexualism.” Louise Lawrence’s narrative framed the terms as distinct subjectivities: “there was very little in common in the thinking of the transsexuals [*sic*] and the transvestites.”⁵⁷ In her text, she dismissed transsexual’s claim to femaleness. She recounted her experiences with them: “over the years I have met some transsexuals [*sic*] who were absolutely beautiful [but] I still could not consider them as real females.”⁵⁸ The discursive jockeying for a more “legitimate” positionality here is evidenced by her dismissal of transsexualism as a viable and legitimate position, as well as her casting of transsexuals as petty and delusional. She claimed that

⁵⁵ David O. Cauldwell, "A Man Becomes a Woman, Part II," *Sexology* 8, no. 3 (October 1946). 151.

⁵⁶ "Why Males Wear Female Attire: Strange Stories, Weird Confessions, Historical Data, and Scientific Explanations of Transvestism," in *Big Blue Books B-540*, ed. E. Julius-Haldeman (Girard, KS: Haldeman-Julius Publishing Co. Collection, Kansas Collection, RH MS A23, Kenneth Spencer Research Library, University of Kansas, 1947). 23.

⁵⁷ Louise Lawrence, "Louise Lawrence Autobiography 1948-1957," in *Louise Lawrence Collection* (Kinsey Institute). 4.

⁵⁸ *Ibid.* While I have indicated that the spelling of transsexual with one ‘s’ was incorrect, this spelling did appear sporadically in the literature. Additionally, in the 1990s and 2000s, there were communities of transsexual

transsexuals saw transvestites as inferior because transsexuals believed themselves to be *real* women and transvestites “were only males in female clothing.”⁵⁹ Overall, she constructed transvestites as successful and realistic, in part because of their “ability to learn AND ACCEPT who and what they really are,” an acknowledgement that set them apart from transsexuals.⁶⁰

Christine Jorgensen’s narrative also distinguished between transvestism and transsexualism. While working with a journalist, Irmey Johnson, for a five-part series to appear in *American Weekly*, Jorgensen described meetings she had with Johnson and Dr. Hamburger since “most of the medical information [Irmey] sought could only be obtained from” Jorgensen’s doctors. Jorgensen’s story of the first time she heard the term “transvestism” during one of these meetings is recounted. While Hamburger believed that Jorgensen “would fit into this category” of transvestism, the narrative presented Jorgensen as lamenting the terms used in the press because of the popular understanding of “transvestite” as describing “a person obsessed with the desire to wear cloths of the opposite sex.”⁶¹ Christine claimed to fear that if the public associated her with the term, she would be placed in “a narrow category which led many intelligent people to believe the stories that circulated at the time: that I had been a female impersonator before going to Denmark, and in my private life as ‘George,’ I doted on wearing feminine clothing.”⁶² Christine’s narrative is careful to present her as wearing feminine clothing only *after* her first surgery and *after* she changed the sex marker on her passport. Transvestism was presented in the text as synonymous with female impersonation, where transsexualism - Christine’s preferred term - was presented as authentic, as the real desire and embodiment of white, heterosexual womanhood.

individuals who preferred the spelling with one ‘s’ as an attempt to distinguish “transsexual” as a psychiatric and medical word from “transexual” as a term for an identity.

⁵⁹ Ibid.

⁶⁰ Ibid. 5.

⁶¹ Jorgensen, *Christine Jorgensen: A Personal Autobiography*. 173.

The expertise of sexologists were cited throughout Jorgensen's the text, lending the text legitimacy for readers wanting these "expert" opinions. Harry Benjamin was cited regarding his development of the term transsexualism to "designate a problem that differs essentially from that of transvestism."⁶³ Citing Jorgensen's refusal to wear feminine clothing while she "retained any evidence of masculinity," the narrative also worked to distance her from gender deviance.⁶⁴ After her "sex change" surgery, her previous legal name, George, was even placed within quotes to indicate her distance from that name and its masculine connotations since she had become a woman. Engaging in discourses of transvestite pathology, the term transvestite was defined as "naming a disturbance of behavior and emotions."⁶⁵ The earlier term "eonism" was also discussed, but framed as "psychic hermaphroditism."⁶⁶ This definitional maneuvering worked to distance Jorgensen from transvestism, cross-dressing, emotional and behavioral disturbance, as well as psychiatric "disorders."

The authors' efforts to clearly distinguish these terms helped to draw boundaries concerning "more" and "less" pathological condition. They constructed their chosen subjectivity as valid, legitimate, and anything but pathological, a construction that differed sexological literature that often framed all individuals associated with the terms as pathological, or at least perverted, to some degree. Regardless of which "abnormality" the authors believed to be more or less pathological, they were consistent in their attempts to distance themselves from "mental illness" or other psychiatric conditions.

Sex & Psychiatric Disability

⁶² Ibid.

⁶³ Ibid. 174.

⁶⁴ Ibid. 173.

⁶⁵ Ibid. 174.

⁶⁶ Ibid.

Among the various rhetorical moves taken by the authors to construct and present themselves as “sane” and “normal,” they often discussed the ways in which they embodied white, heterosexual, and able-minded womanhood. This work distanced them from psychosis and psychopathology as they dismissed claims of psychological perversion. The authors also engaged discourses of degeneracy, reflecting a eugenic influence in 1950s and 60s culture, alongside themes of sexuality and gender that belied investments in whiteness and able-mindedness. Many writers even defined transvestism and transsexualism as conditions *caused* by psychiatric disability. As such, they aligned sexual abnormality with disability. Furthermore, because of the ways in which eugenics aligned disability with immorality, a more indirect connection was drawn between transvestism and immorality.

In her 1933 autobiography, Lili Elbe narrated several incidences where doctors labeled her as a “hysterical subject” and as “perfectly crazy.”⁶⁷ Yet, when describing a particular visit to a doctor, Elbe recounted feelings of discomfort and framed other patients as abnormal: “In this large room a group of abnormal persons [were] holding a meeting- women who appeared to be dressed up as men and men of whom one could scarcely believe that they were men.”⁶⁸ Elbe claimed to be disgusted by “[t]he manner in which they were conversing.” Elbe continued: “their movements, their voices, the way in which they were attired, produced a feeling of nausea.”⁶⁹ By presenting the group of patients as abnormal and disgusting based on the performance of gender deviance, this section serves to establish Elbe’s normality in relation to them, as well as to distance her from men who cross-dressed or “pretended” to enact womanhood.

⁶⁷ L. Elbe, *Man into Woman: An Authentic Record of a Change of Sex; the True Story of the Danish Painter Einar Wegener (Andreas Sparre)* (Popular Library, 1933). 22. That Elbe was labeled as a hysterical subject recalls Hirschfeld’s categorization of transvestism as an “emotional characteristic” within his list of “intermediaries.”

⁶⁸ *Ibid.* 51.

⁶⁹ *Ibid.*

In another section, Elbe framed her condition as different than those other “degenerate” conditions. Elbe narrated an encounter where a doctor affirmed her claim to womanhood: “The doctor... said to me today: ‘When I saw you first, I thought you were a pitiful, degenerate, unfortunate creature, but now... I can see that you are a healthy and vigorous woman.’ I cannot tell you how happy these words made me.”⁷⁰ These words echo Cowell’s discussion of shame and self-respect. If either of these women were understood to be “degenerate” or psychically disturbed, the narrative suggests that neither would, or could, feel self-respect. Similarly, because of cultural understandings of womanhood, they would not be able to claim and unequivocally access discourses of “proper” womanhood rooted in whiteness, heterosexuality, and able-mindedness. In fact, Elbe, describing a doctor’s declaration of her as a “healthy and vigorous woman,” explicitly aligned this with her access to white, heterosexual womanhood. Her consistent claims to heterosexuality, her financial successes, and her performance of submissive femininity all served to characterize her as a “healthy and vigorous woman.”⁷¹

Homosexual Perversion

Another consistent theme throughout the autobiographies was claims of feeling distaste, or even disgust, regarding homosexuality. This assisted in the authors presenting themselves as *heterosexual* women. While the strategies used by the authors evolved over time, as did notions of whiteness, heterosexuality, and able-mindedness, there existed a consistent disciplinary drive within these autobiographies for authors to differentiate themselves from those “other” perverse homosexuals. In doing so, they attempted to create subjectivities that were non-pathological, perverse, or deviant, but also subjectivities that cast them as respectable, legitimate, and productive citizens.

⁷⁰ Ibid. 230.

⁷¹ Ibid.

Lili Elbe, writing in 1933 well before the establishment of any homophile advocacy groups, clearly indicated her position in relation to homosexuality both before and after her surgical intervention. One conversation with a friend narrated in the text while Elbe was still Andreas (Einar) illuminated this move: “I have indeed, seen with my own eyes that you [Elbe] attract women, and this is the clearest proof that you are genuine fellow.”⁷² Here, heterosexuality is “proof” of Wenegar’s manhood. When asked by this friend if Andreas had “at any time been interested in your own kind,” the response is clear: “[Andreas] shook his head calmly... ‘Never in my life. And I can add that those kinds of *creatures* have never shown any interest in me.’”⁷³ When recounting a time when she was part of a ballet as Andreas, she explicitly framed her interactions with men as firmly *not* homosexual: “if he as much as touched me, I felt so confused that I did not know where to look. In all the psychic disturbances which I then experienced, nothing of an erotic nature played the slightest part. In this respect... I had thoroughly sound natures.”⁷⁴ Elbe equated homosexuality with an unsound nature, as a psychic disturbance, and cast homosexuals as sub-human “creatures.” The narrative functions to distance Elbe from each of these degenerate and undesirable subject positions inhabited by those other than herself.

Furthermore, when Elbe reminisced about traveling with her then wife, Grete, she narrated various instances of men flirting with her, and explained that later her doctors would see those instances as the times when Lili could be “distinctly recognized in appearance for the first time.”⁷⁵ In describing Lili’s sexual desires, she claimed she “no longer felt anything in [her] blood of these emotions of Andreas, of the erotic sensations which he had experienced with women.”⁷⁶ Regardless of meaning or motivation, what is at stake in distinguishing her sexual or

⁷² Ibid. 53.

⁷³ Ibid. Emphasis mine.

⁷⁴ Ibid. 90.

⁷⁵ Ibid. 69.

⁷⁶ Ibid. 246-247.

erotic feelings from those of Andreas was her ability to construct herself as wholly heterosexual both before *and* after her transition. As a heterosexual woman, she could claim herself as “a perfectly ordinary woman among other women.”⁷⁷

In the 1950s, Roberta Cowell presented her “feminine characteristics” as anything but a tendency towards homosexuality. Claims about her loathing for homosexuality followed: “my inclinations, as they developed, were entirely heterosexual. I was horrified and repelled by homosexual overtures, and this loathing included any boy who showed the slightest sign of being ‘sissy.’”⁷⁸ When a man flirted with and made a pass at her while she was living as a man, Cowell described herself as having feelings of revulsion. Several chapters later, when playing a role in school at the theater when she was forced to wear skirts, it is made clear that, for Cowell, “it was important to make my stand perfectly clear, and I had no doubts about where I stood — I had no homosexual tendencies whatever; I was masculine... in every way that mattered.”⁷⁹ Presumably, following her assertions about her feminine characteristics, heterosexuality was a central aspect of what “mattered” in terms of masculinity.⁸⁰

Similar to Elbe, Cowell worked to present herself as heterosexual both before and after her transition, even claiming to be “unsexed” for a short period of time. When discussing her heterosexual relationship with women as a man she was very vague, at one point referencing “physical abnormalities.” However, she was quick to assert that “During the entire period of my metamorphosis I had been... unsexed. I was not interested in men or women” and that “when my

⁷⁷ Ibid. 247.

⁷⁸ Cowell, *Roberta Cowell's Story*. 11.

⁷⁹ Ibid. 66.

⁸⁰ Cowell, beyond expressing her revulsion for homosexuality, also repeatedly stated that she hated physical contact with men. However, physical contact here is very specific. She described comfort in physical violence, particularly against homosexuality, narrating an encounter with a particularly feminine homosexual man: “I would have refrained from actually kicking his spine up through the top of his head.” Ibid. 83.

female libido developed, it was a perfectly normal one.”⁸¹ She claimed that the idea of kissing a man might be something she would consider [as a woman], but the idea of kissing women (now as a woman herself) was as absurd as kissing men would have been in her “previous” life.⁸² She was consistent in asserting her “normal” sexuality and her journey towards becoming a “normal” (read: heterosexual) woman.

Many other authors also claimed to disdain homosexuality. Charlotte McLeod, who published her autobiography in 1956 during the Cold War Red Scare, was explicitly homophobic in her rhetoric. When her doctors suggested male hormones to help with her feminine desires, McLeod explained her reaction, claiming that she “thought it was a dangerous experiment to attempt for it might wind up making me a maladjusted homosexual.”⁸³ This reaction characterized her as fearing homosexuality more than being a transvestite or transsexual. Louise Lawrence, writing almost a decade later, recounted a time when she was arrested for stealing women’s clothes as a young man. While being taken to a detention home, officers questioned her, and she narrated her fear: that “people thought I was a ‘queer’, a homosexual, a ‘fairy’; that I must masturbate an awful lot and that was probably one reason why I did such bad things.”⁸⁴ Not only did Lawrence equate criminality and masturbation with homosexuality, she also firmly attempted to move herself away from those associations.

Christine Jorgensen in 1967 was also quick to distance herself from homosexuality, and continually asserted her heterosexuality, particularly after her surgeries.⁸⁵ Previous to

⁸¹ Ibid. 119, 12.

⁸² Ibid. 119.

⁸³ Charlotte McLeod, "I Changed My Sex," in *Transsexual Vertical File* (Mr. : Kinsey Institute, 1956). 12.

⁸⁴ Louise Lawrence, "Autobiography of Louise Lawrence, 1912-1945," in *Louise Lawrence Collection* (Kinsey Institute). 19.

⁸⁵ Since homosexuality and communism were publicly linked in the 1950s, Jorgensen shied away from any homosexual label, claiming that any experiences she had with men occurred after her sex change operation. Despite being under investigation from communist ties, discussed below, framing herself as an upstanding, white, U.S. Citizen, and a woman, required that she distance herself from both communism and homosexuality. They two had

“becoming” a woman, she discussed her attraction for men *as a woman*, but was clear in her communication that she did *not* act upon any of these attractions, as that would have constituted a homosexual encounter which she “refused” to even consider. R.L. Savage, too, wrote of his nervousness when he thought he might actually be a homosexual, and characterized homosexuality as those who were “fairies” and “queers” and were “doomed to disaster.”⁸⁶ Each individual’s text reflected a disdain for homosexuality, but more than that, they reflect an association of homosexuality with negative moral character, criminality, or psychiatric disability, associations that they used to align their own non-homosexual identities with upstanding moral character and well being.

Modes of Justification

In their autobiographies, the authors made attempts to frame their abnormality as out of their control, and to define and distinguish themselves from the “abnormals” who *chose* perversion. Casting themselves as those whose deviations were congenital, transvestites, transsexuals, and those that claimed the condition of hermaphroditism, jockeyed for their place within the shifting hierarchies of abnormality. These narratives worked to not only distinguish between gender abnormality and these “other” deviances, but also navigate discourses of justification: how could one justify their abnormality in a way to cause empathy rather than disgust?⁸⁷

Lili Elbe clearly staked her claim with appeals to her own hermaphroditism. Today, both trans* and intersex communities claim Elbe’s autobiography as part of their own cannon,

been linked because of various instances, one of which was Harry Hay, co-founder of the early homophile organization The Mattachine Society and known communist.

⁸⁶ Savage. 4-9.

revealing an interesting fissure in the genealogy of these narratives. While intersex communities are often absent from current discussions regarding transsexualism, their histories are intricately intertwined. Elbe was not the first, nor was she the last, to lay claim to “hermaphroditism” to justify her desire to become a woman. In addition, she did not frame her case as one of degeneracy, but she did rely on physiological explanations for her “condition.”

In the mid-fifties, some writers engaged hereditary concerns, despite the lowered visibility of eugenics post-WWII. Roberta Cowell, referencing her own “case,” wrote explicitly about research that was being done into her heredity and connected this research to her aunt who was born with “a congenital absence of vagina.”⁸⁸ Neither she nor her doctors claimed that this was related to her “condition,” but that they discussed heredity at all was evidence of the continuing influence of eugenics on explanations for gender deviance, and perhaps would even serve as justification for surgical intervention to “correct” a “degenerate condition.” Cowell, claiming that she understood herself as abnormal, argued that her doctors needed to fix “nature’s mistake.”⁸⁹ She framed her “abnormality” as the fault of nature rather than her own psyche or mental status. She further connected her condition explicitly with the body when she referenced a conversation with her surgeon about the completed “operation to correct the congenital absence of a vagina.”⁹⁰ Her alignment between “nature’s mistake” and the “congenital absence” of a vagina excused her from having any responsibility for her desire to become a woman, thus placing her outside accusations of being morally suspect or psychologically “ill.”

Charlotte McLeod narrated her belief in the cause of transvestism as located either in the body or the mind. She clarified this claim, however: “For 95 per cent of these victims of

⁸⁷ Additionally, locating the cause of these “conditions” in the body justified surgical intervention rather than psychological. This drive to locate transsexualism and its cause *in the body* reflected eugenic influence and concerns that this type of “degeneracy” could be passed on to children, either genetically or through the environment.

⁸⁸ Cowell, *Roberta Cowell's Story*. 96.

⁸⁹ *Ibid.* 104.

misdirected sex, I believe the treatment probably should be mental.”⁹¹ The other five percent required medical and surgical intervention, and she answered a rhetorical question regarding the growing attention being paid to “sex change” operations: “Sex change is not a new ‘fad’... It is a serious medical answer to a serious medical problem... He cannot be rightfully blamed for these conditions anymore than if he had been born with cerebral palsy.”⁹² Her analogy between her “condition” and cerebral palsy not only analogizes gender deviance and disability, but it also serves here to legitimize surgical intervention for those whose condition is “caused” by the body.⁹³ One significant difference between her narrative and Elbe’s is that she engaged discourses specifically pertaining to “sex changes,” whereas Elbe did not. McLeod published in the 1950s, after the concept of “sex change” had circulated in the popular press, creating an audience of readers who were somewhat familiar with what that term might mean. She framed her own “affliction,” though, as fully congenital, out of her control, and necessitating a “sex change,” thus prompting her to appeal to the American public for understanding rather than ridicule: “The American public needs to accept the fact that there can be physical affliction pertaining to sex, just as to other organs of the body. Just because it deals with sex, we need not blush and run or make crude jokes.”⁹⁴ While she framed her condition as out of her control, she still sought absolution and empathy as a result of her confession regarding her “physical affliction pertaining to sex.”⁹⁵

⁹⁰ Ibid. 109.

⁹¹ McLeod, "I Changed My Sex." 12.

⁹² Ibid. 56.

⁹³ Ibid. Chaz Bono in 2011 makes a similar claim, that being trans is a “birth defect” similar to being “born with a cleft palate.” I discuss this claim again in the conclusion.

⁹⁴ Ibid.

⁹⁵ Latina Seville, whose autobiography was in the back of Abby Sinclair’s text *I Was Male*, approached her explanation for surgical intervention differently than most other authors of the time. Rather than identifying the cause as congenital, she claimed that her desires were potentially psychological. She explained that one reason she decided to undergo a “sex change” was because of her femininity. She did not like being “snickered” at by others. Unlike some authors who claimed to have always *been* female, Latina claimed that after her “change” she still had the mind of a man, that the “surgeon’s scale could not change that.” She continued, wondering if “perhaps with

In her narrative, Jorgensen affirmed her claim from 1953 that firmly placed the cause of her transsexualism in her body. She recounted a conversation with Dr. Hamburger and claimed he said that her trouble was “very deep-rooted in the cells of your [Christine’s] body... your body chemistry and all of your body cells, including your brain cells, may be female. That is only a theory, mind you.”⁹⁶ Rather than laying claim to hidden ovaries or physical hermaphroditism, she appealed to a biological explanation for sex dimorphism of the brain, claiming that her brain was “undoubtedly female.” However, she was not consistent in her agreement with Hamburger’s theory, and asserted that the “origins of transsexualism” might be “at least partly due to heredity or abnormal glandular functions before birth.”⁹⁷ Despite writing almost thirty years after the height of eugenics in the U.S., her discussions of hereditary abnormalities in relation to transvestism is evidence of the continuing influence about eugenics and notions of degeneracy on discourses of transvestism and transsexualism. Jorgensen at no point uses the term “degenerate,” but what her reference to hereditary recalls in terms of connection between those “causes” and eugenics is difficult to ignore.

R.L. Savage did directly reference degeneracy. Her narrative reflected a particular interest in communicating fears of being seen as a “degenerate.” In her autobiography she appealed to medical authorities to provide her with the “truth” of her condition, but also expressed fears about seeing a doctor because she claimed she did not want “to be exposed to self-righteous physicians who would look at my clean shaved body and little breasts and then

psychiatric help, I could have learned to adjust to my male-female body.” Latina’s narrative aligned with homophobic sentiment rooted in the notion that sex deviates were “mentally ill,” and could spread their deviance to those around them. She perpetuated this narrative when she expressed concern in relation to raising children. She discussed marriage and the social status marriage could afford, but then she narrated her doubts: “it wouldn’t be fair for me to marry a young man. I can’t bear children and I would be afraid to adopt a child for fear of mixing him up that way I’m mixed up. No, *people like me shouldn’t raise children.*” Latina Seville, “I Want to Be a Male Again,” in *I Was Male* (Chicago: Novel Books, Inc., 1965). 83, 91, 95.

⁹⁶ Jorgensen, *Christine Jorgensen: A Personal Autobiography*. 102.

⁹⁷ *Ibid.* 327.

accuse me of being a ‘degenerate.’”⁹⁸ At no point did she postulate what might have “caused” her transvestism, but she did suggest that her life and actions should not indicate degeneracy, that “in fact I think I am of quite sound mind and have a reasonable degree of maturity.”⁹⁹ Regardless of Savage’s approach to the etiology of transvestism, her engagement with discourses of degeneracy is yet another example of the lasting impact of eugenic ideology on discourses of transvestism and transsexuality.

As they constructed explanations for transsexualism and transvestism, authors sometimes discussed their own chromosomal make-up, and almost all mentioned their hormone levels or presence of female gonads. Then, as is true in 2016, the presence or absence of genitals revealed the “truth” of normative understandings of manhood or womanhood.¹⁰⁰ They also claimed that the desire to be women was something out of their control. Jorgensen discussed her feminine leanings from a young age and relied on theories of inherent bi-sexuality (of sex, not sexuality); Cowell framed her condition as one of hermaphroditism, similar to Elbe. Each writer engaged discourses of authenticity as they explained their undeniable, as they framed it, womanhood. By grounding their “abnormality” in their bodies they might avoid accusations of deception, perversion, or pathology; they had been women the whole time and were merely “fixing” nature’s mistake. Their claim to naturalness and legitimacy rested on an appeal to a contradiction: nature made them women (not a mistake) but they were born with male bodies (a mistake). To remain surgically unaltered in their “natural” state they would have remained feminine men, troubled and perverse. However, accessing surgery to change their “natural” albeit “mistaken” sex, they could then inhabit normal, heterosexual, white womanhood.

⁹⁸ Savage. 4-19, 4-41, 4-42.

⁹⁹ Ibid. 5-1.

¹⁰⁰ Bettcher, “Trans Identities and First Person Authority.” 105.

The discourses of degeneracy and morality played a central role in shaping how these authors narrated their transsexual, transvestite, or hermaphroditic subjectivities. The authors narrated boundaries between congenital conditions that they believed had no bearing on one's moral, intellectual, or civic character and other conditions that were caused by psychological disturbances and could be cured by psychotherapy. Of these two etiologies, the authors were consistent in their attempts to shift the discourse away from the notion that all abnormality indicated degeneracy or moral inferiority, and instead towards the idea that—if they had no choice in the matter—their upstanding, moral character was unaffected.

Normal (White) Womanhood

Transwomen's negotiation of sexuality and femininity at the intersection of race was indicative of larger discourses of respectability, legitimacy, and normality. Appealing to whiteness in particular, and its attendant presumptions of heterosexuality and class stability, was one very powerful discursive move that transwomen employed as they framed their lives and their stories.¹⁰¹ Whiteness was not a stagnant category, but as Emily Skidmore argues, "White transwomen were able to articulate transsexuality as an acceptable subject position through an embodiment of the norms of white womanhood, most notably domesticity, respectability, and heterosexuality."¹⁰² However, she argues, in order to portray themselves as embodying these norms, they subjugated other "abnormal" bodies, that "transsexual subjects were "sanitized in the mainstream press and rendered visible through whiteness." As a result, other manifestations of gender "deviance" were made visible through "nonwhiteness," through labels not associated with

¹⁰¹ Feminist Hazel Carby argues that the "ideology of true womanhood was as racialized a concept in relation to white women as it was in its exclusion of black womanhood." Hazel V. Carby, *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist* (New York: Oxford University Press, 1987). 55.

¹⁰² Skidmore, "Constructing the "Good Transsexual": Christine Jorgensen, Whiteness, and Heteronormativity in the Mid-Twentieth-Century Press." 271.

proper and normal whiteness—things like degeneracy, mental illness, perversion, homosexuality, and other pathological “conditions.”¹⁰³ However, her claims apply to more than just gender variance. Various forms of degeneracy, psychiatric disability, perversion, and non-normative heterosexualities were also made visible through nonwhiteness, through a distancing of those “others” from whiteness using the mechanisms of white supremacy. Through white transwomen’s rejection of what were widely considered qualities associated with non-white women (sexuality, degeneracy, and disability), transwomen became more intelligible as “authentic” (read: White) women, and others, less so.

Lili Elbe, for example, described her feminine characteristics in great detail to establish her “authentic femininity.” Post-surgery, Lili narrated rapidly occurring changes to her embodiment; masculine features were suddenly feminine. She claimed her voice to be “that of a woman” *immediately* following surgery.¹⁰⁴ She also professed a concern that she would no longer have the same interests as Andreas: “How altogether different from her Andreas Sparre had been! Now there was only a perfectly humble woman, who was ready to obey, who was happy to submit herself to the will of another.”¹⁰⁵ Following surgery, she also described her comportment not as chivalrous, as she had previous done, but instead as one of feminine submission. She narrated several instances where this subservience is highlighted, particularly in her encounters with her doctor, whom she called “the professor.” For example, when she arrived to check into the center where her surgeries were performed, the professor told her that she would have to wait. Lili recalled that she was unable to respond with anything but subservience to him. She claimed to believe that the professor “had deprived her of her will” and “observed

¹⁰³ Ibid. 271.

¹⁰⁴ Elbe, *Man into Woman: An Authentic Record of a Change of Sex; the True Story of the Danish Painter Einar Wegener (Andreas Sparre)*. 118.

¹⁰⁵ Ibid. 153.

how he sought to evoke her feminine impulses by being alternately mild and stern. Had he not deliberately provoked an eruption of all the primitive instincts of her womanhood?”¹⁰⁶ She constructed the narrative in a way that required her to reinforce these differences: “I had to demonstrate every day that I was a different creature from him, that I was a woman.”¹⁰⁷

For the authors, accessing white femininity was crucial to presenting themselves as heterosexual women who were palatable to a general readership, particularly as readers were confronted with the unfamiliarity of a “sex change” and their possible resistances to it. When reminiscing about her decision to become a woman, for example, Cowell discussed how success would only be achieved if she were to become a “socially acceptable” woman, something that necessitated acceptable (hetero)sexuality.¹⁰⁸ Her claim to a “normal” sexuality functioned to distance her from any assumptions of homosexual desire, a label that carried with it, at the time, associations with criminality, perversion, degeneracy, but also communism and anti-patriotic sentiments. Sinclair also echoed the sentiments of Cowell: “My emotions were those of a woman. My sensitivities were those of a woman. And my sexual cravings were those of a woman.”¹⁰⁹ Framing her “normal” American womanhood as heterosexual was necessary to legitimize her surgical transition, and she further legitimized this by recounting a story of finding a man to love her.¹¹⁰

¹⁰⁶ Ibid. 164.

¹⁰⁷ Ibid. 209. In her work on Lili Elbe’s narrative, feminist scholar Sandy Stone connects this portrayal to “the dawn of the Nazi-led love affair with purity,” where Andreas, and then Lili, refused to transgress “boundaries with his ‘own kind.’” 226. This insight further demonstrates Lili’s connections among whiteness, heterosexuality, and femininity.

¹⁰⁸ Cowell, *Roberta Cowell's Story*. 88.

¹⁰⁹ Ibid. 22.

¹¹⁰ Most autobiographies lacked any reference to masturbation. This might be, in part, to the association between masturbation and cross-dressing that indicated a fetish rather than a desire to be a woman. Often, the denial of pleasure from genitals was important when speaking with psychiatrists and sexologists – if one admitted to genital pleasure, their desires for womanhood were often understood as illegitimate. R.L. Savage, however, attempted to recast their masturbatory techniques to align with their professed desire to be a woman. He admitted to masturbating while dressed, beginning from a young age, and as something that “persisted for many years, until about age 22.” However, he provided a graphic explanation of his technique. By stimulating his penis while “wrapped under the

Similarly, many authors laid claim to an innate and *natural* feminine comportment. Cowell, like Elbe, offered readers examples of changes towards femininity that occurred during and after surgery. She claimed that her mental processes slowed and that her intuition rose. She also gained the “ability” to blush.¹¹¹ Her general nature became “milder and less aggressive” and she developed a “strong maternal instinct, and a new strong interest in domestic work.”¹¹² Cowell’s claim to these “feminine” instincts clearly indicates what she associated with proper, white womanhood. Others, like Charlotte McLeod, did not just associate these qualities with womanhood, but also stated that they were required for successful transition.¹¹³ Ten years later, in the midst of the Cold War, Sinclair also touted an affinity and commitment to not just “normal” womanhood, but normal American womanhood. In fact, she provided numbers attempting to normalize and legitimize surgical intervention: “There are, according to two surgeons with whom I’ve talked, between 1000 and 1500 sex-changes living the lives of normal American women.”¹¹⁴ While the term “American” is always a loaded and often presumptive term aligned with U.S. Americanness, this was heightened during the Cold War, during the dismissal of “sexual deviants” from all government positions, and at a time when the U.S. was attempting to create an image of itself as strong, independent, and healthy. She attempted to normalize and

crotch and sat upon” he would become erect but only “at the very internal base of the penis” and he would continue until climax. For Savage, this became “a way of achieving a ‘female’ orgasm with penis not existent and the ‘clitoris’ (the erect stump at the penis base) being stimulated.” Despite referencing his penis several times, his extensive explanation regarding masturbation in effort to mimic female orgasm serves as an attempt to minimize the physiological male aspects of Savage and highlight their desire to engage in sexuality and sex as a female. Savage. 4-6, 4-7.

