

**From Transition To Transitioning:**  
An Anthropological Study of Female To Male  
Transsexuality

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Thesis submitted in fulfilment of the requirements for a PhD in Social  
Anthropology

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**I hereby certify that, except when explicit attribution is made, the work presented in this thesis is entirely my own.**

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## ABSTRACT

This thesis explores Female To Male processes of transition through ethnographic and qualitative data gathered during fieldwork in the trans community in London, and through critical engagement with existing discourses of transsexuality. Despite the greater visibility of Male to Female transsexuality in academic texts and popular culture, FTM transition remains largely undertheorised. This research is an anthropological contribution to this field, as well as to current developments in social anthropology and the anthropology of gender.

Transition has been traditionally theorised through the sex/gender distinction, where sex and gender hold different ontological and political values, and it is understood as the passage from 'female' to 'male' in terms of the intersection of a series of biological, psychological, social and legal changes. Even though recent discourses of sexuality have pointed out the limitations of this paradigm, they still reinforce universal models of the relation between sex and gender and abstract categories such as subjectivity, time and experience. However, my informants understood that their transitions were complex and unique, and that their experience of transitioning was not necessarily exclusively about sex/gender. They described their experiences of transition in very different ways, where hormones, surgery and other transitional technologies were not mechanistic agents in their processes, but part of particular assemblages through which change, continuity and time are brought into experience through becoming 'FTM'. Therefore, in this thesis FTM is understood as a particular kind of becoming rather than the passage between static categories.

In the first part of the thesis I explore existing ways of conceptualising transsexuality and transition through a series of theoretical, medical and political 'coordinates'. I focus on how the emergence of protocols of clinical management of transsexuality were grounded in the distinction between sex and gender, and unpack some of the ways in which this distinction informed the emergence of political discourses of sexuality and sexual formation through which trans people in Britain construct their individual and collective identities. In the second part I explore three subjects privileged by the participants in my primary research: testosterone, narrative and thresholds. I argue that these domains *both* reproduce categories and the language of linear passage *and* demand a different analytic approach. Each chapter explicates 'FTM' by exploring different kinds, scales and temporalities of experience, as well as the kinds, scales and temporalities of the relations between them.

## ACKNOWLEDGEMENTS

I have been very fortunate to write this thesis under the supervision of Simon Cohn and Mariam Fraser. They were exceptional interlocutors, as well as patient advisors, and I have greatly enjoyed doing this journey with them. This thesis owes much to their encouragement, their critical and creative input, their sense of humour and their generosity, although all mistakes are entirely my own.

In the Anthropology department at Goldsmiths College I wish to thank Frances Pine for her critical reading and insightful comments. I also benefitted from conversations with Victoria Goddard, David Graeber, Sophie Day, Rebecca Cassidy and Catherine Alexander. I want to thank Liz Saleh, Emma-Jayne Abbots, Anna Lavis, Rebecca Thomas, Marcel Reyes, Sarah O'Neill, Cyril Siorat, Veronica Barassi, Dominique Santos, Claire Loussouarn, Luna Glucksman, Lia Philcox, Gerti Wilford and Giovanni Orlando for their friendship, criticism and support. I started thinking this project in the Department of Social and Cultural Anthropology in the Universitat Autònoma of Barcelona, where I extend thanks to Verena Stolcke, especially, and Aurora González Echevarría, whose ways of doing anthropology inspired me to pursue this project.

I wish to express my deepest gratitude to the research participants, whose intimate accounts of transition inhabit these pages, for the generosity with which they approached my project. I also want to thank FTM London, Transfabulous, Bar Wotever and the Trans Reading Group, places of intellectual and creative growth in the making of this thesis, where I am indebted to more people than I can enumerate here. I also want to thank other groups whose work on gender and sexuality influenced and challenged me, particularly Corpus Delecti, Guerrilla Travolaka, Intertrans, O.R.G.I.A, Post\_Op and Tecnologías del Género.

There are, finally, a number of people without whom it would have been plainly impossible to complete this undertaking. I am deeply grateful to my parents, Juan Gonzalez Polledo and Isabel Medina, who accompanied me from the distance, for their unconditional faith and support. I especially want to thank Stella Boulougari, Desiré Rodrigo, Patricia Fuentes, Shabs Rehman, Charlie Atkinson, Javier Gonzalez, Catherine Prendergast, Andrea Fernandez, Moncho Freire, Manuel Ramos, Paolo Plotegher, Judit Vidiella, Eli Almansa, Iria Farrero, and Rui Antunes.

This research was partly funded by a postgraduate scholarship generously awarded by Fundacion Caixagalicia, and by a writing-up bursary awarded by the Anthropology department at Goldsmiths College.

## Chapter 1

### Introduction

This thesis is an anthropological study of Female to Male (FTM) transition based on empirical material gathered during fieldwork among trans men in London. Even though there are a number of social science studies conducted in the United States about FTM transition (Cromwell 1999; Rubin 2003; Devor 1997), in the United Kingdom this study is one of very few based on ethnographic and qualitative data<sup>1</sup>. Unlike clinical studies or studies conducted in clinical settings, this thesis is based on the premise that transition is a kind of becoming that involves different levels and kinds of transformation rather than the passage between the categories of 'female' and 'male'. Thus, beyond describing the ways in which transsexuality is produced by people's use of medical treatment, this study unpacks different levels of transition experience, exploring the becoming that transition involves through analysis of ethnographic and qualitative data and through critical engagement with biomedical and academic discourses of transsexuality.

It is now commonplace to understand transsexuality as sex/gender change through which, having undergone medical treatment, people are able to access a new gender identity and live their lives in their gender of choice. Definitions of transsexuality, however, vary historically and in relation to different issues, and recently, traditional conceptions of transition are being revised as new gender identities and new forms of sexual and gendered expression are being made public (Diamond 2004; Volcano 2000; Barker 2007; Hoppe 2008; Bornstein 1994). These new forms of transition emphasise social aspects of transitioning above and beyond the use of medical treatment, and implicitly question theoretical constructions of transsexuality anchored in biomedical treatments and 'sex' changes. For this reason, this study makes a distinction between 'transition' and 'transsexuality'. The term transsexuality has a particular history within biomedicine, where it was developed in the context of diagnostic practices in mental

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<sup>1</sup> Ekins and King mention FTMs in their approach to transsexual (1996) and transgender (2006) phenomena, and Hines (2007) considers the construction of transgender identities and their impact on traditional conceptions of transsexuality, and the challenges these identities impose on models of care and citizenship. Other studies approach different aspects of transition (see Chapter 2).

health, and this particular history (that will be discussed in Chapter 3), demarcates transsexuality as a passage between genders associated with hormonal treatment and surgery. For trans people, and indeed the trans men I interviewed, the term transsexuality was also sometimes understood to bear an unwanted stigma, that of a mental health disorder. Although this term is sometimes used in some forms of trans representation and colloquially in trans communities, many of the participants in this research did not define themselves as transsexual. Rather, they defined their processes as ‘transitions’, sometimes placing more emphasis on biological change, and other times on change at other levels. Thus the kind of transition discussed in this thesis is defined not in terms of ‘having changed sex’ exclusively, but as a broader process of transformation that begins when somebody surpasses in any way their ‘normal’ gender attributions, and consider themselves in transition *towards* other forms of gender expression, transitioning *from* a different body, or transitioning ‘in masculine’. Importantly, in this sense, transition will be approached as a becoming understood to span over non-sexual and non-gendered dimensions of people’s lives, where the different changes involved in transitioning make sense in relation to broader processes. As one of my informants put it, regardless of particular start and end points, one always transitions ‘the whole way through’.

In this way, I describe transition in ways that displace, and sometimes problematise, the distinction between ‘true’ transsexuality as defined by Benjamin (1966, and discussed in chapter 3), where a series of diagnostic criteria determine the truth about transsexuality, and other forms of transition. In fact, I will use the expression ‘FTM’ to refer to a variety of different transitions. Even though in trans communities FTM is sometimes used as synonymous of becoming ‘male’, this research will reflect the fact that people’s understanding of what it means to become male varies greatly in practice, and that they situate the start and end points of their processes in different locations, some of which escape the female/male categorical binary. Hence, the main difference between the more generalised use of the term ‘FTM’ and my own is that whereas transition is sometimes characterised as a discrete period between a person starting (or seeking) gender reassignment and living fully as a member of the opposite sex, in this thesis transition will be understood as a kind of becoming rather than an arrival. It will comprise different start and end points, and thus encompass processes which involve all

stages of medical treatment but also those in which having considered treatment, people decide against it and still live as men.

Thus the term 'sex change' will only appear in the context of a discussion of the medical management of transition. The history of the term 'sex change' is charged with specific connotations that are not always useful in describing transition experience. But my decision not to use the term sex change was importantly about the reluctance that most of my informants felt about describing their transitions in medical terms. I mean this in two ways: first, as will become clearer through some of this thesis' arguments, transition was hardly understood as a pathology by the participants in my research, even though the use of hormonal treatment and surgery implied a degree of medicalisation. Second, starting and ending points were very different for people, and to assume that transition was the result of a 'sex change' would be misleading, as some trans people do not modify their bodies hormonally or surgically. My informants understood transition, furthermore, not only as a way to make life 'liveable' (Butler 2004), but often as the celebration of a different, shifting, and 'evolving' gender identity, which was understood as an improvement and a welcome addition to an already 'good' life. Therefore, and often despite medical pressure to do so, the kinds of bodies people became did not always imply forgetting the bodies they were 'before'. Some of the ways that trans men celebrated their transition included various acknowledgements of their previous gender identities, celebrations of femininity and drag in the context of performances and community events, or the decision not to undergo genital surgery. However, regardless of their particular transition stage, the participants in this research often referred to themselves or others as 'trans men' or 'trans guys'. The reader will note I use these terms in the thesis following my informants' usage, not because they mobilise them as unproblematic gender positions, but because they continue to use them despite these problematisations.

This thesis takes as a starting point the implications of the sex/gender distinction in the biomedical management of transsexuality and the generation of legal frameworks of recognition and inclusion for transgender people. In particular, I explore recent contexts in which the sex/gender distinction is mobilised in the management of transition, and the ways in which it is used politically to make claims about transsexual

identity. The distinction between sex and gender is arguably an intriguing manifestation of hylomorphic<sup>2</sup> thought. As social theory moves toward the eradication of the differences between subject and object, ontology and epistemology, debates around sexuality and sexual formation seem to be at a crossroads. On the one hand new analyses of sex, gender and sexuality emphasise fluidity, change and process in approaching the relation between biology and cultural forms<sup>3</sup>. On the other, however, knowledge practices have implications in terms of different kinds of sexual politics, community building strategies and policy making, and are therefore linked to the kinds of life people can actually live. In particular, the relation between biomedicine and political models of sexuality in North America and other countries in Western Europe establishes continuity between therapeutic models and legal frameworks of transsexuality, granting trans people access to civil rights (such as a name, legal representation, property, family rights and so on) only after they have undergone certain stages of treatment. However, even though these political victories constitute steps towards more inclusive models of sexual and gender identity politics, trans people are also questioning the boundaries of political and legal representation, and their struggle moves towards the recognition of multiple ways of being trans which include the use of medical treatment but are not restricted to it. As we will see, these shifting understandings of trans identity and the journey of transition are visible in academic debates and community practices, and increasingly have an impact on political and biomedical frameworks of transition.

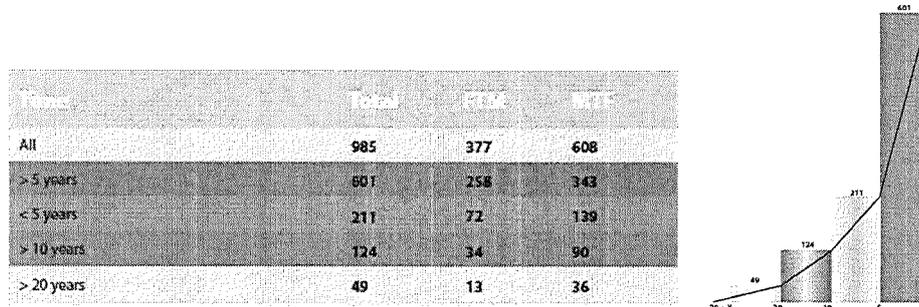
Indeed, the extent to which people can and do use medical treatment generates continuous controversies around the implementation of regulative frameworks of treatment. Currently, treatment is understood for both trans men and trans women in terms of a series of interventions designed to achieve the social recognition of one's chosen gender, where the role of biomedicine is primarily understood to facilitate social

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<sup>2</sup> Here hylomorphism refers to the idea, initially developed by Socrates in Ancient Greek philosophy, but re-elaborated subsequently by Aristotle and the Christian tradition, that substance is formed by the inherence of form in matter. In the thesis I use this term in relation to feminist developments of the question of sex and gender, and discuss how analyses developed under the premise of the separation of matter and form, biology and culture, nature and nurture informed approaches to transition in the past decades. But I also introduce this term here in order to situate my argument in Part II of the thesis. In the line of Stoic philosophy as discussed by Deleuze (2004), I will interrogate the utility of this binary in relation to the becoming(s) involved in transition.

<sup>3</sup> See, for instance, readings of the work of Gilles Deleuze by feminist writers, especially Braidotti 1994, 2002, 2006; Grosz 2005.

integration. According to Whittle, Turner *et al*'s *Eurostudy* (2008), the demand for treatment has increased dramatically in Europe in recent years. The table and graph below correspond to the number of years respondents reported their transition started:



Graphic representation of reported cases of transsexuality according to Whittle, Turner *et al* (2008:64).

Whittle, Turner *et al*'s study points out that changes in representation and the progressive appearance of trans identities in the public sphere is currently generating important changes in relation to both trans men and women's sense of empowerment in choosing their gender identities<sup>4</sup>. However, this thesis will be suggesting that although trans men and women share important common 'issues' especially in terms of treatment models and the politics of transsexuality (Ekins and King 1996, 2006), MTF and FTM are also very different kinds of transition. Trans men's use of treatment and what happens once they can pass<sup>5</sup> is specific to becoming male<sup>6</sup>, and choices about visibility and stealth vary greatly among people and depend on multiple decisions, such as engagement with sexual politics and support groups, the kind of explanations they elaborate in making sense of their processes, or the kind of visibility they engage with, trans men often agree that treatment allows them a *choice* on whether or not to be visible. Visibility as a trans man, or in Jamison Green's words, as "transsexual men who have lived in female bodies" (2006:506) is in this way an option that not only concerns their use of reassignment treatment but that also defines political agency and the creative transformations a lot of trans men feel their transitions are about. In this way

<sup>4</sup> Although they do not specify the extent to which the increasing number of people coming out and seeking treatment is the result of a higher demand for treatment or of the empowering effects of the legal changes that grant civil rights to trans people in the United Kingdom and other countries with similar legislation.

<sup>5</sup> By pass I mean being recognised as members of their chosen genders.

<sup>6</sup> Here I mean primarily the socially and culturally specific meanings associated with being a man, as some of my informants remarked that, unlike some of the trans women they knew, their experiences of becoming men did not usually have consequences in terms of finding employment or housing.

transition is not only about *their* bodies, but extends into other bodies, knowledge practices, gender relations and historically and culturally specific practices. It is often the case that trans men have easier transitions in the workplace, that they do not have to make drastic changes in their lifestyle, and, some argue, that they are treated 'better' in public according to their new social status.

Throughout the thesis I use the term 'trans' in expressions such as 'trans theory', 'trans community', 'trans organisations', and 'trans identity'. I use this term as an umbrella term to cover heterogeneous aggregates of people, practices or ideas that refer to or are articulated around transsexuality and transition in a broad sense. I am aware of the problems surrounding this nonspecific use, especially the homogenising effect it might have, and that efforts are being made by identity groups in trans communities in order to safeguard the boundaries between the scope of different identities, issues and collective needs. However, I use this term precisely to emphasise heterogeneity and multiplicity in transition processes and to note that they indeed encompass many different concrete realities. 'Trans theory' will thus account for theories about transsexuality and transition (voiced by trans people and others, as for instance those compiled in Stryker and Whittle 2006), over a great historical and geographical span<sup>7</sup>. Throughout the thesis I use the term 'trans community' to refer to groups of people, events, material cultures and support networks that trans people identify as either representing trans issues, or existing to foster the interests of trans people at some level. For this reason, my use of the term 'community' does not necessarily obliterate the problematisations of this term in traditions of social science (for example Marcus and Fischer 1986; Clifford and Marcus 1986; Joseph 2002; Fortun 2001; Latour 2005), but, rather, reflects the ways in which people articulate their sense of belonging and identification (Anderson 2006; Barth 1969), and the ways they understand relevance and boundedness between different aspects of transition. In my opinion the trans community is articulated around particular ways of living gender more than around the use of medical treatments, however, there are important identity issues attached to the use of treatments in some instances, as I mentioned. In this sense, I use the term

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<sup>7</sup> It is commonly agreed (see, for instance, Hausman 1995; Feinberg 1996; Stryker 2008) that the specificity of transsexuality follows particular historical routes, and that these begin with early descriptions of sexual inversion at the turn of the nineteenth century (as will be discussed in chapter 2), and end in the international agreement of a treatment protocol for transsexuality. In practice this means that very different transitions are grouped together despite substantial medical, social and cultural differences.

community because this was the term people used. The predicaments of 'trans identity' will be dealt with in chapter 2.

### **1.1 Fieldwork**

The trans community in the United Kingdom is pioneer in Europe in terms of complexity, coordination, support, visibility and presence in the political arena. It is also extremely diverse. Many organisations, charities, NGOs and projects are involved in the development of networks of information, care and support for trans people. The Gender Trust, Press for Change and GIRES are perhaps the three organisations more closely involved in the production and distribution of information about treatments, engaging biomedical and trans communities in the production of collaborative research materials designed to facilitate trans people's use of treatments. They also generate schemes that directly address some of the problems trans people encounter as treatment users (described in detail in Whittle, Turner *et al* 2008). Even though information and support networks are widely distributed, people from across the country usually access treatment in London whether they transition privately or through the NHS. Local GPs refer patients to the special gender units of Charing Cross Hospital, where they are evaluated by psychiatrists and referred for treatment to endocrinologists and surgeon teams. In London there is at least one private clinic used by FTMs, and a number of new initiatives, including new clinics and extra-clinical services, are currently being created to address an increasing demand for treatment.

London also holds a significant amount of events of varied periodicity, including support groups and other community activities, where London residents and visitors come together in trans only spaces or participate in trans friendly events. There is not a single centralised structure for the organisation of community activities, but event listings are made available in support group meetings and online information networks, and some through other LGBT (Lesbian, Gay, Bisexual and Transgender) organisations. Thus, some of these online information networks practically act as support groups, where members offer other members listings of events and activities, and create wider response to different issues relevant to the community at some level, especially political,

social or medical. They also generate public engagement with issues of transgender health, the struggle for civil rights and transgender art and culture. The events, debates and discussions announced are get-togethers that people combine with their daily activities, work and families, but are seldom full-time occupations.

These events imply the existence of local information networks, and incorporate numerous communication technologies. They are the result of careful preparation by many individuals involved, and the product, as well as an invention, of queer and transgender traditions. They are important in different ways for the participants in this research, but beyond my informants' engagement, in their happening periodically they also 'create' the trans community. They practically articulate the community's disperse geographic locations, its heterogeneous interests, and its different material cultures and constitute an important site of collective production of change and affect. Importantly these different community events, whether temporary or of a more permanent character, where people get together to discuss issues, know each other or spend leisure time together are most of the times themselves community celebrations, and as such they have a special character. Leading a busy life in a city like London, where space and time constraints play such an important role in the organisation of cultural life, makes those events special in more than one way, imbuing them with exceptionality and extending their life beyond the physical time and space they occupy. They continue to exist in the ways that people talk about them, plan them and anticipate them. Perhaps one of my preferred examples is the International Festival of Transgender Arts, organised yearly by the collective Transfabulous from 2006 to 2008, which was a three day long celebration that lived in the community the whole year round: some people participated in its coordination, fundraising events were organised to support it, and hosting a vibrant international community, the festival became itself the beginning of new networks of people, information, resources, and artistic and intellectual production<sup>8</sup>. But community events of smaller scale also work in a similar way, generating multiple practices and implicating people in various ways. It is for this reason that the trans community can only partially be defined through belonging in physical spaces, because the community's social life is not articulated exclusively around a singular location but rather in the complex networks between different events, people

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<sup>8</sup> See [www.transfabulous.co.uk](http://www.transfabulous.co.uk) for more information, last accessed August 2009.

and practices. It could be said that it is this circulation of people, events and practices that characterises the rhythm of life in the community, and that this rhythm is arguably a distinctive sign of the specificity and uniqueness of the trans community in London.

The fact that the trans community is itself dispersed geographically generates different levels of engagement, both in terms of the ways trans people participate in the community's social, cultural and political events, and in terms of their engagement with other communities, political movements and lifestyles. For example, trans communities in London are involved with some sectors in the LGB (Lesbian, Gay, Bisexual) spectrum, sometimes fostering common efforts in terms of politics, visibility, equality and anti-violence strategies, and sometimes in terms of leisure and cultural activities. Yet often trans people are ambivalent in defining the politics of transsexuality in relation to the umbrella of LGBT politics. While there is trans representation in the LGBT History Month events, as well as in the Pride events, trans people often contend that not all the spaces of the LGBT – meetings, bars, clubs, and other social activities – are trans friendly or even trans aware, which hinders trans people's participation. Trans politics are defined in terms of gender identity and not of sexuality, and thus trans people are more involved with the LGBT when they identify themselves as gay and are involved in gay politics or events despite the fact that there is not always acceptance of trans people in gay-only spaces and sometimes being trans entails exclusion from gay only events and online communities.

