Psychology and the Transgendered: Policing the Gender Borders

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According to social psychologists, Suzanne Kessler and Wendy McKenna (2001), the prefix “trans” has three meanings. In the first, “trans” means to change, as in “transform” or change one’s body to fit the gender that one feels one has always been. This definition is synonymous with what is typically meant by the term “transsexual.” The prefix “trans” also means to cross, as in “transcontinental.” In this sense, a transgendered person moves across genders without surgically and hormonally altering the body. The transgendered person doesn’t seem to represent an identity separate from male and female. The combination of male and female qualities reflexively gives credence to these categories (Kessler & McKenna, 2001). There are still two genders. Encompassed in this definition are drag queens, drag kings, and persons who use such self-referents as gender blenders. The third definition of “trans” means to move beyond or through, as in the term “transcutaneous.” In this sense, the person transcends or moves beyond gender, as though gender ceases to exist and no clear gender attribution can be made. This is a radical notion, but one of importance to gender theorists, who are interested in the possibility, both theoretical and real, of eliminating gender. Is this project possible? From a pragmatic point of view, what does this mean for transgendered persons who inhabit a dichotomized gender world?

Postmodern feminist, queer, and cultural academics are advancing increasingly complex accounts of sex and gender. Perhaps one of the most influential contemporary theoreticians is
Judith Butler, whose text *Gender Trouble* (1990), argued against the view of gender as a biological given. Butler argued that feminine or masculine behaviors are performative and are the byproduct of cultural norms. Much like RuPaul’s motto, “you’re born naked and all the rest is drag,” there is no essential woman and no deep sense of self that every woman has and influences she does, and no fixed relationship between one’s anatomy and identity and sexuality.

Unlike non-transgendered academicians, those persons who challenge the gender binary know only too well the consequences of refusing to do what it takes to fit into the dichotomy. All too often academics disregard the daily realities of life among the transgendered: hate crimes; lack of access to health care; high incidence of HIV with transgender persons, employment discrimination, police harassment of transgender sex trade workers (Namaste, 2000). Noted transgender activist, Kate Bornstein (1994) wrote: “In this culture, the only two sanctioned gender clubs are men and women. If you don’t belong to one or the other you’re told in no uncertain terms to sign up fast (p. 24).

The hate crimes that have been perpetrated against those who challenge the gender binary have occasionally captured national media attention. For example, the recent film, *Boys Don’t Cry* (Pierce, 1999), told the story of Brandon Teena, a biological female who lived as a male and was brutally raped and killed for it. This and other less well-publicized incidents graphically depict the transphobia that exists into our culture toward persons who are perceived to have a nonconforming gender status. Indeed, most, if not all gender variant persons have experienced the consequences of straying from the definition and appearance of what is considered “normal” gender expression. Such persons are truly on the margin and are at most risk for social ostracism.

As Bornstein (1994) noted:
There is most certainly a privilege to having a gender. Just ask someone who doesn’t have a gender, or who can’t pass, or who doesn’t pass. When you have a gender, or when you are perceived as having a gender, you don’t get laughed at in the street. You don’t get beat up. You know which public bathroom to use, and when you use it, people don’t stare at you or worse. You know which form to fill out. You know what clothes to wear. You have heroes and role models. You have a past (p. 127).

Sociologists Patricia Gagne and Richard Tewsbury (1998) draw directly from Foucault (1990) to argue that transgendered persons both destabilize and reinforce the binary system of gender. Based upon their qualitative analysis of MTF transsexuals, they concluded: “Their was not an open rebellion against the institution of gender, rather, their acts of resistance were quests to find room to be themselves within a system that made no space for them.” (p. 100). Gender dimorphism is part of the social infrastructure and policed through all of its major institutions: the family, law, religion, medicine, psychiatry, psychological theory and its practices. This paper outlines the numerous ways in which one such institution, psychiatry, has patrolled the gender borders both in the past and the present. It will also argue for a decidedly different future in which psychiatrist, psychologists, and other mental health professionals will have a significantly altered role to play in the lives of the transgendered.