¹¹¹ Cowell, *Roberta Cowell's Story*. 98.

¹¹² *Ibid.* 98, 116.

¹¹³ She framed surgical transition as something people had been misinformed about, that “a man who has a masculine physique and an effeminate mind, who hopes to find an answer to his frustrations in surgery, is doomed to disappointment.” While not all of their claims are indicative solely of white femininity, it is interesting to note that these writers were referencing white womanhood in the midst of the civil rights movement, and during same year as the murder of Emmett Till, a man whose murder was directly tied to “protecting” white womanhood from black men and from white characterizations of inappropriate black sexuality more broadly. McLeod, “I Changed My Sex.” 10.

¹¹⁴ Sinclair, *I Was Male*. 17.

frame surgical intervention as something that produced healthy and productive citizens, citing all the people around that no one would know is a “sex-change” – those “all around” us, such as “secretaries and seamstresses, file clerks and fashion designers, dancers and decorators.”¹¹⁵

Beyond casting “normal” womanhood as American, white, heterosexual, and “healthy” – or non-disabled – Cowell also framed femininity as synonymous with beauty and naturalness. She recalled one psychologist telling her that she was “a complete woman - a normal female in every respect.”¹¹⁶ She framed being a complete woman as being beautiful. She explicated her interpretation of femininity later in the text, and argued that “each individual has a decidedly different level of femininity. There is no prior assurance or guarantee that a sex change will create an instantly beautiful girl.”¹¹⁷ This femininity was presented as always already white, evidence of what English and Afro-American scholar Hazel Carby argued in 1987: “The ideology of true womanhood was as racialized a concept in relation to white women as it was in its exclusion of black womanhood.”¹¹⁸ Cowell later discussed older transwomen who she considered ugly, those who she characterized as having lost their “femininity,” thus asserting ageist tendencies alongside racist, heterosexist, and ableist notions of femininity.¹¹⁹

Christine Jorgensen’s portrayal of herself as a white, heterosexual woman is also well documented. She, almost more than any other transwoman from this time period, succeeded in aligning her image with the epitome of white, heterosexual, middle-class, sophisticated femininity. Newspapers reporting positively about her presentation and commented on the success of her femininity, which included her mannerisms, clothing, among other aspects of her

¹¹⁵ Ibid. 17. Cowell described a friend, a white transwoman who was a dentist, and told the plans of this woman: “soon she plans to retire to the suburbs and become a housewife, normal in every way except for her inability to bear children.” Cowell, *Roberta Cowell's Story*. 18.

¹¹⁶ *Roberta Cowell's Story*. 32.

¹¹⁷ Ibid. 76.

¹¹⁸ Carby, *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist*. 55.

¹¹⁹ Cowell, *Roberta Cowell's Story*. 77.

comportment. Emily Skidmore argues that Jorgensen's story, more than any other, helped to define the borders of transsexual subjectivity. Jorgensen's "proximity to white womanhood" — the alignment of her narrative alongside narratives of whiteness — helped "define the boundaries of 'transsexual' identity" in the popular press.¹²⁰ However, her narrative and representations did more than this. Her story in the popular press and in sexological literature helped shape, specify, and narrow the boundaries of transsexual identity for sexologists and other medical professionals. In her autobiography, Jorgensen established a narrative in which she journeys from male effeminacy (without cross-dressing) to being fully female "down to her cells."¹²¹ Jorgensen's polished narrative of femininity positioned her among "appropriate discursive figures" and was indicative of "the strong disciplinary mechanisms within the cultural ideology of race, gender, and sexuality" within Jorgensen's post-war social milieu.¹²² *The Christine Jorgensen Story* provided an avenue for readers to understand Jorgensen as an acceptable woman via her whiteness, her heterosexuality, her femininity, and her class status, while simultaneously casting other subjects as pathological (transvestites and homosexuals). While this positioned non-white and non-normatively heterosexual transvestites and transsexuals as pathological, it simultaneously helped to position her as authentic and legitimate to a large audience. This validation of Jorgensen's brand of transsexuality, however, continues to affect who is recognized and affirmed as a "legitimate" transsexual.

The femininity R.L. Savage approximates is also undoubtedly tied to her understanding of race. At one point in her text, she compared being transsexual to being black. She feels pain over the bad things happening in the world:

¹²⁰ Skidmore, "Constructing the 'Good Transsexual': Christine Jorgensen, Whiteness, and Heteronormativity in the Mid-Twentieth-Century Press." 271.

¹²¹ Ibid.

¹²² Ibid. 294.

the racial problem... these things are signs of something deeply wrong with our culture. People are so hurt by all this. In fact is it not possibly just as difficult for many Negroes to find an identity as it is for a TS? Isn't that really the same sort of problem, society not leaving you alone and not allowing you to be free to live as you want? It horrifies me to think how the millions of Negroes in this country must feel.¹²³

This narrative, producing an equivalence between racial "others" and Savage's transness, presented itself again later in the text: "I could see how there were other really hopeless situations one could be born into in our society... here were beautiful, loveable little children who would be doomed to disaster because of the racial backgrounds, because no one would have them."¹²⁴ This is evidence of what feminist scholar Adrienne Rich described as "white solipsism," defined as the tendency to:

think, imagine, and speak as if whiteness described the world... it is a tunnel-vision which simply does not see nonwhite experience or existence as precious or significant, unless in spasmodic, impotent guilt-reflexes, which have little or no long-term, continuing momentum or political usefulness."¹²⁵

Savage leveraged blackness and black subjectivity in order to cast herself as a sympathetic figure, one who was "horrified" by what the "Negroes in this country must feel." She analogized the experiences of transsexuals and those of Black people in the U.S. in an effort to establish feminine empathy, demonstrating an understanding of womanhood steeped in white supremacist ideals.

These autobiographies highlight various aspects of race, gender, sexuality, and disability. More than this though, they accomplish what historian Chad Heap described as the "emergence and codification of a new twentieth-century hegemonic social order – one that was structured primarily around an increasingly polarized white/black racial axis and a hetero/homo sexual

¹²³ Savage. 5–2.

¹²⁴ Ibid. 4–28.

¹²⁵ Adrienne Rich, "Disloyal to Civilization: Feminism, Racism, Gynephobia," in *On Lies, Secrets and Silence* (New York: Norton, 1979). 229.

binary that was defined in reciprocal relationship to one another.”¹²⁶ These transsexual, transvestite, and hermaphroditic narratives helped to construct boundaries around these subjectivities. More than this, though, they also helped to structure and solidify the distinction between “more” and “less” legitimate gender variant subject positions at the intersection of race, disability, and sexuality. These texts are an example of the ways in which “notions of sexual propriety and respectability became integral to the definition of race,” where nonwhite groups claimed and secured whiteness at the “expense of black subjugation and in the refashioning of sexual normalcy and difference from a gendered system of marginalized fairies and mannish women to a cultural dyad that privileged heterosexual object choice.”¹²⁷ They subjugated others in an attempt to access what they described as desirable subjectivities.

For the Greater Good

Alongside heterosexuality, whiteness, and femininity, many authors engaged with discourses of citizenship and social responsibility. They utilized, however, their access to heterosexuality, whiteness, and femininity, as a way to legitimate their claims regarding their proper role as citizens. Their engagement with these discourses distinguished their writings from those published by sexologists; rarely did sexologists reference transvestites or transsexuals alongside positive notions of citizenship. While their characterization of themselves in relation to citizenship and society differed from one another, what was consistent was that they constructed new and positive concepts of citizenship that included their own subjectivities as transsexuals, transvestites, or hermaphrodites.

¹²⁶ Chad C. Heap, *Slumming: Sexual and Racial Encounters in American Nightlife, 1885-1940* (Chicago: University of Chicago Press, 2009). 3.

¹²⁷ *Ibid.* 11. This type of exploitation was not new, but these authors were responding to, as Stone described, doctors being the gatekeepers not only of access, but also of the “truth” of gender.

Roberta Cowell referenced being “useful” as she narrated a story of journeying from desperation to eventual hope of bringing her “life force” and “vital energy” into the world as a useful citizen. She began with referencing racial degeneration: “one of the chief signs of racial degeneration is a weakening of the distinguishing marks of the male and female. In my own case, my secondary sex characteristics were poorly developed, and I had some female characteristics. It seemed to me that here was a strong moral argument for putting an end to my life.”¹²⁸ This section of the narrative linked racial degeneration and morality and, more specifically, framed white racial degeneration as morally justifying suicide. Cowell continued, arguing that the only thing that kept her alive in the face of this degeneration was the possibility that she “might become a useful member of the community.”¹²⁹ This juxtaposition between racial degeneration and being a “useful member of the community” highlighted the discursive alignment being made in the narrative between degeneracy and being a burden on the community on the one hand, and whiteness and citizenship on the other. Not only was Cowell constructing a subjectivity for herself wherein she would occupy the position of “useful member,” but she produced those unlike her as burdens, degenerates, and not worthy of citizenship unless they participated actively in whiteness and productivity.

Cowell also declared herself as sane, justifying her “abnormality” with physical rather than psychological reasons. In discussing her “sanity,” the narrative framed her psychological treatment as “more in the nature of character analysis” rather than the “removal of psychoneurosis.”¹³⁰ After linking whiteness and citizenship, a story is then told about an interaction with a “famous sexologist” telling her that she had feminine aspects to her physiology

¹²⁸ Cowell, *Roberta Cowell's Story*. 81.

¹²⁹ *Ibid.* 81.

¹³⁰ *Ibid.* 80.

and this was what caused her “abnormality.”¹³¹ Cowell’s narrative here produces links among able-mindedness, whiteness, and citizenship, and she discursively aligns gender deviance caused by anything other than hermaphroditism with degeneracy, psychiatric disability, and immorality.

Louise Lawrence, in the second installment of her autobiography, engaged these discourses on the first page of her narrative. Lawrence narrated the result of engaging in relationships with others “involved” in transvestism, citing interactions with a transvestite:

With her tremendous knowledge of psychiatry and psychology, [she] was able to impart to me the realization that I was a total person. Even if I did have a ‘problem’ I could still function as a contributing member of society. I did NOT have to be just another creature taking up space on this planet but that I could do something worth while [*sic*].¹³²

The narration here equated being “a total person” with being a “contributing member of society,” setting both of these subject positions over and against “creatures” who fail to do things that were worthwhile. Directly following this quote, the reader is given an example of what this “worthwhile” action might consist of for Lawrence: “knowing [herself] for what [she] really was and not the image [she] THOUGHT [she] should be.”¹³³ The narration continued, explaining that for Lawrence this was supposedly made manifest by recognizing that she was a “male,” but living as a “female.” To be worthwhile, in other words, transvestites had to recognize and acknowledge their maleness, regardless of their choice to live as a female, echoing similar sentiments made by Virginia Prince and her dismissal of transsexualism as delusional. At no point is the reader provided with examples in the narrative of what other “worth while” actions might be, but the narrative clearly aligns this concept of usefulness with Lawrence and the ways in which she portrayed her decision to live fully in the female “role” as a transvestite.

¹³¹ Ibid. 82.

¹³² Lawrence, "Autobiography of Louise Lawrence, 1912-1945."1.

¹³³ Ibid.

Christine Jorgensen's transsexual narrative constructed her as a white woman of self-mastery and self-discipline both over her sexuality and her feminine desires while living as a man. She claimed in the text that she never cross-dressed. Instead, the narrative provided the "first" instance that she dressed as a woman, only after being declared a woman on her passport, once she had received "official sanction" as a woman from the American Embassy in Denmark.¹³⁴ Describing the masculine clothes she wore to the Embassy before her passport reflect her new identity produced an alignment between her clothing and her state sanctioned sex. Skidmore discusses this incidence, arguing that by adding this story to her narrative, Jorgensen was able to avoid "being accused of ever having been a male cross-dresser, and ... placed her embodiment in terms of proper U.S. citizenship and narrated her sex reassignment through allegiance to the disciplining apparatus of the U.S. state."¹³⁵ Jorgensen, as noted above, also repeatedly articulated distaste, even disgust, for homosexuality. The narrative portrayed Jorgensen as always heterosexual, interested in state sanctioned citizenship and documentation, and as properly feminine in her heterosexuality once she began to dress as a woman. In her discussion of nationalist discourses, Laura Ann Stoler argues that they "marked out those whose claims to property rights, citizenship, and public relief were worth of recognition and those who were not."¹³⁶ Jorgensen's narrative cast her as worthy. The engagement with discourses of proper and respectable sexuality and femininity, at the intersection of her claim to U.S. citizenship as a *white woman*, were, according to Stoler's analysis of race "productive of racial distinctions, of clarified notions of 'whiteness.'"¹³⁷ Jorgensen's narrative reified connections between whiteness, heterosexuality, and appropriate (read: state sanctioned) femininity over and against transvestism

¹³⁴ Jorgensen, *Christine Jorgensen: A Personal Autobiography*. 120

¹³⁵ *Ibid.* 276-7.

¹³⁶ Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995). 7.

¹³⁷ *Ibid.* 8.

and homosexuality, two “conditions” that her narrative framed as standing in opposition to respectability, but less obviously in opposition to her embodiment of proper white womanhood.

Savage’s narrative engaged discourses of civic engagement from the beginning. The autobiography cast Savage as wholly woman, and drew connections between his desires to be a woman and his ability to be a useful citizen: “[I] felt like a female in both mind and body... the only way it is possible for me to continue to function as a stable, contributing member of society... is to undergo a sex change and become a woman.”¹³⁸ The narrative repeated itself as his autobiography came an end: “My conclusions are that I need the change of sex in order to live, and be a productive member of society, and provide income for my family.”¹³⁹ These lines of text produced Savage as an individual committed to his family and to the country, as a *good person* who needed a sex change in order to fulfill society’s expectations of him.

Despite the lack of direct discussion of citizenship in many of these narratives, tracing the ways in which they engage discourses of citizenship at the intersections of race and disability reflected attempts to produce notions of who could and could not embody proper citizenship. Disability scholar Nirmala Ervelles argues that in the U.S. and in Europe, “nation-building was intimately intertwined with eugenics policies that marked people of color and people with disabilities as ‘unfit bodies’ and ‘unworthy citizens.’”¹⁴⁰ Ervelles references M. Jacqui Alexander and Chandra Talapade Mohanty and their assertion that “colonial/postcolonial/neocolonial nation-state[s] conflate[] (white)(hetero)sexuality with citizenship and organize[] a ‘citizenship machinery’ that *renders suspect* all who deviate from

¹³⁸ Savage. 1-1.

¹³⁹ Ibid. 5-12.

¹⁴⁰ Nirmala Ervelles, "The Color of Violence: Reflecting on Gender, Race, and Disability," in *Feminist Disability Studies*, ed. Kim Q. Hall (Bloomington: Indiana University Press, 2011). 130; Leslie Roman, "Education and the Contested Meanings of 'Global Citizenship'," *Journal of Educational Change* 4, no. 3 (2003).

white heterosexual norms of citizenship.”¹⁴¹ Despite their attempts to produce themselves as a “non-suspect,” some of the authors failed to avoid suspicion. Jorgensen, for example, was under investigation by the state commission of New York for a short time. She was suspected of communist ties because of a so-called “pro-communist statement” she made the day she returned to the U.S. from Denmark.¹⁴² Jorgensen narrated her surprise upon learning this from a journalist: “I stared at him in disbelief” and “wondered what I possibly could have said that was misconstrued as un-American or Communist-inspired.”¹⁴³ The statement in question regarded Jorgensen’s reply of “Yes” when asked by a reporter if “Europeans have more understanding about sexual problems such as [hers], than Americans do.”¹⁴⁴ Jorgensen presented herself in the narrative as finding it “inconceivable” that she held or espoused any un-American sentiments, that “comparison of understanding problems of a sexual nature,” was something “less than treasonous.”¹⁴⁵ The reasons for suspicion for communist ties in the 1950s and 1960s were many, but her deviation from white heterosexual norms of citizenship rendered her suspect, even briefly, despite her efforts to appear otherwise.

Citizenship in the mid-twentieth century was a concept fraught with anxieties about immigration, race, and disability. Erevelles claims that disability was “a political and analytical category deployed by the colonialist state to patrol the boundaries of citizenship.”¹⁴⁶ While disability is most often equated with *physical* disability, being “diagnosed” as deviant in terms of sexuality or gender was part and parcel of this discounting act. In his work on transgender citizenship, communications studies scholar Isaac West argues that:

¹⁴¹ Erevelles, “The Color of Violence: Reflecting on Gender, Race, and Disability.” 122, emphasis mine. M. Jacqui Alexander and Chandra Talpade Mohanty, “Introduction,” in *Feminist Genealogies, Colonial Legacies, Democratic Futures*, ed. J. Jacqui Alexander and Chandra Talpade Mohanty (New York: Routledge, 1997).

¹⁴² Jorgensen, *Christine Jorgensen: A Personal Autobiography*. 271.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

The performativity of citizenship entails a reiteration of discourses already operating in culture, discourses saturated with history and ripe with the potential for appropriation... They do citizenship as they rely upon certain discursive expectations to gain recognition as subjects. At the same time, they also undo citizenship as subjects articulating unexpected elements into their demands for recognition.¹⁴⁷

The autobiographies produced their subjects as citizens, as individuals who *did* citizenship based upon, and in complicity with, white normativities and subjectivities, while simultaneously undoing normative expectations of citizens as what we would now identify as cisgender.

Aligning themselves with respectable white femininity, they attempted to expand constructions of citizenship to include transvestites, transsexuals, and hermaphrodites, although narrowly defined to include only white, heterosexual, and ablebodied individuals inhabiting these subject positions.¹⁴⁸

The Face of Transsexuality

Many published autobiographies from the twentieth century included photographs of the authors, both solo shots and photos with other people in their lives. These pictures often functioned to establish the narrator's whiteness, class, ability, and heterosexuality; more specifically the photos made their whiteness more tangible by utilizing class and sexuality signifiers. Transfeminist scholar Bobby Noble discusses how whiteness "comes into visibility as whiteness when it is articulated through class," where white is a "class-based race: the higher up you go, the whiter you get."¹⁴⁹ Noble discusses this whiteness-made-visible in relation to his own

¹⁴⁶ Ervelles, "The Color of Violence: Reflecting on Gender, Race, and Disability." 123

¹⁴⁷ Isaac West, *Transforming Citizenships: Transgender Articulations of the Law* (New York: New York University Press, 2014). 28.

¹⁴⁸ However, West's notion of citizenship as a "fluid and dynamic discursive resource available for rearticulation..." and as practices that "may be more complex than complicity with or rejection of normativities," provided space where those who were excluded – TV and TS people of color or TV and TS people with disabilities, for example - might also access or benefit from these discourses. Ibid. 35.

¹⁴⁹ Bobby Noble, "Our Bodies Are Not Ourselves: Tranny Guys and the Racialized Class Politics of Embodiment," in *Trans-Forming Feminisms*, ed. Krista Scott-Dixon (Sumach Press, 2006). 249, 255.

story, but this formulation illuminates many of the ways in which these trans writers accessed whiteness via class and class associations, whether it be through their clothing, activities they performed, or the elegance of the events they attended.

The photographs in Cowell's autobiography work to establish her as an authentic white woman. The cover of Cowell's book foregrounds a "before and after" shot. On the left, she is pictured as a dapper white man in military uniform looking straight into the camera, meeting the gaze of the reader. On the right, she is pictured with long hair, wearing a low-cut, square neckline dress. She holds a flower in her right hand and gazes at it rather than the reader. On the back cover, there are two more photos of her as a woman, with the larger one a full-body photo of her wearing a strapless formal gown. She is lifting the dress up along her right leg in a motion that suggests she is reaching for a garter belt or adjusting her hose. She is clearly identifiable as a white person, reads as able-bodied in her full-body shot, and her demure posture on the cover and the revealing leg-shot on the back hint at a submissive but inviting sexuality. As her text was published for a mass audience, it can be assumed that the photos were meant to titillate a mainstream, heterosexual audience rather than attract those whose desires were homosexual, thus producing her as an object of the heterosexual gaze. Furthermore, the inclusion of her military photo implicitly implies her mental health, in part because of the physical and psychological examinations one must pass to enlist in the first place.

Hedy Jo Star's autobiography, *I Changed my Sex!*, features thirty-one photos in all.¹⁵⁰ A majority of these photos show Star in dance costumes ranging from full-bodied gowns to mini-skirts with pasties over her breasts. Her sexuality is highlighted in her poses as well as in how she gazes at the camera. Several photos depict Star with Ray Milo, a man whom she dated for six years. Firmly establishing her heterosexuality as a woman supported her narrative that she was a

heterosexual woman even before she was able to obtain her “sex-change surgery.” In further support of this narrative, two photos show Star as a young boy, but as one who “looked more like a young girl than a young man.”¹⁵¹ Another, a picture of Hedy Jo Star sitting in her short skirt and pasties affirmed that even *before* she underwent breast augmentation, “Hedy Jo was more of a woman than most strippers.”¹⁵² Further shoring up her heterosexual appeal, even if moving away from “respectable” white feminine heterosexuality, were three two-page spreads that functioned as centerfolds within the text, a la *Playboy Magazine*.¹⁵³ In the midst of changing discourses about white womanhood and sexuality in part because of publications like *Playboy* and the audiences it created, the centerfolds in Star’s text do not exclude her from access to normative white womanhood.

The second iteration of Star’s autobiography, *My Unique Change*, includes many of the same photos from *I Changed my Sex!*. The cover features the “before and after” shot, with Star as a white man in the upper left corner wearing a suit and tie looking into the camera and in the bottom right corner as a woman with long flowing hair gazing just to the side of the camera. She is presumably wearing a strapless dress, but none of the dress can be seen in the photo. There are also two photos on the back cover. The upper left is the larger shot of Star from which the cover photo was taken. However, now the viewer can see Star and her mother. The copy tells the reader that “he” is twenty-two years old and asks how he could “become the voluptuous, sought-after, world-renowned exotic pictured below?” The photo “below” captures Star seductively gazing into the camera, lips pursed just slightly, and again in a (presumably) strapless dress that is not visible in the photo. Of the seven photos included in the text, five are full-body shots of

¹⁵⁰ There are significantly more photos than the *My Unique Change*, the second iteration of her autobiography.

¹⁵¹ Star, *I Changed My Sex!* 21.

¹⁵² *Ibid.* 42.

Star, ranging from burlesque-type outfits to full-length ball gowns. The fourth of the five full-body shots pictures Star wearing a short-fringed skirt, pasties on her breasts, fishnet tights, high-heels, and a sheer train that she holds out to her sides. The photo on the right of that, not full-body, pictures her with her “(former) sweetheart” Ray Milo, as he leans over her right shoulder close to kissing her right cheek. Answering the question asked on the back of the book “How can a man fall in love with another man – and yet not for a moment be a homosexual,” these photos function to highlight her sexual appeal but more specifically her white, feminine, able-bodied heterosexual appeal. Again, no explicit reference is made to psychiatric disability, but her wellness communicated through other means implies mental health – that she is a successful performer, white, and heterosexually partnered, indicates moral, healthy choices for a white woman.

Of the three photos published in Reese’s autobiography, only two are photos of her. Those two, however, follow the obligatory “before and after” photos with the first depicting her as a tall, feminine woman in a dress with a shawl draped over her shoulders - she looks away from the camera with a slight smile on her face. The second is a photo of her when she was a man in the military. Dressed in uniform and wearing a pea coat, the subject looks into the camera with a smile on his face with his wrists bent upwards on each side in what some might consider an effeminate pose. The third photo, however, is of a document stating than “Robert Rees (Known as Temora Rees) is not of the masculine sex and therefor recommend that she may be considered as a female [*sic*].”¹⁵⁴ It is then signed by Reese’s psychiatrist and addressed to the American Embassy [*sic*] at Rotterdam. This photo is provided along with Reese’s narrative

¹⁵³ *My Unique Change*. Star’s autobiography was published ten years after the first issue of *Playboy* was issued with Marilyn Monroe on the cover (selling over 50,000 copies). The concept of the “centerfold” had become an accepted and “generic term for pin-up photography.” to Our History, 2016.

¹⁵⁴ Reese, “*Reborn*”: *A Factual Life Story of Transition from Male to Female*. 37.

concerning the process she underwent to have her passport reflect her new identity. This note, signed by a medical professional, functioned to legitimize her right to officially claim womanhood.

Jorgensen's autobiography contains twenty-six photos, including a two-page collage of newspaper articles featuring her story. Several of the photos show Christine as a little boy, and several others feature her as an adult man. One photo shows Private First Class George Jorgensen at Fort Dix, with the caption indicating that PFC Jorgensen weighed "only ninety-eight pounds."¹⁵⁵ The last photo of Jorgensen looking masculine is a headshot, with the caption "In Denmark during the Fall of 1951, after the first operation and before the legal change from George to Christine."¹⁵⁶ This narration of her as "George" post-operation but before the "legal change" to Christine supports the way in which Jorgensen framed herself as a law-abiding citizen. Even though she claimed here that she had undergone her first operation, this photo serves to establish her refusal to identify or dress as a woman until the U.S. acknowledged this change. Every photograph after this is of *Christine* - either in full-length dresses, furs, or less-formal dresses. The one exception is a picture of "Relaxation" in Australia of 1961, where Jorgensen is pictured waterskiing in a swimsuit. This photo functions to solidify to the reader the reality of her feminine form that can be seen even when wearing a one-piece bathing suit.

The photographs presented in these autobiographies function on many different levels. They worked to establish the authors' whiteness, class status, able-bodied and able-mindedness, as well as their heterosexuality. In particular though, the before and after photos that in many contexts might emphasize the malleability of gender, instead emphasized the permanence of gender and that these women were "finally revealing" their *true* selves. Julian Carter, along with

¹⁵⁵ Jorgensen, *Christine Jorgensen: A Personal Autobiography*.

¹⁵⁶ *Ibid.*

transgender studies scholars David J. Getsy and Trish Salah, discussed the role of photographs in transvestite and transsexual autobiographies, arguing that:

While trans autobiographies are shaped by generic conventions that work to isolate the trans subject as a unique individual, trans photographic portraits often function as evidence of a particular person's physical presence. However, photography's indexical function places the trans body in a double bind: it must declare its visibility, but in doing so, it initiates the diagnostic gaze that demands that the temporal process of transition be legible on the body... both auto- biographies and photographic portraits reflect the diagnostic texts and images that powerfully shaped much trans becoming in a mid-twentieth-century medicalized Western context.¹⁵⁷

The texts that included photographs produced physical evidence of their author's surgical transitions as well as assertions of their legitimate claim to womanhood. For authors claiming a transsexual subject position, both then and throughout the twentieth and into the twenty-first century, this "evidence" also functioned to further establish physical transition as foundational to legitimate and "true" transsexuality.

Multiplicity and Contradiction

These texts provide insight into how the authors engaged with, helped to shape, and were shaped by discourses of eugenics and sexology, but also race, class, and disability. The authors employed various strategies in their writing as they engaged with a "multiplicity of discursive elements" that played roles in the construction of the subjectivities they claimed and inhabited.¹⁵⁸ Because their texts reached a wider audience than the medical publications of the sexologists, these autobiographies helped to shape these discourses on a large scale. As they utilized the "expertise" of sexologists, the authors both acquiesced to and challenged the constructions of their "conditions" in the public sphere. Those that claimed hermaphroditic status to justify and

¹⁵⁷ Julian B. Carter, David J. Getsy, and Trish Salah, "Introduction," *TSQ: Transgender Studies Quarterly* 1, no. 4 (2014): 471.

¹⁵⁸ Foucault, *The History of Sexuality*. 100.

legitimize their surgeries forced readers to grapple with the differences between “physical” sex mix-ups and “psychological” mix-ups. Furthermore, it required readers to engage questions of sexuality and morality, regardless of the answers to what “caused” these individuals to desire to be or identify as women.

The authors towed a very precarious line as they navigated the terrain of pleading for sympathy and understanding while simultaneously subjugating others in order to make that appeal. This precarious line is illuminated by Jennifer Terry’s work regarding Alfred Kinsey’s study of sexuality and the threat that his work posed to cultural expectations of sexuality. Kinsey’s scale constructed a sexuality where no clear boundary existed between heterosexuality and homosexuality. In effect he “made the border between homosexuality and heterosexuality permeable and highly contingent.”¹⁵⁹ Similarly, the authors of these autobiographies, in their appeal to either physical or psychological causes for their “conditions” threatened to blur the seemingly clear boundaries of male and female. Yet, in their attempts to make their stories safe, palatable, and empathetic, the writers employed strategies that celebrated normal white womanhood and aligned their own identities with this acceptable and desired embodiment.

Lasting Impacts

Since 1968, numerous transvestite, transsexual, transgender, and intersex autobiographies have been published. However, some of the narratives discussed here continue to shape trans* discourse even in 2016. Most recently Lili Elbe’s narrative was fictionalized and portrayed in the 2015 film *The Danish Girl*. Lili, played by Eddie Redmayne, is described by the director Tom Hooper as a trans woman, despite the fact that “trans woman” was not a term available to Lili. In

¹⁵⁹ Jennifer Terry and Jacqueline Urla, *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture* (Bloomington: Indiana University Press, 1995). 159.

fact, as discussed above, Lili narrated her own story as one of hermaphroditism, what in 2015 would be referred to as an intersex condition. Hooper goes so far as to claim that the film is also about “reclaiming trans history.”¹⁶⁰ Furthermore, in an interview he discusses the work he and Redmayne did in trans* communities as they researched the role of Lili Elbe.

Hooper acknowledges that the word “transgender” was not available to Lili, but he and many individuals in trans* communities in 2016 see her as part of transgender history. The film is not without critique, with one author claiming that “the film obscures the real story of Lili on many levels [including] her birth as an intersex baby.”¹⁶¹ Regardless of the “truth” of Elbe’s “condition,” it is interesting to note the anxieties from the cast and crew as well as those within trans* communities about the portrayal of Lili, how her story is told in terms of identity, and if she is seen as *truly* embodying transness or if her character is a portrayal of gender transgression that is “regressive, reductive and harmful” to contemporary trans* communities.¹⁶² The narratives from the twentieth century continue to impact how transpeople are understood in the twenty-first century, and they exist alongside other visible and out transgender individuals – Caitlyn Jenner, for example. These narratives and their portrayal continue to shape how people access trans* subjectivities.

¹⁶⁰ Kristy Puchko, "Tom Hooper Explains Why He Cast Eddie Redmayne as 'the Danish Girl'."