In London, I have noticed different relations between specific sectors of the trans community and the LGBT spectrum. While people generally participated in political and leisurely activities in LGBT contexts, participants in this research also remarked that not all trans men feel comfortable in LGBT spaces for a number of reasons. Some identify as heterosexual and either want to 'go stealth' (be invisible as a trans person) or feel that they do not belong in LGBT spaces<sup>9</sup>. LGBT inclusive politics, some trans people contend, have not prioritised the interests of trans people in lobbying for civil rights, and the kind of inclusion they envision for trans people is not necessarily the inclusion trans people want. Thus the assimilation of trans in LGBT advocacy is not exempt of contention, and the internal diversity within the trans community

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<sup>9</sup> Namaste (2000) highlights this point in her work within a MTF community in Canada, and Cromwell (1999) also notes this ambivalence in his ethnographic work with FTMs.

encompasses a variety of positions<sup>10</sup>. In my view the relation between trans communities and other identity politics groups is marked by a double tension: on the one hand trans communities endorse a certain identity politics that construct their case against marginalisation, poverty, health issues, lack of institutional support, etc; on the other hand, different positions within the community continually push the boundaries of trans identity, making possible coalitions with other communities, issues, and groups. Thus while trans identity politics facilitate the relation between trans people and care and service providers, grassroots transsexual politics are chiefly concerned with wider issues, making new coalitions and issue based politics a necessary part of their identity struggle. Perhaps this 'belonging but not belonging', which some strands in gender studies have interpreted as the intersectionality of identity categories (see Monro 2005; Roen 2001), had an impact on the proliferation of trans only spaces, and within them trans of colour only spaces, gay trans men only spaces and so on, although the boundaries of these collectives, as will be discussed, are interrogated in practice.

FTM London and Trans London are the two main trans organisations<sup>11</sup> available to trans men<sup>12</sup>, although these two organisations have different aims and visions. Trans London<sup>13</sup> is a mixed collective: it includes trans men, trans women, and trans-identified people, whatever their stage in transition. It aims to be a place of discussion about gender identity and transition, where people can exchange ideas, talk about their processes, and share information and resources. FTM London, however, is only open to trans men in all stages of transition, questioning, and genderqueer<sup>14</sup>. They meet once

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<sup>10</sup> Often mediated by particular organisations. It is interesting to note, for example, the role that inclusive organisations have in the management of trans politics. See for instance the LGBT Consortium, at <http://lgbtconsortium.org.uk/c1/>, accessed July 2009.

<sup>11</sup> Even though 'trans organisations' comprise projects that work in one way or another towards the inclusion of trans people and towards facilitating access to treatments, these two in particular are support groups. They are thus different from other lobbying political groups that promote the inclusion of trans people, or that work in different areas to facilitate particular aspects of transition, including general third sector organisations that have trans awareness programs.

<sup>12</sup> There are, however, other support groups available, such as Spectrum London, where friends and family are welcome.

<sup>13</sup> Their website is [www.translondon.org.uk](http://www.translondon.org.uk), last accessed August 2009.

<sup>14</sup> *Genderqueer* is the term used by people who identify as neither gender, or as both genders. Some trans people sometimes use it to make explicit their intention not to pass, this is, to be read as a 'natural' member of the gender they choose to embody. It is also an 'umbrella' term for all the gender identities beyond the man/woman binary. Nestle, Howell and Wilchins (2002) analyse the emergence of this term, and some of the political implications that its widespread use had in developing other categories associated with trans identity, such as transgender.

per month to offer members information and support, as well as the opportunity to socialise with other FTMs, although one does not necessarily have to be a member to go to meetings and access information and services. It schedules FTM related activities, and every month people explore collectively one theme through a presentation by invited speakers or the expertise of a member.

In addition to monthly meetings, FTM London produces a bi-monthly newsletter, where people share projects with others, announce services, and publish pieces of creative writing to be distributed among members. The newsletter is a classic medium in which trans communities have shared information, news, writing, and services. It is believed that activist and pioneer gay trans man Lou Sullivan used the newsletter format to effectively *create* a FTM community in San Francisco from 1987, and that, in this sense, the first FTM only group owed much of its existence and growth to the newsletter's network building potential. As was the case with other community events, FTM London newsletters also transcend their being read and discussed in meetings to become active agents in network building. They are also community archives<sup>15</sup>, devices that not only help maintain a sense of community diatopically and diachronically, as every issue is sent to registered members by post, but also help communication beyond local communities, as they translate information in a pocket sized portable document. I would even suggest that the newsletter is also in a sense a 'magical' object in that it represents more than its own value, and insofar as it 'produces' certain kinds of transformations. As Cvetkovich says about queer archives, trans newsletters 'are composed of material practices that challenge traditional conceptions of history and understand the quest for history as a psychic need rather than a science' (Cvetkovich; 2003:268). In this sense the newsletter could be thought as a distributive potential, at once de-centralising and redistributing the community in series of transformative interactions.

FTM London was important for many of the participants in my research, although their involvement with the organisation was neither homogenous nor always steady over time. With several hundreds of members, FTM London extends its boundaries beyond

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<sup>15</sup> The Newsletter was a medium through which pioneering communities of trans men communicated. FTM International, <http://www.ftmi.org/1facts.htm> (last accessed August 2009) has been publishing newsletters since 1987, some of which can be accessed online.

the people who attend a particular meeting and even beyond London, as people travel from afar to be there each month. For a period of 8 months, I attended FTM London meetings regularly and took part in their events. Being there had an impact on the ways in which I thought of transition, as well as my intellectual and political involvement with trans issues, and it certainly informed my analysis in the thesis. However, for ethical reasons, this thesis will not provide explicit ethnographic detail about what went on during the meetings, or hints that could identify members. FTM London is not a primary location of this research, and the observational material I gathered attending meetings is not directly relevant to the focus of the thesis, although it did inform the discussions I introduce and follow in important ways, as one of several fieldwork locations. But importantly, FTM London is a trans-only space where it is not assumed that members are always visible as trans men in their daily lives: some have made the decision to go 'stealth' and live simply as men. For this and other reasons, the organisation has a strict confidentiality code, given that the establishment of support groups is connected to individual and collective decisions about identity, visibility and politics. Yet in FTM London I met some of the people who agreed to share their narratives. They often talk about being a FTM London member, and about the impact the collective had on their understanding of trans identity, visibility, the trans community and transition. I have not edited out the instances where they talk about their involvement, because, having sought their informed consent, it has remained their choice to describe FTM London and to refer to the ways in which it impacted their transitions.

Fieldwork also comprised participant observation in many other activities and events, through which I got to know other research participants who would not normally participate in support groups as I got progressively immersed in more dimensions of the life of London's trans community. Bar Wotever, and all the events associated with the community that it represents, was another central fieldwork location where I got to know some participants and established continuity with others. Offering a series of weekly events, including open performances, film screenings and club nights and concerts, Bar Wotever is a community-based and community building institution central to queer and transgender communities. A number of conferences and one day events happened, including picnics, sports days, FTM get-togethers, and performances.

All of these helped me get immersed in the community's social life, and were intellectually challenging for me. Participating in these events, however, I also helped construct them, and these two roles as a researcher and a participant were not always easy to juggle. Some special events, such as the Transfabulous Festival, were also sites of explicit academic and cultural discussion, providing not only the opportunity to share and develop ideas with people but also practical tools of analysis as a result of the dialogue and working process they entailed.

The ethics of being an ethnographer in those spaces at the same time as having time off work needed constant negotiation, and sometimes I felt that each of those roles made the other more difficult. People were suspicious of researchers who would interfere in their leisure times, who would 'exoticise' them and submit their lives to analysis, and I realised quickly that my presence sometimes raised this kind of reaction. Activists in the community openly suggested that research could easily become intimidating and invasive. One participant who agreed to share his narrative after a period of reluctance told me as an indirect accusation that it was very common to find people coming to events only to get to 'talk to people for my PhD'<sup>16</sup>, and that this made people feel obviously uncomfortable and unsafe. Someone else's mention that some academics 'appropriate' the new identities and grassroots practices as means of boosting their careers, and his disapproval of obtrusive and unethical academia made me aware of the problems of researching 'identities' (or being perceived to do so). Being 'around' during the early stages of fieldwork raised these kinds of ethical dilemmas, and, although I have the informed consent of those who I recorded in my interviews, it put my own identity as an ethnographer under a close examination which I have had to deal with in different ways. This kind of awareness prompted interesting concerns, that I got to share with some of my informants, about the limits of reflexivity in relation to anthropological fieldwork (Stocking 1983, 1992; Fabian 1983; Agar 1980). The arguments I make in the thesis reflects an ethical position that results from engaging with this complexity.

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<sup>16</sup> I believe this was the title of an actual performance piece hosted at Bar Wotever before my arrival.

## 1.2 Methods

In this sense, rather than a singular location, my research 'site' was actually a network<sup>17</sup> of locations, events, people, web pages, blogs, networking sites, newsletters, newsgroups, art festivals, political actions, narratives, memories and objects<sup>18</sup>. This heterogeneous, shifting and processual character of fieldwork locations, which became apparent and slightly confusing early on in the research process, informed the way in which I developed the research design, because it brought forward the constraints of the type of fieldwork I was embarking on, and therefore suggested crucial methodological issues that needed to be considered in the field. One of these problems was delimiting a sample of participants, and here again I encountered the predicaments of identity politics. In the increasing complexity of identity geographies in trans communities, where identities and identifications shape the trans community internally as well as its boundaries against other queer and LGB communities, delimiting transition became an matter of concern, given the diversity of the community and that, whereas some people identify as trans but have never undergone medical reassignment (nor intend to), there are people who have transitioned fully and yet do not see themselves as trans (but as men, genderqueer, androgynous or bi-gendered instead).

This multiplicity in the community, and sometimes in the successive and/or coexisting identifications a single person lives by, raised concerns about the role of different kinds of empirical material in my study, as well as the role of notions, such as subjectivity, identity and individual experience, that had hitherto been understood as analytic keys to transition. Importantly, it articulated an important problem I would have to address in different ways: that of the entanglement of different kinds of transition, politics and knowledge practices. These considerations informed the sampling of participants. The final sample is not reduced to those participants who pass what is understood by medical discourses as the 'clinical threshold' (who perceive their gender identity as an issue that needs to be addressed medically, as will be discussed in Chapter 2), or to what

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<sup>17</sup> I use 'network' here in a double way, following Mol and Law's (1994) sense of scale and distributive enactment, and Riles (2000) formal sense.

<sup>18</sup> Sarah Green (2002) makes a similar observation in her ethnography of lesbian cultures in London and Manchester. For Green, however, the network has a markedly virtual shade: her focus of analysis is the impact of information and communication technologies on traditional forms of community (see also her 1997 ethnography of London's lesbian cultures)

sometimes in trans communities is understood to be ‘transsexual’ (as opposed to ‘transgender’ or ‘genderqueer’), because the limits of these categories often collapse in practice, and also because the amount of biotechnology and time spent in treatment is not always determinative of the way that transition is lived<sup>19</sup>. People have different ideas of what it means to be FTM and understand transition in different ways (Diamond 2004; Kotula 2002), and whereas there is a trans identity that can be explained through sex/gender distinction, there are many other transitions where people live change and explicate their processes in different parameters. Boots Potential writes:

“For a while, I was swindled into thinking, as many of us are, that there is a ‘correct’ way to be trans: we have to take hormones, get a GID diagnosis, change pronouns, pass, feel like a boy in a girl’s body, and get a preppy haircut. My inclination is to break the rules or flee from them, and if this long list of rigorous requirements was what it took to be trans, I didn’t want that” (2004:33).

My informants sometimes expressed similar concerns about more ‘traditional’ understandings of trans identity, and often held complex and shifting identity configurations in relation to what they considered to be ‘the trans narrative’, that is, more ‘mainstream’, medical or normative ways of understanding trans identity. Sixteen were taking testosterone regularly, and seventeen had undergone top surgery (mastectomies). Two of my informants voiced similar questionings in relation to how transition in a traditional medical sense would help their gender identity, and, although they didn’t phrase their identification in terms of ‘monstrosity’ like Boots Potential does, they were very firm in not wanting to reduce their processes to medical parameters of treatment, including taking testosterone and/or having different surgeries. Others, however, did make use of more medical notions of transition, understood as a journey to ‘manhood’ that enables one’s body to materialise a gender identity that had always been latent.

Twenty-one voices will appear in the text, however, conversations with many more people inspired the debates that I follow throughout the thesis, and their contribution to my discussion of transsexuality, the trans community, and transition was invaluable. The participants cover a wide age range, the youngest being 21 when our interview took place and the oldest 43. Although support groups and community events are open

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<sup>19</sup> For example, I met trans men who have not ever used hormones and yet live as men and others who, having used hormones in the past, opt for more ambiguous social identities.

to people of all ages, age differences were understood to be important especially for those transitioning later in life, who were not always that visible in community events and projects. Some are activists whose work affects the trans community in one way or the other, be it through working in LGBT related trusts and organisations, performing in community events, or participating in conferences as academics and activists. Seven are regular FTM London members, and some are also involved in other collectives and projects, yet others do not use community spaces, and one even made the point that he explicitly avoided them because he didn't want to be publicly identified as trans.

The majority live in Britain, but there is one who migrated to Canada and was only in the UK temporarily when our interview took place. Two have come to the UK from other European countries to transition, as the biopolitical regulations of their countries of origin do not include legislation similar to the Gender Recognition Act under which they could successfully live as men, and are now in the process of validating their new identities through double examinations carried out in their countries and in the UK. Twelve have their male names recognised in their official documents, but two prefer to use ambiguous names rather than letting other people assume they speak of themselves exclusively in masculine. Two, Pakistani and Spanish in origin, use a name that has a double meaning as female and male in order to circumvent legal requirements for name change, and in particular having to transition medically *before* being able to change their names. Ambivalent names often sidestep gender regulations, and, both in Spain and the United Kingdom, one is allowed to change name within the limits of one's gender<sup>20</sup>. Finally, of all only two remain ambiguous about (if not openly against) physical transition, and have developed over the years ways to be male without hormonal or surgical input. All the interviewees embodied different kinds of masculinity, and each of them held a qualitatively different idea of transition and its physical, social, biological and psychological limits. Yet they lived masculinity in ways that exceed the gender they were assigned at birth, and often the gender they were educated into, and in this way gender is something they have had to work towards in one or another way. Thus they considered themselves to be 'in transition' to some extent, even though they thought differently of transition's milestones and 'stages'. They were extremely generous with

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<sup>20</sup> Spanish regulations allow a name change within the same gender provided that six pieces of documentary evidence are presented before a tribunal, and in Britain names may be changed by usage.

their time and their involvement in sharing their narratives, and I often felt indebted to their generosity in ways I could not reciprocate.

I have changed all of their names in my writing, and, given that I didn't respect their choice of name for reasons of confidentiality, I haven't marked their origin or hinted at the name they use with a choice of name that could be read as representative. In order not to facilitate identification, I do not state their ethnic, gender, race, or class 'positions' in writing, even though my analysis acknowledges the way that different kinds of experience (and importantly, non-gendered and non-sexual experience) become crucial in order to understand transition as becoming and process. Yet to make those positions explicit is sometimes synonymous of situating someone in a predefined category, that most of the times I would be assuming rather than accounting for, as these identifications are per se mobile and shifting, and evolve when articulated in different events, stages and relations in a person's life. I will clarify this point further in the next section, but for now, I want to point out that my avoidance of these categories does not mean that there is not a diversity among the voices that speak in these pages, but rather, that this diversity does not aim to be representational of every speaking individual, and even less of the trans community as a whole.

### **1.2.1 Interviews**

In 1972, Nash and Wintrob noted an increasing interest within anthropology about the ways in which the ethnographer's experience would inevitably affect the overall research results, a process which they encapsulated under the hypothesis that a new 'self-consciousness' was emerging in ethnography (1972, see also Newton 2000). In their text, they point out some important differences emerged in the 'emotional and behavioural' involvement of ethnographers and the societies they study, especially after the point when the discipline started questioning its empiricist foundations in the 1960's. For Nash and Wintrob, this qualitative change in anthropologists' understanding of the requirements of fieldwork determined the re-definition of the ethnographer's role in the field, and subsequently of the need to explicate that role in the ethnographic accounts that result from field experience (Clifford and Marcus 1986; Sangren 1988; Sahlins 1993).

Acknowledging the profound entanglement of ethnography and emotion, perhaps the same inseparability of science and passion about which Crapanzano (1980) and Rabinow (1977) talk in their reflections on fieldwork, the need of reflexivity was important in my research for a number of reasons. First, participant observation and the conditions of my involvement in the trans community had an impact on my research. On the one hand a certain emotional involvement with the trans community was a condition of the research results, insofar as the depth of the interviews and the empirical material developed therein relied implicitly in the complicity and trust that informed my relationship with my interviewees. On the other hand, that trust had to do with the relationship people established with my present and past involvement with trans issues, and my condition as both a ‘professional stranger’ and an ‘insider’ with respect to the questions I raised during the interviews. Second, as Esther Newton (2000) points out in her reflections about her involvement in queer communities, this double condition as a stranger and insider influenced how the interviews developed and later on the writing process. People’s trust and the different expectations of reciprocity that populated our relations once my fieldwork had finished became a heavy weight to carry through the writing process. During writing I had to remove myself from the community in order to approach analytically several aspects of fieldwork and the empirical material produced therein (interviews, field diaries, and archival materials), perhaps at risk of undermining people’s expectations, and certainly at an emotional cost.

Yet the ‘complicity’ that Marcus (1997) thinks is the result of the ambivalent position of the ethnographer in the field, could be taken to be more than the irony surrounding the relation between ethnographer and informants. Marcus suggests that when thought beyond the context of rapport, complicity can become a key notion in defining the relationship between the anthropologist and the political coordinates of the ethnography. This is because, rather than emphasising the relation of the anthropologist with the community in question, following Rosaldo, Marcus inverts the limits of fieldwork’s *mise-en-scène* to suggest that it is not the community as a bounded entity, but the ‘forces that make it change’ – sometimes to the point of virtually effacing it – what is determinative of the complicity bind. He goes on to suggest that new definitions of

fieldwork locations and the progressive decentralisation of fieldwork practices intensify this process. He writes:

“The basic condition that defines the altered *mise-en-scène* for which complicity rather than rapport is a more appropriate figure is an awareness of existential doubleness on the part of both anthropologist and subject; this derives from having a sense of being here where major transformations are under way that are tied to things happening simultaneously elsewhere, but not having a certainty or authoritative representation of what those connections are” (1997:13, emphasis omitted).

This is especially true with respect to the ways in which trans issues are articulated internationally (although I am aware this was not Marcus’ intended contrast), and in relation to changes that happen at other levels, no least in academic contexts. But Marcus further suggests that the anthropologist makes an ‘elsewhere’ present in fieldwork, in seeking that knowledge of the fact that one is subject to connections among different domains and spheres without necessarily being aware of the nature, the effects or the limits of those connections. The new contexts of multi-sited fieldwork are no longer defined by meta-narratives or all-encompassing discourses, but rather by those who participate in a research process, and thus the multi-sitedness of the ethnography resides precisely in the fact that the ethnographer deals with difference, and with the ways in which it is effected by discourses and actions ‘elsewhere’. It will not need much explaining to say that I represented this elsewhere in more than one respect, because of my past in queer communities and because of being foreign, but importantly because I belonged to the academic milieu where discourses of transsexuality, gender and sexual identity are understood to emanate from.

I conducted semi-structured interviews with twenty-one participants. Some of them volunteered to participate in this study at early stages of fieldwork, and others were approached after months of participation in community events. I guided each interview with a similar question plan; however, the way that people approached my questions determined the subsequent development of the interview. Given that the interview questions were highly intimate, I soon became aware of the limitations of following a strict interview model, as it seemed obvious that the questions that would make sense in relation to somebody’s transition were meaningless for others. I understood that this contradiction could also help raise interesting issues beyond the question-answer framework of our encounter, as sometimes people would express surprise at some of

the concepts I suggested, and that estrangement could then be addressed per se within the interview setting, providing unforeseen new possibilities. For this reason, the process of planning the interviews, and of taking time off to prepare each encounter, was a crucial aspect of the research process. I believe that framing the questions in different terms of what is traditionally considered 'medical' transition was also critical in the overall interview practice, and provided an adequate setting to explore people's different perspectives on transition. I found my interviewees were generally comfortable with this flexibility, and everyone appropriated my questions creatively and answered them in a very intimate, personal, generous way.

As Deleuze and Parnet (2002) suggest, interviews are a way of grasping one of the multiple combinations that can emerge from an encounter, because they create a common space and time that has a movement of its own. I think in this sense interviews were not exhaustive, and did not cover all areas with equal depth, but it was part of the negotiations each interview entailed to decide the limits and focus of the themes covered. In this way, interviews were contingent time-spaces in which many contextual issues defined the extent of people's involvement.