Historically, in the 1950s transgendered persons were categorized by psychiatry as either transvestites or transsexuals. Virginia Prince, a biological male who assumed a female identity without surgical reassignment, founded the Hose and Heels Club, which was the first club in the United States for heterosexual cross dressers. Prince effectively downplayed the sexual aspect of
cross-dressing and dispelled the myth that it was a homosexual phenomenon. At that time, transsexuals were classified as either “primary,” those who were thought to be more naturally feminine and presented for treatment at early ages, and “secondary” transsexuals, whose transsexualism arose gradually out of cross dressing (Cole, Denny, Eyler & Samons, 2000). Female to male transsexuals (referred to as FTMs) were considered to be of only one type, masculine women who wanted to have sex with other women. Female cross dressers and heterosexual FTMs were believed not to exist despite evidence to the contrary. In the 1960s following the widely publicized news of Christine Jorgensen’s successful sex change, Harry Benjamin, a New York endocrinologist, published “The Transsexual Phenomenon,” (1966) in which he advocated sex reassignment surgery as a form of humane and compassionate treatment for persons whose genitals did not much their gender. Three years later Richard Green and John Money published an edited textbook that established a medical protocol for sex reassignment at Johns Hopkins University. Within 10 years, there were more than 40 university based gender clinics in the United States. In 1980 many of these programs disbanded following the release of a report by Jon Meyer and Donna Reter (1979) that showed no objective improvement following sex reassignment. Interesting later their report was found to be lacking in scientific validity.

Currently, within the psychiatric and medical professions, those who disrupt the social order are still encouraged to conform; they are counseled to alter their bodies and encouraged to adapt a new gender presentation so as to “pass” successfully and to not be “read.” The standard psychiatric treatment protocol entitled “Harry Benjamin International Gender Dysphoria Association Standards of Care” (Levine, et al., 1998) maintains and strengthens restrictions to
access to treatment. The standards require mental health care and written endorsement specifically from mental health providers as a condition for access to hormonal therapy and surgical sex reassignment. The standards also require a period called the “real life test,” in which the person is required to cross-live 24 hours a day for a full year, as a member of the new gender, before genital surgery is undertaken. These standards do not have an empirical basis. In most instances, the costs of treatment are covered only if the patient is rendered a diagnosis of “gender identity disorder.” Other diagnostic terms contained in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) such as “transvestic fetish” is used to by mental health professionals to label cross dressing. The term “gender identity disorder” is used to describe transsexualism. These labels pathologize and dehumanize persons with nontraditional gender identities (Cole & Meyer, 1998). Mental health professionals have also been guilty of interpreting many of the presenting issues transgendered persons bring to therapy including depression, alcoholism and other substance abuse, fetishism, inability to perform at school or work, physical abuse from parents or peers, as evidence of the psychopathic nature of this condition rather than considering the possibility that such symptoms constitute ways of coping as well as being the byproducts of the discrimination and prejudice that the transgendered experience in our culture. Such practices as communicating reductionist “either-or” messages, counseling clients out of reassignment procedures because of “somatically inappropriate” body types, facial features, etc. (Ettner, 1999) and/or adamantly upholding the belief that transsexual people are “fundamentally homophobic and cannot consciously accept their sexual orientation” (Fagan, Schmidt & Wise, 1994) are also indicative of the transphobia that exists within the mental health profession. Many transsexual clients in psychotherapy (Gagne,
Tewksbury & McGaughey, 1997) report experiencing undue pressure by their therapists to “come out of the closet” and appear as women without considering the individual and social/cultural ramifications for doing so.

Many in the trans community view the medical and psychiatric communities with suspicion because they have a long history of serving as regulators and gatekeepers in the gender transition process. Many seek to “define themselves rather than asking or allowing themselves to be defined by helping professionals,” and thereby “do as little or as much as they wish to their bodies...” (Denny, 1997, p. 37). For example in 1993, at the Conference on Transgender Law and Employment Policy, the International Bill of Gender Rights had specifically included the right to “freedom from psychiatric diagnosis and treatment” and thereby reflected the desire by many to not have to conform to a prescribed regimen dictated by the medical and psychiatric establishments (Devor, 1997).