¹⁶¹ Natalie Wilson, "While Heartfelt, “the Danish Girl” Recycles Tired Trans Tropes."

¹⁶² Carol Grant, "Regressive, Reductive and Harmful: A Trans Woman's Take on Tom Hooper's Embarrassing 'Danish Girl'."

CHAPTER 4

The Legacies of the Diagnoses

Medical science... determines normative gender through a... raced, classed and sexualized body... marginalized gender identities can approximate the norm in part through clinging to ideals of whiteness and class status.
-Toby Beauchamp, 2013

On June 9, 2015, Olympic athlete and reality show personality Caitlyn Jenner was featured on the cover of *Vanity Fair*. This was her first appearance as Caitlyn rather than as Bruce. In a photo taken by famous photographer Annie Leibowitz, Caitlyn is pictured in a white corset, in a demure and feminine pose, exuding feminine sexuality. After over ten hours of facial surgery, she had shaped her face and her look to be more normatively feminine. Jenner's chosen aesthetic aligns with normative standards of beauty, standards rooted in the very same histories as trans-diagnoses; standards that are embedded with racist, ableist, classist, and heterosexist expectations. Jenner's entree onto the scene will undoubtedly be transformative, in part because her visibility transcends that of most out transwomen in the 2010s. Her embodiment of whiteness, wealth, and fame puts her in a position to wield power with public audiences.

She is transparent, to a degree, about her privileged status and her access to medical intervention that many cannot afford. That Jenner's story echoes that of Jorgensen's reflects the discursive shifts from the last sixty years, or the lack thereof.¹ While new terms have emerged since Jorgensen's time (namely: transgender, cisgender, genderqueer), the media worked to define terms that have been in circulation since the 1960s. While Jenner is one of the first to

¹ Both Jenner and Jorgensen received letters from other transpeople after their stories broke in the national (and international news). Even beyond this, however, they were both well-known enough to receive letters addressed only with their name and city of residence. Jorgensen claimed that "letters were delivered to me merely addressed: 'Christine Jorgensen, United States of America,' and one arrived with no other address than 'Copenhagen, Germany.'" Similarly, after her interview with Diane Sawyer, when she was still using the name Bruce, Caitlyn received letters from transwomen who thanked her for what they thought was a very dignified interview. One of those letters was addressed only to "Bruce Jenner, Malibu, California." Christine Jorgensen, *Christine Jorgensen: A Personal Autobiography* (New York: Paul S. Eriksson, 1967). 189. Buzz Bissinger, "Caitlyn Jenner: The Full Story," *Vanity Fair* July 2015. 106.

publicly deviate from the normative trans narrative (she has been clear in her lack of desire for bottom surgery, or at least clear in her uncertainty), her otherwise normative transition (facial surgery, hormones, high femme aesthetic) as a white woman, and the media coverage of it recalls the media frenzy surrounding Christine Jorgensen over half a century ago.

Jenner's visibility is one example of how media representations grew exponentially between 2010 and 2016. Despite the good that can come from more visibility of trans* people in popular culture, as well as the attention that is being given to some of the inequalities transpeople still face, my concern about visibility mirrors one voiced by Sandy Stone in 1987. Stone discussed what some considered the victory of transsexualism appearing as a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1980: these are pyrrhic victories, victories of assimilation, or claiming intelligible subject positions where power can take hold. Beyond the reification of whiteness, beauty, and heterosexual womanhood as definitionally bound together, this visibility makes palatable only certain trans* embodiments seen as in line with citizenship and clearly defined gender (if not also sex). These are continuations of the very embodiments sanctioned by sexologists in their construction of the diagnoses during the 1950s and 1960s.

In this chapter, I trace the histories of transsexual and transvestite discourses from the 1960s until 2016. In particular, I show how the histories traced in the first three chapters impacted the diagnoses, transactivism, and the proliferation of terminology for gender non-conformity through the twentieth and into the twenty-first century. Official diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) have evolved and changed since 1952. The term "transgender" has come into popular use and emerged, in part, as a rejection of the medicalized terms "transsexual" and "transvestite." Contemporary transactivism that resists

many things including medicalization, the withdrawal of social services, and being excluded from mainstream advocacy organizations and movements occur and are necessary, in part, because of histories of medicalization and dismissal. Contemporary struggles for inclusion, particularly within lesbian and gay organizations, reflect the discursive histories of boundary drawing that occurred from both sexual minorities and those deemed “gender deviant.” Eugenic legacies continue to shape economic and governmental policies that result in the withdrawal of resources and access to services that too often result in the death of those inhabiting trans* subjectivities in 2016. I work through each of these topics in turn.

Institutionalizing the Diagnoses

Despite their inseparable evolution, the histories of transvestism and transsexualism differ in relation to larger discourses concerning psychiatric disability. This is evidenced most clearly by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the standard manual used by mental health professionals to diagnose and treat patients. The discursive construction of both transvestite and transsexual emerged alongside one another in the first half of the twentieth century. However, the discourses have moved apart, resulting in two very different subjectivities – which in turn affects how these communities exist in relationship to one another even outside of medical contexts. Yet, both discourses are still tied to a long-standing alignment among gender-deviance, fetishes, and psychopathology.

Transvestism: 1952-2016

Some version of transvestism has been included in every iteration of the DSM. The first iteration of the DSM, published in 1952, included the vague diagnosis of “psychopathic personality with pathologic sexuality,” indicating that any sexual deviation was a manifestation

of a sociopathic personality disorder. Additional terms were provided under this diagnosis to help specify one's condition, including "homosexuality, transvestism, pedophilia, fetishism, and sexual sadism, including rape, sexual assault, mutilation."² Sixteen years later in 1968, the American Psychiatric Association (APA) published the DSM-II and classified these same sexual "deviations" in the broad category of "personality disorders and certain other nonpsychotic mental disorders."³ Again, homosexuality, fetishism, and transvestism were offered as diagnoses alongside pedophilia, necrophilia, and other "sexual deviations."

With the publication of the DSM-III in 1980, the term "paraphilia" was introduced under the umbrella term "psychosexual disorders" and recategorized transvestism as "transvestic fetishism." A paraphilia is defined as:

recurrent, intense sexually arousing fantasies, sexual urges or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner, or (3) children or other nonconsenting persons that occur over a period of 6 months... caus[ing] clinically significant distress or impairment in social, occupational, or other important areas of functioning.⁴

Not only is transvestic fetishism listed alongside other non-normative sexual practices such as sadism and masochism, but also alongside pedophilia. Furthermore, the conflation of nonhuman objects, human children, and "other nonconsenting persons" is intricately tied to constructions of disability that are infantilizing and dehumanizing.

The DSM-III-R (the revised third edition) published in 1973 further clarified transvestism, reflecting psychiatric understandings of the term. As historians Vern and Bonnie and Bullough note, the 1973 definition was narrowed to "focus on men who have recurrent, intense urges to cross-dress and sexually arousing fantasies that disturb them," but they also note

² A. Aggrawal, *Forensic and Medico-Legal Aspects of Sexual Crimes and Unusual Sexual Practices* (Baco Raton, FL: CRC Press, 2008). 47.

³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, II ed. (Washington, DC: American Psychiatric Association, 1968).

⁴ *Diagnostic and Statistical Manual of Mental Disorders*, III ed. (Washington, DC: American Psychiatric Association, 1980).

that this narrow definition excludes a “significant portions of the cross-dressing population.”⁵

Beyond being left out, many that do experience sexual arousal do not equate this with fetishism or paraphilia. In fact, rather than “fetishistic,” many in the community prefer the term “erotic arousal,” according to clinical psychologist and gender researcher Richard Docter.⁶ Regardless of the desires of those in the community, transvestism continues to be associated with paraphilia.

The DSM-IV (1994) reflected similar language to that of the DSM III concerning transvestism, and associated the “fetish” most often with heterosexual men. However, the DSM-V, published in 2013, further complicates the concept of paraphilia, differentiating between “paraphilia” and “paraphilic disorders.” According to a document concerning the proposed revisions for the DSM-V before it was published: “This approach leaves intact the distinction between normative and non-normative sexual behavior, which could be important to researchers, but without automatically labeling non-normative sexual behavior as psychopathological.”⁷ Following this logic, a transvestite, or cross-dresser, could not be classified as having a disorder unless his cross-dressing “impaired” him or made him unhappy. In spite of the evolving classification of transvestism, it remains in the DSM as of 2016, adding stigma to the term by merely existing in a manual that constructs, and then diagnoses, mental disorders.⁸

⁵ *Diagnostic and Statistical Manual of Mental Disorders*, III-R ed. (Washington, DC: American Psychiatric Association, 1987). 220.

⁶ Richard F. Docter, *Transvestites and Transsexuals: Towards a Theory of Gender Behavior* (New York: Plenum Press, 1988). 130-139.

⁷ "Recent Updates to Proposed Revisions for Dsm-5," American Psychiatric Association. Many argue that these terms shouldn't even be in the DSM. See: Alice Dreger, "Of Kinks, Crimes, and Kinds: The Paraphilias Proposal for the Dsm-5," Bioethics Forum: Diverse Commentary on Issues in Bioethics. Also see work by physician and sexologist Charles Moser.

⁸ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, V ed. (Washington, DC: American Psychiatric Association, 2013). In 2015, a transwoman was harassed at and eventually fired from her job at Cabela's. Her lawyers are arguing that Cabela's did not provide appropriate accommodations (bathroom use, for example) while she was employed. On December 10, 2015, the federal district court in the Eastern District of Pennsylvania heard a case challenging the exclusion of transgender people from the American with Disabilities Act (ADA) and the accommodations required by that act. According to *The Advocate*, the ADA is “a civil rights law that bans discrimination based on both physical and mental disabilities and requires employers to offer reasonable accommodations to differently abled workers.” As of 2016, ADA's protections excluded “behavior deemed

Transsexualism: 1980-2016

It was not until 1980 that transsexualism earned a place in the DSM with the publication of the DSM-III; the official diagnosis was “Gender Identity Disorder” (GID). As discussed in previous chapters, transsexualism was understood for many years as a more severe version of transvestism. Psychoanalyst Jack Drescher argues that the inclusion of transsexualism in the DSM-III was “based on the research and clinical contributions of John Money, Harry Benjamin, Robert Stoller, and Richard Green.”⁹ While the four men differed in their understanding about what caused transsexualism and what the best treatment should be, all four “took issue with the prevailing psychiatric view of their time that dismissed the existence of transgender subjectivities as a unique psychological phenomenon in its own right.”¹⁰ Furthermore, psychiatrists and others providing mental health care were encountering greater numbers of individuals describing themselves as transsexuals and were seeking treatment (specifically medical intervention) for their “condition.” Zucker and Spitzer also argue that:

by 1980, there was a large enough database to support its uniqueness as a clinical entity and a great deal of empirical research that examined its phenomenology, natural history, psychologic and biologic correlates, and so forth. Thus, by the time DSM-III was in its

‘immoral,’ including ‘transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders.’ However, the case is relying on the fact that transpeople are often given a psychological diagnoses which affirms that “trans workers' gender identity in workplace accommodations may fall under the ADA's far-reaching protections.” This approach is contentious, as many in trans* communities do not consider themselves to have a “disability” in part because of the continuing ableism in our culture. However, the lawyers are hoping that the “ADA's broader legal definition may include protection for trans-related diagnoses if morality were removed from consideration.” Mitch Kellaway, “Pennsylvania Trans Woman's Lawsuit Tests Exclusions in Americans with Disabilities Act,” *The Advocate* 30 January 2015; “Court Hears Argument on Transgender Exclusion in Americans with Disabilities Act,” *GLAD News & Multimedia* 11 December 2015.

⁹ Jack Drescher, “Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the Diagnostic and Statistical Manual,” *Archives of Sexual Behavior*, no. 39 (2010). 437. According to independent scholar Pau Crego Walters, it was under Harry Benjamin recommendation that “gender identity disorder” was included in the 1980 DSM-III. Pau Crego Walters, “Trans Pathologization,” in *Trans Bodies, Trans Selves: A Resource for the Transgender Community*, ed. Laura Erickson-Schroth (Oxford: Oxford University Press, 2014). 308.

¹⁰ Drescher, “Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the Diagnostic and Statistical Manual.” 437.

planning phase in the mid-1970s, there were sufficient clinical data available to describe the phenomenon, and to propose diagnostic criteria.¹¹

The DSM-III would not only include a diagnosis pertaining specifically to transsexualism, but it would also be widely influential well beyond the realm of psychology. Political scientist Rick Mayes and sociologist Allan V. Horowitz argue that the change produced by the new manual “extended far beyond psychiatry, because the DSM is used by clinicians, the courts, researchers, insurance companies, managed care organizations, and the government.”¹² The following iterations of the DSM would follow suit.

In addition to clinical familiarity with transsexualism and recommendations from respected medical professionals, other cultural factors played a role in the philosophical shift represented by the DSM-III. The shifting landscape of psychiatry and approaches to diagnostic categories, the growth of third-party insurance companies and their desire for specific and standardized diagnoses and outcomes, the increasing medicalization of psychiatry and recommendations by psychiatrists who worked with trans patients played a major role in the addition of GID in the DSM-III.¹³ The publication of the DSM-III marked a shift from dominant psychoanalytic approaches towards other, more demonstrably effective approaches and initiated a significant growth in psychopharmacology. Mayes and Horowitz argue that this new manual

¹¹ Jenn Burleton to TransActive, TransMissions: Supporting Youth of All Genders Through Education & Advocacy, 9 May 2008. TransActive strongly opposes the appointment of Dr. Kenneth Zucker to Chair the Sexual and Gender Identity Disorders work group that will revise and develop the fifth edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-V). This position is based upon his approach to clinical treatment of transgender and gender non-conforming identity in children & youth. Dr. Zucker, along with colleagues Dr. Ray Blanchard (also appointed to the DSM-V workgroup) and Dr. J. Michael Bailey are proponents of the theory that, in the vast majority of cases, gender non-conforming identity in children and youth is merely an indicator of an eventual homosexual identity in adulthood. KJ Zucker and RL Spitzer, "Was the Gender Identity Disorder of Childhood Diagnosis Introduced into Dsm-III as a Backdoor Maneuver to Replace Homosexuality? A Historical Note," *Journal of Sex and Marital Therapy* 31, no. 1 (2005). 37.

¹² Rick Mayes and Allan V. Horowitz, "Dsm-III and the Revolution in the Classification of Mental Illness," *Journal of the History of Behavioral Sciences* 41, no. 3 (2005). 265.

¹³ The National Institute of Mental Health, a governmental institution, financially supported research and development of the DSM-III. Mayes and Horowitz argue that this helped legitimize the results and use of the DSM by “granting... the government’s seal of approval.” Ibid. 261.

“contributed significantly to a biological vision of mental health—which stresses the neurosciences, brain chemistry, and medications — superseding the psychosocial vision that had dominated for decades.”¹⁴ With increasing demand for medical intervention that included hormones and various surgeries, the medical model of transsexuality simultaneously pathologized transsexualism and provided some access to medical care for those seeking it.

Prior to the DSM-III's publication, homosexuality, fetishism, and other sexual “perversions” were classified more generally. After physicians and psychologists began to develop terminology that distinguished one’s body (sex) from one’s identity (gender) around 1957, the “misalignment” between the two was articulated as a definable diagnosis, as a psychopathological condition or a psychosis, with its most well-known iteration from that time appearing in *The Transsexual Phenomenon* in 1966. Psychologist J. Koh in his work focused on the history of the concept of gender identity disorder summarizes the evolution of GID beginning with the DSM-III:

gender identity disorder encompass[ed] a spectrum of conditions, and DSM-III -R categorized it into three types: “transsexualism, nontranssexualism, and not otherwise specified. The first two types were subsequently combined and standardized into the official diagnostic name of ‘gender identity disorder’ in DSM-IV. In contrast, gender identity disorder was categorized into four groups (including transsexualism and dual-role transvestism) in ICD-10.”¹⁵

Many scholars and some psychologists believed that GID as a diagnosis was a backdoor attempt to control instances of homosexuality. Sexologist Kenneth Zucker, who defended the addition of GID and argued that it had nothing to do with the removal of homosexuality from the DSM four years previously, cited psychologist S.M. Moore’s blunt assessment: “the GID diagnosis ... is an

¹⁴ German psychiatrist Emil Kraepelin in the late 1800s argued that classifying mental disorders according to “their unique symptoms, course of development, and eventual outcome” was more effective than attempting to find underlying causes. This new DSM would adopt a neo-Kraepelin approach, replacing vague and inaccessible descriptions of disorders driven by etiology with clearly outlined symptomology alongside what Mayes and Horowitz describe as “lengthy descriptions of each diagnosis.” Ibid. 261, 258.

¹⁵ J. Koh, “The History of the Concept of Gender Identity Disorder,” *Seishin Shinkeigaku Zasshi* 114, no. 6 (2012). 265.

attempt to prevent adult homosexuality via psychiatric intervention with children.”¹⁶ The goal was to intervene in early childhood to prevent transsexualism from manifesting later in life. I will not fully engage the complexity of this assertion here, but it is worth noting that this debate is present and ongoing. This brief description of why and how transsexualism found a place in the DSM sheds light on the lasting implications of the very same debates occurring in the 1950s regarding the moral and medical implications of cross-gender desire. It also demonstrates the complexity of the power relations among government institutions, psychiatry, medicine, and the law.

As of 2013, transsexualism falls under the category of “gender dysphoria” according to the DSM-V. According to this iteration of the diagnosis, one should only be diagnosed with gender dysphoria if an individual experiences “a marked incongruence between one’s experienced/expressed gender and assigned gender.” This latest iteration, as with the previous ones, is still presented to medical practitioners as a diagnosis appropriate for patients who wish to “transition” and live full-time in the “desired gender,” patients who want to and have undergone “cross-sex medical procedure or treatment regimen” such as hormones or surgical intervention.¹⁷ Many in both medical and trans* communities, though, believe that this newest iteration is less pathologizing and does not cast all transgender people as “mentally ill.”

The Legacy of Official Transsexualism

Even though transsexuality at the time fell under the umbrella diagnosis of “transvestism,” transsexuality became subject to refinement as a diagnosis on its own following Jorgensen’s debut in 1952. This occurred largely because transsexuality, unlike transvestism, required medical intervention beyond that of psychoanalysis. Many transvestites did not seek out

¹⁶ Cited in: Zucker and Spitzer, "Was the Gender Identity Disorder of Childhood Diagnosis Introduced into Dsm-Iii as a Backdoor Maneuver to Replace Homosexuality? A Historical Note." 34.

¹⁷ Steve Bressert, "Gender Dysphoria Symptoms."

any medical intervention, psychological or otherwise. Transsexuals and those wanting to alter their bodies through hormones and surgery actively sought out sympathetic psychiatrists and medical doctors. Putting their stories and bodies under the microscope, as well as the fantastical stories published in the media about “sex changes,” allowed the concept of transsexualism to undergo a heightened amount of scrutiny by medical professionals, the popular press, and by transsexuals themselves as each group engaged the discursive constructions of the diagnosis.

As is evidenced by both the sexological literature and the autobiographical writings, many transsexuals and sexologists believed that only those who could successfully pass and live as heterosexual women should pursue surgical intervention. The attainment of normalized, white, and ableist heterosexual femininity was the goal for surgical transition as declared by both transsexuals and their doctors. Despite the existence of myriad transgender embodiments both then and now there were particular expectations for those who were considered “true” transsexuals. Sociologist Berenice Alves de Melo Bento argues that “true” transsexuals can be understood also as “official transsexuals,” individuals that inhabit three key aspects of the diagnoses: they a) Hates his/her body; b) Is asexual; and ... c) Wants to obtain surgery so he/she can exercise the normal sexuality—heterosexuality—with the “appropriate” organ.¹⁸ As is evidenced by the stories told in their autobiographies, many of the women narrated a position similar to this, even when they did not assume the term “transsexual.” They narrated desires that equated womanhood with being castrated at the very least, as well as with having a heterosexual desire for men. Most often they claimed that any other desire, particularly homosexual desire, was perverted and degenerate. Official transsexuality and its attendant gender and sexuality expectations remained the ideal outcome of diagnosis and treatment for many sexologists, and

¹⁸ Berenice Alves de Melo Bento, "From Official Transsexuality to Transsexualities," in *Sexuality, Culture and Politics: A South American Reader*, ed. Horacio Sivori, et al. (Rio De Janeiro: Latin American Center on Sexuality and Human Rights, 2013). 386.

perhaps for many transsexuals.

What are the specifics of this legacy, though? Several scholars have discussed the logic of medical science and normative gender, most notably Toby Beauchamp. In his essay about state surveillance, he argues that:

Medical science itself determines normative gender through a particular form of raced, classed and sexualized body. To be classified as normatively gendered is also to adhere to norms of racial and economic privilege. Under this logic, marginalized gender identities can approximate the norm in part through clinging to ideals of whiteness and class status. It also necessitates altering one's gender presentation to conform to white, middle class, able-bodied, heterosexual understandings of normative gendering.¹⁹

Embodying normative gender has everything to do with race, class, and disability. But these embodiments are implicated in much larger systems that extend well beyond the individual, systems of diagnoses, and treatment steeped in eugenic histories. That the diagnoses remain in the DSM, regardless of the particular wording, is evidence of this.

Our “Transgender” Legacy (1967-2016)

Between 1967 and 2016, the term “transgender” emerged and grew in popularity. As of 2016, it is used more often in both clinical and popular settings than “transsexual” or “transvestite” to describe cross-gender identification. There are as many definitions of “transgender” as there are scholars, activists, medical professionals, and transpeople themselves who engage with the term. While “transgender” was not widely used across the nation in communities, scholarship, and the press until the 1990s, transgender studies historian Cristan Williams identifies 1969 as the one of the first times Virginia Prince used “transgenderal,” an

¹⁹ Toby Beauchamp, "Artful Concealment and Strategic Visibility: Transgender Bodies and U.S. State Surveillance after 9/11," in *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura (New York: Routledge, 2013). 47.

early iteration of “transgender.”²⁰ According to Williams, as well as transgender studies scholars Richard Ekins and Dave King, transgender in the 1960s and 70s was used “to name the specific behavior of living full time in a chosen social gender role different from that typically associated with birth-assigned sex,” without undergoing genital sex-reassignment surgery.²¹ Not all uses of the word that were documented make this distinction. Prince and other heterosexual cross-dressers used the term very exclusively, while other trans individuals and even medical professionals considered transsexualism a variation of transgender.

Throughout the 1970s, both in medical literature and the popular press, transgender, transvestite, and transsexual were often used interchangeably, with medical professionals referring to “transgender surgery,” where “transgender” has been used as an umbrella term to describe both transvestites and transsexuals. Even Christine Jorgensen eventually adopted the term transgender where she had previously used transsexual almost exclusively.²² Between the 1970s and the 2010s, the term “transgender” has been used in a variety of ways, but this variation in usage was not without controversy. The evolution of these terms within larger discourses of gender non-conformity illuminates commitments to various notions of sexuality, race, and ability – notions that reflect the historical discursive contexts from which some of the terminology originally emerged. A significant shift in the emergence of “transgender” occurred when those who occupied transvestite subject positions worked to distance themselves from these histories of medicalization and pathologization.

Moving Away from “Transvestite”

²⁰ Later, Prince would use “transgenderist,” then eventually “transgender.”

²¹ Cristan Williams, “Transgender,” *Transgender Studies Quarterly* 1, no. 1-2 (2014): 233; Richard Ekins and Dave King, *The Transgender Phenomenon* (London: SAGE, 2006).

²² Jerry Parker, “Christine Recalls Life as Boy from the Bronx,” *Winnipeg Free Press* 18 October 1979. Cited in Williams, “Transgender.” 233.

Just as it is almost impossible to engage discourses of transsexuality without referencing Christine Jorgensen, it is similarly difficult to discuss cross-dressing and transvestism without also acknowledging Virginia Prince. Assigned male at birth, Prince began to cross-dress in her later teenage years. She first appeared cross-dressed in public in 1930 at a Halloween party where according to Bullough and Bullough, she “won a prize for the best costume.”²³ In the following years, Prince would begin to cross-dress more frequently, eventually deciding to live full-time as a woman. However, Prince’s understanding of herself as a transvestite stood in direct contrast to transsexuals like Christine Jorgensen. After considering it herself, Prince ultimately disapproved of surgical intervention. This disapproval was informed by her claim that transvestites were “normal heterosexual men who sought only to express the beautiful ‘woman within.’”²⁴ Prince’s visibility and position within the publishing and club world allowed her understanding of transvestism to influence the public and medical discourse concerning cross-dressing and transvestism, an understanding that excluded and further pathologized those most vulnerable to discrimination: “women, homosexual cross dressers, streetwalkers, hustlers, and female impersonators.”²⁵

Prince used multiple terms throughout her life to self-identify as a cross-dresser. Regardless of the term she was using at any particular time, she was always clear about who the terms should describe: individuals assigned male at birth who identified as heterosexual cross-dressers. In 1959, Prince revived one of the first magazines geared toward the transvestite and transsexual community, *Transvestia*. Historian Robert S. Hill, who has written extensively about Prince, cites Prince’s belief about *Transvestia*:

²³ Vern L. Bullough and Bonnie Bullough, *Cross Dressing, Sex, and Gender* (Philadelphia: University of Pennsylvania Press, 1993).

²⁴ *Ibid.* 281.

²⁵ *Ibid.* 308.

Transvestia does not exist for the purpose of impairing or destroying the masculine but rather to allow those who are aware of their feminine side to extract the full benefits from it. We can experience some of the feminine side of life, express part of our personality that way, and be better persons and citizens for it IF we utilize and express our desires with WISDOM; in MODERATION; and apply PERSPECTIVE to keep the whole matter in balance and under control.²⁶

Hill, in his exploration of terminology utilized in *Transvestia*, highlights the hierarchies of identity and the ways in which “transgender” in its various iterations were originally used.²⁷

These hierarchies shifted, depending on who was writing and what their proclaimed investments were in these terms.

Virginia Prince also started clubs for heterosexual transvestites. The first, the Hose and Heels Club, was established in 1961. It was not a formal organization, but rather consisted of transvestites meeting in hotel rooms and dressing in, as the name suggests, hose and heels. This club evolved into a national organization called the Foundation for Full Personality Expression (FPE) in 1962. By 1976 the group had changed its name to the Society for the Second Self, or Tri-Ess, after merging with a San Francisco-based group, Mamselle. Tri-Ess is still in existence today.²⁸

Outside of the organization, “transvestite” remained a term in the popular press that was defined any number of ways. Prince again claimed a very specific definition, one that applied to

²⁶ Virginia Prince, "Virgin Views," *Transvestia* 16 (August 1962). Cited Robert S. Hill, "As a Man I Exist; as a Woman I Live': Heterosexual Transvestism and the Contours of Gender and Sexuality in Postwar America," (PhD Dissertation, Program in American Culture: University of Michigan, 2007). 369.

²⁷ He argues that “the pages of *Transvestia* document an era when ‘trans’ identities, practices, and modes of personhood were created and contested by a variety of gender variant individuals and groups, many of whom would help shape and fill the category of ‘transgender.’” "As a Man I Exist; as a Woman I Live': Heterosexual Transvestism and the Contours of Gender and Sexuality in Postwar America." 365.

²⁸ Prince originally referred to the organization as Tri-Sigma, and was clear about the purpose of the organization: “an organisation limited to heterosexual cross dressers and to those who are not involved in other such behaviour patterns as bondage, punishment, fetishism for rubber, leather, or other, or domination and humiliation.” Virginia Prince, *Understanding Cross Dressing* (Los Angeles: Chevalier Publishing, 1976). 41. Cited in Dave King and Richard Ekins, "Pioneers of Transgendering: The Life and Work of Virginia Prince," in *GENDYS 2000, The Fourth International Gender Dysphoria Conference* (Manchester England 2000).

anyone using the label “transvestite” in FPE.²⁹ Members were *required* to be heterosexual males who were married. Stryker, when writing about Tri-Ess, has argued that the organization was “explicitly geared toward protecting the privileges of predominantly white, middle-class men who used their money and access to private property to create a space in which they could express a stigmatized aspect of themselves in a way that didn’t jeopardize their jobs or social standing.”³⁰ Clearly excluding so many transvestites who did not meet their criteria is an action that Stryker characterizes as a “familiar pattern in minority identity politics in U.S. History - it is often the most privileged elements of a population affected by a particular civil injustice or social oppression who have the opportunity to organize first.”³¹ As a financially stable, white, and heterosexually identified cross-dresser, Prince was able to access opportunities that many other transvestites and transsexuals could not, reflecting the trends of access more broadly.

In her attempts to normalize and rank differing transvestite subjects, Prince excluded or dismissed as pathological significant portions of those claiming transvestite subjectivities. Clothing fetishist and “simple transvestites” were at the bottom of her hierarchy. Distinguishing “true transvestism” from sexual fetish was a strategic move to distance transvestism from sexual perversion. “Simple transvestites,” according to Hill, were portrayed as “men in drag,” and were

²⁹ According to feminist scholar Genny Beemyn, Tri-Ess is an organization for “cross-dressing heterosexual men and their partners... and has chapters across the country, yet it has not been the subject of a detailed history. As a consequence, it is largely unknown, even in the larger transgender movement.” Genny Beemyn, “A Presence in the Past: A Transgender Historiography,” *Journal of Women's History* 25, no. 4 (2013). 117. Today, Tri-Ess uses cross-dresser almost exclusively. The membership sign-up page asks those signing up to check several boxes, one of which indicates their identity as a cross-dresser and their heterosexuality: *I am A Crossdresser; -defined as an individual, typically a heterosexual male, who occasionally chooses to make a social role presentation considered appropriate for persons of the opposite genetic sex, for the purpose of personal expression, without the intention of entering a program leading to sex reassignment surgery, and without attempting to attract a partner of the same genetic sex.* While this is the official statement, some involved in the governance of the organization are less concerned about sexuality. Regardless, the organization exists largely apart from any transgender activism. “Tri-Ess Membership Online Application.”

³⁰ Susan Stryker, *Transgender History* (Berkeley: Seal Press, 2008). 55.

³¹ *Ibid.*

thought to be unruly, lazy, and stubborn.³² Although few *Transvestia* writers identified with transsexualism, Hill notes that “attitudes regarding transsexuality were mixed” among both authors and readers.³³ Hill’s interpretation casts the writers of *Transvestia* as both envious as well as judgmental: “Despite their envy and admiration for celebrity transsexuals, most of *Transvestia*’s writers held everyday transsexuals in low regard and considered them tragic, pathetic, or delusional individuals.”³⁴ This dismissive rhetoric continued the discursive distancing utilized by many authors discussed in chapter three; transvestites were *not* like those “delusional” transsexuals.