All of the interviews took place in London, even though some of the interviewees were only in London for a short time to access treatment or participate in community events. The interview context became a primary location of my research, as it was during our encounter that people talked at length about their experiences in transition. Crucially, it was in this context that I had their permission to reproduce what was said. For this reason the interviews became important in yet another way, as the kind of relation they implied became a motivation for people to talk to me. I believe that some of the participants consented to be interviewed because they wanted to discuss what they considered to be important issues about transition and trans identity, thus making their voices 'matter' in the highly theorised discussions and debates about transsexuality, sex and gender. I know that others talked to me in order to get me off their backs. And some simply didn't mind talking about their journeys, as they believed that sharing their experiences verbally, especially in early stages of transitioning, would help situate and organise their feelings.

Interviews rest in a complex interaction, and involve intense preparation. Yet I believe that preparation was not essential in generating a deep and intimate ethos in the interview process, but that intimacy was the result of people's trust. As most participants had a long history of suspicion of academic and specifically anthropological work, I found that trust took more than explicating the theoretical biases and the limitations of my research. It emerged as I shared more time with the participants in community events, as I progressed interviewing people and as they talked about our interviews with others. In this sense those two processes, in which I intervened in different ways, allowed the participants to situate themselves in places they could be comfortable with, and where they felt their narratives would not become the object of analytic 'judgement' (as one participant put it). Some of my informants expressed great concern about the way that their narratives were used in other studies, especially in medical settings but also outside, and this concern dissuaded others to participate in my research altogether. Before our encounter, I negotiated the limits of the interview with each of them, providing a background for my research and of myself as a researcher. Sometimes they were interested in using those contextual frameworks as starting points of the interview, although more often the interview would start with their own considerations, following a significant transition or community event. Then our conversations would cover things they considered important in their transition, the experiences that were significant at the time, and the relations between the different degrees of change that they noticed as a result of taking testosterone, living as men, thinking about their identity through transition, and becoming part of new relations and social worlds.

The interviews took place at their homes or in public spaces, where they were recorded onto digital media (minidisc). I mention this because the medium played an important role in the interview process, as most of the times it failed, and the interview had to be rescheduled. Despite the frustration it supposed for me as well as them, this gave me the opportunity to interview many people more than twice, get back to them via email to elucidate an unclear point, and in general gave me the opportunity to develop several interview structures in order to organise the questions differently and allow the interviewees to develop their own ways of establishing relationships in more depth. For example, in some instances, having to repeat the interview raised interesting

problematics, as people would have changed their views between encounters and answer similar question in completely different ways. In particular, one of my interviewees made a great effort in our first interview to summarise his experience of transitioning, providing a very detailed account of his desire to change and the personal experiences that underpinned it, but when we met again, and despite my efforts to phrase things differently, instead of talking about his process, he produced a ‘transition for dummies’<sup>21</sup> account instead, contradicting some of the things he had previously said. Repeating the interviews after longer periods resulted in having more complex and contrasting information, which would then be key to establish connections between different areas.

### **1.2.2 Literature as primary data**

Thus, although the interview has been defined within more positivist models of social science as “an information-gathering tool, designed to minimise the local, concrete, immediate circumstances of the particular encounter, (...) and to emphasise only the aspects that can be kept general enough and demonstrable enough to be counted” (Benney and Hughes 1956:141), precisely the interstitial, “local, concrete and immediate” circumstances that framed the interviews and which were discussed in the previous section were essential in my research, and important in terms of accountability. Not only were these local and situated frames and connections themselves part of the data that the interview hoped to elaborate, but also crucially, they collapsed my role as an ethnographer/interpreter of the interview data. In fact, the thesis structure was in part developed as a result of thinking the connections between the different levels of interpretation that were already inherent in my informants’ responses. Not only were they extremely savvy and articulate regarding everything surrounding their transition, but they framed their processes in existing institutional politics, and knowledge practices. In other words, people not only shared their transition stories as ‘data’, but they also offered their interpretations of those stories, and, in addition, situated their interpretation within the discourses, practices and politics that frame trans identity in historical, cultural and academic terms.

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<sup>21</sup> This is a term that people used to refer to books and information resources about transition that treat the reader as completely ignorant of the basic facts of transition (see, for instance, Kailey 2005), paraphrasing the series of educational and reference series published by John Wiley and Sons.

In fact, one of the consequences of the ‘suspicion’ my informants expressed when considering whether or not to participate in my study was intricately linked to theoretical awareness. The use of theoretical resources as a feedback mechanism to construct, negotiate and politicise their identity was complex: medical discourses, as we will see in early chapters of the thesis, define transition as a linear passage between the categories of female and male, and under this definition transsexuals are offered free treatment and, especially since the Gender Recognition Act of 2004, legal and civil recognition. However, political discourses about sex, gender and identity proposed a radical revision of the relation between culture and materiality that yielded even more nuanced political models of identity and sexual formation. These two genealogies veritably informed the ways in which people understood their transitions, framed their identity as transsexual, transgender or genderqueer, and hence in some way informed their motivations and expectations when they talked to me.

Theory is an important way in which trans people think about their identities and their bodies. It is part of the history of transsexuality in many ways, and through theory trans people have become a community of expertise by overtaking the representation of trans issues from previous medical/feminist/social sciences paradigms. An initiative I co-ordinated during fieldwork, the *Trans Reading Group*, confirmed this entanglement and complicated it even further, as it became apparent that trans people use theoretical sources as explanations about their individual transitions, but also about gender, politics and the body. They appropriate theory to negotiate, translate and transform their identities in the face of political changes, and use it as a vehicle to generate multiple meanings for their transitions. For example, the tension between an understanding of western transsexuality as an independent phenomenon in social science discourses and the fact that trans people often turn to cross-cultural and historical models of ‘third gender’ constructing their history illustrated this ambiguity, and the ways in which it is characteristic of the ‘cultural specificity’ of transsexuality in the United Kingdom after the publication of Feinberg’s *Transgender Warriors* (1996) and other ‘third gender’ literature (I discuss this further in Chapter 2). Therefore, my questioning those boundaries and the of the specificity of ‘western’ transsexuality – and that others have

problematized for other reasons<sup>22</sup> – is not an issue that derives from theory, but rather, stems from the research practice.

In a sense, people's suspicion about me and my research became an indicator of their own engagement with theory at many levels, and this was confirmed in the theoretical language with which people approached my questions, the ways in which they extrapolated their process to talk about concepts (such as 'the body', 'sex', 'gender', 'masculinity', etc), and which demanded new and unexpected negotiations of my position in practice. I come back to these in chapter 8, but I want to emphasise that their reflexivity had an impact on research methodologies, especially the interviews. However, it also made me aware of broader links between the genealogies of trans representation and the ways in which people are able to transition today. This is the main reason behind the division of the thesis in two analytic parts, and of my revision of trans literature, medical and (post) feminist as sites of ethnographic enquiry in resources in Part I. Overall, these theoretical threads have informed the ways in which people understood their own transitions, and also the ways in which I address it in the second part of the thesis. Thus the role of historiography and genealogy is not only to frame cultural specificity of the categories and institutions implicated in transition in one way or another, but is itself an ethnographic site of enquiry, because of the complex ways in which it informs people's understanding of what it means to be trans.

### **1.2.3 Ethics**

The structure and arguments of the thesis were developed together, and hence the kind of materials that appear in the thesis, and the ways in which I talk about/through them are the result of ethical negotiation. This ethical negotiation took place during fieldwork as I approached research participants, but also during the writing process as ethics became enmeshed in other analytical decisions. Ethics was a direction or an opportunity for analysis, and not merely a limitation in terms of access or of the kind of thesis could develop. Thus the ethical considerations I outline below are analytic

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<sup>22</sup> Towle and Morgan (2002, see also Morgan Holmes 2004) elaborate a critique of the concept of third gender. Their main focus is on the ways in which anthropological studies effectively 'create' the category of 'third gender' and the problematic connotations of the association between 'third genders' and native cultures.

choices, and as such, are linked to the aims this project sets out to accomplish described in the following section.

This research was carried out outside clinical settings, and therefore will not treat participants as ‘patients’ nor will it use patient records or other official or confidential material. Due to the different codes of confidentiality involved in the research, explicit ethnographic information about fieldwork sites and events has been intentionally restricted. During fieldwork and at all stages of data collection, I have sought the informed consent of all participants, and negotiated with each of them the extent of their involvement in the project. Whereas I have their permission to reproduce what was said in our encounter, I have not given detail on context that would lead to the exposure of information they did not want to share. It is for this reason that the thesis relies heavily on interview transcripts, which I offered to research participants once the interview was over, but does not include ethnographic description of events and situations. Most of those who agreed to be interviewed preferred that their real names appeared in the study. However, in order to respect the confidentiality requirements of participants with greater restrictions, I have changed all their names, and, where possible, contextualised their voices by quoting their narratives more extensively, in order to make my interpretation accountable and to provide, where possible, continuity to their accounts across the thesis. I have also made a decision not to edit their words or make major amendments to the oral style that resulted from the interviews’ transcription, in order not to alter their narrative flow in a significant way.

During fieldwork, I contributed to the trans community in various ways through participant observation in events and discussions, and also by organising discussion groups (the Trans Reading Group) where participants in my research and others could benefit from organised academic discussion of topics that interested them. However, the thesis does not incorporate descriptions of these spaces, nor other ethnographic material that stemmed from my engagement in community events, in order to protect the confidentiality of those involved. I have intentionally limited descriptions of events that could threaten participants’ anonymity, and especially where such mention would concern people other than those who consented to participate in my research.

As a result of the intimacy of the interviews, many of my interviewees became closer friends than I would have expected, and I discovered that with some I shared scholarly, artistic or political interests. This made explicit concerns about intimacy, and the need to negotiate intimate relations in research. For example, even though we agreed on the release of interview materials to be used in the writing of the thesis, many conversations outside the interview setting complicated the initial statements, adding important modifications to interview materials, new points of departure and conclusion. As O'Connell Davidson illustrates through her own ethical dilemmas researching sex work (2008), consenting to intimate research is not a simple process, and often compromises not only the relation between ethnographer and informant, but also, importantly, the relation between the informant and her/his own narrative. Consent to intimate research involves the negotiation of ways to approach situations in which consent is given and then withdrawn, or those in which the relation between ethnographer and informant fails for reasons to do with the research process.

Like O'Connell Davidson I had to disengage from many community activities as a result of the writing process, albeit for quite different reasons. The fact that I was doing the research while participating in community events compromised my position as a community member at first, and compelled me to be cautious about how I approached people in community spaces, including potential participants in my study. It was difficult to place the boundaries of my involvement in the community and the research dynamics I wanted to generate because, even though participation in community activities was a condition of my informants' involvement in my project, it became difficult to negotiate my presence in community events with the ethical requirements of the writing process. I have already described some of the difficulties involved in doing fieldwork in queer and trans spaces, especially the contradictions between sharing these spaces as a community member and generating research dynamics. I found that it is complex to generate research dynamics in these spaces because people construct them as safe spaces of interaction. Doing research in these spaces entails a great ethical responsibility, which in my fieldwork was aggravated for at least three reasons. First, I mentioned that I had inhabited trans spaces before starting the research, and access to London trans spaces was granted to me particularly because of my past engagement with trans issues. Undoubtedly, belonging in these spaces made me particularly sensitive

to some of the difficulties inhabitants of these spaces face in their daily lives as trans people, and I felt compelled to be particularly zealous protecting their identities and the construction of safe spaces within trans communities. Second, participants' protection becomes all the more important when one considers the reception of other studies about transsexuality in trans communities, and the ways in which these studies can potentially undermine people's safety and make them more vulnerable. Transsexuality and transition were exemplar in medical and social studies of sexual formation for well over half a century, and this had consequences in figuring a universal and scientific meaning of 'trans identity' and of transition, despite the real differences - of motivation, of aim and scope - between people's transitions, and limiting their agency as narrators of their own process and/or as researchers. Last, but never least, participants in this research and others who share trans spaces remain potential receivers of my research, and this brings to the forefront new concerns about the translation of the broader ethical concerns in real editorial decisions. It is for this reason that the empirical material that the thesis incorporates does not reflect observation or participation in spaces where participants did not voluntarily and explicitly share their narratives of transition with me and allowed for these narratives to be recorded.

The fact that this research dialogues with trans people complicates matters even further, inasmuch as trans people are very aware of the regulative frameworks in which their transitions are embedded, and this self awareness enhances their sensitivity about the politics of representation of trans issues in their narratives and the contexts in which they will be represented, as will become clearer throughout the thesis. As I mentioned earlier, trans people are particularly sensitive about the ways in which their transitions and their identities are represented in different kinds of narratives, including the medical discourses that construct them as pathological in exchange for access to treatments, and the myriad scholarly accounts that in one way or another construct transsexuality as an object of academic enquiry. But the intimacy of the research process crucially raised ethical questions about the kind of contribution my analysis could make to problems associated with transsexuality, and about the kind of retribution that an anthropological study of this kind must make to meet participants' expectations. These expectations were multiple and coexisting, and whereas some participants voiced their wishes that my ethnographic engagement with transition would 'adequately represent' their

experience vis a vis other medical studies they had been involved with in the past in order to further the kind of politics carried out by organisations like Press for Change, others expected me to deal with their narratives in a non-judgemental, less stigmatising way; while some expected me to continue and further the critical project of queer theory and its recent intersection with transgender studies (that I discuss in more detail in Chapter 2), others compelled me to understand their process in spite of this critical project and to acknowledge their form of transitioning not as a subversion but as an achievement of a stable identity through the embodiment of gender, which is sometimes understood as an ‘affirmation’ rather than a transition. This research was therefore situated by participants in the possibility of particular futures, but these futures were necessarily multiple and laid outside the scope of what the research could do. I soon realised that the framework I would create was not going to be necessarily tuned to all of their concerns, or even with other possible reference points we discussed of mainly North American transgender and queer theory. In order to engage with my informants’ transition narratives analytically I had to distance myself from the friendships I had built during fieldwork, having, in most cases, to stop seeing the people I had interviewed and to cease engaging in community activities. I found my ‘place’ in the community during fieldwork, and especially the different demands of participation in community events and politics were difficult to reconcile with the demands of the analytic process. As I got progressively immersed in writing the thesis, I felt the need to distance myself completely from trans related events, partly due to the weight of transition taking over all areas of my personal life, and in part in order to find analytic distance to approach transition, and the other kinds of empirical material derived from fieldwork in the past tense, more tuned to the ethical negotiations that underpin my thesis.

While these ethical concerns made my task as an analyst especially difficult, particularly when it meant approaching my informants’ narratives analytically and constructing a theoretical framework with which to approach transition, they also represented an opportunity to engage with the ways in which existing regimes of knowledge production historically theorised transsexuality and transition. The emphasis on defining transsexuality as a coherent and bounded identity based upon a physical and social transformation is anchored not only on people’s sense of completeness after transition,

but on the historical primacy of categories like experience, identity and gender, and their association with notions of personhood, agency and the life cycle. This thesis displaces that emphasis to ask, with research participants, whether transition can be understood in different, albeit many times coexisting, terms, to explore different kinds and scales of transition experience.

#### **1.2.4 Analysis**

The kind of analysis this thesis will embark upon will consider the relation between different issues in transition brought up by medical, academic and political traditions in order to better understand the weight of these traditions in the making of transsexuality. My project aims to contribute to a growing field of academic enquiry into new ways of thinking transition, the body, sex and gender, in the line of what recently Stryker (2006) has deemed the task of problematisation of transgender studies. Unlike other analyses of transition where the analytical focus resides in the development of biomedical, (post)feminist or political representation (Hausman 1995; Ekins and King 1996; Cromwell 1999) the focus of my analysis in Part II will also be on rethinking aspects of transition not necessarily developed within these traditions. Thus while my project implicitly problematises some of the ways in which transition has been thought by these discourses, it will crucially aim to think new aspects of transsexuality.

There is a growing number of autobiographies and descriptions of FTM transition and lifestyle in recent literature, which take the form of individual transition diaries, or politically oriented collective accounts of transition which emphasise the ways in which FTMs' transition 'to' masculinity - through series of historically and culturally specific meanings -. However, while descriptions and portrayals of FTMs and their lifestyles are proliferating in relation to different political and representational projects (see Kotula 2002; Cameron 1996; Devor 1997), my project will be concerned with developing new ways of thinking transition, not necessarily only as it is 'lived' by people, but as it happens at different levels at which transition matters, including the development of treatments within biomedical and pharmaceutical communities of practice, intersubjective realms of generation of meaning, and the production and effects of

academic discourses about sex, gender and the body. It is for this reason that, instead of addressing the impact of people's transitions in the constitution of their sexual or gender identity, my analysis in the thesis will attempt to address transition experience as it is configured in different assemblages, where I approach the material and symbolic configurations of transition in relation to different levels of becoming and practice. In this way, I displace the traditional focus on 'transsexual subjectivity', which yielded productive analyses of transsexuality and sexual formation within biomedicine and some feminist discourses in the past decades, in favour of three devices that encapsulate these relations at different levels: testosterone, narrative and thresholds.

In order to approach those three levels analytically, I first lay the 'coordinates' of transition in Part I. Chapter 2 will evince some of the political underpinnings of biomedical approaches to transitioning, making clear the reasons why trans social theorists have consistently displaced their analyses from those of psychiatrists and physicians, exploring in turn cultural, historical, and legal dimensions of transsexuality. Participants in my research remarked that their relation with the medical establishment was sometimes ambiguous, and that is currently becoming more contentious as people transitioning seek recognition for gender expressions outside the gender binary privileged by the biomedical protocol of transsexuality. The current protocol, based on a triadic treatment that includes psychotherapy, hormones and surgery, is mediated by a mental health diagnosis and safeguarded by legislation that requires people to abide by a binary gender model and to remain in their chosen genders until death. Whereas this is a hard won result of trans identity politics in Britain, Spain, and other countries that have used the treatment protocol proposed by the World Professional Association of Transgender Health to generate frameworks of recognition of trans identity, other organisations within the spectrum of transsexual and transgender rights in Euroamerican countries are concerned with wider possibilities of medicalisation and recognition of trans identities, not necessarily oriented to irreversible transitions via hormonal treatment or surgery in all cases, but recognising ways that people engage with treatment and with gender identity are multiple and shifting. Thus, some international trans collectives, such as the network Inter-Trans, and local groups, such as the Sylvia Rivera Law Project, Guerrilla Travolaka, Les Panteres Roses or Idaho, are proposing new political initiatives that follow the lead of the depathologisation of gay and lesbian

identities in 1972. Through a number of different focuses, but particularly articulated around challenging the social and moral underpinnings of 'conventional' transition, these groups are reworking transition and gender expression beyond the medical parameters of 'normality' – based on aesthetic standards developed within the history of sexology as the appropriate morphology of the sexes–, rethinking what it is to become male in relation to social and moral narratives of nature, sex and gender.

Analyses of transsexuality within the feminist tradition (see Raymond 1980; Riddle 1996) evaluated transsexual identities in the context of sexual politics, and in so doing, circumscribed processes of transition to their subversive impact in the context of sexual politics. In the tradition of radical feminism of the seventies, transsexual subjectivity was understood as a fabricated identity that had pernicious effects on the kind of sexual politics historically developed by feminists. Later, however, queer theorists (Kossofsky Sedgwick 1991, 1993; Butler 1990, 1993; De Lauretis 1987, for instance) destabilised the scope of sexual politics by interrogating the boundaries between gender and sexuality, and thus gave a different turn to the relation between the political upheavals that led to the civil recognition of transsexual identity and the political project(s) of feminism (see Stryker 2008; Devor and Matte 2004). Within queer discourses, the question of sexual formation received a different redress, making possible to conceive of a different relation between sex and gender. However, and as we will see in Chapter 4, and despite the fact that these discourses reworked the categories of sex and gender in meaningful ways, queer studies still understand transition, and especially transsexual transition, in terms of the formation of an identity, at the same time impossible and necessary, where the performativity of gender norms enact the body's becoming-gender, while at the same time disabling sex through gendered action.

Originally, I envisioned my project as the intersection between different discourses about transsexual identity that were relevant to the ways my informants understood transition in different ways, but my project was not intended to address gender identity exclusively for a number of reasons. The complex relationship between trans identity, the recent diversification of trans politics in Euro-American countries, and the production of gender theory – within cultural studies and social science traditions – has affected trans communities, to effects that some critics have highlighted as pernicious

(Stryker 1994; Love 2004). Theoretical approaches within such academic traditions, these critics argue, focus on describing transsexual identity, and in so doing, perhaps unwittingly reproduced a focus on transsexuality that emphasises the construction of difference in transsexual identities, highlighting, for example, the importance of medical treatment or the social impact of trans people's bodies. As I describe in Chapter 2, a vast amount of literature on transsexuality focuses almost exclusively on the formation of transsexual identities, as well as on the challenges of sexual transition to the formation of subjectivity, and addresses transition processes by examining the relation between gender embodiment and historically and culturally specific discourses about experience. My project displaces this focus on identity in order to explore transitioning experience, not only as it affects the formation of identity, but as it intersects the body and different scientific practices, diffracting the cultural meanings associated with movement and becoming, with ideas of nature, and with gender and sex.