Transgender activists like Riki Anne Wilchings, Kate Bornstein, Pat Califa and Holly Devor advocate for a future in which a multiplicity of genders, sexes and sexualities might be imagined and enacted. Such transgender activists (e.g. Devor, 1997; Feinberg, 1996, 1998; Stone, 1991) have advocated that transsexual persons “come out” and identify themselves as transgendered, and in so doing “begin to write one into the discourses which have been written {about us}” (Stone, 1991, p. 299). As Feinberg (1998) stated: “We are oppressed for not fitting these narrow social norms, and we are fighting back” (p. 5). Bockting (1997) observed that by affirming their identities as either transsexuals or transgendered persons the shame, isolation, and secrecy that often accompanies attempts to “pass” as a desired gender, is alleviated. Regardless of their motivations, transgendered persons are developing a sense of community. The affiliation
with a community of like minded others, is a defining element in this identity transformation. An important vehicle in terms of developing a sense of transgender community and activism has been attributed (e.g. Denny, 1997; Gagne, Tewksbury, & McGaughhey, 1997; Whittle, 1998; Parlee 1998 and Denny, 1992) to the increasing use of cyberspace. The plethora of websites and chatrooms has provided possibilities for transgendered persons to communicate and support another with safely and anonymously. This emerging political activism and organization of the trans community is both the cause and the consequence of several recent sociocultural events including: (a) the closing of university-affiliated gender clinics and subsequent opening of private clinics, (b) the founding in 1985 of the International Foundation for Gender Education which for the first time provided a forum for cross dressers and transsexuals to meet and organize (c) Grassroots organizing of the transgenderists including the organization of the 1992 International Conference on Transgender Law and Employment Policy in order to fight for the legal and social rights of transgenderists, (c) the First International Conference on Gender, Cross Dressing and Sex Issues in 1995, the first scientific conference at which transgender credentials were as important as academic credentials; (d) the demonstration in 1996 by the Intersex Society of North America (ISNA) at the meeting of the American Academy of Pediatrics in Boston, (e) the publication by ISNA of letter entitled *Hermaphrodites With Attitude*, (f) the formation on of TOPS (Transgendered Officers Protect and Serve for transgendered police, firefighters, military, etc.), and (g) the formation of Gender PAC, the first transgender political education fund.

It is important to note, that the social reality for many transsexuals is that they are not able “pass” as their desired gender without detection because either the medical procedures are too costly and painful, or their basic body morphology makes their attempt to transition more
noticeable to others. It is important to note that the beliefs about gender espoused by the transgender activists are not shared by all contingencies in the transgender community. Raymond (1994) argued that instead of transcending the gender binary, transgenderists still demonstrate their resistance with “wardrobes, hormones, surgery and posturing (p. 632). In other words instead of creative and innovative gender expressions they may be repacking the “same old gender polarity” (Hill, 1997, p.51). Some transsexuals have voiced opposition to the social construction of gender (Hill, 1997). Many such as Philips (as quoted in Hill, 1997) argued: “Now I understand there was no choice; the decision was not mine to make. As with most of my people, the die was cast before I entered this world” (p. 106).

The psychiatric and medical communities must alter their conceptions of gender and normality and their methods of enforcing normality. Treatment issues must no longer center on assisting “gender dysphoric” persons in their adjustment to their new gender, but include the possibility of affirming a unique trans identity (Bockting, 1997). In this paradigm shift the focus is not on transforming gender variant clients but rather transforming the cultural context in which gender variant clients live. What does this mean for the mental health profession? What sorts of ethical concerns evolve when mental health clinicians are no longer gatekeepers? Should the right of self-determination exist? I believe nothing short of a revolution is needed in terms of psychological theory and practices. Yet, mental health clinicians are also in some ways ideally situated to add in the process of social transformation. While most counselors have traditionally defined themselves as advocates for their individual clients, the profession is currently stresses commitment to social justice at the global level (Lee and Waltz, 1999). Thus, an important role
for counselors who work with transgendered persons is one of advocacy. Preparing mental health professionals to develop a more affirmative social environment for transgendered persons with regard to personal safety, health care, employment, education, and housing. Clinicians will need to rethink their assumptions about gender, sexuality, and sexual orientation and to adopt a “trans-positive” or “trans-affirmative” disposition to counseling. A trans-affirmative approach necessitates that counselors affirm gender variant persons, advocate for political, social, and economic rights for the transgendered and educate others about such issues. Such an approach is similar to the practice gay-affirmative therapy with gay men, lesbians and bisexual persons and requires that, first and foremost, counselors, supervisors, and researchers recognize their own role as alleviators or agitators in the emotional distress of clients who challenge the binary gender system.
References


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