At the top of Prince’s hierarchy were those who identified as “true transvestites,” also using the terms “femmepersonators” or “feminiphiles,” who “successfully divided and balanced their masculine and feminine personalities.”³⁵ Many writers of *Transvestia* supported this hierarchy. Susanna Valenti, the fashion and gossip columnist for the magazine, at first acknowledged and even celebrated the multiple ways in which transvestism manifested. However, after a transvestite gathering at Valenti’s New York resort space in 1962, she eventually began to align her views with Prince, with attempts to clearly demarcate boundaries of acceptability. Several transvestites attended this gathering who failed to conform to Valenti’s and Prince’s expectations of white feminine dress and comportment, with one transvestite even lighting up a cigar.³⁶ Hill argues that “through a discourse of social uplift, Valenti, Prince, and many of the letter and history writers” began to explicitly characterize *true* transvestites as respectable and beautiful rather than the “compulsive, masturbating weirdoes popularly depicted

³² Hill, “‘As a Man I Exist; as a Woman I Live’: Heterosexual Transvestism and the Contours of Gender and Sexuality in Postwar America.” 374.

³³ Ibid. 375.

³⁴ Most of *Transvestia*’s content was reader generated. Ibid.

³⁵ Ibid. 372.

³⁶ Ibid. 373.

in the tabloid, medical, and pornographic press.”³⁷ These anxieties, particularly concerning fetishism and sexual perversion, would shape the ways in which transvestite communities formed and advocated for themselves for the decades that followed.

Despite Prince’s proclaimed disdain for homosexuality and disapproval of transsexual surgeries, her position as an academic, as a transvestite, and how these aspects of her subjectivity positioned her to engage in transvestite discourses cannot be ignored when examining this history. In this way, Prince utilized eugenic ideologies that helped incorporate heterosexism into notions of normality and what she claimed were legitimate manifestations of transvestism. With this logic, she made efforts to establish the transvestite community as distinct and non-pathological, marking a shift in understanding about and by cross-dressers and their families.

As of the 1990s, most transvestites prefer the term “cross-dresser.” The years in which this move away from “transvestite” occurred are difficult to pin down. Even members of Tri-Ess (as of 2016) are not fully clear on the historical shift from “transvestite” to “cross-dresser.”³⁸ For many cross-dressers, though, this move was based on several factors. “Transvestite” carried with it notions of pathology and medicalization, and because of its context in the DSM, fetishization. As such, Prince and those like her – namely heterosexual males who wore feminine clothing to express the woman inside of them – began to adopt terms other than “transvestite.” “Cross-dresser” became a more acceptable term, one less fraught with notions of pathology. Many who self-identify today as cross-dressers are explicit about occupying an identity that is distinct from those who have fetishistic intentions for their cross-dressing. Furthermore, communities of cross-dressers in the U.S. formed distinct and separate organization apart from both homophile, and

³⁷ Ibid.

³⁸ The Chair of the Tri-Ess Board of Governance indicated that for many members of Tri-Ess, “heterophilic crossdresser” is the preferred term, and refers to “a person who cross dresses out of an affinity for the opposite gender, that is, a desire to develop and express opposite gender components that are a part of his or her identity.” She also confirmed that the move away from “transvestite” occurred because the word carried “connotations of sleaze and mental pathology.” Email to author, 27 August, 2015.

later gay, organizations and groups, as well as transgender and transsexual organizations and activism.³⁹

The exclusion of homosexual transvestites and those whose experience was not one of erotic pleasure was reflected in scholarship and research as well. In their attempts to study and learn about transvestism, psychiatrists and psychologists in the 1980s adhered strictly to the definitions of transvestism in the DSM-III-R. As such, they excluded from their studies 1) transvestites who self-identified as homosexual - the DSM definition excluded them, as did the researchers, and 2) subjects who “did not admit erotic arousal and who reported that they cross dressed for relief from the masculine gender norms and obligation, for relaxation, or for social rewards.”⁴⁰ Just as the DSM excluded these individuals from its definition of “fetishistic transvestism,” so too do the researchers. As a result, Bullough and Bullough estimate that these exclusions resulted in a “10 percent loss of the population” they could have studied, and that the distortion might also leave out older transvestites whose fetishism had waned or because they cross-dressed to “temporarily escape the pressures of being masculine rather than for any erotic experience.”⁴¹ While this number might seem small, it reflects a larger trend of excluding those who failed to conform to white standards of respectability.

By the 1990s, cross-dresser was the term largely preferred by those previously associated with the term “transvestite.” Despite this preference, Hill provides a list of just some of the terms used by readers of *Transvestia*: Street queens, transvestite fetishists, simple transvestites, drag queens, whole girl fetishists, transsexuals, female impersonators, true transvestites, femmepersonators, male-women, and transgenderists. These terms delineated differences of

³⁹ This has not been the case in Canada, for example. See: Darryl B. Hill, *Trans Toronto* (New York: William Rodney Press, 2012).

⁴⁰ Bullough and Bullough, *Cross Dressing, Sex, and Gender*. 295-6.

⁴¹ *Ibid.* 296.

identity, embodiment, expression, and community. While, as Hill argues, many of these distinctions would go “undetected by mainstream observers,” for the community using them they were “important markers separating respectability from deviance... [and] it is these differences...” that would shape activist groups and communities over the next several decades.⁴²

Moving Towards “Transgender”

By the 1990s, the term “transgender” was politicized and was defined in ways that departed drastically from Prince’s understanding of it. Cristan Williams characterizes the growth in popularity of the term as an “organic, grass-roots process that emerged from many sources, in many conversations happening in many different social locations.”⁴³ Despite Prince’s proclamation that “transgender” should define only a very specific subject position, the proliferation of definitions helped to bring a community of individuals together with sometimes vastly different embodiments and subjectivities. “Transgender” as a subject position described any number of possibilities regarding sex, gender identity, and gender expression.

Williams argues that “transgender” functioned to “group together different kinds of people who might otherwise have virtually no social contact with one another.”⁴⁴ They argue that the term helped to form a community of individuals with varying experiences and identities, helping to form a movement with “overlapping and intersectional social needs and political goals.”⁴⁵ Transgender studies, which I will discuss in more detail in the next chapter, became “transgender” studies rather than “trans” or “transsexual” studies in part because of the politicization of “transgender” that occurred during same years that the field was in its infancy. Stryker and Paisley Currah argue that the field in its most narrow sense, “revolves around the

⁴² Hill, “As a Man I Exist; as a Woman I Live’: Heterosexual Transvestism and the Contours of Gender and Sexuality in Postwar America.” 144.

⁴³ Williams, “Transgender.” 233.

⁴⁴ Ibid.

⁴⁵ Ibid. 234.

category ‘transgender’ itself—its history, dissemination, application, uptake, logics, politics, and ongoing definitional and categorical transformations.”⁴⁶ Scholars argued that the word was enticing because of how it emerged from a political movement, resisting the ways in which transpeople had been medicalized and pathologized, as well as how it was being used an inclusive term for a number of gender-variant identities.

In a piece entitled *The State of Transgender Rights in the United States of America*, authors Currah, Green, and Stryker take a more scholarly and expansive approach to the term. They argue that “transgender” can be used, although not exclusively, to describe those who have:

a sense of persistent identification with, and expression of, gender-coded behaviors not typically associated with one’s sex at birth, and which were reducible neither to erotic gratification, nor psychopathological paraphilia, nor physiological disorder or malady.⁴⁷

They argue that the term was self applied and reframed the individual as one outside the realm of pathology, but even more so it was indicative of a rejection of and resistance to “medicalization... pathologization... [and] the many mechanisms whereby the administrative state and its associated medico-legal-psychiatric institutions sought to contain and delimit the socially disruptive potentials of sex/gender non-normativity.”⁴⁸ They locate the emergence of “transgender” firmly within the realm of identity politics, a desire to have a social identity that was intelligible and thus allowing those who used it to “enter[] into a productive relationship with social power.”⁴⁹

The emergence of “transgender” as an identity and a rallying point for those identified with the term resulted in vast changes in the ways in which community members inhabited transgender subjectivities, as well as how they interacted with how their desires had been

⁴⁶ Susan Stryker and Paisley Currah, "Introduction," *ibid.* 5.

⁴⁷ Paisley Currah, Jamison Green, and Susan Stryker, "The State of Transgender Rights in the United States of America" (paper presented at the National Sexuality Resource Center, San Francisco, CA, 2008).

⁴⁸ *Ibid.*

⁴⁹ *Ibid.* 3. Cited in Drescher, "Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the Diagnostic and Statistical Manual."

previously medicalized. Transgender studies scholar Dallas Denny argues that this new transgender model resulted in “increased contact among individuals,” and helped to form communities where transsexuals nurtured their resistance to being cast as “mentally ill.” Instead, they were better able to advocate for themselves as “emotionally healthy individuals whose expression of gender was not constrained by societal expectations... the pathology was shifted... to a society which cannot tolerate difference.”⁵⁰ This shift did not depathologize psychiatric disability, but it was an important move in pulling apart historical associations among psychosis, psychopathology, and gender variance.

More notable than what the term represented, though, is what the term has accomplished over time. In anthropologist David Valentine’s assessment, “transgender” describes “a collective category of identity” which includes transsexuals, transvestites, as well as a “broad notion of gender variant people regardless of sex assigned at birth.”⁵¹ In discussing what the term has and continues to accomplish, Valentine argues that, “the capacity of transgender to incorporate all gender variance has become a powerful tool of activism and personal identification.”⁵² Beyond a tool for activism and identification though, Valentine points to the ways in which the term has become institutionalized in spaces ranging from grassroots activism to social service organizations. More importantly he believes that the term has helped U.S. Americans understand and differentiate between gender variance and sexual variance, a distinction that sexologists and transpeople tried to make as far back as 1910.

Counterdiscursive and Activists Legacies: Transpeople Fighting Back

⁵⁰ Dallas Denny, "A Selective Bibliography of Transsexualism," *Journal of Gay & Lesbian Psychotherapy* 6, no. 2 (2003). 43-44.

⁵¹ David Valentine, *Imagining Transgender: An Ethnography of a Category* (Durham: Duke University Press, 2007). 4.

⁵² *Ibid.*

Eugenic legacies and discourses shaped the environment in which many transvestite and transsexual individuals found themselves in the 1960s. Regardless of any explicit acknowledgement of eugenic discourse, activist efforts responded to that environment. For many years, the dominant discourses emerging from transsexual and transvestite communities focused on assimilation. However, transsexual and transvestite communities responded to how they were being constructed and subsequently treated. Some of the first documented community actions of resistance occurred in the 1960s. Responding to pathologizing diagnoses, as well as the influx of civil rights and social justice discourses during the time, activists worked to de-pathologize the terms, taking them on as identities to be proud of – creating space that the diagnoses previously had not offered. They also advocated for greater access to life-sustaining services like health care, legal documents reflecting their chosen gender, and protection from police harassment and violence. These advocacy efforts worked against the eugenicist aims that had shaped the trajectory of many transgender and transsexual lives in the previous decades.

The medical distinction between transvestism and transsexualism traveled into community discourses during this time as well, shaping the types of activism and advocacy that emerged. Among these communities were various levels of engagement with the “official” diagnoses. It was at this time that discourses emerging from within transvestite communities began to diverge from those emerging from both transsexual and LGB communities. Many transvestites, not seeking medical intervention, worked to distinguish themselves from what the medical discourse was calling “fetishistic transvestism.” Other activists, shaped by radical social justice narratives focused on more immediate dangers and threats – housing, healthcare, and incarceration, for example - were less concerned about the “official” diagnoses, unless those diagnoses were a route to gain access to services. Regardless of a community’s relationship to

the official diagnoses, however, the emergence of the categories, particularly following the publication of Benjamin's *Transsexual Phenomenon*, shaped the course of action, as well as the counterdiscourses, of these communities.

1959-1969

Glimpses of resistance were visible in the late 1950s and early 1960s. This indicated a widespread feeling of frustration and anger with the ways in which transvestite and transsexual diagnoses had been pathologized, were visible by the late 1950s and early 1960s. Those who wanted medical intervention were being forced to fight for access, and those who did not were pathologized as fetishists. As a result of the ways in which the diagnoses were constructed, only certain people could access medical care. Many transpeople faced discrimination and violence at the hands of police and always risked arrest if dressed in public.⁵³ Despite the resilience of those most vulnerable, and the advocacy for transsexual and transvestite communities that began in earnest in the late 1960s, those who were most vulnerable then continue to be the most vulnerable now – those with the fewest financial resources. However, activist efforts did change the material realities for many transpeople, and helped to shape a discourse of self-respect and pride in relation to the diagnoses, identities, and subjectivities.

One of the first documented and spontaneous acts of resistance by transwomen occurred in 1959 in Los Angeles at a late-night coffee shop called Coopers Donuts. Stryker reconstructed this event based on interviews with those in attendance. In 2008, Stryker's narrative of this event notes that both "transgender" people and "drag queens" populated the space. At the time "transgender" was not yet a common word for many of the individuals she interviewed. This move by Stryker was, perhaps, to make her narrative of the event more accessible to readers in

⁵³ Susan Stryker lists just some of the municipal laws prohibiting "wearing dress of the opposite sex" in the nineteenth and twentieth century in Stryker, *Transgender History*. 32-33.

2008. Regardless of the various terms the individuals at Cooper's used to identify, one commonality existed among them: police would often stop and harass customers, particularly those who were obviously in drag, gay, or were perceived as gender "deviant." In May of 1959, "the customers decided to resist en masse."⁵⁴ Many were arrested. Six years later in 1965 in Philadelphia, a similar clash occurred at Dewey's, a diner and coffee shop. Following the arrest of several activists, the group staged a sit-in at Dewey's. Ultimately, they were successful in their efforts, with the management at Dewey's agreeing to stop their discriminatory practices.

Aligning themselves with these strategies, rather than with the discourses and strategies emerging from medical institutions, marked an important shift for how transvestite, transsexual, and later transgender communities would react to medical institutions and their pathologization of gender non-conformity. The mid- to late sixties were a significant time of growth for organized resistance by transvestite and transsexual communities, with activists adopting strategies and actions from their own experiences with the civil rights and the anti-war movements. Often, those most vulnerable to violence, discrimination, and oppression were the first to fight back. Low-income transpeople, transwomen of color, and transwomen involved in sex work faced higher levels of scrutiny and harassment, and as a result many were pushed into action by their anger and frustration, actions that led to resistance that occurred at locations like Cooper's Donuts in 1959 and Dewey's in 1965.

The following year, 1966, would be identified by the Gay and Lesbian Historical Society of Northern California (GLHSNC) as "the beginning of contemporary transgender radicalism in the United States."⁵⁵ This year is named, in part, because of the Compton's Cafeteria riot that occurred that August fueled by the harassment of individuals because of their sexuality or

⁵⁴ Ibid. 61.

⁵⁵ Members of the Gay and Lesbian Historical Society of Northern California, "Mtf Transgender Activism in the Tenderloin and Beyond, 1966-1975," *GLQ - A Journal of Lesbian and Gay Studies* 4, no. 2 (1998). 355.

perceived gender “deviance” fought back against police.⁵⁶ Susan Stryker has written extensively on this riot and also directed a documentary about it: *Screaming Queens: The Riot at Compton’s Cafeteria* (2005). Additionally, Vanguard, the first queer youth organization, was founded in 1966 in San Francisco with the support of the Glide Memorial Methodist Church and other homophile activists. Vanguard helped to incite the resistance to police harassment and violence at Compton’s.⁵⁷ According to Stryker, Vanguard’s first “major political action” was to fight back against the discriminatory practices of Compton’s where they held their meetings as a group. After protesting outside of the cafeteria and being ignored by the management, “frustration boiled over into militant resistance.”⁵⁸ Vanguard’s members fought back violently, forcing the police, as well as others wielding power over them, to pay attention and take them seriously. Stryker argues that the availability of new resources, such as medical protocols, helped to incite the riot. Transpeople, and transwomen in particular, were beginning to see change, and for the first time had medical professionals like Benjamin advocating for them as he recommended new and improved changes to medical-service provisions. Fueled by their own frustration with discrimination and violence and organizing to give voice to these frustrations, paired with changes that provided hope, communities were ready to fight back.

The members of the GLHSNC note that, following the riot at Compton’s, an “unprecedented network of transgender- specific social resources and self-help groups” took shape, and by 1967 the transactivists became some of the first to organize in the nation.⁵⁹

Following the riot at Compton’s, transactivists would form and run the first support and

⁵⁶ Ibid.

⁵⁷ Vanguard was smaller organization but continues to have an impact. In fact, from 2010 to 2011, “homeless queer youth in San Francisco broadcasted their own stories and organized their own political actions in the spirit of [the original] Vanguard.” For more information, visit to Archive, 2016. *Vanguard Revisited*, edited by Megan Rohrer and Joey Plaster. <http://vanguardrevisited.blogspot.com/p/archive.html>, 2016.

⁵⁸ Stryker, *Transgender History*. 73.

⁵⁹ California, “Mtf Transgender Activism in the Tenderloin and Beyond, 1966-1975.” 357.

advocacy organization for transsexuals in the world, the National Transsexual Counseling Unit (NTCU). Two years later, a riot broke out in New York City on Christopher St., a riot that would later be known as Stonewall, named for the small bar where the fight began. Transwomen, some preferring the term drag queen, were a leading force during this act of resistance, inciting responses from others experiencing harassment and violence in their own communities. Others would become active on the heels of homophile organizing previous to and following Stonewall, but took their cues from a much broader social justice discourse, what some would argue is a necessary move to respond to the systems of privilege and oppression that connect seemingly disparate communities.

Other forms of grassroots activism also began to gain traction in the mid 1960s. Officer Elliot Blackstone served as the community relation's liaison for the SFPD during the time.⁶⁰ Already familiar with homophile activism in the area, Blackstone was the most likely ally for those wishing to organize for transsexual rights specifically. In an interview with members of GLHSNC published in 1998, the authors narrate an incident when, in 1966, Blackstone was approached by a transsexual woman who was also a sex worker.⁶¹ The woman was organizing a group of her peers and wanted Blackstone to help end the discrimination and harassment they faced as sex workers. She argued that "she and her friends engaged in prostitution only because they were denied other employment opportunities due to transgenderphobic discrimination."⁶² This is an early instance of making these connections between economic hardship, racism, workplace discrimination, and transsexual or transgender identity would come to define much of the grassroots organizing across the nation.

⁶⁰ This interview and the commentary that contextualizes it are the fruits of a collaborative project by individuals associated with the Archives and Oral History Project of the Gay and Lesbian Historical Society of Northern California (GLHS). Ibid. 349.

⁶¹ Sex work was, and remains, a common way for transwomen to earn a living because of social rejection and harassment – compounded by race and class – experienced by many poor transwomen of color.

⁶² California, "Mtf Transgender Activism in the Tenderloin and Beyond, 1966-1975." 352.

Benjamin's *The Transsexual Phenomenon* was published in the midst of this activism, bringing broader understandings of the various iterations of trans diagnoses to the public, but also to those who identified as trans. The members of the GLHSNC argue that the publication of this text "instituted a rather hegemonic notion of 'proper' transsexuality," and as a result provided more clearly demarcated distinctions within communities that had previously been very heterogeneous and loosely allied.⁶³ But, GLHSNC also asserts that "once medical intervention became more... available... differences in the self-concepts, body images, structures of desire, ethnicity, and other socio-economic attributes of individual transgendered [*sic*] people solidified all the more quickly," and in ways that drew boundaries between gay men, transvestites, drag queens, and transsexual women.⁶⁴ As such, much of the activism and organizing to follow would often not occur in inclusive organizations. The medicalization of gender "deviance" or non-conformity was continuing to shape community and subject formation, thus shaping discourses of resistance and activism.

While these more grassroots actions occurred, subtle shifts also occurred in larger, well-funded organizations and the ways in which they shaped discourses of gender non-conformity. Reed Erickson, an independently wealthy transsexual man, emerged as part of this shift. Transgender studies scholar Aaron Devor, who has written extensively on Erickson, argues that when Erickson began his philanthropic efforts in the 1960s, "transsexualism was little known to either professionals or the public," and "the present widespread recognition of transsexualism as a human condition can be partially attributed" to Erickson and his financial contributions to various organizations.⁶⁵ More importantly though, Erickson funded organizations that not only shaped social discourse, but also medical discourses concerning gender variance. As a

⁶³ Ibid. 354.

⁶⁴ Ibid.

⁶⁵ Aaron Devor, "Reed Erickson and the Erickson Educational Foundation," University of Victoria.

philanthropist he provided millions to several organizations, as well as establishing his own: the Erickson Education Foundation (EEF). This organization, founded in 1964, brought attention to transsexualism, and disseminated information that was “instrumental in making tremendous improvements to the provision of health care and other services for transpeople” for years to come.⁶⁶ Beyond focusing on access to quality medical care, the EEF also funded projects focused on education and advocacy, as well as negotiating media representation of transpeople on the radio, on TV, and in magazines. Furthermore, as Devor and Matte note, the organization “built a solid groundwork which fostered the growth of diverse advocacy and support groups and was foundational to the development of worldwide networks of transsexual researchers.”⁶⁷

In operation until 1984, the EEF also donated millions of dollars to other organizations for advocacy for transsexuals, and for outreach and educational efforts.⁶⁸ EEF also sponsored international gender symposia and provided the initial funding for the Gender Identity Clinic at Johns Hopkins University. EEF built a nation-wide network of transpeople and professionals providing care to transpeople, the EEF was able to provide the first ever referral network for medical professionals sympathetic to transsexual individuals seeking medical or psychological help. Furthermore, because the EEF worked to educate medical professionals, they also shifted some medical discourses about transsexuals through their encouragement that physicians

⁶⁶ Aaron Devor and Nicholas Matte, "Building a Better World for Transpeople: Reed Erickson and the Erickson Educational Foundation," *International Journal of Transgenderism* 10, no. 1 (2007). 48.

⁶⁷ Ibid.

⁶⁸ In their work, Devor and Matte mention two specifically: 1) in 1974 “Forum on Variant Sex Behavior,” a three-day forum designed to expose a variety of professional including “physicians, social workers, psychologists, counselors, clergy, teachers, and other professionals,” to current information and new developments concerning “less well known types of behavior,” and 2) in 1975, “Sex, Role, and Gender,” a similar event to the first, featuring transsexual speakers, including Christine Jorgensen. Sexologists had had international forums and conventions, but these two events were some of the first funded by and featuring the narratives (as told by themselves) of transsexual people. The EEF gave over two million dollars to ONE, a homophile organization, to help organize and fund several events and programs focused on transsexual lives. "One Inc. And Reed Erickson: The Uneasy Collaboration of Gay and Trans Activism, 1964-2003," *GLQ - A Journal of Lesbian and Gay Studies* 10, no. 2 (2004). 191-192.

“develop the expertise they needed in order to be able to fulfill the health care needs.”⁶⁹ This push offered a strategy for transsexual health that greatly differed from previous approaches. For the first time, transpeople across the nation were in conversation with one another about medicine and medicine’s construction and treatment of diagnoses of gender “deviance” or non-conformity.

Following the withdrawal of Erickson’s funds in 1977 from gender symposia that he had been funding for almost a decade, the symposia organizers were forced to navigate the future direction of the symposia. As a result in 1979, the Harry Benjamin International Gender Dysphoria Association (HBIIGDA) was incorporated as a non-profit and would oversee the continuation of the symposia as well as establish standards of care for transsexuals seeking medical intervention. HBIIGDA was at the forefront of shaping medical approaches and understandings of transpeople worldwide. They not only sponsored conferences and began *The International Journal of Transgenderism*, but they also played a significant role in having “gender identity disorder,” discussed above, added to the DSM-III. According to scholars Matte, Devor, and Vladicka, this move helped to bring “what had previously been less widely accepted thinking about transsexuals into mainstream psychiatry and opening up new legal and social possibilities for transsexuals in the United States.” One of their most notable contributions, though, was the set of guidelines they created to help medical professionals provide affirming care for transsexuals, transvestites, and transgender people: the Standards of Care (SOC).⁷⁰ In 2012, the seventh iteration of these standards of care were published, five years after HBIIGDA

⁶⁹ "Building a Better World for Transpeople: Reed Erickson and the Erickson Educational Foundation." 52.

⁷⁰ Matter, Devor, and Vladicka note the U.S. bias and focus of the Standards of Care written by HBIIGDA, due largely in part to the overwhelming number of members of HBIIGDA that were U.S. citizens or tied to the U.S. in some other capacity. Nicholas Matte, Aaron H. Devor, and Theresa Vladicka, "Nomenclature in the World Professional Association for Transgender Health’s Standards of Care: Background and Recommendations," *ibid.* 11 (2009). 46.

changed its name and as of 2016 is known as the World Professional Association for Transgender Health (WPATH).⁷¹

1970-1979

Histories of sexological and eugenical discourse continued to shape not only the dominant discourses of transgender diagnoses and subjectivities, but also many of the responses and counterdiscourses that emerged as a result. Some of these counterdiscourses emerged from smaller activist communities that engaged modes of resistance that responded directly to the lack of resources and access to not only medical intervention and health care, but also basic services like shelter and food.

Sylvia Rivera and Marsha P. Johnson, two transwomen living in New York City, countered the growing narrative of the larger organizations, many of which were using the assimilationist rhetoric of “we are just like you.” Rivera and Johnson, informed heavily by more radical social justice discourses focused on understanding the connections between homelessness and violence, were less concerned about assimilation. Focusing on providing housing and reducing violence for other transwomen of color, they formed the advocacy group and shelter mentioned above - Street Transvestite Action Revolutionaries (STAR) in the 1970s. In Rivera’s own words, “STAR was for the street gay people, the street homeless people, and anybody that needed help at that time.”⁷²

Transsexual Activist Organization (TAO), founded by Angela K. Douglas in 1970 in Los Angeles, took issue with the medicalization of transness. The organization published several political writings that “offered important countercultural critiques of the emerging transgender establishment,” most notably criticism of “the doctors, lawyers, and psychiatrists associated with

⁷¹ "Mission and Values."

⁷² Leslie Feinberg, "Street Transvestite Action Revolutionaries," *Workers World*.

Harry Benjamin, the EEF, and the ‘police-run’ NTCU in San Francisco.”⁷³ The members of the GLHSNC provide evidence that many of these criticisms were unfounded, but the existence of these critiques helped provoke a critical examination of the larger organizations like the EEF as well as the ways in which these organizations were shaping approaches to and understandings of transsexual health, understandings that were invested in the very same institutions from which the original diagnoses emerged.⁷⁴ This radical and countercultural advocacy helped expand and shape transactivist discourses that were committed to grassroots organizing. The accusations emerging from TAO foreshadowed a larger rift in transactivism and discourse that would occur over the next several years.

The members of the GLHSNC cite several events that would highlight the fragility of the movement, leaving the movement fractured: in 1973, Rivera intended to speak at the 4th Christopher Street festival, but was forcibly prevented from doing so; also in 1973, Beth Elliot, while attending the West Coast Women’s Conference, was ousted from the conference and then dismissed from the Daughters of Bilitis, the lesbian activist organization. These two incidences were “emblematic of a wider shift in radical sexual politics... the rise of ‘cultural feminism’ among lesbians, the... disparagement of drag among gay men, and pandemic hostility, apathy, and ignorance from society at large.”⁷⁵ This shift also reflected a split in approaches to activism. Jen Richards of wehappytrans.com recently compared these two different trajectories for activism in her article about the “transgender movement” in *The Advocate*. Discussing Prince’s somewhat privileged group of cross-dressers in relation to Rivera’s and Johnson’s group of queer youth of color, Richards argues that this history set a precedent for the realities of transwomen

⁷³ Stryker, *Transgender History*. 89.

⁷⁴ According to the members of the GLHSNC she accused the EEF of having a “general repressive attitude.” California, “Mtf Transgender Activism in the Tenderloin and Beyond, 1966-1975.” 366.

⁷⁵ *Ibid.* 367.

today – where cross-dressers and members of organizations like Tri-Ess are in very different positions socially and politically than the queer youth of color who continue to face the brunt of violence, homelessness, and discrimination. This historical trajectory did not evolve independently from the precedent set by the original diagnostic categories and the assumptions, hierarchies, and power structures built into their very definitions.

As a result of this trajectory, transactivists would organize apart from other progressive organizations and movements, engaging different social justice discourses that offered divergent understandings of “community.” The rifts among transgender, feminist, and LG communities would largely remain in place until the emergence of queer discourse and the queer movement in the 1990s. It was at this time when transgender communities began to engage in a “broader cultural struggle to redefine the possibilities of sexed and gendered embodiment.”⁷⁶ Stryker explains in part what caused this rift:

the emergence of new political ideologies of gender, transgender people--particularly transsexuals--came to be seen as dangerously reactionary in their cultural politics, as people who had a false consciousness of gender oppression and who sought to mutilate their bodies rather than liberate their minds.⁷⁷

Similarly, though, many transpeople expressed disapproval of homosexuality and not wanting to be associated with yet another pathologized identity.⁷⁸ Discourses that aligned “danger” with diagnoses of gender “deviance,” that created spaces where respectability politics resulting in the constructions of homosexuality as deviant seen throughout the early- and mid- twentieth century, were still fully present in these contemporary landscapes. While attempts were made to bridge

⁷⁶ Ibid. 367.

⁷⁷ Susan Stryker, "Transgender Activism," ed. glbtq (http://www.glbtqarchive.com/ssh/transgender_activism_S.pdf: glbtqarchive.com, 2004). 3.

⁷⁸ Tapping into social justice discourses that made clear connections between these disenfranchised communities, The Radical Queens Collective in Philadelphia formed alliances with lesbian feminist and gay activists. Despite the success of these alliances, some strains of feminist thought and organizing were anything but supportive.

these divides, these discourses continued to circulate and would inform anti-trans* feminist sentiment for years to come.

In 1979, Janice Raymond published *The Transsexual Empire*. This text would become one of the most infamous anti-transgender texts, one that shaped anti-transsexual discourses for years. Raymond's rhetoric in this book fueled and solidified an anti-transsexual sentiment that had been building among some feminists that led them to buy into the narrative that transsexuals were "the mindless agents of a nefarious patriarchal conspiracy bent on the destruction of women."⁷⁹ I will discuss the academic responses to this text in the next chapter, but it is important to note that this anti-transsexual sentiment within some feminist discourses led transactivists to organize separately from feminist activism for the next decade, rather than in collaboration with other feminist, social justice, and progressive movements.⁸⁰

1980-1999

The AIDS crisis in the 1980s affected transgender communities in devastating ways. Transwomen, particularly transwomen of color involved in sex work, were among those most affected by the epidemic. Because of the havoc it wreaked in gay and transgender communities, alliances were forged between L, G, and T communities, as well as drug users and other groups that were higher risk. These alliances had not occurred previously in many communities for a number of reasons, some of which lie in the histories of respectability politics that played out in, among other places, transvestite and transsexual communities and narratives. As I discussed in chapter three, many transsexuals did not want to align themselves with homosexuality, and many

⁷⁹ Stryker, "Transgender Activism." 3.