In this way, the arguments I develop in the thesis have a different position than existing approaches to transsexuality of biomedical and social science discourses. I wanted to explicitly avoid the centrality of current political debates about transsexual identity to better understand the ways in which differences among different processes of transition are created not only as a result of politics, but are entwined with a variety of material, social and cultural realities. Specifically, I wanted to give relevance to aspects of the process of transitioning not addressed by biomedical and feminist discourses in order to avoid reductionist perspectives that obscure the processual and relational nature of the process of transitioning. In this sense, the three devices I use to analyse transition (testosterone, narrative, thresholds) will serve as points of departure, or as set levels at which to approach the experience of transitioning. The displacement of the unit of analysis to these devices entailed, I believe, not only to take them as empirical points of departure, but also a different engagement with traditional writing styles in anthropology. The narratives of those who shared their transitions with me were thus approached as empirical material in framing the arguments the thesis makes, but those arguments do not aim to describe transition processes ethnographically, but rather to contribute analytically to the different assemblages (of material relations, knowledge production, institutional policy making and expertise) in which those transitions are embedded.

Therefore, this research aims to find ways of speaking to and about trans issues that are not necessarily representational or oppositional, but rather approach transition through the connections between different kinds and scales of transitioning experience. The different arguments through which I propose to approach transition are not about the identity of the participants in this research, but address assemblages of transitioning experience. This approach thus emphasises relationality and the connections between different levels of reality over categories and symbolic configurations associated with the formation of gender alone, because it aims to explore transition as a becoming rather than an arrival. This focus is the result of engaging with various kinds of empirical and ethnographic material, as this was the view of transition that participants in this research privileged in the interviews they held with me, where they talked about different dimensions of the process of transitioning more than their arrival at a particular body, a gender or a social identity. In fact, and although other studies emphasise the ‘fixity’ involved in transitioning, and precisely understand it to be essential to the becoming involved in FTM transition – as opposed to other kinds of reversible transitions –, my study will aim to unpack the ways in which transitioning implies both fixity and fluidity, situating different kinds of transitioning experience as processes which involve both. For example, important dimensions of transitioning, such as acquiring a new name or new civil rights inherent in gender, and having modified one’s body often irreversibly, are coeval with, and in fact very often the starting point of the becoming involved in transition.

Very often the trans people I met understood their transitions as unfinished, and as journeys which had a beginning but not a foreseeable end. Thus the approach I develop in the thesis contrasts existing discourses about transsexuality that define transition as a passage between the categories of female and male and units of transition experience, formed not only through participants’ perception of transition but as assemblages of varied scale of transitioning experience, where the multiple enactment of clinical realities, of support groups and the use of different biotechnologies is framed wider processes, policy making decisions, market strategies, and regimes of knowledge production.

This approach resonates with a number of challenges posed by current developments in social theory and in anthropology. Although these concepts relate to each other, and exist in particular arrangements, they are not intended to offer a theory of transition, but to explore the experience of transitioning as it is distributed in assemblages, or shared domains of experience. First, in the line of recent work carried out by anthropologists of science, it shifts the emphasis from ontology to relationality (see for instance Rabinow 2003; Strathern 1991). Since transitioning encompasses different kinds of material and symbolic entities, as well as processes of individual and collective identity formation, my project aims to unpack the different levels at which transition makes a difference, to provide a new kind of analysis based on the challenges of understanding social life as a process enacted differently by different actors and in different time/spaces. It is thus my aim to contribute to existing discourses about change, identity and process at the core of the approaches to social and cultural life developed in anthropology and in social theory, where a new emphasis on emergence, process and practice is shifting traditional units of anthropological analysis (Fortun 2001; Ong and Collier 2005; Rabinow and Marcus 2008). Thus, this thesis discusses transition through a series of concepts developed in uneven fields, but that share a common pattern (Whitehead 1978:194) in dealing with process, matter and experience.

This approach was arrived at by developing alternative analytic strategies to the analysis of sex, gender and experience. Poststructural and queer theories (Foucault 1979, 1985; Kosofsky Sedgwick 1991; Butler 1990; Weeks 1991; Derrida 1982) displaced the formation of sexual identity from inside the individual to the effect of cultural meaning and forms of social control. In this context sex or gender are not understood as the result of individual choice but as the effect of complex sets of regulative practices. Particularly, Eve Kosofsky Sedgwick initiated an important turn in her introduction to *Epistemology of the Closet* (1991) when she theorised the epistemological limits of thinking gender and desire, as well the important effects of those limits. She established that, if the terms of a debate have an impact in how things can be thought as, indeed, Sedgwick argues, the nature/culture debate relied upon assumptions about nature and about culture, the historicisation of homosexuality already implied coherence -in the very definition of homosexuality and its existence as an analytic paradigm- “rather than a space of overlapping, contradictory, and conflictual definitional forces” (Sedgwick

1991:45). Probing the historicity of the categories associated with homosexuality, sexual orientation and sexual identity, Sedgwick argued that the problematics of theoretical/political positions behind naming are resonant with the problematics of identification with/as a name.

I developed my own problematisation of transsexuality, and of the categories, assumptions and associations that uphold it, as a starting point in my analysis of transition. Transsexuality “as we know it”, or as it has hitherto been thought, is a historicised category where the desire to transition one can voice rests in particular assumptions about identity and gender, implies a particular role of psychiatric services, endocrinology and surgery, a kind of sexual politics, and a definition of sexual formation in relation to political and legal notions of identity. Engaging with the multiple experiences of transition of my interviewees, my project is concerned with whether transition can be thought otherwise, and with whether thinking transition otherwise can enable new theoretical/political possibilities. My analysis departs from the interstices of traditional ways of thinking transition, and of the different realities that configure it, and think transition through in new possibilities. These are concerned with futures that include explaining the past in new ways, to generate the possibility of other opportunities of thought, politics and feeling.

This approach presupposes a different use of theory than is conventional in traditional ethnography. The reader will note that in this thesis theory and ethnography have been developed together. The development of theory and ethnography as mutually informed and mutually constitutive elements has implications in terms of what the reader can expect of the writing, and certainly implies the existence of a number of distancing devices to displace the underpinnings of traditional ways of understanding categories like experience, identity and temporality, as well as an ethnographic gaze that could exoticise participants by not limiting the generalisations that derive from traditional uses of these categories. In this way, the theoretical dimension of the thesis became a part of the thesis’ object, as a number of different discourses about identity, experience, agency and gender were implicated in the practice of transition. My ethical commitment to the participants in this study required not only that I protected their anonymity, as I discuss in the next section, but also that the analysis would not aim to address their identities

and their social lives in ways that could lead to replicating the generalisations inherent in the 'default' ways of understanding sexual formation, gender identity, subjectivity as individual processes.

Often, writing with theory implies assuming a level of abstraction that might be seen to obscure the happenings that led to writing up an episode, using a particular device, or indeed the writer's struggle to achieve a particular interpretation, a struggle that is generally visible in accounts based on ethnographic methodologies. Yet writing with theory already implies that struggle, and opening realities to concepts, and thus making concepts 'lures' for change, is itself inherent in analytic practices, where, like Stengers points out of scientific cultures, an analyst must be primarily concerned not with an absolute vision of reality, but with producing something new within the constraints of the scientist's own tradition. For Stengers science is alive in the analyst's 'possibility to produce something new in a concrete way' (2003:258), in the possibility of making a difference for her colleagues by engaging not only with reality but with the views, methods and concepts that set an analytic question in the first place. "In this way", writes Stengers, we should not forget that "there is never an answer without a question; and that new questions never displace other questions, they are added to the others" (2003:261). In this sense, the aim of analysis is not to 'unveil' reality, but to pursue ideas within the limits of particular traditions of thought, methodology and ethics.

I am aware that some devices involved in my approach to transition could induce the assumption that concepts themselves 'led' the ethnographic description and the writing process. However, the relation between theory and ethnography is per se a contentious one, and balanced differently in anthropologists' engagement with the complexities of fieldwork. Like in Donna Haraway's 'diffraction', this engagement produces knowledge by 'making a difference in the world' (Haraway 1997:36). This difference is about ways of thinking and their limits, and involve, in any research practice, and of generating interferences and interactions. I have tried to elicit this difference not as an ontological truth (being), but as concrete sets of relations where different material and symbolic entities interact as part of the same assemblages of reality and explanation (becoming). Here, the distinction between being and becoming (as, for instance, in transition and

transitioning) is primarily analytical, of point of view, rather than a reflection of the often contradictory ways in which the trans men understand identity and the limits of transition.

The analytical devices I use in the thesis will help me engage with transition as a reality/explanation assemblage situated at the crossroads of different problematics. This concern is about 'equipment' in the sense discussed by Paul Rabinow, or about the technologies, apparatuses, and devices through which transition is enacted by different collectives, and about acknowledging the relations between multiple levels at which transition matters, including micro and cellular levels within the body, identity, the generation of national legal frameworks of trans identity, transnational pharmaceutical markets, and biomedical frameworks of care provision. But it is also about the relation between 'equipment' and 'problematization'. For Rabinow, problematisations are crucial to the task of anthropology, because they are "both a kind of general and social situation -saturated with power relations, as are all situations, and imbued with the relational 'play of truth and falsehood', a diacritic marking a subclass of situations - as well as a nexus of responses to that situation" (2003: 19). In this thesis, structure and arguments are part of this task of problematisation, and in this sense, the structure of the thesis aims to develop an integrative approach that reflects the thesis' findings in its analytic structure.

Thus while my thesis aims to address relations among different levels at which transition matters by generating new ways of thinking transition through and against existing discourses, concepts and methodologies, this approach has clear limitations, as it will not offer descriptive ethnography in the traditional sense, nor a first person account of the events and happenings of fieldwork. Rather, my analysis uses empirical material gathered during fieldwork to generate a common ground from which I analyse transition with the participants in my research. I am therefore guided by their expertise and sometimes by their concern, but I do not offer a portrait of them as people or a linear account of their individual transitions. The contribution this thesis aims to make is to provide a set of conceptual tools to think transition differently, and to contribute to rather than replicate the debates about transsexual identity that are already being addressed in other areas of transgender scholarship, as described in Chapter 2.

### **1.3 Overview of thesis structure and chapters**

The thesis is divided into two parts, which address different kinds of empirical material. Part 1 (Chapters 2, 3 and 4) establishes the ‘coordinates’ through which transsexuality and transition are represented within the field of transgender studies, and in medical and (post)feminist discourses. Through highlighting these coordinates, I intend not only to situate transition in the discourses and practices that make transsexuality public, but also to lay out their assumptions about transsexuality as an identity and about the experience of transitioning. In fact, although in different ways, both biomedical and political discourses assume transsexuality as a discrete transition that begins when someone seeks medical treatment and ends with the achievement of a series of physical, legal, social and psychological transformations.

In Chapter 2 I explore the constitution of a field of transgender studies, through highlighting the emergence of key issues in different kinds of trans literature of the past decades. While I review this literature in order to present the key issues that FTMs have thought are at stake in the theoretical and political construction of FTM identity, I focus on the ways in which these discourses created an original way of thinking transition. Often in this literature there is emphasis placed on the relations between the location, historicity and contexts of action of FTM representation and other discourses about transition. In fact, as a result of different kinds of politics, autobiographical narratives of transsexuality and transition, ‘trans’ social sciences accounts, and more recently, critical reviews of these sources are beginning to be seen as a new ‘field’ for the study of FTM identity, transgender studies are increasingly becoming a resource resource for those transitioning. I analyse the impact of the creation of transgender studies in the definition of new categories, identities and issues associated with transsexuality, and explore the ways in which these new coordinates define transition through the distinction between sex and gender, and through the attribution of different ontological and political values to nature and culture, biology and behaviour. In fact transsexuality became later, in countries where civil recognition for transsexual people exists, a legal identity that recognises medical the use of medical treatment in order to correct a mismatch of brain and genital sex, or of biology and gender identity.

In Chapter 3 I argue that the emergence of the sex/gender distinction was associated with the development of sexology throughout the twentieth century. Biomedical discourses define transsexuality by grouping a series of symptoms (Barrett 2007) into several Gender Identity Disorders (GID) for which hormonal and surgical treatment is understood as a 'cure'. In Chapter 3 I unpack this logic by exploring the implications of the history of the sex/gender distinction in sexology throughout the twentieth century. I trace some of the implications of the distinction between sex and gender in the production of categories of sexual 'inversion' and normality, and illustrate the ways in which this distinction informed methods of clinical management of transsexuality and the aetiological models that explain the condition and its therapeutic logic. I argue that a historical emphasis on categories, protocols and causes of transsexuality characterised medical discourses of transsexuality in the history of psychiatry, endocrinology and sexology in the twentieth century, even though I also show how from their inception these different efforts implicated each other in many ways. In this way, my analysis will highlight three different stages in the development of treatments: early forms of categorisation of sexual inversion and the emergence of scientific/biomedical literature about transsexuality and hermaphroditism, the development of systematic medical approaches to the question of sexual transition through the development of different biotechnologies and clinical relations, and the recent turn to socio-biology that characterised biomedical research into the biological aetiology of transsexuality. Having set this historical context, I then analyse the Standards of Care Gender Identity Disorders, currently the international protocol of gender reassignment used in the United States, Britain, and many other countries worldwide. Through four correlated milestones (clinical threshold, diagnosis, real-life experience and standards of treatment) I unpack the different medical practices that people navigate in order to access treatment.

Chapter 4 focuses on recent critiques of the sex/gender distinction in academic discourses, especially on recent elaborations of the notion of matter in some strands of (post)feminism. I discuss how the increasing politisation of sex in the past decades was linked to critiques of the nature/culture divide emerged in different settings, and focus in particular on those that explicitly address sexual formation. I review three different

sites of this debate, namely the notion of ‘corporeality’ developed by Grosz and Gatens (and applied by others to health and sex debates), alliances between biology and feminism, and Judith Butler’s paradigm of gender performativity. I revise the different political scope of these paradigms, and explore the ways in which they are mobilised politically as models of ‘subversion’. I consider the model of performativity more closely, because of its impact on the development of sexual politics in the past two decades. My interest lies particularly in the tension between the theoretical assets mobilised by (post)feminist models and the concrete ways in which its political potential was appropriated by social movements, and specifically by trans movements in the United States and Europe. The notion of performativity is important here because it offers a different model of politics, based on sophisticated reworkings of the notion of agency, and because it is engaged in several traditions of ‘liberationist’ discourses such as radical feminism, psychoanalysis and poststructural theory. But my interest in these debates is also to some extent ‘formal’, or in the ways in which theoretical arguments not only politicised the body, sex, gender and sexuality, but extrapolated this model of politics to the analysis of identity, race, economics and social theory, becoming an all-encompassing and ubiquitous definition of the political.

In Part 2 (Chapters 5, 6 and 7) I present my informants’ narratives of transition in detail, and consider how, using the ‘coordinates’ in a variety of ways, my informants’ accounts of transition also demand a different approach. I address the experience of transition through three different domains that my informants privileged in our interviews, where I understand transition as a particular kind of becoming where different levels of transition experience are articulated in becoming FTM. Thus I explore transition through testosterone, narrative and thresholds. Each of these domains will constitute a different analytic lens to discuss transition not as an in-between state, but rather, as a multi-dimensional, relational process brought into experience through heterogeneous and shifting assemblages.

In Chapter 5 I take testosterone as a unit of analysis. I use Bensaude-Vincent and Stengers’ triadic conceptualisation of matter in the different phases of expansion of the history of chemistry (structural material–functional material–informed material) to map the context of emergence of synthetic sex hormones and their different uses in

biomedicine and the industrial expansion of chemistry. Hormones were conceptualised in early endocrinological discourses as relational agents within the body, but throughout the twentieth century, partly as a result of the experimental methodologies that facilitated the expansion of chemistry, they were isolated and measured in terms of their functions. In this context, steroid hormones were understood to be independent causal agents of sex, and therefore became actors in the generation of increasingly mechanistic models of sexual formation. On the one hand hormones were seen to ‘encapsulate’ sex, and to be able to generate sex in contexts of ‘lack’. On the other hand, through hormonal research biomedicine implemented increasingly mechanistic notions of gender as a cultural product, developed by cognitive behaviourists and later by ethnomethodologists. In a growing chemical industry where pharmaceuticals were increasingly applied in therapeutic models, hormones became both the truth of sex and the measurement of gender.

My informants’ relationship with testosterone as an agent in their transitions was more complex and manifold. Through support and information networks they were able to negotiate their rate of ‘masculinisation’ by changing their intake method, and therefore by generating different ‘chemical times’, which were associated to rates of change and to different possible transition speeds. They understood testosterone in relation to several levels of effects, some located in their bodies, some in correlated social changes, some in the association between biological aspects and chemical, political or emotional changes. In this sense, hormones were not only mechanistic agents of production of sex, but first and foremost relational agents, connectors between different levels of reality. In this way I address the role of testosterone and its masculinising potential in transition, and discuss different tensions between its predictable and unpredictable effects.

Chapter 6 conceptualises the role of narrative in transition. Existing cartographies of transition emphasise how ideas of identity, trans subjectivity and identification are ‘effectively’ (or performatively) produced through narrative, and thus these discourses conceptualise narrative as the site of biomedical or political ‘truth’ about transsexuality. However, the manifold narratives about transition my informants produced and engaged with, evince that the role of narrative in transition is not only associated with

narrative's structural properties. Rather, I illustrate that narrative is ingredient in people's transitions in ways that challenge the structural reading of narrative that often biomedical and political discourses endorse, and explore the ways in which narrative, while having structural properties in that it *orders* different experiences, is also an assemblage that produces different effects in people's transitions. Thus this chapter engages with narrative by disentangling some of the assumptions with which certain discourses approach the efficacy of narrative, and explores how the role of context, time and relationality situate narrative as a kind of transition experience.

In Chapter 7 I explore thresholds as devices through which experience becomes temporal in transition. Drawing on classic ethnographic conceptualisations of thresholds in ritual, as well as the notion of 'passing' voiced by ethnomethodologist and queer approaches to transition, I conceptualise thresholds in relation to change and time. However, whereas in these discourses, passing is understood as an 'effect' of transition, which is sometimes reduced to the 'subversion' of historically and culturally delimited categories of sex and gender, I rethink the implications of the notion of passing in conceptualising FTM transition as a discreet passage between 'female' and 'male'. I then analyse the ways in which thresholds relate to the temporal quality of experience by becoming structuring devices in people's transitions. I conceptualise thresholds in relation to change and becoming, and argue that thresholds make temporal distinctions possible by structuring time in 'durations'. I explore people's conceptualisation of transition as a process where change and continuity conform experiential states through which they navigate the multidimensionality of transition. I use thresholds to explore movement, endurance and experience, and conceptualise them as points of change that challenge the possibility of reducing experience to linear categories. In this sense, this chapter challenges the idea that transition is the linear passage between the categories of 'female' and 'male', and argues for the unity and specificity of the unit 'FTM'.

Finally, in Chapter 8 I develop some implications of the thesis' analytic structure and outline some of the thesis' conclusions.

Part I  
**COORDINATES**

This part of the thesis conceptualises transition in relation to a series of biomedical, political and academic 'coordinates'. I conceptualise these coordinates as key points of reference through which transition has been described in public discourses. In reviewing these different genealogies, I intend to lay out their assumptions about the experience of transitioning and to examine the ways in which they construct transsexuality as a pathology and a coherent and unitary identity. These discourses use sex and gender as different yet complementary dimensions of subjectivity, and conceptualise the experience of transitioning as a linear passage between fixed categories. Although these discourses assume, in different ways, that sex and gender are ontologically and politically different, ultimately they also share the assumption that transsexuality can be universally defined as a mismatch between the two.

In one sense, it could be argued that the three chapters contained in this part constitute a different conceptualisation of the problem of transsexuality, and as such each of the chapters in this part is a different strand of literature review. However, although the three chapters contained in this part contextualise the debates the thesis addresses, they also make the medical, political and identity coordinates an object of analysis. The kinds of concerns discussed in this part are in many ways the result of my ethnographic fieldwork in London's trans community, where the close entanglement between medicine, identity and politics informs the community's social life. The structure and kind of discussion contained in this part will also become relevant for my conceptualisation of transition in Part II, where I address my informants' experiences of transition empirically and discuss how, even though these coordinates are used in different ways, their accounts of transition and their experiences also demand a different analytical approach.

**Transgender studies and the construction of FTM identity**

**2.1 Introduction**

This chapter explores existing constructions of FTM transition in relation to theoretical constructions of trans identity developed within the field of transgender studies. I situate trans identity around four interrelated issues that became consequential in trans people's, and specifically FTMs', definitions of transition. These issues are important, I will argue, not merely because they are representative of different dimensions of trans identity not addressed by scientific discourses about transsexuality, but also because of the ways in which trans identity and politics are understood in Britain today. A number of initiatives I was involved in during fieldwork, revealed the extent to which people were aware of different forms of trans representation, and how a number of texts, autobiographies and transition diaries became points of reference for those considering transitioning. These forms of representation, which cross national boundaries, also had an impact on how trans identity could be negotiated publicly, informing policy making and and people's understanding of transition and of 'normal trans narratives'. These 'normal' narratives were often my informants' points of reference in articulating their transition narratives. For example, often people situated the beginning of their transitions in a symbolic moment where they realised 'they were trans' and from this realisation 'accepted' a number of things about themselves, and that they elaborated during our interviews as we got to discuss transition, politics, safety, visibility and the future.