⁸⁰ Although transgender activism faced many barriers in the 1970, small positive changes occurred in legal and medical institutions. In 1975, Minneapolis was the first city in the United States to pass a law that made employment discrimination against transgender people illegal. In 1977, the New York Supreme Court ruled that Renee Richards was eligible to play tennis as a woman. In 1979, HBIGDA was incorporated as a non-profit, and would help to shape the discourse around non-pathologizing approaches to and research about trans health.

gay or homophile individuals were not interested in associating with transsexuals or transvestites.

The alliances forged—and in some way forced—by the AIDS epidemic also brought greater attention to systems of privilege and oppression that connected all of these communities. As Stryker argues, “An effective response to the epidemic meant addressing systemic social problems such as poverty and racism that transcended narrow sexual identity politics.”⁸¹ Despite these alliances, though, many transpeople failed to receive care or were never seen by medical professionals at all, in part because of fears concerning the disclosure of their transsexual status to healthcare providers.⁸² This failure further instigated counterdiscourses to emerge from transgender communities not only concerning the ways in which the diagnoses were accessed, but also to larger institutional barriers that had to do with more than just transgender diagnoses or identity.

Among some of the smaller but important advocacy efforts in the 1980s, La Clínica del Pueblo was established in 1983 in Washington D.C. by Latina transactivist Ruby Bracamonte. This clinic would prove to be influential for transpeople for decades. Responding to the needs of individuals who were HIV positive, in the late 1990s the clinic focused its efforts towards providing resources for those now referred to as transwomen. Latina and Latino individuals seeking help were provided care, regardless of their ability to pay. The clinic is still active as of 2016. Despite the efforts of Bracamonte and other health-care activists, widespread discrimination against transpeople continued.

Janice Raymond, continuing to inhabit one of the most visible, anti-trans positions, was particularly vocal in relation to medical and governmental discourses about transpeople. In 1980,

⁸¹ Stryker, "Transgender Activism." 4.

⁸² *Transgender History*. 115.

Raymond wrote and published a paper for the U.S. government entitled “Technology on the Social and Ethical Aspects of Transsexual Surgery.” According to activist and public historian Monica Roberts, “this paper effectively eliminated federal and state aid for indigent and imprisoned transsexuals.”⁸³ Written originally for the National Center for Healthcare Technology (NCHT), Raymond’s paper would later inform the official position of Health and Human Services (HHS) regarding transgender health care. Public intellectual and historian Cristan Williams argues that Raymond’s paper not only informed the position of HHS, but also created barriers to healthcare for transpeople that would last decades:

Until Raymond’s HHS paper, the US government supported trans care as medically necessary... This meant that poor trans people could freely access psychological and medical care and it meant that public and private insurers had no basis upon which to reject coverage of trans care... Raymond’s hate became the government’s stance.⁸⁴

Janice Raymond denies these accusations and argues that her paper did not significantly influence approaches to care or coverage by insurers. However, the NCHT alongside the Office of Health Technology Assessment would cite Raymond as their *only* source for arguing that transsexual surgeries were “controversial.”

Furthermore, Raymond claims that she did not affect the funding of care for transpeople. Several physicians have acknowledged, though, that the care transpeople received in the mid- to late-1970s was funded by programs established by individual institutions or through Medicare. Dr. Meyer, former president of WPATH, said in an interview with Williams that he remembered “one particular patient who was on Medicare and that patient was approved for genital surgery.”⁸⁵ The change in policy, spearheaded by the NCHT and the Office of Health Technology Assessment, prevented Medicare funds from being available for these services. Activists

⁸³ Monica Roberts, "Why the Trans Community Hates Dr. Janice G. Raymond."

⁸⁴ Cristan Williams, "Terfs & Trans Healthcare," TransAdvocate.

⁸⁵ "Fact Checking Janice Raymond: The Nchet Report," TransAdvocate.

continue to fight for access to medical care for poor transpeople and for transpeople who are incarcerated.⁸⁶ However, activists continue to grapple with the discursive influence of Raymond's vitriol.

Beyond the fight for medical care, legal battles were also being waged throughout the 1980s, but the legal discourses and the institutions they shaped were slow to change despite community counterdiscourses and demands for equality. In 1984, a transwoman working as a pilot for Eastern Airlines lost a sex discrimination suit she filed against the company. The judge in the case argued that Title VII sex discrimination was discrimination against women, effectively dismissing Ulane as a man.⁸⁷ This verdict followed a series of losses for transpeople in the courts during the 1970s and 1980s: several states ruled against allowing transpeople to change their sex marker on their birth certificates, in 1982 a parent lost custody of their child *because* the parent was transgender, and in 1989, according to the Gay and Lesbian Alliance Against Defamation (GLAAD), a Nevada Court not only denied a transgender parent the right to primary custody, but actually terminated parental rights solely on the basis of transgender status.⁸⁸ The court held that the child should not be required to undergo the psychological adjustments necessary for coming to terms with a parent's transgender identity.⁸⁹

By the end of the 1980s, transgender support groups emerged across the nation. These groups functioned to resist discourses of pathology and deviance, discourses that many who

⁸⁶ Some smaller victories were won just in the early 2010s, forty years after Raymond's paper.

⁸⁷ *Ulane v. Eastern Airlines Inc.* 742 F.2d 1081 (7th Cir. 1984)

⁸⁸ "Transgender Legal Issues," (Boston: GLAD LGBT Legal Advocates, 2015).

⁸⁹ *K. v. Health Division*, 277 Or. 371, 560 P.2d 1070 (1977); 00 Cisek v. Cisek, 1982 Ohio App. LEXIS 13335 *4 (Oh. App. July 20, 1982); Daly, 715 P.2d at 59. By the end of the 1980s some legal cases had been won, reflecting the shifts in broader discourse about gender resulting from transgender, feminist, and social justice activism. In 1988, a case out of New Hampshire paved the way for transgender people to access protections under disability antidiscrimination laws. In a 1989 case, *Price Waterhouse v. Hopkins*, the court ruled in favor of a female employee who fought for protections under Title VII. The court ruled that "a person who failed to conform to gender stereotypes... was permitted to pursue a claim under Title VII." After more than a decade of struggle and loss, transsexual and transgender communities would be at the forefront of shaping the discourses about themselves more forcefully than ever before.

claimed some variation of transgender subjectivity encountered on a daily basis. In addition, “transgender” became more widely used in these groups as well as among other activists and academics to refer to individuals from across the spectrum of what might be referenced in the 2010s as gender non-conformity. Transgender inclusion in feminist circles continued to be a point of contention (and continues to this day), concurrent with feminist intellectuals and scholars engaging discursive constructions and understandings of “woman.”⁹⁰ Just as issues of inclusion, social justice, and approaches to social change determined a groups overall goals, so too did it determine who counted as a “woman” and who was “authentic” in their womanhood.

The 1990s ushered in a wave of transgender activism and political agitation. While activists had begun using “transgender” in social movement discourse for several years, feminist scholar Finn Enke attributes the use of “transgender” as a specifically activist and contemporary label with Leslie Feinberg and hir use of it in the early 1990s when ze used it “to name a budding movement uniting all possible oppressed gender minorities.”⁹¹ Enke argues that “transsexuals, drag queens, butch lesbians, cross-dressers, feminine men, and masculine women all in some senses crossed, or transed, gender,” and most of these individuals and communities bore the burden of the “punitive measures to keep such crossings invisible or in check” by most

⁹⁰ Tammy Reed, "History of Transgenderism - Part 3 (1970-1989)," T-Girl Publishing.

⁹¹ It was also around this time that gender neutral pronouns grew in use for some in the transgender community. In his study of epicene pronouns, linguistic scholar Dennis Brown notes the existence of these terms as early as the 1850s. While many of the uses over the following one-hundred years would be unfamiliar to most readers, feminist writers began to advocate for epicene pronouns in the late 1960s and 1970s as a mode of resistance to male-dominated language and imagery. In the mid 1970s, Feminists Dana Densmore, Kate Swift, and Casey Miller advocated for non-masculine pronouns to be used when addressing mixed crowds, with Densmore specifically arguing that “speech is a form of thought,” and that new *human* pronouns would more accurately represent humans in a less sexist way. Just as transgender studies emerged from and alongside women’s studies, the emergence of gender-neutral pronouns in the transgender community occurred from within and alongside this challenge by feminists to sexist pronoun usage. It is unclear when exactly transgender communities began using gender neutral pronouns, but one message board traces it to 1981 when “hir” – as opposed to “his” or “her” – made an appearance on Usenet, an early online discussion board. “Ze” – in place of “he” or “she” – also emerged alongside “hir.” Dana Densmore, "Speech Is the Form of Thought," *No More Fun and Games: A Journal of Female Liberation*, no. 4 (April 1970).

“Western societies.”⁹² While “transgender” had been previously used in various ways by others in the community without any single definition, Feinberg’s *Transgender Liberation: A Movement Whose Time Has Come*, published in 1992, publicly claimed a number of gender non-conforming individuals – transsexual, transvestite, and those who transgressed gender well before either term existed – as part of a larger transgender community and history.⁹³ Considering the use of the term “transgender” in the twenty-first century, Feinberg, in similar ways to Stryker, utilized “transgender” ahistorically and anachronistically in that ze claimed individuals like Joan of Arc, for example, as “transgender.” However, Feinberg is clear about hir use of “transgender” to describe “everyone who challenges the boundaries of sex and gender” and that the book was intended to take a “fresh look at sex and gender in history and the interrelationships of class, nationality, race, and sexuality.”⁹⁴ In using such an expansive definition, one that was widely available to a popular audience, Feinberg helped transgender to function within larger transgender discourses as an umbrella term for a variety of non-normative gender expression and embodiment.

The 1990s saw not only the rise of transgender activism and visibility, but also a growing recognition of the violence that transpeople faced across the nation and throughout the world.⁹⁵ Brandon Teena’s murder in 1993, for example, received national media coverage. Brandon, assigned female at birth, lived out a masculine gender expression and is speculated to have

⁹² A. Finn Enke, “The Education of Little Cis: Cisgender and the Discipline of Opposing Bodies,” in *Transfeminist Perspectives*, ed. A. Finn Enke (Philadelphia: Temple University Press, 2012).

⁹³ Leslie Feinberg, *Trans Liberation: Beyond Pink or Blue* (Boston: Beacon Press, 1998).

⁹⁴ *Transgender Warriors: Making History from Joan of Arc to Rupaul* (Boston: Beacon Press, 1996). x, xi.

⁹⁵ In 1992, following radical and aggressive responses to homophobic discourse that led to organizations like Queer Nation, Transgender Nation (TN) was formed in San Francisco and employed similar, direct-action tactics. Harnessing the anger of many transtranspeople to the discrimination and oppression they had faced for years from medical institutions and police, TN addressed the transphobia present within the emerging queer movement. As an offshoot of Queer Nation, the first chapter in San Francisco was formed because of the dismissal of transgender communities from “the movement.” Drawing a large number of activists the first year, attendance eventually dwindled, but the group helped to incited what Stryker calls an “unabashedly progay, nonsperatists, antiassimilationist alliance politics.” A transgender movement had emerged that focused less on identities and more on broader social structures of inequality. Stryker, *Transgender History*. 134.

identified as a man. Transsexual Menace, a group founded in 1993 by activist Riki Wilchins, was a central actor in the vigils and protests held during the trials of John Lotter and Tom Nissan, the men who beat, raped, and eventually murdered Brandon. By 1999, so many transgender individuals had been murdered, the Transgender Day of Remembrance (TDOR) was established as a day to remember and stand in solidarity with the lives of those who were lost. The first was a vigil held to honor Rita Hester, a black transwoman killed in Massachusetts in 1998.⁹⁶ This issue has garnered attention worldwide, and even a “Trans Murder Monitoring” website was launched by Transgender Europe, an organization with LGBT activists from around the world.⁹⁷ Unfortunately, as of 2016 this continues to be a pressing issue all over the world. Over twenty transwomen of color were murdered in the U.S. alone in 2015.⁹⁸

Into the Twenty-First Century

As a direct response to the lack of transgender inclusivity in larger organizations, Riki Wilchins of the Transsexual Menace formed the Gender Public Advocacy Coalition (GPAC) in 1995. The organization, in operation for fourteen years, advocated for workplace fairness and worked with transgender and gender-variant individuals who experienced discrimination. Wilchins was adamant about focusing on a broad definition of gender variance, rather than exclusively on those who identified as transgender. GPAC was instrumental in some of the first studies and reports that documented violence that transgender and gender-variant individuals experienced.⁹⁹ Eventually closing its doors in 2009, GPAC provided an explanation why: “There is a vibrant and expanding core of organizations committed to this work. Many of the early

⁹⁶ Today, an average of at least one transperson, most often a transwoman of color, is murdered once a month in the U.S.

⁹⁷ According to the information they have collated from across the globe, over 1700 transpeople were murdered between 2008-2015. While the highest number of homicides are located in Brazil and Mexico, over one-hundred of these murders occurred in the United States. "Trans Respect Versus Transphobia Worldwide."

⁹⁸ Jorge Rivas, "20 Trans People Were Murdered This Year. This Is What Happened," Yahoo!

⁹⁹ Gender Public Advocacy Coalition, "50 under 30: Masculinity and the War on America's Youth - a Human Rights Report," (Washington, DC: GPAC, 2007).

challenges... are well launched and on their way... It is time for us to move on, to new challenges...in the growing struggle for gender rights.”¹⁰⁰ In the fourteen years of GPACs existence, not only had lesbian and gay organizations begun to incorporate transgender communities, but a number of new organizations had emerged advocating for gender-variant individuals and communities.

During the time of GPACs existence, national organizations began to add the “T,” then standing generally for transgender, to their mission statements and agendas. Devor and Matte trace this shift, noting that the National LGBTQ Task Force added transgender issues to their mission statement in 1997, with Parents and Friends of Lesbians and Gays (PFLAG) following suit in 1998. It was not until 2001, though, that the largest advocacy organization, the Human Rights Campaign (HRC), would begin to incorporate transactivism into their larger agenda.¹⁰¹ Alongside this shift, transactivists were establishing more organizations and advocacy groups to work for transgender equality. The Transgender Law Center opened its first office in San Francisco in 2002. The National Center for Transgender Equality (NCTE) was founded in 2003 and stated that its explicit goals were to advocate for “policy change[s] to advance transgender equality.”¹⁰²

By the end of the 2000s, legal discourses shifted direction as well. In 2008, Diane Schroer won her discrimination lawsuit against the Library of Congress after they withdrew a job offer to her after learning that she was a transwoman. According to the *New York Times*, “A federal District Court judge concluded that the Library of Congress was in violation of Title VII

¹⁰⁰ Ibid.

¹⁰¹ Despite their professed incorporation of transgender concerns and issues, in 2013 during marriage equality protests outside the Supreme Court, a “trans activist was asked to remove the trans pride flag” from behind a podium and a “queer undocumented speaker was asked to remove reference to his immigration status in his remarks.” HRC issued an apology for these actions, but this exclusion speaks to the ongoing difficulty of coalitional work. Meredith Bennet-Smith, “Human Rights Campaign Apologizes for Censoring Undocumented, Trans Activists at Marriage Protests,” *HuffPost Queer Voices* 2 April 2013.

¹⁰² “History,” National Center for Transgender Equality.

of the Civil Rights Act.”¹⁰³ 2009 saw the first murder of a transperson labeled as a hate crime. By the 2010s, the visibility of transpeople had increased exponentially in social media, popular culture, and transpeople were serving in government offices across the nation. In 2010, President Obama even appointed a transwoman as the senior technical advisor in the Commerce Department’s Bureau of Industry and Security. Medical approaches to transgender health care had begun to shift as well. WPATH issued new standards of care in 2011 that provided more agency to transpeople regarding access to medical intervention. As of 2014, those who had Medicare were able to apply for coverage for transition-related surgeries.

Yet, despite these dramatic changes, as of 2016, transpeople, particularly transwomen of color, continue to face incredibly high rates of violence and incarceration. Smaller organizations continue to do the work fueled by similar frustrations with harassment and violence that ignited the acts of resistance at Dewey’s, Compton’s, and Stonewall. The Sylvia Rivera Law Project, founded in 2002 by Dean Spade, “works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence.” In addition, their work helps trans* and gender non-conforming individuals access social, health, and legal services. The Transformative Justice Law Project, founded by Owen Daniel-McCarter and a collective of radical activists in 2008, provides legal advocacy to “folks of color, poor and street-based people, folks who have experienced incarceration or policing, folks living with HIV/AIDS, youth, immigrants, undocumented people, people with mental/physical disabilities, and folks who are in the sex trade and street economies.” There are dozens of other local organizations doing this work, fighting the effects of histories steeped in racism, ableism, and transphobia – where eugenics is not overtly present but still effects the material realities of trans* and gender non-conforming communities. These

¹⁰³ “Milestones in the American Transgender Movement,” *The New York Times* 15 May 2015.

organizations exist in part because of the ways in which discourses of racial justice, prison abolition, and disability activism continue to intersect and inform one another.

Intersex Activism and its Discursive Connections to Transactivism (1976-2016)

During these decades of transgender activism, advocates from intersex communities were also fighting for access to legal rights and affirming medical care. Intersex activism is historically and discursively connected to transactivism in large part due to the ways in which transsexualism, transvestism, and “hermaphroditism” were (and in some ways remain) co-medically constitutive.¹⁰⁴ The first official organization advocating for intersex individuals was the Intersex Society of North America (ISNA), founded by Cheryl Chase in 1992. She saw similarities between transgender advocacy and intersex advocacy. Before founding ISNA, Chase found community in Transgender Nation and among transwomen. She cites similarities among the ways in which both communities had been medicalized and pathologized. Both communities, she argues, are working to “assert agency within a medical discourse that works to efface the ability to exercise informed consent about what happens to one’s own body.”¹⁰⁵ Some organizations explicitly acknowledged these connections: the National LGBTQ Task Force added intersex advocacy to their larger agenda in the 1990s, and in 1996, Transsexual Menace worked with a group calling themselves “Hermaphrodites with an Attitude” to protest the American Academy of Pediatrics meeting that was being held in Boston.

While transgender and intersex activists struggled to shape the medical, legal, and social discourses about medical intervention in ways that were more affirming for those attempting to

¹⁰⁴ For example, these histories are inseparable because of the ways in which medical professionals often conflated, confused, or analogized intersex conditions with transsexualism or “psychic hermaphroditism.”

¹⁰⁵ Cheryl Chase, “Hermaphrodites with Attitude: Mapping the Emergence of Intersex Political Activism,” in *The Transgender Studies Reader*, ed. Susan Stryker and Stephen Whittle (New York: Routledge, 2006). 308.

access (or reject) care, the discourses shaping the physicians approach remained in many ways unchanged since the 1930s. Physicians continued to dismiss claims to transgender identity as illegitimate, and in relation to intersex patients, physicians—much like the doctors of the twentieth century—refused to attend to the desires of intersex communities and activists. In addition, Chase notes that “more than one ISNA member has discovered that surgeons actually operated on their genitals at no charge,” in part because of their fascination with their ability to “change sex.” Surgeries for intersex bodies are often seen as necessary as well, with the physicians claiming the need “to rescue parents from their intersex children,” and they proceeded with what they declared to be “heroic interventions.”¹⁰⁶ This unequal distribution of access to surgery reflects the discursive legacies from the twentieth century and the justifications for surgery many physicians used during that time. If any individual is intersex, surgery is desirable, even necessary, to “fix” nature’s “mistake. Transsexuals must navigate the complexities of diagnoses, standards of care, and financial access in order to obtain medical intervention, but even then they are sometimes denied care because it is not discursively constructed as “medically necessary” intervention. This logic and justification for who “requires” or “deserves” surgical intervention are all too familiar.

Eugenics to Neoliberalism: The Legacies of Trans* Death (1970-2016)

Despite the dramatic changes over the past sixty years, most transpeople still cannot access legal, medical, or other necessary services. More transwomen are being murdered and incarcerated everyday. This continues to be the case, in part, because the legacies of eugenic ideology and scientific racism continue to shape not only the discourse of gender non-conformity, but also the institutions in which these discourses are situated. Certain iterations of

¹⁰⁶ Ibid. 309.

trans* embodiment are constructed as interesting, fascinating, or worth a more in-depth exploration by the popular media. Others who inhabit these subject positions continue to be cast as freaks, as deserving of the violence they encounter, or as not even worth mentioning. Much of this inequality is the result of the legacy of eugenics, as well as the ways in which this legacy set the stage for neoliberal economic and social policies that reflect eugenic ideologies and goals from the twentieth century.

Since the 1970s, neoliberal economic practices have shaped governmental approaches to social services, consumerism, and has demanded an ethics that focuses solely on the market to the exclusion of all else. Harvey, in his work on neoliberalism, has argued that it has become “hegemonic as a mode of discourse.”¹⁰⁷ Feminist scholar Wendy Brown explained that neoliberalism “involves *extending and disseminating market values to all institutions and social action*, even as the market itself remains a distinctive player.”¹⁰⁸ Cultural studies scholar Jules Wight argues that as an “ideological orientation,” neoliberalism and its adherents only acknowledge the decline of social welfare, increased problems of inequity and injustice, as well as the rise of suffering and class disparities through a lens of the marketplace. Each of these definitions build a picture of neoliberalism that, at its very core, is focused only on a market concerned with the acquisition of capital. If proponents of neoliberal economic policy can *only* see problems of inequity and injustice through the “lens of the marketplace,” their concern for those that are considered a “burden” on the state is most likely non-existent. Notions of profit and capital and the rhetoric used to support them are a continuation of the discourses and rhetorics of eugenicists from the early 20th century who claimed to be concerned about the “cost of the socially inadequate.”

¹⁰⁷ David Harvey, *A Brief History of Neoliberalism* (New York: Oxford University Press, 2005). 3.

¹⁰⁸ Wendy Brown, "Neo-Liberalism and the End of Liberal Democracy," *Theory & Event* 7, no. 1 (2003).

The results of this lack of concern for those understood as “burdens” has far reaching results for many oppressed communities, including trans* communities. Medical, legal, and social institutions have failed, and continue to fail, to provide adequate care and support for transpeople – these inadequacies are well documented. This type of engagement, one characterized by a lack of concern, with trans* individuals by medical, legal, and social institutions demonstrates what Harvey has characterized as a:

clear extension of market values to the *detriment of other values* that may have otherwise been more prominent, such as democratic representation and access, community action, social interventions, and political mobilization.¹⁰⁹

Trans* individuals experience incredible amounts of violence at the hands of both individuals and the state as a result of the devaluation of access, action, and intervention.

Other scholars have uncovered specific manifestations of neoliberal influence in various realms of social services. Choices made for what services to provide for community and organizations, including non-profits, are made almost exclusively by funders interested in the marketplace and in a return on their investment. Because services are generally rendered onto identifiable demographics, those that can be identifiable as *consumers*, often this funding and the services enabled by it are linked to fixed notions of identity and terminology. Instead of allowing service providers to evolve quickly with terminology and shifting subjectivities, they are often forced to navigate tricky terrain or their clients are coerced into assuming identity terms that fail to describe who they understand themselves to be. David Valentine’s work *Imagining Transgender* focuses largely on this issue. He describes his work with an organization doing outreach to “transgender” communities despite the fact that many in the community being served do not actually identify with the term “transgender.” As one reviewer quipped, this work and the struggle to identify people as transgender “poke[s] fun at the paradoxes of identity categories

¹⁰⁹ Harvey, *A Brief History of Neoliberalism*. 133, emphasis mine.

while clarifying the risks (in terms of care, recognition, and access to institutional power) of falling out of those categories.”¹¹⁰ Furthermore, Valentine argues that these attempts to “operationalize” transgender “perpetrate violence against excluded subjects (by flattening difference), but in their appeal to the state they ignore broader structural and, indeed, state-based violence.”¹¹¹ While the path differs, the results of these economic and organizational policies that rely on the marketplace often are very similar to the results of eugenic policies in the first half of the 20th century.

Eugenicists claimed to be concerned with “bettering the race” and to “improve humanity.” They operated within discourses that shifted power in whatever form towards those who occupied white, heterosexual, cisgender, ablebodied, male subject positions. Neoliberal discourses, economic and otherwise, are interested in shifting power (read: capital) into the hands of these same individuals. While bettering the “white race” is not an explicit goal of these contemporary economic policies, it is well documented that the wealthiest benefit, and the poor become even poorer. Furthermore, as has been documented by numerous scholars, class is always raced, and is shaped by gender and ability; white, cis, ablebodied people continue to benefit from this system. As such, the results of both neoliberal and eugenic ideologies are shockingly similar. Both discourses advocate a withdrawal of social resources from people considered to be “burdens.” Both result in an increase in institutionalization of these “burdens” – although the form of that institutionalization has shifted from asylums to prisons.¹¹² While there are always exceptions to these rules, where individuals with enough power or capital might be

¹¹⁰ Nomvuyo Nolutshungu, "Review of David Valentine's *Imagining Transgender: An Ethnography of a Category*," *Women's Studies Quarterly* 36, no. 3/4 (2008). 324.

¹¹¹ *Ibid.* 325.

¹¹² See: Chapter 2 of this work, fn114.

temporarily exempt from being considered a “burden,” the discursive constructions of transpeople as “burdens” continues.

From Activism to the Academy

Recognizing and articulating the lasting impact of eugenics on contemporary terminology, diagnoses, and trans* activism is necessary in order to respond adequately to decades of violence and injustice. Movements that respond to these legacies in their advocacy strategies will more fully understand how we got here and why. Eugenic legacies continue to shape economic and governmental policies that result in the withdrawal of resources and access to services that too often result in the death of those inhabiting trans* subjectivities, but activist approaches that attend to the root causes of these inequalities will be better able to push back within these co-constitutive discourses.

Competing discourses continue to shape the direction of transactivism as well as legal, medical, and social understandings of transgender, transsexual, and cross-dressing subjects. While some of the terminology has remained consistent, what it means to exist as a “transsexual” or “transgender” person has shifted and changed along with the discursive milieu from which these terms emerge. While major shifts in the discourse emerged from other activist and social justice discourses, the academy has also played a significant role in the directions not only of activism, but approaches to medical care and the ways in which trans* subjects are theorized. Activism has in turn shaped the academy.

CHAPTER 5

Disciplining Effects: Transgender Studies and the Legacies of Eugenics

“[A]ll modern subjects are engaged in [a] process of disaggregation, reintegration, refinement, and education of the self... the categories we live by—must live by have histories, politics, and economies and produce effects that can be as debilitating for some as they can be liberating for others.”

-David Valentine, 2007

Reclaiming and Theorizing our Own Bodies

The counter-discourses emerging from transactivist communities began to move into academic institutions in the United States during the late 1980s. This development is evidenced by the growth in transgender scholarship within interdisciplinary fields like women’s studies, but also through the establishment of transgender studies (TS) as a field in its own right by the mid-1990s. As transgender studies scholars Susan Stryker and Stephen Whittle note, “the work of trans activists and trans academics has always been linked,” in large part because some of the first academic pieces considered to be part of transgender studies were written *by* transactivists.¹

Many of the discourses within activist communities challenged the pathologization of transsexuality, transvestism, and transgender embodiment, and these debates took shape in the academy, drawing upon theories and methods from across the humanities, but especially from

¹ Susan Stryker and Stephen Whittle, *The Transgender Studies Reader* (New York: Routledge, 2006). xii. It is important to note that throughout this chapter I will cite many activists and scholars, but Susan Stryker will dominate the citation list. Stryker has been a leading voice in the academy and has written extensively about transgender activism, history, and theory. Stryker has shaped the field of transgender studies and her publications have shaped the discourse of “transgender” in the last two decades. As of this writing, she is an Associate Professor of Gender and Women’s Studies at the University of Arizona. In addition, she is the director of the Institute for LGBT Studies, co-editor of the first academic journal dedicated to transgender studies *Transgender Studies Quarterly* (TSQ), and has spoken extensively to both academic and community groups about her research and transgender concepts more broadly. As one of the top scholars in the field, she has also paved the way for transgender studies as an interdisciplinary field, helping to create the first faculty hires in transgender studies, as well as helping to elevate the status and legitimacy of the field in the academy through venues like TSQ. I do not believe that it is just by mere coincidence, however, that Stryker is a white transwoman rather than a transwoman of color. I am in no way indicating that her scholarly contributions are less important because of that. In fact, Stryker has used her position of privilege to create space for trans* voices of color, both inside the academy and in activist circles. However, her perspectives and experiences are fundamentally different than transwomen and men of color, which undoubtedly influences what is possible in terms of her scholarship, its reach, and whose voices dominate the discourse.

feminism and queer theory.² Until the early 1990s, what little scholarship existed about transgender subjectivities had as its primary concern the pathologization and medicalization of transsexualism, and most often the reification of both. In the introduction to the first *Transgender Studies Reader*, Stephen Whittle characterized the shift that occurred in the early 1990s:

New scholarship, informed by community activism, started from the premise that to be trans was not to have a mental or medical disorder. This fundamental shift was built upon within academia, and enabled trans men and women to reclaim the reality of their bodies, to create with them what they would, and to leave the linguistic determination of those bodies open to exploration and invention. To this extent, trans studies is a true linking of feminist and queer theory.³

That some scholarship within the field “started from the premise that to be trans was not to have a mental or medical disorder” speaks to an important move to distance trans subjects from pathologization. However, this move often relied on differentiating diagnoses of gender non-conformity from psychiatric disability and entailed ableist language that framed psychiatric disability as pathological. The need for transgender studies scholars to reframe language around psychiatric disabilities and able-mindedness will be discussed more below, but coalitions among disability and transgender activists and scholars would push these conversations forward over the next several decades.⁴

In this chapter, I will trace the emergence of the academic and activist discourses that allowed for transgender studies (TS) as a field to emerge in the early 1990s. The context of its emergence shaped TS and helped to define some of its objects of study. After highlighting some directions the field has taken and the functions it has served for transpeople in the academy, I

² TS emerged with significant influence from women’s studies and queer studies, two fields that helped to shift identity knowledge discourse to thinking beyond “identity” as the limiter of their scholarly work and instead towards larger analyses of power within discourse and how subject positions, like “trans,” are constructed.

³ Stryker and Whittle, *The Transgender Studies Reader*. xii.