Although it has been a common trend in academic discourses to trace the historicity of transsexuality to the development of medical technologies (Bolin 1988; Hausman 1995; King 1993, 1996), perhaps due to the fact that many studies were conducted by medical practitioners and/or in clinical settings, the political history of transsexuality has run in parallel with that of the biomedical and biotechnological development of treatments, generating multiple connections between the implementation of treatments, the

generation of models of access and the struggle for human and civil rights. In the United States, as Stryker's *Transgender History* (2008) suggests, certain events (such as the Stonewall riot of June 28<sup>th</sup> 1969, for instance) were not only milestones but also veritable political breakthroughs for the recognition of trans people, and had implications in theoretical and literary production, the media, the clinical management of transsexuality, and the DSM. In intricate relation with LGBTIQ (Lesbian, Gay, Bisexual, Trans, Intersex and Queer) movements, trans politics currently oscillate between groups that seek the recognition of trans identity in medical and legal narratives and a myriad other 'molecular'<sup>23</sup> movements that configure trans identity differently, be it through elaborating new approaches to transition, or new political lines in the context of existing frameworks of sexual politics. And yet, despite the increasing politicisation of trans issues in the past decades, the relation between trans identity, politics, authenticity and transition is still problematic.

FTM transition has received little academic attention and is understood by trans people and medical professionals to be 'a highly under-researched field'. It stands at the crossroads of a number of theoretical and literary discourses on transsexuality, gender studies and the social sciences. In this sense it can be said that FTM literature is a mixed field, intertwining autobiography, medical texts, sociology and anthropology, and that it bears a complex relation to the studies about MTF transition on which much of general trans theory relies empirically. Here, these different traditions have been grouped around existing debates in transgender studies that focus on issues. This division is somewhat artificial because each of these issues triggered the production of interrelated theoretical representation in the last four decades, and in this sense they are neither exclusive of each other nor of other issues that I will not be discussing here for reasons of brevity<sup>24</sup>. In this respect, every line of enquiry informed and was informed by others

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<sup>23</sup> Here, I am using 'molecular' in Guattari's (1995a, 1996) sense of micropolitics, and to denote the shifting constitution of grassroots movements, whose association is not necessarily based on identity but on issues.

<sup>24</sup> For example, there is a growing field of video-based trans representation including video-diaries of transition, and films featuring trans characters. These experiential accounts highlight the specificities of individual transitions, and have become in recent years invaluable resources for those transitioning. However, these kind of representations of transition fall outside the scope of this chapter because of their changing character, and because the nature of these accounts tend to be framed in internet networking sites, which involve different ethical considerations. However, international trans conferences and trans categories in film festivals are proliferating in recent years, and both groups and individuals increasingly resort to film-making as a narrative tool to 'expose' transition in the first person.

in a shared context – that of international networks of knowledge practices and political action (Stryker 2008) in trans communities, and the production of scientific and biomedical expertise about transition and gender embodiment.

## **2.2 Transsexuality as a diagnostic category**

Let me begin by situating the ways in which biomedical discourses about transition set the stage for academic discussions of FTM identity, especially in the context of 1950's sexology and the development of feminist approaches to sex, gender and sexuality. These debates became highly controversial, and prompted important replies from within the trans community. Biomedical focuses on transsexuality and transition throughout the twentieth century the past decades gave rise to the development of classificatory, aetiological and therapeutic models of transsexuality, the well known triadic protocol based on psychotherapy, hormonal treatment and surgery.

Since the publication of D. O. Cauldwell's *Psychopathia Sexualis* (Cauldwell 2001), the desire for sexual surgery began to be associated with a mental health disorder, often aggravated by different kinds of anti social behaviour. Since then, the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) have used different categories historically to refer to sexual and gender transition. The DSM used Gender Dysphoria in 1980, changing it to the current Gender Identity Disorders in its fourth edition (DSM-IV, 1994), whereas the ICD currently uses Gender Identity Disorders as an umbrella term that encompasses a slightly different distribution of variables compared to the DSM. However, perhaps because the incidence of FTM transsexuality is significantly lower than MTF transsexuality, few of these works approached FTM transition empirically. Rather, the increasing abstraction of biomedical theories of sexual differentiation included FTM transition in the context of exemplary failings of gender identity formation, described since the end of the nineteenth century. FTMs embodied the border of female homosexuality (see Laub and Dubin 1979) until the publication of Harry Benjamin's *The Transsexual Phenomenon*, where the 'condition' was isolated as a gender identity issue and detached from the realm of sexuality and sexual orientation. Since then, publications within psychiatry,

endocrinology and theoretical surgery all made contributions toward a medical understanding of FTM transsexuality as a *specific* condition, with a diagnosis and treatment of its own, yet the symptomatology of Gender Identity Disorders in FTMs is not significantly different from MTFs. In both cases, as described in the DSM and the ICD the anatomy of one's sex doesn't match one's "gender role" (Money and Tucker 1975; Money 1995), or, more recently, one's "gender expression". This displacement was, and continues to be, ratified by the Standards of Care of Gender Identity Disorders, a document where the majority of the diagnostic aspects and the standards of treatment of FTM transsexuality were for the first time detailed and agreed as an international protocol. Yet medical literature and often also, as Cromwell (1999) notes, research conducted in clinical settings, associated the diagnosis of transsexuality with a 'failing' of gender formation, disregarding experiential knowledge that had not previously been treated as conditional in diagnostic practice.

At the end of the 1970s the distinction between sex and gender had become the main paradigm for the analysis of sexual identity, and the social sciences, especially under the influence of ethnomethodology and feminism, distinguished the formation of gender from that of sex as the sets of sociocultural meanings that, despite being built on biological sexual difference (see Mead 1975; Oakley 1972; Ortner and Whitehead 1981; Rosaldo 1980; Yanagisako and Delaney 1995), were also the result of history and social relations. These approaches unfolded new ways of understanding gender as a 'cultural construction' versus sex as a fixed biological substance, a model in which gender became a cultural imprint and, hence, a condition of the malleability of sex. Transsexuality in this paradigm of gender was understood to be a 'mismatch', a 'splitting' between one's 'gender identity' and one's 'gender role' (Money 1995; Benjamin 1966; Money and Tucker 1975; Money and Erhardt 1972). The identity/role distinction, became an important asset for treatment policy, even though the identity versus role paradigm also unearthed unexpected contention in the arena of sexual politics. Coinciding with the rise of second-wave feminism, Raymond published her polemic *Transsexual Empire* (1980), which had a significant impact on the trans community. A declared radical feminist, Raymond postulated the exclusion of MTF transsexuals from radical politics, arguing that their female nature, because it was surgically constructed, did not make them eligible to enter women-only spaces. For

Raymond, as for a part of the British and American radical lesbian movement, trans women were impostors waiting to usurp women's political force<sup>25</sup>, and their drive for surgical intervention, precisely the same drive that doctors understood as the core of their pathology, only the manifestation of a perverse political desire. This text, and its emphasis on the continuity between notions of 'authenticity' (read innateness) in sex and politics, led to a number of interesting replies in what became the most contentious debate about the relation between trans people and the medical establishment and, by extension, set in motion new debates about the ways in which trans people inhabit the social and political effects of transition. In this context there was a proliferation of studies where medical, social and legal dimensions of transsexuality were intertwined in the pursuit of an 'authentic' transsexual subjectivity. The more conservative, like for instance Hausman (1995), argued that 'transsexual subjectivity' is produced in and through the practice of medical care, particularly in every trans person's relationship with biomedicine and biotechnology, and in the mechanistic interaction of the different stages of reassignment treatment and culturally-specific discourses of sex.

Critiques of this position highlight the contingent nature of the notions of visibility and passing in the context of the trans movement in the United States. Stone's *Post-Transsexual Manifesto* (1993) challenges Raymond's argument by questioning whether 'passing' is the ultimate outcome of transition, and others (for example, Nataf 1996; Halberstam 1998) challenge the taken for granted stability of the borders between lesbian/gay and FTM/MTF communities (otherwise referred to as the "FTM/lesbian border wars"). From the 1980s onwards these debates and political controversies gave rise to new directions in trans politics, and were translated into more structured lobbying campaigns in the United States and Britain, as well as a higher public awareness of transsexuality due to higher trans visibility in the public sphere. These debates generated strong responses in terms of the re-evaluation of trans identity and its

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<sup>25</sup> This debate has still important repercussions in public debates, as for example the recent (Wednesday, 1<sup>st</sup> of August 2007) appearance of Julie Bindel in the Radio Four series 'Hecklers'. Bindel argued, under the auspice of some unhappy transsexual women, that "sex changes are unnecessary mutilations", and that both the lack of science behind the diagnosis and the inexistent research into post-operative patients downplay the ratios of overall satisfaction that most transsexual people express after treatment. Bindel's contention seems to resonate with Raymond's argument, insofar as she questions the limits of the construction of gender and the ways in which they translate in terms of biological sex. "I don't have a problem with men disposing of their genitals", writes Bindel (2004) in her 'Gender Benders, beware', "but it does not make them women, in the same way that shoving a bit of vacuum hose down your 501's doesn't make you a man". Another perhaps even better known example, is Germaine Greer's (1999, 2003) anti-transsexual writing.

medical and legal definition in the context of civil rights movements. They strengthened the definition of transsexuality outside biomedical and feminist agendas and developed new spaces where transsexual people could represent themselves in the first person, beyond the terms under which these discourses pathologised transition. Yet these debates also intensified the distinction between sex and gender in terms of thinking transition, and contributed to existing conceptualisations of transsexuality as the mismatch between genital and brain sex.

### 2.3 FTM Autobiography

FTMs began writing their own accounts of transition to counteract, sometimes also to implement and extend, medical and academic expertise. This usually took the form of memoirs and written accounts of transition journeys, although other forms of representation such as blogs or video diaries have become more popular recently. In general, these texts are narratives based on individual transitions that presume a highly inexperienced reader, and expose, with more or less recourse to fiction, the intricacies and experiential universes of transition in the first person. In the United Kingdom, FTM memoirs of transition date from the 1950s, and probably emerged in that decade due to the media coverage of the transition of pioneer transsexuals, such as Christine Jorgensen, who made world headlines in 1952. Laurence Michael Dillon (1915–1962), arguably the first world's FTM, transitioned and lived in Britain before becoming a Buddhist monk. Dillon lived a painful life of ostracism and seclusion, as his post-operative state precluded the possibility of inheriting his family's baronetcy. In 1951, and in his capacity as a physician, Dr. Dillon wrote *Self: A Study of Endocrinology and Ethics*, where he synthesised his ideas about transsexuality. This book was influential in the academic milieu of his time, and it also had an impact on the transition of contemporary trans people such as, for instance, Roberta Cowell<sup>26</sup>. Autobiographies of FTMs would not appear again until the 1990s with Paul Hewitt's *A Self-Made Man* (1995) and Mark Rees' *Dear Sir or Madam* (1996), both autobiographical accounts of FTM transition. Finally, in 2002, Will Self and Stephen Whittle published *Perfidious*

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<sup>26</sup> *The Times* and *New York Times* covered Dillon's story partially, at <http://www.nytimes.com/2007/03/18/books/chapters/0318-1st-kenn.html>, and <http://www.time.com/time/magazine/article/0,9171,936913,00.html>, last accessed August 2009.

*Man*, an essay on masculinity led by the events of Whittle's own life history, where he reflects upon his transition and the politics of transgenderism that he developed both as a scholar and an activist. Whittle published extensively about the status of transsexual people before the law, campaigning actively in procuring a stretching of the limits of equality and the representation of trans people in the political sphere (Whittle and McMullen 1998a; Whittle 2000b, 2002). However, as a trans man, Whittle also published in 1998 *The White Book: a really indispensable manual for inhabiting a trans man's being*, and it was perhaps this compendium of stories, academic and legal texts, interview transcriptions and Whittle's own transition diary that had the greatest impact on fellow trans men. In this limited edition crossover between an information leaflet, a historical collection and an autobiography – at least this is how some of my informants described it – one could find a point of reference from which to measure and calibrate their own particular changes, and importantly know what to expect of treatment and anti-discrimination policy. The *White Book* was the closest representation available of a trans man's experience of transition.

Albeit not as widely distributed as some of their American counterparts, these accounts contextualised transition in broader experiential accounts, and remain invaluable in terms of tracing the historiography of FTM transsexuality. Many of these books are available to borrow in support groups soon after their publication, circulate among members and are often object of discussion. Some participants in this research drew extensively on these sources when I interviewed them, and sometimes explained their transition through them. For example, one of them explicitly used Valerio's (2005) memoir in order to explain why certain events were important in his transition. Valerio speaks about becoming one's "type of man", and about becoming "oneself" outside the pressures of mainstream gender, but he also addresses cultures of gender resistance. Valerio characterises his transition as that of a "radical lesbian feminist" becoming a "heterosexual man", and describes the effects of testosterone in his way of seeing the world, engaging with politics and evolving into someone new, and yet remaining 'connected' with the past. Interestingly, the focus of his book is not on issues of social role; rather, Valerio contends that hormones are really what transition, and gender by extension, are about. Similarly, Khosla (2006) writes about his transition as a passage through different medical and social technologies towards the progressive 'unravelling'

of his true self. His spiritual journey combines a chronology of transition facts with the description of other virtual experiences, dreams and fears, displacing the conventional meanings of transition far beyond medical treatments, especially the rigid definitions of transsexual subjectivity favoured in psychiatric discourses. Devor's (1997, see also 1989) portrait of forty-five FTM trans people also pioneers the view that transition does not end when treatment finishes, but extends itself through many significant moments beyond the physical and social changes explicitly associated with sex change. Comparably, Jamison Green (2004) describes transition as an initiation rite more than a 'gender switch', and notes that this process holds within itself many different processes collective and personal. Finally, photographer Dean Kotula (2002) put together the narratives of nineteen FTMs and the description of legal and surgical sex reassignment procedures. He argues that becoming male in transition stems from the necessity of adapting the body to a gender role; giving voice to a number of different narratives (FTMs, doctors, academics) extends the limits of transition to many different stories, perspectives and viewpoints, helping to counteract myths of truth of transsexuality and the ways in which experiences of transition are reduced to treatment use.

#### **2.4 FTM identity and the emergence of the 'third gender' in the social sciences**

These autobiographical texts contributed to spread wider understandings of trans identity and to map the experience of transitioning through new coordinates. They became a resource in incipient national and international information networks through which trans people could compare treatments, opt for private care and different surgical techniques. Autobiographies gradually contributed to transform people's expectations of treatments beyond the statistical results of their local doctors. Moreover, they were also crucial to the development of ideas of what it meant to be trans and to transition in relation to identity, sex and gender, because, being written in the first person, they emanated a sense of realness and authenticity that other narratives about transition lacked. Importantly, however, these ideas were no longer circumscribed to a particular location, but began to flow between different locations and contributed to situate trans theories of transition as particular supranational accounts that included, in different

configurations, experiences of reassignment treatments, legal models of social inclusion and community dynamics. The ideas of ‘success’, initially used in medical discourses in the context of the standardisation of the triadic model of treatment (see Chapter 2), were now increasingly associated with the lives of individuals who after treatment achieved a set of biological, social, psychological, legal, and aesthetic standards. Through the work of social scientists on sex and gender and the progressive visibilisation of ‘marginalised’ and ‘minoritarian’ identities from the decade of the 1980s, transsexuality would be displaced from medical notions to be defined in terms of a “rupture” of the binary “sex/gender system” (Rubin:1975).

Today, transsexuality can hardly be conceptualised as a ‘western’ phenomenon; first, because biomedical treatments are no longer localised in North America and western Europe exclusively, and second, because people from a great variety of origins transition and live their lives in gender(s) different from their birth ascription in multiple cultural, social and political contexts. Legal and civil rights models of inclusion are increasingly lobbying for the approval of governmental schemes designed to help trans people fund their sex reassignments elsewhere, as surgical services are increasingly traded in global markets. The legal status of transgender people in Europe or the United States is gradually found its way into other countries, and became a political model as new laws are revised the status of gender identity at national and international levels<sup>27</sup>. Yet the separation between western and non-western transsexuality continues to be important in terms of how the academic definition of transsexuality came to be developed. In fact, predominantly American academia (Hausman 1995) described transsexuality as a condition developed in Euro-American societies, characterised in relation to biomedicine and by the existence of a sort of ‘transsexual subjectivity’ produced as the effect of medical treatment at its core. On the other hand, social scientists have made explicit how the simile of transsexuality and other categories of gender variance implicitly emphasise a distinction between western trans people and ‘third genders’ in other cultures, even when third genders are not only seen to represent the subversion of western binary sexual categories but are also acknowledged as the affirmation of a ‘positive’ difference. Analysts such as Suthrell (2004) avoid the direct comparison of the

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<sup>27</sup> For instance, gender equality projects promoted by organisations dependent on the European Union, or the *Yogyakarta Principles on the application of international human rights law in relation to sexual orientation and gender identity* of 2007 (see [http://www.yogyakartaprinciples.org/principles\\_en.pdf](http://www.yogyakartaprinciples.org/principles_en.pdf), last accessed August 2009).

Indian figure of hijras to western transsexuality, contending reasons of cultural specificity and considering the differences in the kinds of social techniques and functions that render the emergence of this form of third gender and western transsexuality incommensurable. Similarly, Young (2000) restates that the traditional figure of the Albanian sworn virgin is essentially different from the narratives of western FTM transsexuality, as it relates to cultural kinship practices rather than forms of body modification and exists in close relation to the economic specificities of Albanian rural tradition. Sworn virgins for Young are a group strategy, an imposed social obligation determined by the lack of a suitable male. In these cases, the privileging of some dimensions of these phenomena – social role, cultural historicity, geographical specificity, the relations between gender and property, land or kinship, and so on – in systems that were understood to exist in isolation from western transition practices, foreclosed the possibility of developing a different model integrative of the more nuanced articulations of relations and different levels of becoming implicated in trans identities. At the core, again, the distinction between sex and gender is but another manifestation of their different ontological and political values, where transition in the social realm does not have the same effect in making somebody ‘transsexual’ or ‘transgender’ – as does the use of biomedical reassignment technologies (see, for example, Valentine 2007; Papoulias 2006, Hines 2007).

As Herdt (1994) notes, it is precisely these kinds of distinctions that have enthralled anthropologists studying the history of sex/gender minorities cross-culturally, curtailing the development of relational analyses into the conditions of emergence of those categories and the ways in which they are lived by people. Non-western ‘third genders’ and gender identities ‘beyond the binary’ are frequently understood to be ancient, spiritual, and unchanging (see, for instance, Williams’ (1986) analysis of the berdache figure) – they are presented as cohesive categories that represent a culturally specific phenomenon, yet it is often noted that in relation to western medical narratives they represent hybrid or mixed categories in which the sex/gender distinction is far from clear. For example, Herdt (1994a) notes that the Dominican Republic Syndrome of the *guevedoches*, which is culturally understood as a kind of ‘third gender’ by Dominicans, is in fact recorded as an uncommon variation of intersexuality in western clinical narratives, caused by the deficiency of steroid 5-alpha reductase. This syndrome

provokes a second virilisation at puberty in genetically normal males who have female primary sex characteristics. Having been exposed to high testosterone levels in utero, the organism produces and assimilates testosterone in higher levels, and for this reason there is a moment of gender variability at puberty after which they might develop male genitalia. In western biomedical discourses, this syndrome is categorised as a rare case of ‘male pseudohermaphroditism’, and technically is not a gender identity disorder (Chapter 2), although guevedoches often want to live as men and use different biotechnologies to do so. It is perhaps these kind of distinctions and the supposed uniqueness of their social, political and medical implications that impeded the notion of ‘third gender’ from becoming the umbrella term under which gender variant people of different times and places would find a common roof, at best classificatory<sup>28</sup> but likely to produce effects at the level of policy. In this sense, as many trans people themselves would argue, the model of third gender could become counterproductive of the victories of trans politics. I will come back to this at the end of the chapter, but the model of ‘third gender’ in contemporary transgender politics bespeaks a political tension when trans people desire to ‘go stealth’ and live as invisible members of their chosen sex and gender.

Furthermore, the distinction between western and non-western narratives of transness (if transness means here having surpassed the thresholds of normality of one’s sex/gender in any way), reinforces many implicit binaries and distinctions, such as medical/spiritual, body parts/whole, medical technologies/gender role, historicity/ahistoricity, accurate diagnostic categories/‘hybrid’ categories, passing/visibility (third gender), narrative/deed, profane/sacred, and sex/gender. These distinctions have favoured biases in anthropological studies of transition and transsexuality, and implicitly authorised the view that transsexuality is not a legitimate subject of anthropology in itself, but only serves as a pretext to theorise the relation between sex and gender cross-culturally (see Shapiro 2005). Notable exceptions to this, however, are the studies conducted by Bolin (1988), whose work abridges transsexuality and its cultural pasts by portraying MTF transsexuality as a rite of passage, and Newton (1979), who pioneered ethnographic approaches to female impersonation, and, more recently, those of FTM anthropologists

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<sup>28</sup> Here, I mean that the notion of third gender never really materialised beyond analytic contexts and cross-cultural analysis. Third gender was taken as an umbrella term, however, in anthropology classrooms, where it came to mean the array of sexual/gendered identities, positions, bodies and kinship practices outside the categories man and woman, and the principles of reproductive kinship.

Cromwell (1999, 2006) and Gooch (2005). Cromwell's work was the first FTM ethnography to explore the issues of visibility and identity while consciously displacing medical notions of transsexuality. He makes explicit a point rarely spoken about in academic narratives of transsexuality, namely the relation of trans people and what they construct as "their own history", or, in other words, the "turn to the past" that trans people often make in creating collective senses of belonging and tradition. He argues that this turn is ambivalent and contentious, given that for trans people the past is not necessarily biological, geographical or cultural. The past more often concerns individual and collective ideas of identification and sameness – an imagined community (Anderson 2006). Cromwell argues that for this reason the relation between trans people and the alleged 'figures of their past' (like, for instance, the female equivalent of the berdache), evinced by trans people's identification with both cross-cultural *and* historical figures (see also Feinberg 1996, especially chapter 2), is not exempt of ambiguities, because in building a present for trans communities, the very principle of identification also detaches trans narratives from their 'own past'. In this sense, Cromwell also interrogates the boundary between trans men and "female-bodied trans people", when the definition of 'trans men' responds to the use of medical technologies of masculinisation, and 'female bodied trans people' stands for those cases where, albeit a cross-gender identification that would in other circumstances have resulted in transition, the person has not had sex reassignment treatment and has passed only in certain periods of his life or not at all. For example, he records in his analysis the death of jazz musician Billy Tipton, who, the media claimed, "lived his life as a man but died a woman" (quoted in Cromwell 1999:90), and argues that that although in this case the identity paradox is clear, the extent of the sex/gender discontinuity stems not from Tipton's body or sense of self, but from the discourses that made him 'man' and 'woman' in the forensic investigations that superseded his death.

British anthropologist Ben Gooch also discusses related issues ethnographically in his work on the Gender Recognition Act (2005). Through textual analysis and interviews, he interrogates the meaning of being transsexual in the context of parliamentary debates, trans activist discussions and trans group narratives. Through these different locations, Gooch analyses trans narratives not as fixed, categorical entities defined by opposition, but rather as mobile thresholds between "fixity and transition", and

understands trans identity as a series of “revelments and concealments”, i.e. moments of visibility and invisibility that the trans person goes through while being in transition. Gooch highlights with these oppositions the political ambiguity of becoming a trans man and wanting to become invisible while at the same time regarding one’s identity as a trans person as political.

## **2.5 The specificity of transsexual identity.**

From within the social sciences Rubin (2003) and Ekins and King (1996, 2006) have also approached FTM transsexuality from a sociological perspective, mapping processes of transition through empirical and qualitative research. Ekins and King (1996) focus on the social implications of non-binary and non-normative gender behaviour, including autobiographical accounts of transsexuality and research conducted in clinical settings. They attempt to transcend the classical views on transsexuality that either treat it as a biomedical fact or a social construction, by challenging foundational biomedical texts and situating their own work as a step towards new ‘gender blending’ theories. Their more recent work (2006) analyses the emergence of ‘transgender subjectivities’ – unmedicalised, ambivalent ways of embodying gender – as opposed to medicalised transitions that are intended to provide full-time living in the gender of choice. However, the distinction between transsexual and transgender in their work evinces a strong attachment to medical definitions of transition. In Rubin’s (2003) book, likewise, the logic of the distinction between sex and gender that underscores reassignment treatments underlies trans people’s motivations to transition, which revolve around the ‘betrayal’ of one’s body as puberty sets in, because trans men consider themselves “always already male”. These studies, based on qualitative data, correlate the role of the social analyst to that of the medical expert, and importantly define (transsexual) transition as a sex change based on the role of biomedicine and biotechnology facilitating gender reassignment.

The clinical threshold, initially defined within medical models of transition as the symptomatic marker above which one’s gender identity becomes the object of medicine, is today a rather contentious term in political debates, given that it not only

relates to the ways in which medical narratives have defined the 'path' of transsexual transition, but also suggests a crucial distinction in terms of the politics of representation and recognition of transsexuality in the public sphere. Separating those who access medical treatment from those who do not, the clinical threshold creates a subdivision in the trans spectrum between the categories of transgender and transsexual. These categories are often sites of controversy and ambivalence in political contexts, as well as in the daily life of trans communities, but they become especially controversial in the management of trans politics, especially in the contentions of political lobbying organisations and support groups.

Some advocate the separation of both categories in terms of political activism and the struggle to improve the conditions of care, as the work of Namaste (2000; 2005) in MTF and feminist communities in Canada has brought to the academic debate<sup>29</sup>. Namaste positions her argument decidedly against what she describes as the erasure of transsexual realities from the public sphere and the dilution of transsexual politics in the lesbian and gay agenda, an alliance that she found had become detrimental to trans communities in Canada. She contends that this inclusion had important repercussions for trans communities, such as the erasure of transsexual people's interests in the name of their representation within two institutional contexts that focused on representing sexual minorities, namely LGBT politics and feminist (and queer) academia. However strategic and necessary these alliances might be, she argues that, in reality, her work among MTF transsexual people revealed that, "increasingly, transsexuals object to being included under a catch-all phrase like transgender. They argue that the health care and social service needs of transsexuals are quite specific, and that this specificity is lost when people use a vague term like transgender" (2005:5). The recuperation of trans histories and their separation from the lesbian and gay, the academic and the clinical framework is thus of critical importance. She writes: "I argue that the theories concerned with the production of transsexuality have got it wrong: transsexuals are not, in point of fact, produced by the medical and psychiatric institution. Rather, they are continually erased

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<sup>29</sup> She argues that 'transgender' has been defined to include: "transsexuals, drag queens (men who perform as women on stage only, usually in a gay male club or social environment), intersexed individuals (people who are born with genitalia that cannot be easily classified as 'male' or 'female'), drag kings (females who perform as men on the stage in lesbian cultural spaces), transvestites (heterosexual males who cross-dress in women's clothes and who receive sexual gratification from this act), as well as people who do not identify with either of the categories 'male' or 'female'" (2005:4).

from the institutional world, shut out from its programs, excluded from its reference” (2005:6).

In contrast, Valentine notes in his ethnography of the transgender category in New York that one of the ways in which people relate to the taxonomic classifications of biomedicine and social services is precisely to appropriate those categories and “generate distinctions for and among themselves” (2007:42)<sup>30</sup>. Valentine notes how the categories of transsexuality and transgenderism, despite their supposed reliance on other categories of ‘gender identity’, do not always occupy a static place in the lives of trans people, who eventually use them to convey both their gender identity *and* their sexuality. He argues that the categories themselves are used to express a sort of continuum of sex, gender and sexuality that is not reflected by the ways in which sexual minorities are treated by medicine and social services. Similarly, I have noted how in Britain both transsexual and transgender people are contesting their definition exclusively in the (homogenising) terms of biomedicine and social services, and that, perhaps due to the increasing inclusion of trans issues in mainstream political agendas, these categories are being appropriated strategically in order to create, subvert, negotiate and live ‘different’ and ‘unique’ realities. Their use in trans communities is hence contextual and, even though ‘transgender’ was originally defined as opposed to ‘transsexual’ when the relation with the medical establishment was partial or transition had not followed the triadic medical path, today there is a second meaning of the word ‘transgender’ that has become important in relation to the clinical threshold. In fact, as some trans theorists have argued (Namaste 2005; Wilson 2003) ‘transgender’ has also been taken as an umbrella term, one that would hold the trans spectrum in all directions and stages of transition.

Thus through an emphasis on categories, and the ways in which they enable the practice of transition, the clinical threshold shifts the focus from the traditional feminist question that asks how the Standards and the development of medical technologies of reassignment gave rise to certain fixed notions of ‘transsexual subjectivity’ (Hausman 1995), and how the existence of transsexual women affects the development of feminist

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<sup>30</sup> FTM London’s 2008 brochure, for instance, opens the group’s activities to transgender, androgynous, gender-queer, trans men, questioning, transsexual, polygendered, gender fluid, and MTM people.

politics (Raymond 1980), to the ways in which trans identity is enabled in the relation between people, technologies of reassignment, public policy and social services. Far beyond the so-called feminist myth of Sappho by surgery<sup>31</sup>, the clinical threshold is paradigmatic of how social services in different legal frameworks provide care for some people, leaving others at the gates of treatment. Consequently, the clinical threshold invites not only a consideration of the extent to which a certain medical notion of trans identity pervades in mainstream trans politics, but also how some gender identities remain institutionally invisible (not regulated), while others are made visible only to be later forced to disappear, as Namaste pointed out. The clinical threshold is mobilised both as the right of people to change their sex/gender and as an identity boundary in policy making. In this political milieu the clinical threshold delimits trans identity and privileges a certain way of living transition as the legitimate object of political regulation.

## **2.6. Ambiguity, process and new forms of transition.**

Trans theorists have also challenged the distinction between biology and the social in transition, advocating the redefinition of trans identity beyond the distinction between physical, psychological and social transition. In fact, recently, studies from within trans communities have also highlighted new and hitherto unexplored aspects of transition, generating conceptualisations of trans identity that differ greatly from previous paradigms. Take, for example, the groundbreaking work of Jay Prosser (1998). Understanding transsexuality as a correlated set of corporeal, psychic and social changes, Prosser examines queer theory to devise what is understood as the “matter” of the body in cultural theory. He interrogates explicitly how existing notions of transsexual subjectivity in the work of academics, especially feminist scholars such as Raymond and

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<sup>31</sup> The myth of Sappho by surgery stems from the publication of Janice Raymond's *The Transsexual Empire* in 1979. Under an allegedly ethnographic approach, Raymond analysed the participation of trans women in radical feminist politics during the late '70s, concluding that transsexual women were a sort of surgical construct designed by patriarchal powers to undermine the political power of 'women only' activism. Needless to say, this approach was fiercely opposed in the following decades (see Ridell 1996; Stone 1993; and in the context of British media Kaveney1980), but it had a considerable influence at the time of its publication. It led to the development of a consistent 'feminist' approach to the subject of transsexuality based on the definition of a true 'transsexual subjectivity' (see Bindel 2004, Greer 2003). This quest implicitly reinforced medical discourses of transition, and imbued it with academic and political legitimisation.

Hausman, reduce the experiential universes of those transitioning to the mechanistic effects of the use of medical technologies. In contrast, he revises the notion of corporeal image (see Chapter 4) to explain the role of the body in transition, and borrows Anzieu's (1989) concept of the "skin ego" to analyse the relation between transsexuality and narrative. As a material extension of the ego, Prosser argues, the skin becomes not only the border between the self and the world (see Benthien 2002) in transition, but is also portrayed as coextensive with life as its condition of narrativity. Matter becomes a determinant to the possibility of being conveyed in a narrative autobiography, and thus the psychic dimension of transsexuality is irrevocably linked to bodily processes.

In this way he suggests that gender reassignment is a cumulative set of different transitions that could never be conceptualised on one even level, and even less at the level of surgery alone. In fact, Prosser argues that the theories that relegate transsexual subjectivity to particular uses of medical technologies hold internal incongruities in their essentialist formulations, because transsexuality is deeply intertwined in personal narratives, which makes every transition different. Instead, he looks at transsexual people primarily as authorial subjects, recreating their living space and interrogating the conditions of their narrative. He uses the notion of autobiography as a key concept, and through this notion situates transsexuality between the body and the social: autobiography fills the gap between embodiment and making sense of transition, thus healing "the rupture in gendered plots" (1998:9). He also uses literary narratives to analyse notions of passing and their subversion through community building and representation strategies. Prosser's text presents the process of identification with one's body image as legitimising the use of medicine, because matter and psychology are interrelated through the skin interface. Sexual surgery, conceptualised as a "remembering", allows the final unity of transsexual identity to emerge.

From within the radical sexual cultures of San Francisco, Califia's (1997) *Sex Changes* pioneered the interrogation of the status of transsexuality within anthropological and feminist academia, by tracing his own historiography of (predominantly American) trans categories, autobiographies, histories of marginalisation and seclusion. Yet, his 'sex changes' also open a new space for a different future: following Marjorie Garber and Kate Bornstein, he foresees the future of transsexuality in multiple forms of

transgenderism, or, in other words, in a system where gender is other than binary and therefore holds infinite possibilities of embodiment. Quoting Bornstein, he agrees: “Now there’s a new generation of transsexuals who are assessing their journey not as either/or, but as an integration, as a whole. In bypassing the either/or construct... these new transsexuals are slipping out from under the control of the culture. And a new sub-culture is being born” (Bornstein, quoted in Califia 1997:260). As Bornstein suggests, this line of enquiry transcends previous models of binary reversibility and hints towards the obsolescence of the sex/gender distinction. Similarly, Diamond’s collection of texts (2004) multiplies the languages in which transition and (sex) change can be spoken, and establishes the gravitational centres of transness far from medical transition and the compulsory necessity to pass. “I was not looking for a clinical examination of gender deviation”, writes Diamond. “This system of classification overlooked other ways in which people chose to express their gender... This diversity in experience added to the many ways the contributors identify themselves: gender variant, transgender, third gender, non-gender, monster trans, MTM, gender-queer, transman, trannyboy, FTM, transsexual” (2004:7-8). Bernstein (2006) undermines the notion of passing in his/her collection of essays *Nobody Passes*, which focuses on the consequences of resisting the notions of gender deviation/variance. It shows that in many instances gender narratives incorporate issues of race and class, and frequently emphasise nonconformity with a certain set of rules that is often greater in scale than gender, or at the very least capable of transversing different realms and the actions of marginalisation and oppression systems. In this sense, importantly, the authenticity of being trans or of transitioning is no longer understood to be exclusive to the continuity of body and social role, or of past and present, but resides in complex articulations of different scales of phenomena and in the specificity of every local and time-specific transition where different things matter and others do not. In sum, trans, even when one uses medical technologies, hormonal treatments or any other artifice to embody gender, is not currently understood as a unified category, at least not exclusively. These newly visible variants of gender, made out of many negotiations, do not claim to possess any indivisible or unquestionable ‘truth’, but rather they show that transition is also understood to be about crossing different thresholds of meaning, matter, power, connectivity, time, and motion.

Overall, these studies isolated transsexuality, transgenderism and crossgenderism as a matter of interdisciplinary enquiry. With the rise of queer theory within academia, which provided not only new paradigms for the analysis of gender, but also a new legitimacy for gender studies, new lines of academic research are currently investigating the scope, limits and conditions of emergence of trans identities, drawing on both the archival literature produced on the subject of cross-dressing and sex change and the lives of those who transition (see, for instance, Garber 1993; Halberstam 2005; Shaw and Ardener 2005; Fausto-Sterling 2000; Phillips 2006). Perhaps the present-day culmination of this new line of interdisciplinary research is the publication of Stryker and Whittle's *The Transgender Studies Reader* (2006), and the inauguration of transgender studies as a cross-disciplinary field involving sociology, anthropology, aural and visual cultures, philosophy, and gender studies.

## 2.7 Conclusion

Within the various kinds of literature about sexual transition and gender reassignment, FTM identity has remained largely theorised through the distinction between sex and gender. This distinction, which was taken as paradigmatic of the relation between nature and culture, biology and behaviour in the social sciences, yielded theories of transition as a passage between genders based on the acquisition of a social identity in a gender different from birth adscription. Academic debates about transsexuality became prominent with the rise of second wave feminism, and especially during the 1970's knowledge about transsexuality and transition spanned over a number of disciplines outside biomedicine. In this context, the notion of transsexual identity as a pathology located inside the individual was challenged through transdisciplinary analyses of gender as socially and culturally constructed sets of practices where transition not only made sense as an individual desire to change one's body or social role, but also in relation to kinship and labour practices.

Since the 1950's, FTMs across national boundaries documented their journeys in autobiographical accounts that became resources for people considering transitioning. The emergence and wide distribution of FTM literature, predominantly in the United

States and Britain, established complex relations with medical and academic discourses of transsexuality in the past four decades, where in some instances, studies conducted by trans people contested existing paradigms of gender formation, contributing to the generation of new tools to approach sex, gender and identity. Recently, trans scholarship yielded original contributions in the context of the social sciences and cultural studies. These new approaches characterise transition not as a linear passage between the categories of female and male, but as a journey where particular kinds of symbolic and material relations shape people's desire to live as members of another gender, and to use biomedicine and biotechnologies in the pursuit of this effect. Here, again, the distinction between sex and gender is located at the forefront of the definition of transsexual transition and situated as an instrumental asset in sexual politics, where the different ontological and political value of sex and gender determine the recognition of transsexuality as a legal identity.

The following chapter will explore the emergence of the sex/gender distinction in sexology, tracking the historical development of the triadic protocol of transsexuality. I will discuss how the distinction between sex and gender, albeit hidden in different terminology, was crucial in the emergence of scientific approaches to sex at the turn of the nineteenth century, and that its historical form in biomedical discourses throughout the twentieth century informed the biomedical protocol of transsexuality.

### 3.1 Introduction

This chapter discusses the medical logic of gender reassignment treatments by contextualising the protocol of care for transgender patients (the Standards of Care of Gender Identity Disorders) through which transsexuality is treated in the United Kingdom. The medical model of transition, I will argue, is the result of the evolution of socially- and culturally-specific biomedical practices in Euro-American countries, where the provision of care for transgender patients is associated with the psychiatric diagnosis of 'gender identity disorders (GID)'. This chapter will contextualise the biomedical categories and practices historically associated with transsexuality, by creating links between the development of sexology and the evolution of the regulative frameworks of transsexuality in Euro-American countries in the twentieth century.

The development of a gender reassignment protocol was underpinned by the emergence of an analytic distinction between sex and gender in biomedicine, and its development in the different models of gender reassignment throughout the twentieth century. The sex/gender distinction became increasingly consequential in the biomedical discourses of sex, gender and experience in the past decades, informing the medical definition of transsexuality as a pathology, the technologies and practices developed for its treatment, and the framework of its legal representation. The sex/gender distinction, as Cealey Harrison and Hood-Williams (2002) have argued, is grounded in the assumption that 'men' and 'women' are naturally different, and their difference resides precisely in the definition of their 'sex' as biologically fixed, natural and determinative in opposition to a psychosocial, culturally constructed and, to a greater or lesser extent, volitional 'gender'. The scientific, clinical and political maintenance of this distinction has shaped the evolution of clinical reassignment protocols and their representation in the different classificatory manuals that grant transgender people access to medical care.

I will begin by tracing the origin of the sex/gender distinction in the work of key figures of twentieth century sexology, and interrogate the ways in which it was crafted as a tool to measure and classify sexual normality by establishing correlations between biology and behaviour<sup>32</sup>. In this context, gender was deemed ontologically and politically different than sex, and it came to account for the existence of 'behavioural', 'cultural' or 'subjective' dimensions of sex in the history of biomedical approaches to sexual formation. The distinction between sex and gender in biomedicine led to the standardisation of a treatment of transsexuality as a triadic protocol, where psychotherapy, hormonal treatment and surgery were constituted as international standards<sup>33</sup> of treatment for transgender patients. However, it was also the subject of important controversies regarding the aetiology of transsexuality, its diagnostic criteria and optimum prognosis.

I will then focus on unpacking the logic on which current models of treatment are grounded. Based on the distinctions made in international classification manuals (the Diagnostic and Statistic Manual of Mental Disorders or DSM-IV and the International Classification of Diseases or ICD-10), this logic distinguishes transsexuality from other gender-related conditions, and emphasises measurement and linear passage between genders as key to the 'transsexual condition'. The logic of treatment is protected by a document collaboratively created between trans people and medical professionals, the Standards of Care of Gender Identity Disorders (SOCGID)<sup>34</sup>, designed to provide an integrative framework through which trans people can access care and civil recognition. However, the logic of treatment constructs transsexuality as a kind of subjectivity

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<sup>32</sup> For analytic reasons I have left out of this genealogy the development of the sex/gender distinction in the work of first wave feminists, and feminist social science, which were themselves productive of new contexts in which the distinction was applied.

<sup>33</sup> As Martha Lampland and Susan Leigh Star's (2009) recent work suggests, standards have, among other important characteristics, the power to 'codify, embody or prescribe ethics and values' being of great consequence for the communities of practice they regulate. Here the intricacies of the Standards of Care for transgender patients will be the starting point to unravel the logic of current treatment policies.

<sup>34</sup> I want to emphasise that the discussion contained in this chapter addresses the logic of treatment rather than the actual situations in which trans people access care. Trans people's clinical experiences are incredibly diverse, and each clinical relation, even when regulated by the standards of treatment discussed in this chapter, is understood in different terms. Whereas some trans people, for example, establish strategic relations with their doctors in order to access treatment, others find incredible support and encouragement in clinical settings.

establishing continuity between the two. Thus, the ‘success’ of transition is measured in terms of ‘passing’ as a natural member of the gender of choice (see Garfinkel 1967) and between the categories of ‘female’ and ‘male’ through a particular use of standardised and politically-regulated medical and social technologies. In clinical terms, these technologies of transition can be accessed after a symptomatic evaluation of sex and gender identity through a series of diagnostic techniques, and they consist of the modification of secondary sex characteristics by way of hormonal treatment and several degrees of reassignment surgery. For FTMs these are predominantly double mastectomies (although other forms of ‘top surgery’ are sometimes performed), metoidioplasties and phalloplasties<sup>35</sup> (or ‘bottom surgeries’). However, whereas the majority of FTMs who transition medically do have mastectomies, bottom surgeries are not as common<sup>36</sup>.