⁴ See: Eli Clare, "Body Shame, Body Pride: Lessons from the Disability Rights Movement," in *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura (New York Routledge, 2013). Ashley Mog and Amanda Lock Swarr, "Threads of Commonality in Transgender and Disability Studies," *Disability Studies Quarterly* 28, no. 4 (2008).

will demonstrate several ways that eugenics continues to shape not only transgender studies but the medical and political discourses with which the field is continually engaged. A century-long history of transsexual and transvestite diagnoses, identities, subject positions, and self-making steeped in eugenic, racist, and ableist ideologies continues to affect transgender studies.

Recognizing the co-constitutive work of the diagnosis alongside practices of self-making must be a part of the discourses within transgender studies today. Eugenics cannot be ignored because of how discursively intertwined with the emergence of the very categories that, in part, constitute the field's existence. Transgender studies must engage eugenic ideology and its ongoing role in the construction of trans* subjectivities in the twenty-first century.

Transgender Studies and the Limitations of Identity

Transgender studies emerged in the 1990s as a distinct field based on an identity, but also as a field critically engaged with the shifting discourses of identity, post-structuralism, and subject formation; transgender studies from the beginning included questions well beyond that of identity. As a field of study often categorized as an identity field, though, some of the limitations of the field are linked to the very notion of “identity.” Identity, as a basis for a field or discipline, can limit the discursive possibilities within that field or discipline. Categories of identity, while liberating for some as a practice of self-making, are always also other-making. “Transgender” functions as an identity, but also as a phenomenon, one that is anything but stable.

It is important, though, to consider the role identity plays in a field called “transgender” studies. The question is less about “what makes *one identity field different from the others*” or a question like “what is transgender studies *about*.” Our line of inquiry should instead focus on what Kandice Chuh has identified as the “specific historicities” of academic fields, historicities

that shape and define the “priorities and paradigms and pedagogies of each” interdisciplinary field. Attending to these historicities will illuminate the relationship among identity knowledges within institutions of higher education. Tracing these historicities will also provide insight into what Chuh notes is the “compartmentalization of knowledge that is the architecture of the normative and normativizing university.”⁵

Disciplines function as “mechanisms of control” where “scientific rationalism becomes the privileged means... of producing knowledge,” but they also determine “what counts as knowledge” or expertise. Chuh connects these mechanisms of control to the very rationalities that “produced racial, sex, gender, and class difference among others as, variously, unhuman, savage, pathological, and incompetent.”⁶ The effects of this disciplining, too often, is that the knowledge and expertise that is considered legitimate relies on the very epistemologies that, as she argues, “racialize as a mechanism of producing and sustaining inequality, deprioritize nonempiricist methods, and/or reproduce patriarchal heteronormativity—that is, arguably exactly those rationalities that contemporary politically engaged knowledge practices intend to dismantle.”⁷ In other words, the partitioning of knowledges and its attendant results and rationalities are often the very things that interdisciplinary fields, like transgender studies, work to dismantle. The question remains, though: To what degree is TS now engaging in these practices, and with what discourses is the field engaging in order to work against these partitioning tendencies?⁸

Beyond the subject position of “transgender,” tracing the interaction between various discursive fields that led to the emergence of transgender studies reveals how, as an

⁵ Kandice Chuh, "It's Not About Anything," *Social Text* 32, no. 4 (2014). 128.

⁶ Ibid. 129.

⁷ Ibid.

⁸ Ibid.

interdisciplinary field, it offers a space for possibilities in thinking not only through “trans*” as an analytic, but also as a subject position. It also allows for study of the ways in which notions of gender and gender “deviance” have emerged and evolved through discourse over the past century. The discourses TS engages are informed by historical forces like eugenics. Eugenics, because of how embedded it is in the histories of these discourses, continues to shape the hierarchies—even if the new hierarchies are a response *to* the original diagnoses and *to* scientific racism and eugenic ideologies. It is necessary to actively reckon with these histories and the various ways in which they manifested in the lives of individuals, and we must continue to engage them to more fully understand and – moving forward –influence their lasting effects in ways that make lives more livable for those who inhabit trans* subject positions.

Feminism, Transphobia, & Women’s Studies

A major factor that spurred the emergence of a new field in the 1990s was the years of exclusion and dismissal of transpeople from within feminist discourse both inside and outside the academy. This is not to dismiss the impact WS had and continues to have on TS and its trajectory. While transgender studies would be shaped most notably by questions of gender non-conformity and its embodiment, other identity fields – although separate and distinct from TS – would help define its lines of inquiry. In fact, feminist scholar Gayle Salamon argues that trans studies would be unable to “understand gender as a historical category” without the work of feminist scholars from the 1970s, 80s, and 90s.⁹ However, she also acknowledges that historically, feminism has not engaged in satisfactory ways with the emergence and evolution of nonnormative genders.

⁹ Gayle Salamon, "Transfeminism and the Future of Gender," in *Women's Studies on the Edge*, ed. Joan Wallach Scott (Durham: Duke University Press, 2008). 115-116.

One text in particular – mentioned in chapter four – that engaged the concept of nonnormative genders incited a number of academic and popular responses. First published in 1979, feminist Janice Raymond’s now infamous polemic against transsexuals, *The Transsexual Empire: The Making of the She-Male*, instigated a rise of scholarship about transsexuality. Raymond argued for the outright rejection of “male-to-constructed-females” from feminist circles.¹⁰ Raymond quickly dismissed any transsexual desire (particularly the desire to identify as a lesbian), arguing that it was nothing more than dissatisfaction with the current sex-role system.¹¹ She concluded her polemic arguing, “transsexualism would best be served by *morally mandating it out of existence.*”¹² *Transsexual Empire* was, and remains, a well-known text by scholars in Transgender and Women’s Studies.

One of the first responses to emerge from the trans community was an essay written by transwoman Carol Riddell in 1980. The essay, “Divided Sisterhood,” has been characterized by scholars in TS as an early example of transgender feminism. Riddell is unabashed in her critique of Raymond, claiming that Raymond, rather than transsexuals, reified the patriarchy with her faulty and exclusive logic and that Raymond caused divisions among feminists by dictating who could and could not be a woman. She takes Raymond to task for her faulty methods, arguing that “Ms. Raymond’s method... uncritically accepts the male academic establishment’s separation of personal feelings and factual presentation.”¹³ Towards the end of her response, Riddell discusses the implications of Raymond’s arguments for the feminist movement:

The denial of female experience in the name of ideological purity is not a product of, nor a contribution to, feminist culture. As trans-sexual women, we must claim the integrity of

¹⁰ Janice G. Raymond, *The Transsexual Empire: The Making of the She-Male* (Boston: Beacon Press, 1979). x, xvii. Raymond also uses the term “man-made ‘she-males.’”

¹¹ Talia Mae Bettcher, "Feminist Perspectives on Trans Issues," in *Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta (<http://plato.stanford.edu/entries/feminism-trans/>; Stanford University, 2014).

¹² Raymond, *The Transsexual Empire: The Making of the She-Male*. 178, emphasis mine.

¹³ Carol Riddell, "Divided Sisterhood: A Critical Review of Janice Raymond's *the Transsexual Empire*," in *The Transgender Studies Reader*, ed. Susan Stryker and Stephen Whittle (New York: Routledge, 2006). 150.

our own life experience, and other women who know us, are also asserting that their right to their own experience is fundamental. When we have to assert this right against other women, for whatever reason, confusion reigns, and patriarchy gains. Following the dogmatists will come the enforcers of the “law.”¹⁴

Riddell identifies the repercussions of a feminist dogmatism that excludes transwomen and connects it to larger systems of discrimination and oppression.

The publication of Raymond’s book in 1979 and Riddell’s response occurred alongside a wave of feminist scholarship engaging in questions concerning the concept and subject position of “woman.” Women’s Studies (WS) emerged in the 1960s, with the first courses being offered at several institutions across the nation.¹⁵ As WS grew and established itself in the academic world as a legitimate field over the next several decades, one of the many critical issues that have shaped the debates concerning the development of the discipline is the category “woman” as a basis for the discipline – how is it defined, how do we understand the term “woman,” and who can claim to be a woman?

Feminist theory and writing for many years was synonymous with feminist activist theory and writing. That women’s studies as a field emerged from within activist movements and was shaped by activist discourse is a reality that continues to shape the field and its object of study. For example, an early text written by Black feminist Cellestine Ware in 1970, *Women Power*, was an early analysis of intersectional oppression. While the term “intersectionality” would not emerge until Kimberlé Crenshaw coined the term in the late 1980s, Black feminist thought would be shaped by texts like Ware’s. An interdisciplinary field emerging from within activist communities and discourses would set a precedent for the emergence of transgender studies in the 1990s.

¹⁴ Ibid. 158.

¹⁵ While I recognize that many departments and programs might use different names, I will use WS throughout to reference women’s studies departments and programs.

The most pressing theoretical issue for many feminists in the academy during the 1980s was the definition of “woman,” both inside and outside of the academy. Linda Alcoff summarized the concerns posed by differing conceptions of “woman.” She argues that this problem stemmed from the fact that “woman” remained a “central concept for feminists because... it is the necessary point of departure for any feminist theory and feminist politics.”¹⁶ However, it was a problematic concept because “it is crowded with the overdeterminations of male supremacy, invoking in every formulation the limit, contrasting Other, or mediated self-reflection of a culture built on the control of females.”¹⁷ Too often, she argues, feminists assumed to know exactly what women were or how to define the term the source of these knowledges were always already emerging from misogynist and sexist discourses. These questions over how to define “woman” would prove central to debates about the inclusion of transpeople, and transwomen in particular, in feminist circles and in WS more broadly.

For many activist, academic, and scholar-activist feminists in the early 1980s, reclaiming the exclusive right to define women was a radical move – it symbolized a reclaiming of power for women in the feminist movement. Women defining women, rather than men defining women, led many feminists to articulate an essentialness to womanhood, one that often reframed masculinist characterizations of women. Women’s passivity, for example, was instead an inherent disposition to peacefulness, and sentimentality her “proclivity to nature.”¹⁸ Some, like Adrienne Rich, wanted this renewed focus on women and femaleness. Not all feminists, though, had been or were essentializing ideas of what it meant to be a woman.

¹⁶ Linda Alcoff, "Cultural Feminism Versus Post-Structuralism: The Identity Crisis in Feminist Theory," *Signs* 13, no. 3 (1988). 405.

¹⁷ Ibid.

¹⁸ Ibid. 407. Mary Daly believed that because men could not reproduce, women and specifically the “female spirit/body” became the “primary target in [a] perpetual war of aggression against life.” Mary Daly, *Gyn/Ecology : The Metaethics of Radical Feminism* (Boston: Beacon Press, 1990). 355.

The work of feminists with a racial analysis of feminism leading up to and during this time, for example Cherríe Moraga, Gloria Anzaldúa, and Elizabeth Spelman, reflected a more complex and nuanced approach to theorizing the concept of “woman.” Moraga, for example, acknowledged that “when you start to talk about sexism, the world becomes increasingly complex... power no longer breaks down into neat little hierarchical categories [where] the enemy is not easy to name.”¹⁹ Responding to the essentialism permeating dominant discourses of gender, she occupied a counter-discursive position that refused the notion that “woman” could be defined once and for all because race and class would always complicate its definition. Moraga’s insights, her engagement with WS, and response of both white feminist scholars and feminists scholars of color reflected ongoing counterdiscourses from within the field concerning approaches to theorizing “women” and intersections of gender and race.²⁰ The push to expand not only feminist analysis but to consider and include a variety of experiences by women not previously discussed in the academy shifted the discursive approach not only in content but also in method. Rather than “adding in” other women’s experiences, feminist authors called for a

¹⁹ Cherríe Moraga, "From a Long Line of Vendidas: Chicanas and Feminism," in *Feminist Studies/Critical Studies*, ed. Teresa de Lauretis (Bloomington: Indiana University Press, 1986). 180.

²⁰ Gloria Anzaldúa and Cherríe Moraga published what some feminist scholars believe was one of the most notable feminist texts of the 1980s: *This Bridge Called My Back*. Feminist scholar Jennifer Pierce, considering the interventions within feminist thinking that set the stage for this text, characterized it as a text wherein the writers challenged white feminists to analyze how the “very nature and structure of the[ir] group may be founded on racist and classist assumptions which preclude the involvement of Third World women.” In their 1981 introduction, they frame the project as one that “began as a reaction to the racism of white feminists,” but that it “soon became a positive affirmation of the commitment of women of color to our own feminism.” The six sections of the book engaged in issues of visibility, feminist political theory, racism, divisions among women of color based on class, culture, and sexuality, the ways in which writing can be used as a tool for revolution, and the “ways and means of a Third World feminist future.” *This Bridge* is evidence of a shift in some feminist approaches to thinking about race and colonialism at the intersection of gender. Not only was the book intended to document the oppression experienced specifically by women of color, but also to serve as a book to be used in the classroom, as a book that functioned “as a consciousness-raiser for white women... working... on the issues of racism.” The vision of the authors is present in a way only a few early feminist texts were – they envisioned a feminist movement that earnestly engaged not only issues of race, but a movement that would “feel at home” for “the colored, the queer, the poor, the female, the physically challenged.” Jennifer Pierce, "Review of *This Bridge Called My Back*," *Berkeley Journal of Sociology* 27 (1982). 179. Cherríe Moraga and Gloria Anzaldúa, "Introduction, 1981," in *This Bridge Called My Back: Writings by Radical Women of Color*, ed. Cherríe Moraga and Gloria Anzaldúa (Berkeley: Third Woman Press, 2002). lli, lvi. "El Mundo Curdo: The Vision," in *This Bridge Called My Back: Writings by Radical Women of Color*, ed. Cherríe Moraga and Gloria Anzaldúa (Berkeley: Third Woman Press, 2002). 218.

fundamentally different consideration of how approaches to feminism must attend to racism, ableism, classism, and heterosexism, setting the stage for an approach that would later open itself to a consideration of cissexism and transphobia.²¹

The emergence of post-structuralist thought and its influence on theoretical approaches to identity marked another important shift in WS. Alcoff argues that post-structuralist methods were able to respond to the failure of some feminists to “criticize the fundamental mechanism of oppressive power used to perpetuate sexism,” where the mechanism is “the construction of the subject by a discourse...that operates within a “coercive structure.”²² While post-structuralist thinkers varied greatly in their understanding of social construction, one consistent belief was that the subject was not a “locus of authorial intentions,” but instead a subject created within discourse without any essential core or naturalness. Using a poststructuralist approach, woman, instead of naming an essential “female spirit/body” was instead a fiction created in discourse, and many feminists adhered to this notion. In 1981, for example, French feminist thinker Julia Kristeva argued that “a woman cannot be.”²³ Some feminists, though, argued that the space created by essentialism offered a starting point for a more inclusive, complex, and nuanced approach to defining “woman.” Biddy Martin observed that “the assertion even of a fiction of the unity of woman... has created a space for us from which to interpret as well as to speak.”²⁴ Rather than continue to simplify “woman,” the task was instead to “deconstruct,” to “refuse to be content with fixed identities or to universalize ourselves as revolutionary subjects.”²⁵ This approach would be necessary in order to avoid taking the concept of post-structuralism to the

²¹ *This Bridge*, while generally considered a foundational text, continues to be engaged in a perfunctory way by feminist scholars who understand race and racism to be secondary to sexism and sexist oppression.

²² Alcoff, "Cultural Feminism Versus Post-Structuralism: The Identity Crisis in Feminist Theory." 415.

²³ Julia Kristeva, "Woman Can Never Be Defined," in *New French Feminisms*, ed. Elaine Marks and Isabelle de Courtivron (New York: Schocken, 1981). 137.

²⁴ Biddy Martin, *Femininity Played Straight: The Significance of Being Lesbian* (New York: Routledge, 1996). 16.

²⁵ *Ibid.*

extreme and divest from the material consequences of sexism, which would make the “question of women’s oppression obsolete.”²⁶

This poststructuralist discourse is also evidenced by the ways in which connections were being drawn between essentialism, racism, and sexism. Elizabeth Spelman critiqued essentialism alongside racist notions of “woman.” Spelman’s book *Inessential Woman*, published in 1990, reflected the growing critique surrounding essentialist understandings of “woman” that emerged from cultural feminist theorizing – the notion that “underneath or beyond the differences among women there must be some shared identity—as if commonality were a metaphysical given.”²⁷ Beyond arguing that not all women necessarily have some feature in common with others, her work highlighted the inseparability of gender from other aspects of identity like race and class. This idea is laid out clearly in the introduction:

The woman in every woman is a woman just like me, and if I also assume that there is no difference between being white and being a woman, then seeing another woman ‘as a woman’ will involve seeing her as fundamentally like the woman I am. In other words, the womanness underneath the Black woman’s skin is a white woman’s.²⁸

Reflecting the shifting epistemologies concerning gender, she asserts that gender is culturally and historically specific and also “constructed and defined in conjunction with elements of identity such as race, class, ethnicity, and nationality.”²⁹ Spelman’s insights, along with other feminist scholars using an intersectional and anti-colonialist lens, were evidence of the shifting discourses within the academy that paved a path for not only more intersectional feminist analysis, but also provided space for transwomen to claim womanhood and for feminists in

²⁶ Ibid. 17.

²⁷ Elizabeth Spelman, *Inessential Woman: Problems of Exclusion in Feminist Thought* (Boston: Beacon Press, 1988). 13.

²⁸ Ibid.

²⁹ Ibid. 175. Feminist philosopher Iris Marion Young argued that Spelman’s work critiques the very starting point of most feminist engagements with the concept of woman: “feminism... is about understanding the oppression women suffer as women [and] studying this oppression seems simplest by looking at the situation of women whose lives are uncomplicated by oppressions other than sexism.” Iris Marion Young, “Review of *Inessential Woman*,” *Ethics* 100, no. 4 (1990). 899.

general to reject essentialist notions of “woman” espoused by individuals like Janice Raymond. While much of the feminist scholarship emerging from within the academy was transformed by these early debates, some scholars failed to account for these intersections, reflecting the negative aspects of situating ourselves in distinct and separate identity fields that sometimes preclude a consideration of subjectivity beyond “women.”

It was during this time that WS as a field also began to shift its focus from exclusively “women” to instead focusing more largely on “gender.” Joan Scott’s foundational 1986 essay “Gender: A Useful Category of Historical Analysis,” was evidence of a new generation of scholarship that was beginning to emerge from the intersections of traditional academic discourses and discourses concerning gender, sexism, and the role of women in history and culture.³⁰ Scott engaged feminist theoretical tools to interrogate “woman” and gender more broadly as a “primary field within which or by means of which power is articulated,” arguing that “gender is implicated in the conception and deconstruction of power itself.”³¹ Another indication of these shifts was Judith Butler’s 1990 book *Gender Trouble: Feminism and the Subversion of Identity*, a text that fundamentally interrogated not only the fluidity of gender, but questioned the fixedness of sex as a category of being.³² These two texts, along with many others, utilized the shifting discourse concerning women and gender in WS departments.³³ However, they posed particular challenges to what many understand to be the founding category and reason for WS existence within the academy: women. Gender, some might argue, displaced

³⁰ Joan W. Scott, "Gender: A Useful Category of Historical Analysis," *The American Historical Review* 91, no. 5 (1986).

³¹ *Ibid.* 1067-8.

³² Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).

³³ A few influential texts are Gayle Rubin, "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality," in *The Lesbian and Gay Studies Reader*, ed. Michele Aina Barale Henry Abelove, David Halperin (New York: Routledge, 1993). Adrienne Rich, "Compulsory Heterosexuality and Lesbian Existence," *Signs* 5, no. 4 (1980)., Candace West and Don H. Zimmerman, "Doing Gender," *Gender & Society* 1, no. 2 (1987). Eve Kosofsky Sedgwick, *Epistemology of the Closet* (Berkeley: University of California Press, 1990).

the importance of focusing on women as a gender category and of the ways in which women need to retain a certain amount of focus and attention.

Feminist Wendy Brown engages these concerns, recognizing the importance of the question “what constitutes fundamental knowledge in WS?”³⁴ As WS shifted its focus, the discipline accommodated inquiries that engage the category “gender” rather than “woman,” and used theory that “destabilizes the category of woman, racial formations that disrupt the unity or primacy of the category, and sexualities that similarly blur the solidarity of the category” of “woman.”³⁵ Brown argues that some feminist scholars are particularly committed to a category of “woman” that affect efforts to resist, restrict, and even colonize the term “woman” in order to preserve it as a *stable* category.³⁶ For Brown, the embracing of “gender” does not function as an erasure of “women” or feminism. Rather, it would function within discourse as one way to “radically reconfigure WS programs without sacrificing the feminism they promulgate among students,”³⁷ a place where the future of WS moves beyond “simplistic” and homogenous understandings of both women and the basis of feminism as a mode of inquiry within the Academy.³⁸

It was at this same time that LGBT Studies and Queer theory began to emerge as separate spheres of knowledge production. In the 1980s, LGBT studies became a field that focused on the lesbian and gay rights movement and was based largely in the social sciences. Queer theory, emerging around the 1990s, aligned itself more with poststructuralist theory and philosophies.

³⁴ Wendy Brown, "The Impossibility of Women's Studies," in *Women's Studies on the Edge*, ed. Joan Scott (Durham: Duke University Press, 2008). 20.

³⁵ *Ibid.* 21.

³⁶ *Ibid.*

³⁷ Young, "Review of *Inessential Woman*." 35.

³⁸ This shift would affect not only the discourses of women and gender, but even the very names of departments – many WS departments would change their name to incorporate “gender” and even “sexuality.” These name changes that were, and continue to be, hotly debated, as the name of a department reflects, and can help define, the boundaries of where the department focuses its academic inquiries.

Discussing both fields, David Lee Carlson summarizes the difference between the their methodologies: “LGBT studies relies on rational and scientific research methodologies while queer theory employs postmodern critiques of essentialism and determinism.”³⁹ Where LGBT studies relied on identity as a central concept, queer theory tapped into poststructuralist understandings of discourse and subjects created within discourse, rather than identity as an agential and self-contained notion.

It is within this context and shifts in the academy, and women’s studies in particular, that Sandy Stone wrote the most well-known response to Raymond’s polemic, “The Empire Strikes Back: A Posttranssexual Manifesto” in 1988.⁴⁰ This essay, often credited for inaugurating the field of transgender studies, created a space for discussions about gender and transsexualism as genres of being, rather than a fundamental essence of who one might be. Stone connected colonial discourse and rhetoric to existing concepts of transsexuality, and argued that just as women had been theorized by men, so too were transwomen theorized by ciswomen. When she examined and compared scholarship about women and transwomen, she saw that:

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.⁴¹

Stone, however, discussed how difficult it was to generate a counter-discourse when transwomen were being dismissed *as* women and therefore their voices were dismissed as illegitimate and unable to express an authentic experience.⁴² Furthermore, as Stone argued, “it is difficult to

³⁹ David Lee Carlson, "Postqueer? Examining Tensions between Lgbt Studies and Queer Theory: A Review of Lgbt Studies and Queer Theory," *Journal of LGBT Youth* 11 (2014). 1.

⁴⁰ Sandy Stone, "The Empire Strikes Back: A Posttranssexual Manifesto," *Camera Obscura* 12, no. 2 29 (1992). This essay was first presented as a conference paper in 1988 at ““Other Voices, Other Worlds: Questioning Gender and Ethnicity,” in Santa Cruz, CA. It was later published in *Body Guards: The cultural Politics of Gender Ambiguity*, eds. Kristina Straub and Julia Epstein,(New York: Routledge) in 1991.

⁴¹ *Ibid.* 163.

⁴² Stryker claims that in its most radical iteration, transgender studies offers a “critique of the reproduction of

generate a counter-discourse if one is programmed to disappear.”⁴³ She articulated a specific experience of oppression for transsexuals, and offered the notion of transsexuals 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.”⁴⁴ Stone was expanding the possibilities not only for transsexual subjectivities, but also for gender more broadly.

The Emergence of Transgender Studies

Following the publication of Stone’s essay, transgender studies began to take shape as a rapidly changing field – one that emerged and evolved to reflect the changing landscape of trans, intersex, and queer politics. Susan Stryker, in her introduction to the transgender issue of *GLQ*, acknowledges that perhaps the single most impactful piece of scholarship that helped to shape transgender studies as a field was Stone’s essay, one she characterized as “a rejoinder to Janice Raymond’s polemic against the concept of transsexualism itself.”⁴⁵ Beyond this essay, though, Stryker identifies two key factors that led to the increased attention to transgender phenomena in the academy: 1) the growing impact of postmodernism and the ways in which “‘transgender phenomena’ emerge from and bear witness to the epistemological rift between gender signifiers and their signifieds” where the significance of the signifier “gender” not referencing a signified “sex” in the way most would assume, and 2) the inability to avoid encountering individuals who

normativities,” and political movements that utilize them to secure “greater access to citizenship” for those who embody these norms. There are generally agreements about what makes a “man” a man and a “woman” a woman, and transgender studies puts pressure on that tacit agreement.” It was this tacit agreement that made Jorgensen a spectacle, because of what so many understood as her mimicry of heterosexual white womanhood. Her mimicry, though, also highlights the very instability of the categories she embodied. Jorgensen ability to “pass,” called into question the very stability of a white, heterosexual womanhood so often thought to be stable and “authentic. Her difference was titillating, but her familiarity was unsettling. Susan Stryker, interview by Petra Dierkes-Thrun, 20 August 2014.

⁴³ Stone, "The Empire Strikes Back: A Posttranssexual Manifesto." 165.

⁴⁴ Ibid.

⁴⁵ Susan Stryker, "The Transgender Issue: An Introduction," *GLQ: A Journal of Lesbian & Gay Studies* 4, no. 2 (1998).

claim transgender or gender non-conforming identity – and identity that she argues was caused in part by “the global, grass-roots transgender political mobilization of the 1990s, which has made living a transgendered [*sic*] life more socially feasible.”⁴⁶ This increased attention, instead of being incorporated into existing identity fields, led to the creation of a field where transgender phenomena could be *the* focus.

Considering the previous 100 years of discourse concerning transsexual, transvestite, and transgender subjectivity and diagnoses, it was groundbreaking for transgender people to not only shape the discourse from their own positions, but to respond directly to, and against, the ways in which they had been pathologized. TS scholar Talia Mae Bettcher characterized these responses as “the coming-to-voice of (some) trans people who have long been the researched objects of sexology, psychiatry, psycho-analysis, and (non-trans) feminist theory.”⁴⁷ TS was becoming a space where, unlike in Raymond’s worldview, transgender subjects fought back against the mechanisms that programmed them to disappear.⁴⁸

An important move in relation to transgender subjectivities was the field’s focus on experiential knowledge. Where sexologists had for decades dismissed the validity of transvestite and transsexual experience, this experience is where much TS scholarship was grounded. Henry Rubin argued in 1998 that transgender studies should reclaim and focus on phenomenology as a method of and for transgender studies, a method that he believed could “return legitimacy to the knowledges generated by the experiencing ‘I.’”⁴⁹ Regardless of the method or approach to scholarship, scholars began to take seriously the embodied experience of those claiming a transgender or gender-variant identity. This serious consideration of experience proved to be

⁴⁶ Ibid. 147.

⁴⁷ Talia Mae Bettcher and Ann Garry, "Introduction," *Hypatia* 25, no. 3 (2009). 1

⁴⁸ At the time of the field’s emergence, terminology that exists now did not exist then, terms like “queer,” “cisgender,” or “genderqueer.”

⁴⁹ Henry S. Rubin, "Phenomenology as Method," *GLQ - A Journal of Lesbian and Gay Studies* 4, no. 2 (1998). 267.

transformative and allowed counterdiscourses of transgender subjectivity to emerge from within the field of TS, counterdiscourses not rooted in pathology.

The field not only provided space for experiential knowledge to be taken seriously, it also allowed scholars to directly challenge the discursive construction of “trans” as always already subject to the “expertise” of medical professionals. James Nelson in 1998 asked these questions: “Ought physicians have the authority to legitimate or block people’s attempts to change their sex? Should the standards that govern such decisions be socially mediated?”⁵⁰ Allowing for a space to question the role and power exerted by physicians, scholars engaged medical discourse in ways that challenged it from within an institutional space. Not only was the discourse within the academy challenging medical authority, it was also helping to reframe how transpeople conceived of their own subject positions. Transgender studies, though, benefited from the expertise emerging from women’s studies and queer theory; as the field began to claim a space in the academy, TS scholars were already involved in discourses framing bodies and identities not as natural or with a predetermined politics but as constructed and shaped by discourse.

By the end of the 1990s, transgender studies could lay claim a number of disciplinary scholars from sociology, political science, English, LGBT studies, history, and queer studies under its interdisciplinary umbrella, and was at a precipice that would result in exponential growth of scholarship, theorizing, and movement over the next decade. The challenge that faced those in the field was one that feminists were grappling with as well: “Was the basis of gender identity essential and biologically based, or is it socially constructed?”⁵¹ This question recalls eugenic discourses of the early 20th century, discourses that shaped approaches to etiology by both eugenicists and sexologists and their search for the origins of transvestism and

⁵⁰ James L. Nelson, "The Silence of the Bioethicists: Ethical and Political Aspects of Managing Gender Dysphoria," *ibid.* 214.

⁵¹ Stryker and Whittle, *The Transgender Studies Reader*. xiii.

transsexuality. However, TS approaches to this question differed greatly because, rather than extending the research agenda of sexologists and medical professionals that understood “transgender phenomena as appropriate targets of medical, legal, and psychotherapeutic intervention,” TS challenges this regime of knowledge and utilizes critical theories from across the academy.⁵² This work was important and even transformative for many transpeople and communities. However, just as so many identity fields struggled with accounting for race (WS, for example), or disability, or sexuality, or transnational perspectives, so too did transgender studies.

In 2006, Stryker, along with Stephen Whittle, edited the first *Transgender Studies Reader*, a text that marked a milestone in the field. The fifty essays, not including Whittle’s foreword and Stryker’s introduction, spanned over 100 years of writing. Included were original writings by the early sexologists who helped create transvestite and transsexual diagnoses, essays on feminist analysis of transgender subject positions and the implications of these subject position for feminism (including both supportive and dismissive perspectives), queering gender, trans-identities and trans-communities, masculinity, embodiment, and finally essays focused on the intersections of gender, nationality, and race. In the second iteration of this text, Stryker and Aizura look back on this reader as a text that was able to “definitively mark out a place for a *transgender studies* within the academy.”⁵³ Transgender studies scholars Talia Bettcher and Ann Garry recognized the publication of this reader as “evidence of the remarkable growth of trans studies—its ‘coming of age.’”⁵⁴ Transgender studies scholar Bobby Noble also hails this reader as groundbreaking, but recognizes that it should not go without critique. He highlights the fact that the *Reader* “tells the singular story of a subject emerging only through dominant Western

⁵² Susan Stryker and Paisley Currah, "Introduction," *Transgender Studies Quarterly* 1, no. 1-2 (2014). 4.