### **3.2 The difference between sex and gender**

It has been argued that the distinction between sex and gender originated as a result of scientific approaches to sex in the seventeenth century (Laqueur 1990). However, the development of endocrinology and a new medical interest in sex in the nineteenth century were determinant in shaping the extent and scope of this distinction. Throughout the twentieth century, biomedical theory and clinical practice provided contexts of empirical experimentation where the distinction between biology and behaviour became an ingredient<sup>37</sup> in numerous technologies, therapeutic logics and classification practices that affected the ways in which sex was understood to be associated with human nature and the social order. Perhaps of the most important were the management of transsexuality and intersexuality, because, despite crucial

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<sup>35</sup> Metoidioplasties and phalloplasties are techniques of genital surgery that produce different functional and aesthetic results. Metoidioplasties are based on clitoral lengthening and phalloplasties in reconstructing the penis by grafting tissue removed from the arm, leg or abdomen.

<sup>36</sup> In Britain, the Gender Recognition Act (GRA) of 2004 renders bottom surgery unnecessary for gender recognition purposes.

<sup>37</sup> I am using the term ‘ingredient’ with reference to Whitehead’s ‘ingression’. For Whitehead, ingression is the mode in which potentiality is realised in actual becoming, contributing to the existence, the concrescence, of a given entity (1978: 23).

differences<sup>38</sup>, in this context the sex/gender distinction underpinned the generation of biomedical practices where sex was produced and maintained through classification and intervention (Kessler 1998; Weiss 1999; Mak 2006). In this respect, the sex/gender distinction – and especially the definition of a ‘sexual identity’ – was progressively associated with certain parameters of health and normality, and represented as a continuum where genitals, chromosomes and behaviour were equivalent with certain acceptable ‘values’ of masculinity and femininity<sup>39</sup>. In this sense, as we will see, the distinction between sex and gender underpinned the medical definition of gender reassignment treatments as a linear passage between measurable categories, conceptualising transition as the cumulative achievement of a series of biological, social and legal assets<sup>40</sup>. In this section I explore this historicity by analysing three different historical periods where the categories associated with transsexuality, its treatment protocol and its defining aetiological models were developed as a result of the progressive separation of sex and gender in biomedical analysis.

### 3.2.1 Towards a sexual science (1880-1950)

Some of the major tensions around sex change today can be traced back to the emergence of sexology as a field of biomedical enquiry at the end of the nineteenth

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<sup>38</sup> Crucially, whereas transsexual people agree to undergo medical treatment, and in most cases actively seek it, treatment was historically administered to intersex babies without their consent, generating innumerable problematic situations; for instance, see <http://www.isna.org/library/hwa>, last checked July 2009.

<sup>39</sup> Note, for example, that if the diagnosis of gender dysphoria received the name *transsexualism* with the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, in 1994 the DSM-IV established the term *Gender Identity Disorders* as the new medical category of transsexuality. This diagnosis is still based on the old notion of *gender dysphoria*: a persistent discomfort with one’s gender attributes and the pervasive desire to live as a member of the opposite sex. However, the new psychiatric diagnosis introduces new diagnostic variables of age, whereby patients should be diagnosed under the Gender Identity Disorders of Childhood, Adolescence, Adulthood, or Not Otherwise Specified. Under the rubric of ‘gender identity disorders’, contemporary biomedical practice aims to identify and correct on the same grounds all the ‘deviations’ and ‘perversions’ (this is the terminology used in the manuals) that exceed natural and normal binary constructions of sexual identity.

<sup>40</sup> The association of gendered experience with ‘independent’ categories is further complicated and intensified by the medical definition of transsexuality as an innate and pervasive condition, and therefore situating intersexuality (as innate biological sexual ambiguity) at one extreme of the treatment rationale and transsexuality at the other, yet abridging all midway positions, aetiologies, desires, and all actual processes of transition through the same model of triadic treatment.

century, the particular notions of sex that emerged in the context of endocrinological experimentation, and the ways in which different sex and gender technologies were developed throughout the twentieth century as a result of this enquiry. In a way similar to racial and other scientific classifications, definitions of sex in early sexology were abstractions in which normality (of sex and sexual formation) was constructed through the identification of proliferating series of physical and social abnormalities. It was in this period that a new scientific and moral interest in sex and sexuality prompted the emergence of new analytic methods that not only resulted in new ways of understanding sex in relation to ideas of human 'nature', but also in relation to narratives of health, morality and sociality. Crucially, it was in this period, as it has been argued (Foucault 1985; Laqueur 1990; 1997), that sexual categories emerged as abstractive tools of scientific classification and biopolitical regulation in the context of evolutionist models of life (see Darwin 1979; 2004; Bateson and Mendel 1909; Spencer 1884), kinship (see also Maine 1963; Morgan 2000; Engels 1972), modes of production (Wolf 1982), and culture and religion (Tylor 1871; Frazer 1993).

In the last decades of the nineteenth century the sexology of Richard Von Krafft-Ebing (1998) distinguished between 'congenital' and 'acquired' models of sexual deviation. He identified congenital homosexuality as an abnormal feeling, an instinct that could be manifested in various degrees and stages, which he named 'psycho-sexual hermaphroditism', 'homosexuality', 'effemination', and 'androgyny'. Grouping symptoms in different disorders, his work not only pioneered the development of a taxonomy of sexual 'pathologies', but it also provided a clinical testing context of the usefulness of medical intervention and therapeutics based on 'reparative' methods such as hypnotism. With those early taxonomic and prognostic distinctions, Von Krafft-Ebing's work became a vital influence for generations of sexologists to come.

Merl Storr situates Krafft-Ebing's work in the context of the fin-de-siècle models of evolution and race differences (1998:14), where sexual inversion and bisexuality were understood as 'uncivilised' stages of human development and associated with native cultures (such as native American Indians<sup>41</sup>), and where patterns of sexual normality

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<sup>41</sup> Krafft-Ebing refers to the figure of 'bote', a third gender figure among the Crow and 'burdoch', third and fourth gender figures among Washington Indians. Later ethnographies and historical accounts (Roscoe 1998, for instance) described important differences between third gender figures in different native American groups.

coincided with socially acceptable Victorian models of sexuality and kinship. In this sense, the publication of *Psychopathia Sexualis* (1886 and 1903 are known, internationally distributed editions) and the establishment of taxonomies of sexual 'deviation' contributed to the scientific questioning of religious ideas of 'sexual nature'. In this respect, Thomas Laqueur's *Making Sex* demonstrated how during this period there was an important shift in scientific models of sex, where a model of alleged unity between the sexes was superseded by a binary bipolar model based on "a series of oppositions and contrasts" (Laqueur 1997:220). The Galenic model of sexual homology, Laqueur suggests, was rendered obsolete at the time when the differences between men and women became politically important, and thus biology was figured as the speculum of a metaphysical reality in which the social order rested. For analysts such as Gilman (2006), this early sexological movement was already a scientific challenge to the political underpinnings of existing models of sexual difference in that it intended to "free the homosexual from the charges of criminal sexual activity or moral depravity by medicalising it and thus providing therapy rather than prison as the alternative" (2006:xii). With their writings, early sexologists contributed to mitigate the social sanctions associated with sexual deviance by proposing a medical route for sexual and social transformation<sup>42</sup>.

At the end of the nineteenth century, endocrinology and psychoanalysis shared a common effort in refuting deterministic hypotheses of sex, and worked towards defining the relations between biology and behaviour in different yet familiar ways. The incipient development of psychoanalysis evinced radically new possibilities in addressing the relation between the physical and the social in processes of sexual formation (as Wilson 2004 and Fuss 1995 discuss, for instance). Psychoanalysis abridged physical and social dimensions of sex through the definition of the unconscious as a surface of confluence of biology and the psychic, thus privileging psycho/biological models in

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<sup>42</sup> For Gilman in particular, this idea of 'transformation' was a scientific response to certain racial, social and political ideas of nineteenth century Germany, and was crucial in the elaboration of medical discourses of the 'social' nature of sex. Other analysts such as Amidon (2008) attribute the political and transformative nature of sexual science in nineteenth century Germany to the foundational discourses of biology, defined as 'the science of life' and also, implicitly, as 'the science of a "better" life'.

theorising desire and sexual formation<sup>43</sup>. At the same time, the establishment of sexology as an independent discipline within biomedicine in the first decades of the twentieth century was also driven by the aim to understand the ‘vital impulse’ that could account for those areas not fully explained by physiology. Endocrinologists such as Claude Bernard fostered the idea that the body could produce the chemicals for its own survival, and in this way it formed a system only partially dependent on its environment<sup>44</sup>.

However, these two discourses were not always compatible in their respective understandings of sexual formation, and became increasingly polarised in subsequent years. In fact, sexologists tended to frame their practice as a commitment to the scientific demonstration of the causes of sexual variance through experimental biological research. Furthermore, as Hausman (1995) points out, the hypothesis that gender ‘distress’ was caused by unconscious processes of association occurring solely in individual existential universes was the starting point for a number of different refutations. For instance, on the basis of the identification of “primary” and “secondary” sexual traits, Magnus Hirschfeld (1868-1935) established in 1910 the first medical distinction between sex and gender (1998). As a sexologist committed to social change<sup>45</sup>, he was interested in distinguishing between different orders of sexual features in order to identify and isolate *biological* sexual features from those produced by

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<sup>43</sup> However, Wilson (2004) points out that, albeit Freud’s earliest efforts were directed towards understanding the connection between lower and higher nervous systems, his work set the ground for a variety of biological reductionisms that would have consequences in subsequent definitions of the relation between human physiology and behaviour. Wilson recounts that Freud’s early writings focused on finding biological continuity at a cellular level between the lamprey and the higher fish, proving that their difference was only a *mode of organisation* (2004:2). However, this analysis would later be applied to assessing the influence of physiology in the investigation of the psychosomatic manifestations in hysterical patients.

<sup>44</sup> Analysts such as Canguilhem (1994) and Roberts (2002) discuss the origins of endocrinology in more detail.

<sup>45</sup> For a more detailed discussion of the social implications of Hirschfeld’s work, see Weeks: 1981, 1991.

interaction with the environment<sup>46</sup>. Importantly, he distinguished between transsexualism and transvestism, and argued that the association between certain (gender) behaviours and a drive of sexual metamorphosis, rather than the desire to cross-dress alone, was the cause of *psychopathia* in a patient. Thus, drawing on Von Krafft-Ebing's designation of the mania of sexual metamorphosis as *metamorphosis sexualis paranoica*, he identified a symptomatic mental disorder in the case of transsexualism, and in so doing advocated the provision of medical care for transsexual patients. It is not surprising that Hirschfield's theory had important social and political consequences (cf. Weeks 1981, 1991), not least because he established a relation between sexual biology and its cultural manifestations, drawing a fine line between sex and gender that implicitly became the boundary between sexual science and the scope of its social application. This early sexological movement was envisioned as a platform of social change, and, just like evolutionist models were developed to contest religious and political narratives of nature, Hirschfield founded the *World League of Sexual Reform* with British researcher Havelock Ellis in 1928<sup>47</sup>; in this context they envisioned eugenics as a means of achieving social change. Hirschfield's writings conceptualised 'paranoid sexual disorders' as a type of degeneracy, which implied the existence of weak or damaged genes and was thought to have the same root as mental retardation, promiscuity or alcoholism.

Richard Goldschmidt also discredited psychoanalysis and proposed the 'gonadal theory' of sex in 1923 (Goldschmidt 1923; see also Amidon 2008), in which he related gender differences and the constitution of a sexual identity, as well as wider behavioural issues, to processes of hormonal production. His study of intersexuality in the gypsy moth abridged genetic constitution and the physiological development of sex in an unprecedented way, and between 1911 and 1931 he extended its conclusions to all

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<sup>46</sup> These were divided into four groups, A, B, C, and D, or primary, secondary, tertiary and fourth-order sexual features. Group A would account for germ cell (A1), oviduct or spermatic conduct (A2), sexual protuberance (A3), and sexual groove (A4), group B would be formed of hair (B1), larynx (B2), chest (B3) and pelvis (B4); group C contains orientation (C1), approach (C2), disposition (C3) and manner of activity (C4). Finally, group D would comprise emotional life (D1), manner of thought (D2), occupation (D3) and clothing (D4). As seems clear from this classification, variations in the first group may produce a great number of combinations or gender variance, mediated by secondary, tertiary and fourth-order sub-variations, and other cultural representations that Hirschfield understood as external to the individual and therefore not relevant for the purposes of this table.

<sup>47</sup> Ellis wrote *Sexual Inversion* in 1897, where he would address the relation between psychological and sexual processes.

animals, including humans. For Goldschmidt there was a structural difference between zygotic and hormonal intersexuality, whereas zygotic intersexuality was based on differences present in the zygote, hormonal intersexuality involved the process of later sexual differentiation, mediated by hormones and hormone-producing tissues (see Dietrich 2003).

The tensions between the early sexology's tendency to procure mechanistic and biological explanations of sex and psychoanalytic symbolic models of sexual formation would pervade in the form of different understandings of the sex/gender distinction throughout the twentieth century, which would inform not only biomedical classifications of sexual 'inversion' and pathology, but also therapeutic, prognostic and aetiological models of transsexuality and transition. In 1949, with the publication of Cauldwell's *Psychopatia Transexualis* in *Sexology Magazine*, the transsexual was definitively associated to a "pathologic-morbid desire to be a full member of the opposite sex" (Cauldwell, 2001), and therefore transsexual subjectivity was explained in terms of a concrete relation with medical treatment – a 'fierce and demanding' drive for treatment –, and specifically by a pervasive 'drive for surgical transmutation'.

Cauldwell adopted Magnus Hirschfield's social and clinical distinction between the homosexual and the transvestite, and documented extensively correlations of symptoms that would make the increasing use of surgery and other sexual reassignment technologies morally justifiable and therapeutically efficacious. The transsexual condition could occur in different degrees, measured by the antisocial consequences of being transsexual rather than the patient's suffering, and only the gravest and most persistent offenders were considered for reassignment treatment. For example, Cauldwell's review of the clinical history of the female-to-male transsexual Earl<sup>48</sup>, where Earl's transsexuality is to some extent understood as the product of his social environment (the condition, Cauldwell writes, is proportionately more common among the well to do than among the poor), starts by praising the 'excellent moral qualities' of Earl's family, who not only led normal, heterosexual, healthy lives, but also

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<sup>48</sup> With the exposition and analysis of first-hand clinical material, Cauldwell not only gained a new authenticity over his research results, but also initiated a trend of psychological evaluation that would have an impact on later medical writings on the transsexual question. For example, the case of Earl bears an interesting resemblance to the case of Mrs G, treated by Stoller and his UCLA team two decades later.

kept Cauldwell up to date with Earl's activities beyond what was exhibited in their encounters and correspondence. When describing Earl in his social context, Cauldwell writes:

“The psychopathic characteristic is manifested not, as may be thought, in actual homosexuality or transvestism, nor yet in the adoption of a male role and career, but in such practices as seduction, parasitism, violation of the social codes in numerous ways, frequently kleptomania and actual thievery, pathological lying, and other criminal and unsocial tendencies” (2001, online reference).

Here, the treatment of sex reassignment (understood predominantly in surgical terms) is framed as a solution for extreme antisocial behaviour and inconformity. In fact, that the transsexual transgresses social norms ‘of gender’ overlaps his other criminal and antisocial tendencies, and the proposal of a ‘physical’ cure for transsexuality is designed to amend potentially dangerous oversights of nature.

This analytic and clinical legacy still resonates in current treatment protocols, as some of its basic principles were reified in subsequent models in which the desire for sexual surgery is regarded as a distortion of the mind revealed in early childhood, which could threaten to hinder emotional development and maturity (see Cauldwell 2001a; see also Lothstein 1983). In this way the main risks associated with reassignment treatments were not restricted to the relatively high risk of the patient's physical death at this stage of surgical technique developments, but instead understood to reside in the extent to which physical reassignment would affect the mind, or, in other words, the behavioural transformation that ensued the modification of the patient's body. Despite all efforts, there was a high risk that patients would not adapt to an irreversible condition of sex ‘reversal’, to a body that could be perceived to be still far from the desired ideal, and to the perpetual ostracism from other socially adapted non-transsexual individuals. Later, Cauldwell (2001b) reconsidered his definition of transsexuality as a mental health condition, and reworked his theory of inversion in a general theory of sexual formation based on his categorisation of ‘abnormalities’ drawn from clinical experience. In this way he postulated that there were two sexes separated by a ‘gulf’ between them, and that this interstitial space was only occupied ‘legitimately’ by pseudo-hermaphrodites and various biologically inherited conditions<sup>49</sup>, implying that all other sexual conditions

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<sup>49</sup> Similarly, Abraham (1931) reported cases of male-to-female sex change through surgery, which was recommended in cases that presented symptoms of self-harm due to a pervasive discomfort or a very strong feeling of distress associated with the clash of biology and sexual roles.

could safely be reassigned as one or the other sex. In fact, answering a number of logistic preoccupations for his patients, his writings pointed to surgical sex change as the clinical solution for the transsexual condition *because* there was a difference between sex and gender and because transsexuality could be aetiologically defined as a mismatch between the two. The emphasis on the existence of gender – this ‘mental’, later ‘psychosocial’, side of sex – became an analytic tool to deal with ‘troubled’ identity formations and a means to control sexual health and normality. Gender would become the pervasive and processual new nature of sex, which was seen to contradict fixed models of biological determination.

### **3.2.2 A protocol of sexual reassignment (1950-1970)**

If German sexual science focused on generating abstract taxonomic models that accounted for differences in sex (developing notions such as ‘primary and secondary sex characteristics’, ‘sexual drive’, ‘sexual identity’, and so forth), and only incipiently proceeded to facilitate people’s reassignment at a physical or social level (examples of reassignment cases in this period include Gilman (2006) and also Meyerowitz (2002)), a second generation of sexologists, now in North America, focused on developing the technical aspects of treatments. These sexologists were involved in the making of theoretical models of sexual formation (Money 1986), but were more interested in the clinical application of those models (Kinsey 1948, 1955; Pauly 1965). Their understanding of therapy and sex change was based on the assumption that sexual identity and gender identity were distinct, yet connected, poles and that treatment of sex-related conditions lay in understanding this connection. Through the notion of ‘gender role’ they were able to separate biological sex from its behavioural, ‘cultural’ and ‘intersubjective’ counterpart and develop and test therapeutic sex change and sexual reassignment models. The difference between these two lay in whether the condition – the ‘mismatch’ between people’s bodies and what they understood to be their sexual identity – was physical and/or appeared in early childhood. Here, the rationale that even though transsexuality did not have a biological basis it did appear in early childhood, was enough to justify treatment for consenting adults; however, sexual reassignment of intersexed babies, which was performed without the patient’s consent, was justified in relation to the importance of a continuity between sex and gender.

John Money's entire career as a psychologist at Johns Hopkins Hospital in Baltimore was dedicated to the scientific demonstration of the prevalence of environment over biology<sup>50</sup> in sexual formation (Money 1986, 1995; cf. Kinsey 1928, 1937). He advocated the view that 'gender' was determinative, while 'sex' could be changed at will. Money was convinced that gender identity, defined as an internal conviction, and gender role, constructed intersubjectively, were two distinct dimensions of gender, or 'two sides of the same coin'<sup>51</sup>. He developed the notion of gender theoretically and clinically within sexology, emphasising the formation of gender identity over given biological attributes such as chromosomal, gonadal or genital sex, and argued that the influence of the environment, and in particular during the stage of imprint – that is, before 24 months old – was crucial and determinative in the development of gender identity. During this stage, he argued, it was possible to define gender identity through the provision of a suitable framework – a series of controlled 'environmental' factors or a gendered education. Given such provisions, the body could be safely reassigned as either sex in the cases where a chromosomal or genital tendency towards male or female was not clear. Reassignment would be initiated by sexual surgery and maintained through a lifelong hormonal treatment, which would at once neutralise any chromosomal tendency and ensure the development of an adequate 'gender role'. Money's theory that gender identity could be induced through early sexual reassignment encountered little resistance in the theoretical and scientific climate of the time, where this kind of research was pioneering, and where the rise of cybernetics and the development of the feminist political agenda contributed to its popularisation and

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<sup>50</sup> Following his PhD thesis, entitled *Hermaphroditism: an inquiry into the nature of a human paradox* he initiated and coordinated numerous initiatives and research programmes, pioneering the field of psychoendocrinology. His theoretical breakthroughs led to the establishment of new protocols of gender reassignment in early childhood, in cases of intersexuality and other no less unfortunate cases, like the famous John/Joan case, where a genital complication after a circumcision threatened to produce a 'healthy' gender identity in the future.

<sup>51</sup> Money used this particular expression in the documentary *Sex and Money*, produced by the Humanist League, Amsterdam.

unprecedented appraisal<sup>52</sup>. The scientific success of his theories fostered new ways of thinking about sexual development and gender identity across disparate fields of academic enquiry such as neurobiology, anatomy, psychology, feminism, the humanities, and the social sciences.