⁵³ *Ibid.* 1.

⁵⁴ Bettcher and Garry, "Introduction." 1.

frameworks.”⁵⁵ Just as Western frameworks of race, normality, and identity shaped the evolution of transvestite, transsexual, and transgender diagnoses throughout the 20th century, these frameworks continued to haunt the development of a field that came about, in part, to disrupt those very frameworks.

Beyond the limitations of a very U.S.-centric field, Noble also highlights a need to create space for subjugated knowledges and narratives, knowledges and narratives that have been suppressed or dismissed as illegitimate, from within trans* communities. From his vantage point, he has observed “epistemologies that are repeating themselves across social movements as they travel inside academic knowledge production” which results in only some of the transpeople’s lived realities “being heard, codified, acknowledged, and theorized even as, wittingly or otherwise, these same knowledges have the effect of subjugating other knowledges to those of imperial, sexual, and racialized hegemonies.”⁵⁶ He acknowledges the usefulness of the reader, but frames it as an “important, albeit double-edge work documenting counterdiscursive knowledge production.”⁵⁷ In spite of its drawbacks and limitations, the *Transgender Studies Reader* signified an achievement for the field, one that would help legitimate transgender studies as an interdisciplinary field in its own right.

The second *Transgender Studies Reader*, mentioned above, was published in 2013 with Stryker and Aren Aizura as editors. In the seven years between the first and second volume, the field grew exponentially. In their assessment of the first volume, Stryker and Aizura acknowledge its limitations, and characterize the reader as “an account of field formation.”⁵⁸

⁵⁵ Bobby Noble, “My Own Set of Keys”: Meditations on Transgender, Scholarship, Belonging,” *Feminist Studies* 37, no. 2 (2011). 258.

⁵⁶ *Ibid.* 259.

⁵⁷ *Ibid.* 260.

⁵⁸ Susan Stryker and Aren Z. Aizura, “Introduction: Transgender Studies 2.0,” in *The Transgender Studies Reader 2*, ed. Susan Stryker and Aren Z. Aizura (New York: Routledge, 2013). 3.

Reflecting the current cultural context of neoliberalism, militarization, increased state surveillance, and the emergence of “transgender normativity,” the second reader “takes critical aim at such developments.” The authors in the second reader often critique the inadequacies of the first in order to, according to Stryker and Aizura, “tak[e] aim at its implicit whiteness, U.S.-centricity, Anglophone bias, and the sometimes suspect ways in which the category *transgender* has been circulated transnationally.”⁵⁹ While remaining cognizant of the history and emergence of the field, this reader engages new developments within the field that occurred since its inception.

As with the struggle of feminism to define “woman,” scholars in transgender studies have struggled with “transgender” as a term that defines both the field as well as its analytical focus. As with the emergence of different terminology over the twentieth century to describe and diagnose gender non-conformity, terminology emerged from within activists and scholarly communities that attempted to name the evolving meaning of “transgender.” Stryker and Aizura link this evolution to the emergence of the field, arguing that among the many goals of transgender studies, one central goal is “an effort to account for the profound shifts in culture, society, and political economy that are indexed by *transgender’s* dramatic emergence and rapid dissemination more than two decades ago.”⁶⁰ They caution scholars to attend to the possibility of “transgender” becoming static and conservative, of signifying “specific ways of being in the world,” rather than remaining malleable. They also urge scholars in the field to articulate “new modes of embodied subjectivity, new cultural practices, and new ways of understanding the

⁵⁹ Ibid. 4.

⁶⁰ Ibid. 3.

world, rather than becoming an enclosure for their containment.”⁶¹ With the field becoming more institutionalized (two readers for the field, a new journal, faculty lines in transgender studies), the field risks what Stryker and Aizura see as a “kind of theoretical imperialism that masks and marginalizes a more heterogeneous class of phenomena than can ever be encompassed adequately within transgender’s conceptual framework.”⁶² This occurs not only because of institutionalization, but also because of the implicit class, race, and cultural biases inherent in the term “transgender,” biases that have, for many, made “transgender” intelligible while simultaneously precluding the complexity of those inhabiting “transgender” as a subject position.

Considerations of the term “transgender” are numerous. Finn Enke argues that the “power of transgender does not depend on how many named categories we develop,” but instead because it names “a politics stemming from a tri-fold awareness,” namely binary gender norms and hierarchies, the recognition that many fail to conform to gender expectations, and the value of gender variation.⁶³ This awareness, they argue, helps to form alliances and analysis that make change for those most vulnerable to violence. Enke also questions the effects of limiting the definition of transgender to those with “significant cross-gender identification.”⁶⁴ The positive aspect of this is that it attends to the specificity of experience and is also linked to the histories of the institutions that have created limited access to medical care and legal documents, among other things, for transgender individuals. However, they argue that limiting the definition to *only* this “may perpetuate the marginalization of trans by reinforcing the misconception that ‘trans’

⁶¹ Ibid. 7. This same debate occurs also in queer studies, with concerns about the possibilities of the term “queer,” with some uses remaining radical and subversive and others becoming conservative, static, and normative in their exclusivity.

⁶² Ibid. 8.

⁶³ A. Finn Enke, "Introduction: Transfeminist Perspectives," in *Transfeminist Perspectives: In and Beyond Transgender and Gender Studies*, ed. A. Finn Enke (Philadelphia: Temple University Press, 2012). 4-5.

⁶⁴ Ibid. 5.

describes a very small number of visible people.”⁶⁵ Feminism and transgender studies must, they argue, acknowledge the proliferation and variation of gender expression and embodiment.

The field is officially called “transgender studies,” but many scholars and activists refer to it as “trans,” “trans*,” or “trans-” studies. Enke, writing in 2012, believes that this is an attempt to “rename the binary-resistant ontologies that exist within and beyond our grasp,” to emphasize and highlight the numerous identities and subject positions of what “trans” has come to signify. This conversation is ongoing and began early in the field’s development. In a 2008 special issue of *Women’s Studies Quarterly*, Susan Stryker, Paisley Currah, and Lisa Jean Moore begin their introduction discussing the title of the issue:

The title that appears on the cover of this journal is *Trans-*, not Trans, and not Transgender. A little hyphen is perhaps too flimsy a thing to carry as much conceptual freight as we intend for it to bear, but we think the hyphen matters a great deal, precisely because it marks the difference between the implied nominalism of “trans” and the explicit relationality of “trans-,” which remains open-ended and resists premature foreclosure by attachment to any single suffix.⁶⁶

They continue, discussing the CFP that read “Trans: -gender, -national, -racial, -generational, -genic, -species.” Their goal, they argue, was to leave “trans” open, to not offer it up as if it were a stable category or “class of people, things, or phenomena” but rather phenomena that always changes, evolves, and cannot be definitionally fixed.⁶⁷ Stryker et. al. even propose a verb form of trans – “transing” – that they believe begins to articulate the movement and practice of crossing among and between gendered spaces. This speaks to their understanding of gender as a practice rather than as a fixed or established sphere, but also to what they understand as the possibilities of the field that extends beyond one solely of identity.

The usefulness of any of these terms, though, must reflect the tensions and directions

⁶⁵ Ibid. 5-6.

⁶⁶ Susan Stryker, Paisley Currah, and Lisa Jean Moore, "Introduction: Trans-, Trans, or Transgender?," *Women's Studies Quarterly* 36, no. 3/4 (2008). 11.

⁶⁷ Ibid.

within the growing field of transgender studies. Any term must have the potential to recall both failures and success of intersectional and transformative analysis for the lives discussed within the field. Despite the ways in which transgender normativities have emerged, and how “transgender” has operated as a site of struggle in failed attempts to account for race, class, and other aspects of identity, Stryker et. al., remain optimistic for the term’s possibilities. They argue that “transgender” has generated counter-narratives; it has highlighted subjugated knowledges and counter-discourses of gender and bodily differences.

Topics in the Field

Almost two decades after its inauguration, scholars within transgender studies recognized the need for a broader dialogue within the field. Bettcher and Garry suggested that this dialogue undertake a “more inclusive vision of the racism, sexism, heterosexism, and transphobia inherent in a modern, colonial, and capitalist system.”⁶⁸ The issues are contemporary iterations of the racist, ableist, heterosexist, transphobic, and colonialist discourses that shaped and continue to shape trans* subjectivities. Beyond narratives of self-making that continue to result in other-making, the field has also seen the emergence of new dominant trans* narratives, has struggled to be inclusive of and account more fully for queer and trans* people of color (QTPOC) voices and experience, and has also been forced to reckon with the development of hierarchies of trans* subjects as well as the continuing institutionalization of the field in an academy that is becoming ever more corporatized.⁶⁹

Positioning transsexual and transgender subject positions as *not* perverted was a central

⁶⁸ Bettcher and Garry, "Introduction." 5.

⁶⁹ QTPOC is used by some within the community as an acronym. For example, Mia McKenzie created a blog, *Black Girl Dangerous*, that is explicitly written by and for QTPOC. See: "BGD: Amplifying the Voices of Queer & Trans People of Color." <http://www.blackgirldangerous.org/>: Black Girl Dangerous.

aim for transgender studies, but much of the scholarship emerging from the field constructed a “false dichotomy between authentic/real and constructed/mutable,” a dichotomy that resulted in juxtaposing the “subversive transgender” with the “conservative transsexual.”⁷⁰ With these shifts in discourse and the construction of new, more “subversive” subject positions, a new master narrative, one that privileged gender benders, intentionally and explicitly disruptive gender subject positions, and cast individuals who transitioned and embodied normative expectations of femininity and masculinity as reflecting a false-consciousness about who they were and the power that disciplined them to follow that course. This new transgender narrative came to dominate the field because it countered earlier transsexual narratives legitimated by sexologists and other medical professionals. Another reason, though, was because these narratives emerged in ways that de-pathologized non-normative embodiment and explicitly critiqued normative expectations of masculinity and femininity rooted in historically racist ideals.

Critiquing this normative, even “master,” narrative of transsexuality predicated on white heterosexuality that continues to be informed by eugenics, racism, and ableism, is a crucial move to expand who is legible and who has access to life-sustaining resources. However, at what point does this critique become conservative, discouraging subject positions that counter what currently exists at the dominating narrative? This continues to be a point of contention for transgender studies scholars – thinking through and analyzing how to create space for a variety of narratives without privileging one narrative over another, even if it is “more” subversive than another. At what point does a seemingly radical “self-making” make those who do access the master narrative *other*? Transvestites and transsexuals utilized the very discourses and power structures Stryker articulates in order to establish their own place in the hierarchy of legibility

⁷⁰ Bettcher and Garry, "Introduction." 7.

and acceptability. While much of the scholarship that has emerged from transgender studies depathologizes transpeople and gives voice to the experience and expertise of those living as trans* in the 21st century, the field has also privileged the notion of creating “gender disorder,” of creating chaos through gender subversion.⁷¹ However, according to Bettcher et. al., the effects of this privileging leaves little to no “theoretical space” for “accounts of oppression/resistance that may be at work even in the case of trans people who have been dismissed as gender conservative.”⁷² They cite the scholarly work of Jay Prosser, Viviane Namaste, and Henry Rubin who have all voiced their concerns about subsuming “trans” into a “largely queer paradigm,” one that valorizes queer gender and is suspect of everything else.⁷³

TS scholar Bobby Noble and anthropologist David Valentine both highlight the historical discourses the field must reckon with in the midst of these contestations. For example, they mention the “truth” of the ways in which the scholarship distinguishes between gender and sexuality. They argue that the “truth” is “simply one way of carving up how we know about ourselves and other.”⁷⁴ What is problematic, they argue, is that these assertions about “truth” are often communicated as linear progress narratives, as teleologies, with a clear beginning and a clear end, wherein the “truth” about oneself is discovered. This narrative, regardless of its efficacy for liberation, should not be used to accuse trans* identified people who “reproduce

⁷¹ Stryker and Whittle, *The Transgender Studies Reader*. xiii.

⁷² Bettcher and Garry, "Introduction." 4.

⁷³ Ibid. 4. This concern speaks to larger issues about the elusiveness of “queer” and the discourses within which it is utilized. “Queer,” if used in a universalizing way, can actually be used in service of dismissing the material needs of queer people. It can also, however, be used as radical site of resistance, as many scholars and activists attempt to do in their queer, trans*, and disability activism. Scholars from various interdisciplinary fields engage this issue of universalizing queer, and speak to its real-life effects. Disability scholar Robert McRuer, for example, addresses this issue both in terms of labeling others and oneself as “queer” within a larger conversation about the universalizing notions to sometimes dismiss the real, material needs of both queer communities and of people living with disabilities. McRuer recognizes the tendency to conclude that if each of us “fails” to embody normative expectations – even if in small ways – that the tendency to say everybody is, in some way, “queer.” Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006).

⁷⁴ David Valentine, *Imagining Transgender: An Ethnography of a Category* (Durham: Duke University Press, 2007). 243.

binary gender” of being complicit with or responsible for the ways in which patriarchal power is exercised. Rather, they argue, it is crucial that the work emerging from the field recognize that the categories we inhabit have “histories, politics, and economies,” and that we are all engaged in the process of category-making.

The result of this process can produce both liberatory and debilitating effects, but the central goal, Valentine argues, is to question “*how, why, when, and with what effects* self-making is other making.”⁷⁵ Rather than criticize people for “the supposed capitulation to gender normativity,” Rubin for example urges scholars to ask instead “what function these identities serve for the subjects who claim them.”⁷⁶ This line of questioning allows scholars to grapple with the historical trajectories of transvestite and transsexual narratives alongside more contemporary transgender and trans* subject formations. Intersex activist Cheryl Chase argues that, for instance, Stone’s “Empire Strikes Back: A Posttranssexual Manifesto” was able to refigure open, visible transsexuals not as gender conformists propping up a system of rigid, binary sex but as “a set of embodied texts whose potential for productive disruption of structured sexualities and spectra of desire has yet to be explored.”⁷⁷

Noble connects these issues to the ways in which the disciplinary fields are discursively constructed and bound. He highlights a weakness in transgender studies, similar to one that occurred in queer theory and feminist studies, and argues that the “public face of academic ‘transgender studies’ materializes... [as] white, North American, secular, and always already liberatory.”⁷⁸ He questions the cost of institutionalizing transgender studies, a field born from a

⁷⁵ Ibid. 246, emphasis mine.

⁷⁶ Henry S Rubin, "Phenomenology as Method in Trans Studies," *GLQ: A Journal of Lesbian and Gay Studies* 4, no. 2 (1998). 266.

⁷⁷ Cheryl Chase, "Hermaphrodites with Attitude: Mapping the Emergence of Intersex Political Activism," in *The Transgender Studies Reader*, ed. Susan Stryker and Stephen Whittle (New York: Routledge, 2006). 305.

⁷⁸ Noble, ""My Own Set of Keys": Meditations on Transgender, Scholarship, Belonging." 257.

complex social movement and asks, “at what cost to our paradigms of decolonization and white supremacy will such coherence come?”⁷⁹ He demands a critical analysis of “any singular master narrative—disciplinary or colonial,” believing that this will allow transgender studies and scholarship to take into consideration colonialism and its attendant discursive techniques.⁸⁰

Editors Susan Stryker and Aren Aizura reflect on similar questions in their introduction to the *Transgender Studies Reader II*. They begin their introduction with a critique of their first reader with the hope that the second will help challenge and fundamentally change the way the field reflects an “implicit whiteness, U.S.-centricity, Anglophone bias, and the sometimes suspect ways in which the category *transgender* has been circulated transnationally,” critiques voiced by other scholars following the first reader.⁸¹ This change requires that attention be paid to what scholars have recognized as “the relationship between transgender issues and other structural forms of inequality and injustice,” and also the ways in which the discourses emerging from the field are shaped by race, hierarchies of identity, and effects of the institutionalization of the field within the academy.

Transgender studies has been critiqued by scholars for its lack of not only racial analysis, but its focus on white subjects and the ways in which transpeople of color are objectified and “made to represent the traumatic violences through which claims for rights are articulated.”⁸² While these are not the same discursive moves made in the 1950s and 1960s, the same logics are being utilized, where whiteness buttresses an individual’s claim to legitimacy and legibility. Transsexual and transvestite women, alongside sympathetic doctors like Harry Benjamin, relied on white norms of femininity to try and legitimize their claim to womanhood, white norms that

⁷⁹ Ibid. 256-258.

⁸⁰ 268 noble

⁸¹ Stryker and Aizura, "Introduction: Transgender Studies 2.0." 4.

⁸² Ibid. 10.

are defined over and against femininities that are understood as other, or not as femininity at all. Some of the scholarship emerging from transgender studies, as well as some activist groups, engage rights discourses that, if successful, will benefit mostly white and middle or upper-class transpeople, while using the violence experienced by trans* people of color and poor trans* people as justification for that advocacy.⁸³

In the last decade, however, trans* of color critique has received more attention across the field of transgender studies and this critique, as described by Stryker and Aizura, attends to these moves for legitimacy, disrupting the “racialized logic through which white gender-variant bodies become – more often than not – the only gender variant bodies recognizable as the legitimate subject of rights.”⁸⁴ They continue:

The production of transgender whiteness as a process of value-extraction from bodies of color both within and outside of the global north and west therefore remains an important target of criticism, even as we promote transgender studies as a site where radical anti-racist and anti-imperialist work can be accomplished.⁸⁵

Stryker and Aizura here highlight the paradox of a field dominated by white scholars based on experiential knowledge as a place where radical anti-racist and anti-imperialist work *can be accomplished*. This work, though, requires scholars already in the field to focus on this work in earnest, and by opening up literal spaces (faculty lines, spaces in graduate programs) for individuals, people of color and otherwise, who will push the field in these directions. Stryker, Aizura, and other leading scholars in TS are working to change the historical trajectory of whose voices have been showcased since the 1910s and focus on questions like: whose stories are being told, and to which audiences; whose lives are theorized/objectified and to what ends; and how do

⁸³ One example is the push to remove the diagnosis of gender dysphoria from the DSM. For many this would indicate that trans* diagnoses are no longer being pathologized. For others, though, the only pathway they have to access trans* related medical care is through the diagnosis. Also, some trans* and disability scholars argue that depathologizing diagnoses in general is more pressing than removing any one diagnosis from the DSM.

⁸⁴ Stryker and Aizura, "Introduction: Transgender Studies 2.0." 10.

⁸⁵ Ibid. 10.

we make transgender studies a place of resistance even as its institutionalization becomes more established? ⁸⁶

Stryker focuses on what she sees as another paradox: her position at the University of Arizona. She was hired in 2011 and UA agreed not only to fund her, but also to assist with the establishment of *Transgender Studies Quarterly* (hailed as the field's first non-medical journal focusing on transgender subjects), fund a cluster hire in transgender studies, as well as entertain the possibility of establishing a graduate degree in transgender studies. This occurred in what she describes as an "era when the teaching of Chicano/a studies is literally being outlawed in Arizona public schools, when xenophobic attitudes inform the state's border politics..." She asks, when tension around racism, economics, and citizenship run high, how:

transgender identities and practices can appear palatable[?] How does institutional investment in transgender studies at this particular historical juncture play into a deep logic of "managing difference" through expert knowledges, or get positioned as less threatening than calls for racial and economic justice?⁸⁷

She understands her position to be one where she can advocate and advance these concerns within transgender studies, as one way to resist the cooptation of transgender studies by neoliberalism and its dehumanizing agendas.

On a related front, Stryker claims that transgender studies is begging to take seriously transnational critiques of the ways in which the non-West too often "forms a premodern backdrop for the civilizing, tolerant liberalism of a homonationalist or trans-normative

⁸⁶ Queer theory, women's studies, and sexuality studies have been critiqued for the very same lack of attention, where whiteness and white subject become the main point of reference for experiential knowledges. Feminist scholar Viviane Namaste makes this connection explicit, arguing that the field emerged in "white, anglo contexts," and as only just begin to "grapple with its own specificity in a way that echoes the history of white, anglo feminism's struggling with the interwoven nature of gender, sexuality, race, language, class, and disability." Viviane K. Namaste, "Against Transgender Rights," in *Sex Change, Social Change: Reflections on Identity, Institutions, and Imperialism* (Toronto: Women's Press, 2005). Bettcher and Garry, "Introduction." 5.

⁸⁷ Stryker, "Transgender Studies Today: An Interview with Susan Stryker."

modernity.”⁸⁸ In other words, Stryker, and others within the field, are interrogating the ways in which a “transnational transgender imaginary” can begin to shift scholarly approaches to this work. Newer work in the field acknowledges that a transnational trans* rights movement located as much in the global north as in the global south has “taken shape over the last decade, enabled by new media technologies that are as symbolic of later capitalist industrial modernity as are the body technologies of changing sex.”⁸⁹ In fact, the third issue of *Transgender Studies Quarterly* pushed scholars to ask, “How does imagining globally networked communities of trans people interact with already-existing global flows... [h]ow might transgender studies contribute to the decolonization of the sex and gendered imaginaries through which we grasp a world of difference?”⁹⁰ Stryker also identifies the difficulties of this work, particularly in terms of fundamental categories like “human being,” “man,” and “woman,” that are not “ontologically given, but rather are themselves historically and culturally variable and contingent.”⁹¹ Furthermore, she points to the problem of translation across language and culture, and the ways in which this problem grows when translating incommensurable categories of being.⁹² Arguing that the field is particularly suited for growing in these directions, Stryker and Aizura argue that part of “transgender critique” involves “demystifying and analyzing the ontological labor performed by *man*, *male*, *female*, and *woman*, and insisting on their historicity and cultural

⁸⁸ Susan Stryker and Paisley Currah, "Cfp: Decolonizing the Transgender Imaginary " news release, 2012.

⁸⁹ CITATION. Trans* here is in reference to the ways in which U.S. scholars talk about transnational rights. Constructions of gender and gender non-conformity differ radically depending on ones geographical and cultural context, but as of 2016 “trans*” can arguably be used as a placeholder indicating struggles that vary in particular contexts but are all focused on issues of gender “deviance” or gender non-conformity.

⁹⁰ Stryker and Currah, "Cfp: Decolonizing the Transgender Imaginary ".

⁹¹ Stryker, "Transgender Studies Today: An Interview with Susan Stryker."

⁹² The field is expanding to include this work, as is evidenced by essays in the *Transgender Studies Reader 2*, an issue of *TSQ* focused specifically on transnational transgender studies, as well as a renewed focus from within transgender studies on what Indigenous scholar Qwo-Li Driskill calls the “transnational work of Native and Indigenous studies in the form of [what] we call queer Indigenous studies.” Qwo-Li Driskill et al., "Introduction," in *Queer Indigenous Studies: Critical Interventions in Theory, Politics, and Literature*, ed. Qwo-Li Driskill, et al. (Tucson: The University of Arizona Press, 2011). 2.

contingency.”⁹³ Each of these terms is just as constructed and discursively bound as the others, and Stryker and Aizura highlight the ways in which “they circulate transnationally in discourse and analysis with... risk of being conceptually colonizing.”⁹⁴ Rather than simply being understood as colonizing, with transgender as an “export,” they hope that the transnational turn of the field will help counteract that concept, as well as the notion that what emerges from the field is only accessible or appropriate for other scholars.⁹⁵

Transgender studies will continue to face the difficulty of being an interdisciplinary field within an institution founded on disciplinary departments. Robyn Wiegman in *Object Lessons* (2012) attends to the difficulty of several fields, WS included, as knowledge projects committed to justice as well as interdisciplinarity within a disciplining institution. Beyond discussing the specifics of women’s studies as a field, she argues that scholars must always be engaged and self-reflective in ways that negate a teleological progress narrative of our inquiries. Transgender studies is in a similar position as an identity-studies discipline. Stryker and Aizura discuss the danger of institutionalization:

One implication is that the academic institutionalization of transgender studies, which advances the goal of transgender social legitimization through the development of an expertise structured by the foundational preconditions of transgender’s intelligibility (which is implicitly raced/classed and Anglocentric/Anglophone), risks a kind of theoretical imperialism that masks and marginalizes a more heterogeneous class of phenomena than can ever be encompassed adequately within transgender’s conceptual framework.⁹⁶

Transgender studies, if not attuned to this risk, can and will reproduce hierarchies of intelligibility that function in similar ways to those hierarchies produced by the sexologist and trans people in the mid-twentieth century. Transgender studies instead must push the discourse to

⁹³ Stryker and Aizura, "Introduction: Transgender Studies 2.0." 29.

⁹⁴ Ibid. 9.

⁹⁵ Ibid. 8.

⁹⁶ Ibid.

accommodate evolving subjectivities. Simultaneously, when “transgender” as a term fails to be specific, or to indicate a particular and historically situated understanding of sex, gender and sexuality, Stryker and Aizura argue that we risk “erasing... violent colonial histories of knowledge production about sex and gender,” histories that exploit and fetishize difference “according to the developmental logic of colonialism and capitalism [that] have all been central features of Euro-American societies for over five hundred years.”⁹⁷

In the conclusion of Wiegman’s text, she argues that “the problem for identity knowledges is not how to make our conception of politics accord with reality alone, but how to register the projections, transferences, anxieties, and aspirations that comprise it.”⁹⁸ With spaces carved out explicitly for these conversations in women’s studies departments, American studies departments, and within new publications like *TSQ*, the field is able to reflect on the implications of institutionalization. These spaces also provide room to consider the ways in which, as a distinct field of study, TS might remain vigilant against the institutionalization that would curb the radical and liberatory potential of the field.

Which Bodies Are Wrong?

Transgender studies has prided itself on moving *beyond* the medicalization of transgender and its diagnoses, on resisting the disciplining of medical approaches to transness, and of reappropriating the language of pathology for the purposes of resistance. However, despite TS scholars’ resistance to and critique of it, scientific racism and the discourses from which it emerges continues to shape not only public opinions about difference and social ills, but also scientific approaches. *Washington Post* writers W. Carson Byrd and Matthew W. Hughey argue

⁹⁷ Ibid. 8.

⁹⁸ Robyn Wiegman, *Object Lessons* (Durham: Duke University Press, 2012). 337.

that “scientific racism is creeping back into our thinking.”⁹⁹ As I have demonstrated in the last four chapters, eugenics never ceased to influence the discourses surrounding difference. As Byrd and Hughey assert, eugenic discourse continues to carry influence and is once again adapting and changing.

Byrd and Hughey cite a working paper written for the National Bureau of Economic Research published in 2015 that argues that “ethnic conflict throughout history is a result of genetic diversity among communities... genetic diversity is the dominant force behind conflict among groups.”¹⁰⁰ Byrd and Hughey believe that “such an argument places the history and future of human conflict in genes, as if human interaction and environmental influences cannot match their power.” The writers also reference two studies that analyzed racial essentialism in relation to biological determinism.¹⁰¹ In the first, “A Level Playing Field? Media Constructions of Athletics, Genetics, and Race” published in 2015, Matthew W. Hughey and Devon R. Goss found that “media narratives uncritically parroted and perpetuated the belief that African-descended groups excel in athletics, such as sprinting, because of genetic racial differences — despite the research debunking that belief.”¹⁰² They also argue that “white supremacist groups use news from increased research on genetics and racial differences to explain not only athletic results, but larger racial inequalities in the world... People of varying social and political views employ these explanations in order to legitimate the claim that racial inequalities occur

⁹⁹ W. Carson Byrd and Matthew W. Hughey, “Born That Way? ‘Scientific’ Racism Is Creeping Back into Our Thinking. Here’s What to Watch out For,” *Washingtonpost.com*. <http://www.washingtonpost.com/blogs/monkey-cage/wp/2015/09/28/born-that-way-scientific-racism-is-creeping-back-into-our-thinking-heres-what-to-watch-out-for/>, 2015.

¹⁰⁰ Ibid.

¹⁰¹ The authors define racial essentialism as “the concept that people of different racial and ethnic groups possess specific traits and behaviors unique to their group” and biological determinism as “the belief that race is a genetic reality that regulates how we behave.” Ibid.

¹⁰² Matthew W. Hughey and Devon R. Goss, “A Level Playing Field? Media Constructions of Athletics, Genetics, and Race,” *The Annals of the American Academy of Political and Social Science* 661, no. 1 (2015).

naturally.”¹⁰³ Beyond this study, Byrd and Hughey referenced a 2014 volume by journalist Nicholas Wade, *A Troublesome Inheritance*, that suggests that “Africa’s underdevelopment was a result of genetic inferiority of the communities on the continent, eschewing the devastating effects of colonialism.”¹⁰⁴ This volume, they note, was highly praised by readers. Byrd and Hughey argue that these views “exacerbate racial inequality, twist history and circumvent effective policy strategies.”¹⁰⁵ This is evidence that eugenics remains influential to this day in both racial and national discourses, discourses with which transgender studies must attend.

While eugenic medical discourse is interacting and shaping the ways in which individuals claim transgender identity today, it also continues to be used to explain the “causes” of transgender existence, particularly through engaging scientific discourses that focus only on genetics and biology and result in the idea that being “born this way” is the only legitimate narrative one can claim. While transactivism is varied and multiple, as is evidenced by the previous chapter, some transactivists, individuals, and communities continue to engage in the “born this way” discourse as a strategy for legitimacy, discourse that dominated in the early 20th century and in some ways continues to do so as of 2016. Some even compare or analogize race to advocate for this logic.

When discussing the difference between racial identification and gender identification, Meredith Talusan writes for *The Guardian* that, “transgender people’s decision to transition is almost always involuntary.”¹⁰⁶ As an example of this, she argues that when we are born, “doctors don’t announce our race or color... they announce our gender.”¹⁰⁷ She continues, appealing to

¹⁰³ Ibid.

¹⁰⁴ Byrd and Hughey, “Born That Way? ‘Scientific’ Racism Is Creeping Back into Our Thinking.”

¹⁰⁵ Ibid.

¹⁰⁶ Meredith Talusan, “There Is No Comparison between Transgender People and Rachel Dolezal,” *The Guardian* 12 June 2015.

¹⁰⁷ Ibid.

what she understands as historical evidence of transgender existence: “People who are alienated from their presumed gender and define themselves according to another gender have existed since earliest recorded history; race is a medieval European invention,” thus some people not born black might identify “as black, but I *am* a woman, and other trans people *are* the gender they feel themselves to be.”¹⁰⁸ This logic, pitting constructions of race against constructions of gender, is shortsighted. Constructions of race and constructions of gender have similar and intertwined histories, but denying their specificity elides the lived realities of both. Also, as I will discuss more below, discourses of who can and cannot access womanhood are always fraught and often employ racist, classist, and transphobic logics.

These overlapping narratives serve as evidence that the reliance on medicalized explanations of inherent and biological “trans” existence continues. This discourse, regardless of one’s ‘buy in,’ has dominated and thus shapes all activist discourses to a degree, in that activists must engage it, respond to it, and engage in counter-discursive measures to demonstrate their stance in relation to the medically dependent “born this way” discourse.

Searches for “biological” and scientific explanations proliferated among researchers interested in sexology and transvestism in the early years of the diagnoses. Telling a narrative of being born “in the wrong body” and relying on a physiological explanation for their desires allowed many transwomen to access medical intervention. A biological cause “justified” the actions of physicians. Yet, today these very same logics are used to “prove” that “racial inequalities occur naturally.” These narratives were linked long ago, and reliance upon medical discourses of “born this way” will always fail to do justice for transpeople and communities. Sociologist Shamus Khan argues that this kind of biological determinism has a “long career of serving oppressive and deadly cases... It was only a few decades ago that genetic difference was

¹⁰⁸ Ibid.

a way to identify and exterminate.”¹⁰⁹ Despite the proliferation of scholarship that challenges any neat explanation concerning biology *or* environment in relation to trans* subjectivities, it is crucial to see the connections between these racist discourses and their intersections with explanations of “transgender.” It is also of central importance to acknowledge how the medical is always already political.

Many parallels and “threads of commonality” exist between the ways in which disability and trans subjectivity is theorized, but what I want to acknowledge here is the political nature of medical interventions and the medical framing of “diagnoses” and bodies.¹¹⁰ While critiquing the medical approaches to trans* diagnoses is an important move, and in particular framing trans* subject positions as *not* pathological, following disability scholar Eli Clare, I do not want to suggest that medical intervention is always already bad or always already pathologizing. It is, however, *always political*. In her book *Feminist, Queer, Crip*, feminist disability scholar Alison Kafer offers a framework for thinking about disability that recognizes both the “possibility of simultaneously desiring to be cured of chronic pain *and* to be identified and allied with disabled people.”¹¹¹ Kafer wants to move past an individual model of disability where individuals are framed as a “problem” in need of a cure. Simultaneously, she complicates the notion of a social model that wholly dismisses the medical establishment in favor of only acknowledging the social and environmental barriers that prevent people with disabilities from accessing spaces, from experiencing discrimination, and what she identifies as “ideological systems that attribute normalcy and deviance to particular minds and bodies.”¹¹² Ultimately, she argues that the ways in which medicine frames disability is political, a formula that parallels that of trans* diagnoses.

¹⁰⁹ Shamus Khan to Aeon Magazine, July 23, 2015.

¹¹⁰ Mog and Swarr, "Threads of Commonality in Transgender and Disability Studies."

¹¹¹ Alison Kafer, *Feminist, Queer, Crip* (Bloomington: Indiana University Press, 2013). 6, emphasis mine.

¹¹² Ibid.

Transfeminist scholars have also engaged these debates about bodies, biology, medicine, and belonging, debates rooted in decades of feminist scholarship. Talia Mae Bettcher, for example, engages a long-standing question feminist scholars have grappled with since the emergence of the field, and feminists outside of the academy long before that: who can access the category of “woman?” Bettcher engages the discourses regulating which bodies and which individuals have access to womanhood, and what *kind* of womanhood. Access to womanhood, as numerous scholars have indicated, is tied to a number of other discursive constructions such as race, sexuality, and disability, and the focus on constructions of womanhood have been numerous both inside and outside of the academy.

As recently as 2015, Elinor Burkett published an opinion piece in the *New York Times* where she took issue with transwomen’s “disregard for the fact that being a woman means having accrued certain experiences, endured certain indignities and relished certain courtesies in a culture that reacted to you as one.”¹¹³ These experiences, according to Burkett, include having to “cope with the onset of their periods in the middle of a crowded subway, the humiliation of discovering that their male work partners’ checks were far larger than theirs, or the fear of being too weak to ward off rapists.”¹¹⁴ While Burkett’s article ignited a swift backlash of critique, her rhetoric speaks to the ongoing and complicated discourse about who can lay claim to “woman.”

Significant shifts in this discursive history are marked by a number of feminist interventions. In 1966, Barbara Welter’s work—mentioned in chapter one—analyzing literature and constructions of womanhood in the early to mid- 19th century named the attributes of “True Womanhood” of that time, attributes of piety, purity, submissiveness, and domesticity by which

¹¹³ Elinor Burkett, “What Makes a Woman?,” *New York Times* 7 June 2015.

¹¹⁴ *Ibid.*

“a woman judged herself and was judged by her husband, her neighbors and society.”¹¹⁵ These racialized and classed descriptions of womanhood could only have been applied to white women of the ruling class. Higginbotham, recognizing this trend within discourses of gender, challenged feminist scholars to bring “race more prominently into their analyses of power,” and to incorporate particular strategies into these analyses, one of which is to “expose the role of race as a metalanguage by calling attention to its powerful, all-encompassing effect on the construction and representation of other social and power relations, namely, gender, class, and sexuality.”¹¹⁶ In her assertion that understanding race’s historical and material grounding, which in the U.S. in particular means recognizing its roots in U.S. slavery, Higginbotham highlights the ways in which race is intricately intertwined with class and property relations.¹¹⁷ Discussing the contradictions in whose bodies were protected by the law (white women’s bodies, not black women’s), she demonstrates how Sojourner Truth’s now famous 1851 speech “Ain’t I a Woman?” “demonstrated gender’s racial meaning.”¹¹⁸ Womanhood, Higginbotham clearly shows, did “not rest on a common female essence, shared culture, or mere physical appearance... gender identity was reconstructed and represented in very different, indeed antagonistic, racialized contexts.”¹¹⁹

Angela Davis makes these connections undeniable in her analyses of women, race, and class, particularly during slavery in the United States. Davis demonstrates how “woman” as a concept became synonymous with whiteness, with “‘mother’ and ‘housewife’... But among Black female slaves, this vocabulary was nowhere to be found.”¹²⁰ Hazel Carby, in 1987,

¹¹⁵ Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18, no. 2 (1966). 152.

¹¹⁶ Evelyn Brooks Higginbotham, "African-American Women's History and the Metalanguage of Race," *Signs* 17, no. 2 (1992). 252.

¹¹⁷ *Ibid.* 256-257.

¹¹⁸ *Ibid.* 257.

¹¹⁹ *Ibid.* 258.

¹²⁰ Angela Davis, *Women, Race, & Class* (New York: Vintage Books, 1981). 12.

described the cultural effects of these images, these racialized understandings of what constituted “true womanhood.” The image was dominant, according to Carby, in that it was understood to describe and govern proper “female behavior,” but that it was also a “*dominating image*, describing the parameters within which women were measured and declared to be, or not to be, women.”¹²¹ Carby demonstrates how this conception of womanhood as described by Welter influenced not only constructions of, but also expectations about what constituted “true” womanhood for the majority of the 20th century, a womanhood predicated on one’s proximity to whiteness and wealth.¹²²

Following the logics of Welter, Higginbotham, Davis, and Carby, Bettcher connects these conversations about race, class, sexuality, and womanhood to evolving discourses about transgender subject construction and the narratives of the “wrong-body” so many transpeople rely on. She contends that rather than having or relying on “wrong-body” narratives, we are using the “wrong theory:”

Since the wrong-body narrative is deeply connected to genital reconstruction technologies, the narrative, just as the technologies, is open to worries about class- and race-differentiated access. The wrong-body narrative outlines a standard telos (genital reconstruction surgery), and any identity that fails to desire that telos is ruled ineligible. It thereby attempts to restrict access to womanhood (or manhood) itself through hegemonic class-, race-, and culture-inflected modalities... the wrong-body narrative can never quite free itself from the source of oppression that it has sought to contest through reversal.¹²³

Through the continual separating of authentic, or ‘official’ transsexuality from mere cross-dressing, certain individuals are provided access, however limited, to legitimacy through

¹²¹ Hazel V. Carby, *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist* (New York: Oxford University Press, 1987). 23, emphasis mine.

¹²² Higginbotham, "African-American Women's History and the Metalanguage of Race." This was one of many interventions that early women of color feminist made into women studies. Their engagement in the field pushed scholars to acknowledge the exclusionary constructions of “woman,” a subject position that only white women, and historically white women of property-owning families, could access and inhabit. According to the dominant discourse up until this shift, non-white women, working-class women, non-heterosexual women could not be “true women” or inhabit the subject position of “true womanhood” by virtue of their embodied difference.

¹²³ Talia Mae Bettcher, "Trapped in the Wrong Theory: Rethinking Trans Oppression and Resistance," *ibid.* 39 (2014). 402.

diagnoses, treatment, and recognition. These debates emerge and are informed by original distinctions between transvestite and transsexual.¹²⁴ Transgender studies has provided a place within the academy for scholars to engage with and interrogate not only discourses of gender, sexuality, and normativity, but also these discourses of scientific inquiry that attempt to ‘explain’ how and why “transgender” exists in the first place.

These histories and discourses of womanhood infused with racism shaped the logics of eugenic ideology. Of the many legacies of eugenic ideology is the myriad ways it inflects and shapes these constructions, constructions that scholars must continually attend to both within and outside of transgender studies. However, focusing on these legacies is necessary for TS as a field to engage these discursive histories. While the field works to more fully incorporate voices and critiques from scholars of color, indigenous scholars, and non-U.S. based scholars, the field must also attend to how this history has shaped our analysis of power in relation to the multiple iterations of “trans*.”

“Truths” and Hopes for the Future

As this work has demonstrated, this terminology evolves over time, reflecting shifts in the discourses surrounding these terms. As such, what will the future hold for transgender studies? What will become its proper object of study when “transgender” becomes an outdated term?

These questions also speak to the relevance of transgender studies for the political

¹²⁴ In addition, hierarchies of gender expression and embodiment often rely on a definition of “woman” that conflates sex and gender. TS seeks to destabilize what constitutes sex and gender, concepts upon which the distinctions of homosexuality, heterosexuality, and bisexuality depend. In Stryker’s words, “destabilizing those material referents, or needing to account for their sequentiality, their fuzzy boundaries, their historicity or cultural specificity, or their hybridity really opens up a whole different set of questions.” Stryker, "Transgender Studies Today: An Interview with Susan Stryker."

movements and activist discourses that helped shape it, discourses with which transgender studies is still actively engaged. Wiegman states that part of her aim in writing *Object Lessons* was to interrupt faith in the ideas that “if only we find the right discourse, object of study, or analytic tool, our critical practice will be adequate to the political commitments that inspire it.”¹²⁵

She explains that she had two goals for the book:

to inhabit identity’s aspirations in the critical trajectories, discursive practices, and methodological priorities that it has so profoundly inspired, while exploring how various fields reach or exact a limit, become disciplinary instead of interventionist, and mimic radicality instead of teaching us how to become radically undone.¹²⁶

Her concern stems from ways in which academic discourse has evolved – where scholars hope that “gender” will overcome the issues posed by “woman,” where queer studies’ normativity is its commitment to antinormativity. While identity knowledges, including transgender studies, are rooted in discourses of social justice, she questions if these fields can reach a political resolution between progressive politics and scholarship’s critical practices.

The limitations of identity are also apparent when considering what sustains transgender studies as a field. Using Wiegman’s consideration of queer theory will be useful here. She argues that as queer theory institutionalized its theoretical commitments, the field made normativity and the identities produced by normativity its “primary disciplinary identity and critical aim.”¹²⁷ The result of this is that the:

reproduction of normativity [is] absolutely central to disciplinary authority, which is why so much effort in Queer Studies is currently expanded to name and at times even to shame those normativities that are inhabited, desired, and pursued *within* gay, lesbian, trans, and queer discourses and political projects as well as outside of them. In this, antinormativity serves as the *single most important disciplinary norm* for critical legibility in the field.¹²⁸

¹²⁵ Wiegman, *Object Lessons*. 3.

¹²⁶ Ibid. 12.

¹²⁷ Ibid. 334.

¹²⁸ Ibid. 334, emphasis mine.

I understand transgender studies to function much in the same way. In an effort to critique normativity, and in particular cisnormativity, the field and the discourses with which it engages often shame those who embody or desire to embody the norms that sustain cisnormativity, particularly when these individuals claim the moniker of “transgender” or some iteration thereof. This is a delicate balance of critiquing identity politics and notions of agency while simultaneously making efforts to affirm the various ways in which subjects access legibility.

Part of the issue might be that the field, by taking up the label “transgender,” and engaging with discourses of trans* “identities,” still struggles with and against histories of racist and eugenic dominance. The field also struggles within the academy with newer technologies of injustice, like neoliberal political and economic policies. These policies, according to higher education scholar Camille Kandiko Howson, result in “declining public funding, a concentration of research funds in technology and science fields, and expanded relationships with corporations,” changes that often fail to benefit interdisciplinary humanities fields such as transgender studies and women’s studies.¹²⁹ While the effects of neoliberal political and economic policies manifest in the growth of the carceral state, the dismantling of the public sphere and social safety nets, they also affect the academy.¹³⁰ Those most affected are often those who also are either barred from accessing the diagnoses, or who become illegitimate through diagnoses—individuals for whom accessing either diagnoses or identities, or accessing them *differently* might make their lives more livable. Transgender studies often waxes philosophic about the limitations of identity, but there are also limitations to the displacement of identity over and above other formulations of subjectivity. We must be able to find a balance among critiquing the identity politics of sex and gender while considering the lived effects for

¹²⁹ Camille B. Kandiko, "Neoliberalism in Higher Education: A Comparative Approach," *International Journal of Arts and Sciences* 3, no. 14 (2010). 154.

¹³⁰ *Ibid.*

those most affected by the unequal withdrawal of resources and the differential effects of disciplinary discourses.

David Valentine highlights the ways in which so much of contemporary critical social theory is inconsistent in its analysis when it comes to sexuality and gender. He discusses specifically the assertion that scholars make concerning the distinction between sexuality and gender, one that has come to be regarded as the “truth.” He argues that rather than “recognizing that it is simply one way of carving up how we know about ourselves and others, contemporary critical social theory engages all those aspects of modernity” that it would otherwise critique, in particular any “master narrative, unfolding within a historical teleology, characterized by progress and a coming-to-truth.”¹³¹ He continues, and he is worth quoting at length:

These are practices and discourses deeply rooted in U. S. American culture and in the working out of personhood in late modernity, evident as much in the growth of psychiatric diagnostic categories, the assertion of ‘identity’ as a central paradigm in politics, and the elaboration of niche markets for consumption as it is in the construction of ‘transgender’ ... This is not the same as saying (as Janice Raymond does) that transgender-identified people ‘reproduce binary gender’ or holding them responsible for patriarchy’s power. It is, rather, to argue that all modern subjects are engaged in this same process of disaggregation, reintegration, refinement, and education of the self... The goal is to reveal how the categories we live by—must live by—have histories, politics, and economies and produce effects that can be as debilitating for some as they can be liberating for others.¹³²

He then asserts, and I have mentioned this previously in the chapter, that “The goal is to question how, why, when, and with what effects self-making is other making.”¹³³ These questions about categories and self-making are linked to what some argue is the purpose of transgender studies. I am proposing that a vigilant attention to eugenic discourse and the continuing influence of eugenics will help those in the field to recognize the patterns and strategies that link self-making to other-making, thinking through how self-making might happen without producing hierarchical

¹³¹ Valentine, *Imagining Transgender: An Ethnography of a Category*. 245.

¹³² Ibid. 246, emphasis mine.

¹³³ Ibid.

relationships with othering where the “self” is always better than “other,” where difference is not a strength but a principle for division. This attention must at least be a part of the strategy for how we move forward. As a field committed to engaging counter-discourses emerging from within both academic and activist communities, transgender studies must not only attend to but make foundational the recognition of these histories, of scientific racism and eugenics and their intersections with sexology and the academic study of “trans” in its various iterations.

Stryker and Aizura directly address what they believe transgender studies must do as a field to remain relevant to communities outside the academy. After highlighting the ways in which trans* and GNC people “live lives that are abstracted and theorized in ways that do not materially benefit them,” the authors link this reality to “differences in opportunity and vulnerability.”¹³⁴ Furthermore, they argue, these differences “map starkly onto the intersections of structural racism, gender inequality, and neoliberal economics.”¹³⁵ Because of the structural inequalities facing the very communities that are the ‘objects’ of study, transgender studies must, they argue:

address itself to these injustices and be part of the process of redistributing financial, cultural, and intellectual resources from pockets of greater abundance to broader territories of greater need... Such work reminds us of the need to keep transgender studies relevant to its roots in social justice work—without... defining beforehand precisely what justice might consist of, or who the proper subject of transgender politics ought to be.¹³⁶

Is it possible for critical academic fields to remain critical of the academy from within the academy? Some fields, including TS, employ the strategy of pursuing interrelationships with activists and communities outside of the academy, with the hopes that they will continue to incorporate activist and anti-corporatization discourses into how they shape and are shaped by

¹³⁴ Stryker and Aizura, "Introduction: Transgender Studies 2.0." 6.

¹³⁵ Ibid.

¹³⁶ Ibid.

the academy. The success of this strategy is predicated on a perilous and contentious relationship, but one that can help to develop fruitful counter-discourse on all sides.

Highlighting the interaction between various discursive fields that led to the emergence of transgender studies reveals how, as an interdisciplinary field, it offers a space for possibilities in thinking through “trans*” as an analytic, but also as a subject position, an identity, as diagnoses, as well as space to trouble the relationships between the discourses producing “trans*” in these various ways. While identity based fields provide space to engage discourses of pathologization in relation to trans* subjectivity, they can also function to shame those who claim a “normatively gendered” trans* identity. Fields often function to organize and understand topics such as gender or race *beyond* identity politics that take people away from talking about power. However, as transgender studies constructs an intellectual project for itself, the question then becomes: Who is worthy of being a part of this theoretical model and what does it mean in terms of making some lives legible and livable?

Existing in relationship to the diagnoses, as I have shown, is complicated. Just as the discourses of “transsexual” and “transvestite” served to provide individuals with a language to describe themselves, to legitimate (in some ways) their desires, it also further marginalized those who could not access the diagnoses or turn the diagnoses into pathways of identity that made life more livable. While some access the diagnoses and are affirmed by or find useful the space of inhabiting the subject position delineated by the diagnoses, others have a more tenuous relationship with the medical establishment. Some access the diagnoses (or have them applied to them non-consensually) and experience further marginalization because of exploitation by medical apparatuses. Sometimes others are even less legible at the intersection of diagnoses and medical surveillance, where their inability to be contained by the ‘official’ diagnoses places them

in precarious relationship to who is constructed as il/legitimate. These pathways of life, legibility, and legitimacy are shaped by histories of who and what has counted as legible and legitimate, and whose lives are livable.

Tracing the emergence of transvestitism and transsexualism as they have travelled in and out of many different discourses has revealed a history steeped in racism, colonialism, ableism, and transphobia. Eugenics has not always been overtly present, but has consistently affected the material realities of trans* and gender non-conforming communities. The discourses that construct people like me as *transsexual* remain inseparable from that history, as do the discourses circulating in both academic and activist circles. These, in turn, are shaped by competing discourses about trans* diagnoses within medical and legal institutions. In an era when the Pope of the Catholic Church compares nuclear arms to “gender theory” and transgender individuals, it is obvious that work remains to be done both in the academy and in activism in response to discourses that allow for the emergence of analogies between people and weapons.¹³⁷ Moving forward we must attend to these discursive histories that have shaped what is possible in terms of identification, that have disciplined bodies, subjects, and communities. We must also consider how we might work for less violent and more affirming material realities for individuals regardless of their relationship to these diagnoses.

¹³⁷ In an interview, the Pope said: “Let’s think of the nuclear arms, of the possibility to annihilate in a few instants a very high number of human beings...Let’s think also of genetic manipulation, of the manipulation of life, or of the gender theory, that does not recognize the order of creation... With this attitude, man commits a new sin, that against God the Creator... The true custody of creation does not have anything to do with the ideologies that consider man like an accident, like a problem to eliminate.” “Pope Francis Compares Transgender People to Nuclear Weapons in New Book,” *CBS San Francisco* 20 February 2015.

CONCLUSION

Continuing Struggles

It [is] impossible to excavate the roots and the reach of the medicalization of queers without an understanding of scientific racism and other eugenics endeavors. Not only were they ideologically tethered, but they had the same champions and often the same victims.
-Nancy Ordovery, 2003

In 2012, 60 years almost to the day after the *New York Daily News* announced Christine's transition, *BBC Magazine* published an article entitled "Christine Jorgensen: 60 Years of Sex Change Ops." The author, Chloe Hadjimatheou of *BBC World*, summarized Jorgensen's journey. Hadjimatheou narrates Jorgensen's return to New York after surgery in Denmark as the "glamorous" Christine: "As the slender, blonde 27-year-old woman wrapped in a fur coat stepped out of the plane... her long eyelashes, high cheekbones and full red lips betrayed little of the shy man she had once been."¹ Hadjimatheou distances Jorgensen from homosexuality: "young Jorgensen never identified himself with homosexuality but rather as a woman who happened to be in a man's body."² She also provides evidence of Jorgensen's "natural" heterosexual sexuality. Hadjimatheou asserts that Jorgensen's surgery was "successful enough for [her] to feel satisfied."³ Jorgensen's own words help substantiate this claim: "Of course I can never have children but this does not mean that I cannot have *natural sexual intercourse*."⁴ Jorgensen's use of "natural sexual intercourse" and Hadjimatheou citation of this statement function to support several aspects of what has become the normative transsexual narrative. Jorgensen fulfilled and helped to shape this narrative, one in which her access to womanhood was predicated on the desire to engage in *only* heterosexual sex.

¹ Chloe Hadjimatheou, "Christine Jorgensen: 60 Years of Sex Change Ops," *Witness* 29 November 2012.

² *Ibid.*

³ *Ibid.*

⁴ *Ibid.* Emphasis mine.

Every aspect of this narrative emerged and evolved amidst discourses of gender and sexuality that were, and remain, invested in whiteness, heterosexuality, ability, and a singular and diagnosable narrative of gender deviance. The desire to have or keep one's penis was antithetical to the desire to *be* a woman. Sixty years after Jorgensen's story gained international attention, after so many other transpeople have come out, after having had access to new terminology in addition to the old, many of the same tropes and narratives are still utilized to describe and collapse the complexity of gender. After decades of medical advancement and knowledge about the variation in bodies, children's bodies must fit a two-sex system despite the knowledge of multiple sexes beyond male and female: if bodies *do not fit*, they are surgically altered to fit. After decades of violence and dismissal, most transpeople still have to tell one particular narrative and align themselves with a narrow telling of transsexualism to access medical intervention. These are only some of the many legacies that continue to shape trans* subjectivities today.

Legacies

Eugenic medical discourse shaped the ways in which individuals, especially sexologists, explained what "caused" transvestism and transsexualism. Eugenics continues to have an influence, particularly through explanations of "transgender" that engage scientific discourses that focus on genetics and biology. We can trace this influence throughout the twentieth and into the twenty-first century. Some instances are more explicit. Christian Hamburger, Jorgensen's surgeon from Denmark, wrote specifically about trans people in 1953: "From a eugenic point of view it would do no harm if a number of sexually abnormal men were castrated and thus

deprived of their sexual libido.”⁵ He was a man that claimed to be sympathetic towards transsexuals, but still was concerned about their reproduction. Today, these anxieties have evolved but can still be seen in debates over what “causes” trans* identification and how, or whether it should be, “cured.” What is hard to navigate, though, is when those who advocate for the community use arguments that are in most instances more subtle than those used in the early twentieth century, but are just as steeped in eugenic ideology, biology, and genetics.

In a recent debate about the “cause” of transness, for example, Dr. Paul McHugh, the University Distinguished Service Professor of Psychiatry at Johns Hopkins Medical School, vehemently denies any biological cause for transgender identification. Writing in 2015, but reflecting the ideologies of many in the medical profession in the 1950s, McHugh argues that the very notion of transgender identities is a “meme.” Rather than a reality, he believes it to be “a myth that has spread across society.”⁶ Furthermore, he believes that transpeople and individuals suffering from anorexia should be treated in similar ways – as people with disorders, and that treatment plans should target “psychosocial conflicts.” Specifically, he argues that “no evidence supports the claim that people such as Bruce Jenner [*sic*] have a biological source for their transgender assumptions. Plenty of evidence demonstrates that with him [*sic*] and most others, transgending is a psychological rather than a biological matter.”⁷ It is also important to note that the first Gender Identity Clinic opened in 1965 at Johns Hopkins, the first academic institution to perform “sex reassignment surgery”—or what many transpeople in 2016 refer to as “gender affirmation surgery.” McHugh was a key player in shutting this clinic down in 1979.

Many, of course, disagree with McHugh. Veteran, journalist, and transwoman Brynn

⁵ Stürup G. K. Dahl-Iversen E. E. Hamburger C, "Transvestism: Hormonal, Psychiatric, and Surgical Treatment," *Journal of the American Medical Association* 152, no. 5 (1953).

⁶ Paul McHugh, "Transgenderism: A Pathogenic Meme," *Public Discourse* 2015.

⁷ *Ibid.*

Tannehill, for instance, writes that “McHugh must ignore at least fifteen studies that have found exactly that kind of evidence showing a biological origin for transgender identities,” and she references other articles that “prove” that “transgender individuals are wired to physically experience bodies of the opposite sex.”⁸ Tannehill is engaging rhetoric used by both LGB and transactivists – that of the “we’re born this way” argument. While I am in no way implying that Tannehill believes transness is a sign of degeneracy, placing the cause firmly in the body and genetics treads on all too familiar ground. Discourses that utilize this kind of strategic essentialism can be politically efficacious for groups advocating for rights, but rely on the very same discourses and logics from which eugenic ideology emerged. And these explanations are not uncommon. In an interview with Diane Sawyer in 2015, Caitlyn Jenner asserted that “my brain is much more female than it is male.”⁹ This rhetoric reflects histories of diagnoses that rely on biological explanations for what “causes” trans* identities, irreversible causes that one is “born” with.¹⁰ In a 2011 interview, transman Chaz Bono remarked, “There’s a gender in your brain and a gender in your body. For 99 percent of people, those things are in alignment. For transgender people, they’re mismatched. That’s all it is. It’s not complicated, it’s not a neurosis. It’s a mix-up. *It’s a birth defect*, like a cleft palate.”¹¹

Since the 1950s, counterdiscourses have emerged alongside those of the medical fields, engendering terminology that counters medical definitions of transness. Yet, those earlier narratives, the discourse of gender, race, and disability from the turn of the century, often frame and limit what conversations are possible today, as well as what kinds of subject positions we can inhabit, subject positions that are bounded by race at the intersections of sexuality, gender,

⁸ Brynn Tannehill, "Do Your Homework, Dr. Ablow," *Huffpost Queer Voices* 2016.

⁹ Caitlyn Jenner, interview by Diane Sawyer, 24 April 2015.

¹⁰ The articulation of how Jorgensen came to desire a “sex change” is also provided; she felt “trapped in the wrong body.” Hadjimatheou, "Christine Jorgensen: 60 Years of Sex Change Ops."

¹¹ Cintra Wilson, "The Reluctant Transgender Role Model," *Fashion & Style* 2011. Chaz Bono is Cher’s son.

and disability. As transgender studies scholar Bobby Noble argues, there “is still the medicalization of bodies, genders, and lives, and as much as the diagnosis ‘gender identity disorder’ is a formal alibi, it still reflects the reality that trans-folks are forced to make the best choices for ourselves in a field of *overdetermined possibilities*.”¹² Not only are the choices overdetermined, but also transsexualism (along with some intersex conditions) is still considered an “abnormal defect,” a term that has historical roots in notions of degeneracy.

These roots manifest themselves in various ways in our current moment: “gender dysphoria” remains in the Diagnostic and Statistical Manual of Mental Disorders, now in its fifth iteration; the “wrong body” narrative is still one of the only narratives considered legitimate; trans people are still criminalized not only for being trans, but poor transwomen, transwomen of color, and those engaged in sex work, are subject to violence at the hands of police and the carceral state; ableist rhetoric is still used against transpeople in a way that marginalizes both trans* people and people with disabilities (although these are not distinct and separate communities).

As is evidenced by both the sexological literature throughout the twentieth century, and even today, many transsexuals and sexologists believed that only those who could successfully pass and live as heterosexual women should pursue surgical intervention. The attainment of normalized, white, and ableist heterosexual femininity was the goal for surgical transition as declared by both transsexuals and their doctors – and many of these surgeries, still required today by some states to change one’s gender marker on their I.D., sterilizes those who undergo them. Despite the existence of myriad trans* embodiments both then and now, just as there could only be one gender per body, there are still expectations for those who are considered “true”

¹² Bobby Noble, "Our Bodies Are Not Ourselves: Tranny Guys and the Racialized Class Politics of Embodiment," in *Trans-Forming Feminisms*, ed. Krista Scott-Dixon (Sumach Press, 2006). 254, emphasis mine.

transsexuals, or “trans* enough” to count. This version of transsexuality and its attendant gender and sexual expectations remain the ideal outcome of diagnosis and treatment for many physicians, and perhaps for many transsexuals.

These expectations are rooted in eugenic ideologies. Despite the evolution of sexology and eugenics within the changing political climate in the U.S. in which the technologies of diagnosis evolved, the emergence of each discipline and the ways in which they were intertwined had a lasting impact on the ways in which we think of and access trans* diagnoses. As activist and ethnic studies scholar Nancy Ordovery rightly asserts, these truths, scientific and otherwise, are:

bound up with other truths. It would be impossible to excavate the roots and the reach of the medicalization of queers without an understanding of scientific racism and other eugenics endeavors. Not only were they ideologically tethered, but they had the same champions and often the same victims.¹³

Because of the ways eugenics was foundational to medical approaches at the time of its emergence as a diagnoses, the medicalization of transsexuality was coterminous with transsexuality as a tool of eugenics. What do I mean by this? I mean that codifying racist, ableist, and heterosexist standards, and demanding that one must meet them in order to access diagnoses and medical care fall in line with eugenic ideals and goals. These demands are intertwined with the very narratives we tell of “being born in the wrong body,” being “born this way.” These narratives are not inherently bad claims, but they are bound up in this history and web of power, one that demands a physiological or psychiatric justification for treatment. An investment in eugenicist notions of race betterment, which entailed flexible but specific ideals of gender, sexuality, and ability, fundamentally shaped the medical diagnoses of transvestism and transsexualism. These are the legacies with which we are left.

¹³ Nancy Ordovery, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003). xxi.

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