Money focused much of his career in finding a clinical solution for intersexuality and various types of hermaphroditism<sup>53</sup> because he believed that life beyond a binary gender identity would inevitably entail a threat to mental health development, become a source of permanent unhappiness and increase the likelihood of suicidal tendencies. He established that a newborn baby could be medically accepted as a boy when the penis size was over 2.5 cm, as a girl when the clitoris was below 0.9cm, but that it was medically unacceptable when the genital area was somewhere in between (see Kessler 2002; Roen 2008). In particular, he argued that intersexuality as a congenital-hormonal condition would inevitably produce an identity crisis in the patient, because gender identity was understood both as the possibility of sociality and the condition of coherence of the internal structure of subjectivity. In principle, reassignment in the sex of choice (of the parents) would be easy and without further consequence for the development of gender identity during childhood and adolescence, provided that it was done during the so-called period of imprint and that it was grounded in the recognition and supportive approval of significant others. However, cases such as that of Bruce/Brenda (whose name at birth was David Reimer, was given the names Bruce/Brenda after reassignment and is referred to as John/Joan in medical and academic literature) show how these premises did not always work. After a routine circumcision, Bruce lost his penis due to an electrical discharge, and was reassigned as a female by Money and his team, while his twin brother Brian was raised as a boy. However, despite Money's belief that he would develop a healthy gender identity (the *only* gender identity, Money

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<sup>52</sup> Interestingly, Money's theory of gender was developed around relationships and the practice of love, as he thought that gender identity was ultimately constructed through feedback from others. Sexology thus acquired with Money the illusion that gender identity was not only informed, but also positively limited by the two possibilities that allow heterosexual/homosexual relationships. Money himself was a proud sexual liberationist, an opponent to the limitations of moral order he had been brought up with, and a methodologically eccentric scientist – a fact that was not always well received by his contemporaries and cost him more than one public scandal (see Colapinto 2000).

<sup>53</sup> It would be later rather contradicted by the experience of those who were reassigned without their consent. See, for example, the visual document *Hermaphrodites Speak* by Hermaphrodites With Attitude, or the well known case of Joan/John in *Nature Versus Nurture I: Of Twins and How David Reimer Became Brenda*.

argued, that would allow him to engage in heterosexual intercourse), Bruce never felt comfortable with his imposed gender, and at fourteen started to live as a man again, before his relationship with his brother worsened and both committed suicide at a young age.

I will return to this case again in this chapter, but for now I want to highlight that through the notion of gender as ‘learned’ over biologically-given ‘sex’ (Money 1988; 1995; Money and Ehrhardt 1972; Money and Tucker 1975; Stoller 1985), doctors started to address the complex emotional map of troubled identity formations, and sex change soon became a viable solution for cases where sexual discomfort could be resolved with a new gender identity. Gender, etymologically related to kin or species, was adopted in biomedical discourse and especially within sexology to account for the different, the new and the variant, and sex was reduced to ‘fixed’ biological traits and linked to reproductive physiology. Gender could turn bodies masculine or feminine, because these psychosexual modes of identification mattered more than bodies themselves in accounting for complex differences, tendencies and behaviours<sup>54</sup>. In 1995, Money still defined transsexuality within a binary sexual framework:

“In the developmental coding of the gender map of both boys and girls, masculine and feminine are dualistically represented as positive and negative. The positive pole codes for me, for who I am, boy or girl. The negative pole codes for not me, for who I am not, girl or boy, respectively. At each pole there is a map or schema of what is coded there, one labelled feminine and the other masculine. Everybody, boy and girl, man and woman, has both maps, one depicting ‘me’ and the other depicting ‘thee’. If the two maps change places then one has a gender transposition disorder. One map may displace the other, as in the case of full-blown transsexualism, or both may coexist in alternation as a phenomenon of dual personality, one masculine and another feminine. Another possibility is that the two maps may merge in some degree of androgyny or bisexuality” (1995:112).

Perhaps the greatest contribution to the standardisation of a clinical management of transsexuality protocol is Harry Benjamin’s. In *The Transsexual Phenomenon* (1966), Benjamin raised some of the key questions that would remain at the core of medical approaches to transsexuality in forthcoming decades. Under the auspice of FTM millionaire Reed Erikson (see Stryker 2008, Person 1999) and with the intention of

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<sup>54</sup> The scientific investigation of sex was carried out simultaneously in several institutions including Alfred Kinsey’s investigation of sexuality and reproduction (see for instance Kinsey *et al* 1948), Money’s research on the limits of sexual identity and Stoller’s biopsychosocial method (the ethnomethodological approach).

giving transsexuality a clinical protocol, Benjamin accomplished exhaustive definitions of the different kinds of historically known sexual variance, providing a comprehensive list of their characteristics for the use of physicians, patients and the general public. These distinctions underpinned his definition of 'true transsexuality' as a rupture in the continuum chromosomes-hormones-social gender, and his effort to standardise hormonal treatment and surgery as a treatment protocol for transsexuality. Benjamin's intervention protocol, later legitimated in the DSM, was based on the premise that social gender did not *have to* match the body, but that it *should*. He wrote: "I would like to remind everyone of an important fundamental fact – the difference between sex and gender. Sex is what you see, gender is what you feel. Harmony between the two is fundamental for human happiness" (Benjamin, quoted in Grabb and Smith 1979:883).

Benjamin's radical theory of embodiment was based in the distrust that culture alone could redeem a pervasive discomfort with one's body. In elaborating the symptomatic nature of the 'true transsexual' category, Benjamin agrees with Money's account of the role of the environment in determining the aetiology of transsexuality, referring first to irregularities occurring during the stage of imprint<sup>55</sup> as the most crucial and determinative. However, for Benjamin, 'true' transsexuality, defined in opposition to cross-dressing and transvestism, stands for the *pervasiveness* of the desire to change one's body, a desire that cannot be corrected except by sex reassignment itself. Precisely because the desire of the true transsexual to change her/his body is so strong and her/his emotional pain so overwhelming, Benjamin considered psychotherapy a vain endeavour in the clinical management of transsexuality. "The mind of the transsexual", he writes, "cannot be changed in its false gender orientation... Since it is evident that the mind of the transsexual cannot be adjusted to the body, it is logical and justifiable to attempt the opposite, to adjust the body to the mind" (1966:91).

Benjamin's protocol is therefore grounded in the separation of body and mind, sex and gender. Again in this context, as Califia (1997) notes, the advocacy of reassignment treatment became a political position, as well as a scientific challenge for practitioners,

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<sup>55</sup> Developmental psychology covers the early stage of learning, usually between 18 months and two and a half years. According to this theory, gender can be modified at this age without emotional cost for the patient. Money utilised this periodisation for the establishment of a sex reassignment protocol for intersexed born babies. The theory, Benjamin suggests, is based in the work of Australian zoologist K.Z. Lorenz.

in that it opposed the current models of electric shock and nauseating drugs dispensed to cross-dressing and transgender patients. Benjamin himself would stand up against the appliance of this 'behaviour' or 'aversion' therapy under the threat of losing his medical licence, and his institute became an important meeting point for sex researchers for decades<sup>56</sup>. Thus, in the new treatments of reassignment through surgery, biomedicine mediated the 'socialisation' of transsexuals by ensuring they could access a social and legal identity within the binary man/woman. In this way the distinctions sex/gender and men/women would remain key coordinates in the medical discourses and practices surrounding transsexuality, underlying the logic of treatment and informing its technical development.

The models proposed by Money and Benjamin would converge in the ethnomethodological definition of gender as 'natural ascription' or 'passing', developed by Stoller, Garfinkel and their UCLA team. In 1973, Stoller advocated psychotherapy for Mrs G on the basis of her psychotic nature, describing the problematic gender identity of this patient amidst a variety of antisocial and psychotic behaviours, personality disorders and suicidal tendencies. However, Stoller remarked that therapy in the strict psychoanalytic sense was an impossible endeavour in the case of Mrs G due to the psychotic *nature* of the patient, which determined that her reactions to the analyst could not be systematically analysed, although it remains unclear how exactly the symptoms of the two conditions overlapped. For this reason, Stoller suggests that the case of Mrs G might not be paradigmatic of the way in which transsexuality needed to be medically addressed. However, this case did become representative of the ways in which psychiatric treatment could be offered to transsexual people, and thus became influential in the attempt to systematise a treatment for gender identity 'disorders' in psychiatry. This treatment was influenced, on the one hand, by understandings of transsexuality as a pervasive, unchangeable and lifelong condition, and on the other hand, by the association between psychiatry and surgery for its treatment (Pauly 1986; Benjamin and Pauly 1969, see also Sullivan 2008). In contemporary standards of mental health, mental illness was understood to originate 'inside' individuals and to be a 'private' matter (Bracken and Thomas 2005, Clare 1976), and for this reason the role of

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<sup>56</sup> Benjamin formed the *Harry Benjamin International Gender Dysphoria Association*, now the *World Professional Association of Transgender Health*, in 1978. Richard Green, Paul Walker, Ira Pauly, Donald Laub and Norman Fisk became specialists on transsexuality in this context.

the analyst was to attempt to 'cure' the patient rather than facilitate their social integration.

Stoller echoes previous sexologists when he defines gender variance as an overtly pathological condition, which is rendered even more complex by the patient's set of psychosocial universes. Insisting on the 'psychoanalytic', thus mainly symbolic, nature of this patient's disease, Stoller renders gender 'metapsychological' (see Stam *et al.* 1987). This idea gained popularity in academic and clinical sexology in the United States since the 1960s and set in motion ways of thinking of gender in terms of 'achievement'. Garfinkel (1967), Stoller's collaborator at UCLA, reports the case of Agnes' remarkable transition in 1958<sup>57</sup>, when she was sent to their unit for psychiatric evaluation. According to Garfinkel, in her understanding of gender, "the natural, normal female was for Agnes an ascribed object" (1967:133), manifested not only through her positive belief in upgrading her social status through transition in the first place, but also in the achievement of social capability for "guaranteeing for herself the ascribed rights and obligations" (1967:134). For Garfinkel, sex change seems to be about recuperating through different and correlated achievements a sense of naturalness that was lost in Agnes' condition, and it was necessary because this lack troubled her personal life to the point of needing medical reassurance in the form of psychiatric reports and therapy, which she would strive to persistently regain by using medical technologies to pass. Passing, or "the work of achieving and making secure her rights to live as a normal, natural female while having continually to provide for the possibility of detection and ruin carried on within socially structured conditions" (1967:137), was for Stoller, Garfinkel and colleagues the ultimate outcome of sex change and the end that legitimised the use of surgery upon otherwise undamaged organs. The correction of the natural basis of sexual identity and its displacement to genitalia was, according to Garfinkel, the very condition whereby 'passing' constituted the ultimate confirmation that Agnes could become again a "natural fact of life", that is, a classifiable individual within the "cultural environments of normally sexed persons, (where) males have penises and females have vaginas" (1967:126)

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<sup>57</sup> Agnes transitioned by stealing hormones that were prescribed to her mother; however, she persistently denied this fact when participating in Stoller and Garfinkel's study.

### 3.2.3 The sociobiological turn (1970-)

John Money's Bruce/Brenda (John/Joan) case yielded significant controversy that recently returned to the public debate after the publication of Colapinto's *As Nature Made Him: The Boy Who Was Raised as a Girl* (2000) and the tragic event of David Reimer's death. The book uncovers interviews, therapy sessions, letters, memories, and records of David Reimer's birth, his loss of genitalia to a botched circumcision and the reasons why his parents decided to submit their son to gender reassignment surgery. In fact, unable to deal with the situation otherwise and demoralised by the opinions of the doctors that saw David after the catastrophic intervention, his parents found hope in Money's expertise, whose theories and clinical reputation had by then been widely publicised by the national media. Money offered David Reimer's parents a future for their son as a girl and the promise that, were everything to go as expected, their son would develop a complete and healthy gender identity: reassignment as a female would be the only way in which their son would be able to have heterosexual intercourse. They submitted David (then Brenda) to sexual surgery and a lifetime of psychotherapy, where she was examined not only by Dr. Money and his team, but also by many other physicians, psychiatrists and psychologists within and outside Johns Hopkins. Nevertheless, Brenda never adjusted to femaleness, and her pervading gender discomfort affected her relations with her family, her development at school, her capacity to have friends, and in time forged her view of the medical system as intrusive, terrifying, non-consensual, and unfair. In preadolescence she saw Money for the last time, and at age 14 began testosterone injections to be a man again. However, disregarding this evidence, Money continued to publish the results of this case as an unprecedented and unequivocal success of his reassignment theories and techniques, stating that Brenda had incontrovertibly developed the female identity that confirmed that gender reassignment was indeed the right decision.

However, the discovery of the Joan/John case would soon call Money's practice into question, starting a scientific war against Money, John and Joan Hampson and the team at Johns Hopkins. It was made public when Keith Sigmundson, the physician who came across David's case, decided to share the negative outcomes of the case with Milton Diamond, a sex researcher committed to prove biological determination in the

formation of sex and gender (Diamond 1965, 2004). Together they published what is known as the John/Joan report (Diamond and Sigmundson 1997), where they exposed ambivalent views on the reassignment of intersexed babies at birth, and defended the determinacy of biological factors in contrast with Money's hypothesis of psychosexual neutrality at birth. Their report undermines the assumption that genitals are crucial elements in gender identity formation (thus questioning the need for sexual surgery in infants) in favour of an understanding of chromosomes and the unity of chromosomal and hormonal configurations as the basis of the formation of gender.

This approach informs contemporary discourses of sex and gender in biomedicine and the social sciences, where biological data is used to support several social claims about identity and sexual formation (cf. Rudacille 2006), through and against which much of contemporary feminist theory makes its political arguments (see Chapter 4) and which have a significant impact in debates about transsexuality and transition today. Three fundamental strands have promoted deterministic, cause-effect explanations of sexual identity, sexuality and gender identity using genetics, hormones, or brain structures as primary empirical material (Lancaster 2003)<sup>58</sup>. The transsexual question received this kind of redress from neuroscientists and molecular biologists. For instance, Zhou *et al.* (1997), in their study over six male-to-female transsexuals, found that the dimorphic

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<sup>58</sup> Genetic determinism circulated in academic spheres after the publication of Dean Hamer and associates' 1993 'pedigree study', aimed to determine how the trait of homosexuality was spread among members of a kin group (see Lancaster 2003). Investigating 76 cases in their first study and 40 pairs of gay brothers in the second, Hamer *et al.* concluded that male homosexuality was preferentially transmitted through genetic information linked to the chromosomal region Xq28 from the maternal side. In 1991, a study led by Bailey and Pillard among gay men and their brothers (56 pairs of monozygotic twins, 54 pairs of dizygotic twins, 142 non-twin brothers, and 57 pairs of adoptive brothers) revealed that the fraternal twins of gay brothers were twice as likely to be gay. A few months earlier, Simon Levay had published his study of the gay brain, affirming the existence of a particular structure in gay hypothalamic formations. Overtly contesting the obliteration of contemporary gender biology discourses, mainly voiced by queer cultural analysts of sexual difference, Levay contested the idea of the self-made homosexual by outlining and measuring the influence of biological factors in the development and fixation of sexual identity. Even when a considerable part of the homosexual community received Levay's theory with appreciation and political content, it is difficult not to mention the criticisms that this and other sociobiological experiments received from some strands of feminist criticism (Haraway 1995; Hubbard 1990; Tomkins *et al.* 1995; Shiva and Mosser 1995). Hubbard and Wald (1997, see also Fausto-Sterling 2000) have explicitly undermined Levay's assumptions on inherited homosexuality, based on the criteria of eligibility of the sample (specifically the non-inclusion of heterosexual men and lesbian women in the study), and the conscious omission of the fact that all the participants in the study were HIV positive, which undoubtedly affected the results. "Their research is painstaking", write Hubbard and Wald, "their methods are described in detail and the authors are careful not to make extravagant claims in their papers. Their assessment of the work is only betrayed by their readiness to believe results that fit their preconceptions" (1997:97).

formation of the bed nucleus of the stria terminalis (BSTc)<sup>59</sup> in the hypothalamus was variable with respect to 'gender identity', albeit invariable with respect to sexual orientation. The BSTc is expected to be 2.5 times larger in males than females. Although its actual size is understood to vary if exposed to hormonal variations, it is recognised that it is related to the formation of gender identity. The BSTc of the participants in the study was found to be smaller than in non-transsexual men and around the size of non-transsexual women, which led the authors to conclude that the presence of higher oestrogen levels is the main cause of BSTc reduction. The fact that BSTc is mainly developed during the prenatal stages of growth led analysts to conclude that the size of this hypothalamic area affects people's motivations to transition and constitutes the physical proof that transsexuality is a biologically determined gender identity.

Counteracting the tendency in favour of the transsexual by choice (See Rudacille 2006), the view of transsexuality as an innate 'condition' radically affected transgender politics and polarised the demand for treatment. Whereas a considerable part of transsexual and transgender communities would agree with the definition of transsexuality as a pathology determined by the presence of an 'intersex brain' – a brain whose development has been hindered by abnormal hormonal exposure – and because governmental policies started developing new areas of coverage for treatment in diagnosed cases, this theoretical position became an asset of transgender politics in their pursuit of civil recognition. Whereas the majority of transgender people at least strategically ascribe to this view, there is a minority who are increasingly advocating the demedicalisation of transsexuality, the exclusion of the term 'gender dysphoria' from the DSM-IV and the consequent eradication of the need for a psychiatric diagnosis<sup>60</sup>. The notion of sex as a biological given plays a crucial role in this variant of biological determinism as the 'natural' foundation of psychosocial identity (Hausman 1995; Meyerowitz 2002; Elkins and King 1996; Oudshoorn 1994). With these scientific representations of the body and the measuring of what is not in sight, biology becomes

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<sup>59</sup> This is a structure in the brain understood to relate to stress and anxiety responses.

<sup>60</sup> In times where gay and trans genes are being discovered and standardised as 'causes' of homosexuality and transsexuality, and where the news report the advocacy of compulsory sterilisation for transsexual people (in order to avoid, they argue, cases of male pregnancy such as the media popularised Thomas Beattie), these decisions become increasingly difficult, because, as I refer to in chapter three, the increasing professionalisation and internationalisation of trans politics demand the adoption of specific medical models of transition.

the condition of narrativity of gender identity, the ‘substance’ in which gender norms inscribe patterns of behaviour. In this way the sex/gender distinction underlies a particular clinical relation established between patients and doctors, one based in the systematic translation of matter, differential gender relations and values. In the next section I will unfold the consequences of this relation by examining the current international standards of treatment, agreed by medical practitioners and trans organisations.

### **3.3 The medical model of transition**

Transsexuality is currently defined as a mental health disorder and classified under Sexual and Gender Identity Disorders (GIDs) in the Diagnostic and Statistic Manual of Mental Disorders (DSM-IV, 1994) and the International Classification of Diseases (ICD-10, 1990). These manuals offer a taxonomic description of diagnostic variables, and group different GIDs in relation to treatment models; however, despite their emphasis on classification, they are meant as compilations of diagnostic criteria and not as clinical guidelines. The World Professional Association for Transgender Health (WPATH) covered this gap producing an agreed protocol of clinical practice, the Standards of Care for Gender Identity Disorders (SOCGID) in 1979, which in practice became an international treatment guideline for the “psychiatric, psychological, medical, and surgical management of gender identity disorders”<sup>61</sup>. The sixth and last revision of the SOCGID was agreed, as were past revisions, by an advisory committee formed by medical experts on transgender health, academics and transsexual activists, and was approved in 2001.

According to the Standards, access to gender reassignment treatment is conditional on the psychiatric diagnosis of GID at the beginning of the process, which usually takes its first shape in a referral letter from a local General Practitioner, who, having evaluated a patient’s claim for treatment, passes the case on to centralised units where the patient is diagnosed and treated by specialists. Treatment then consists of the modification of secondary sex characteristics through hormonal treatment, social/legal transition and/or

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<sup>61</sup> See [http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm), last accessed August 2009.

surgery. This triadic approach is evaluated once the patient is living as a full member of their chosen gender<sup>62</sup> through follow-up treatments designed to measure the success of reassignment, and to facilitate the social integration of the patient. Although a detailed discussion of the classificatory subdivisions of the clinical problems associated with gender identity is beyond the scope of this chapter, it may be worth pointing out that, in terms of treatment, these are divided according to a ‘clinical threshold’ which justifies the demand and administration of medical care to transgender patients. The Standards also stress certain diagnostic prerequisites such as ‘real-life experience’ tests, problematic most of the time among trans people, through which medical professionals are able to measure the authenticity of the condition and control access to treatments. These diagnostic techniques were developed after the ‘medical turn’ that followed the publication of the DSM III in 1980 (cf. Wilson 1993; Valentine 2007), and which resulted in the application of a ‘biopsychosocial’ approach in psychiatry and the development of new models of diagnosis based on observation and the measurement of ‘evidence’, which followed a more general tendency within psychiatry to assert itself as a ‘natural’ science (Bracken and Thomas 2005). Under this new model, the sex/gender distinction was reinforced with the introduction of new categories of Gender Identity Disorders, and the reconsideration of different treatment sequences associated with those categories.

In the forthcoming subsections I explore how diagnostic requisites frame medical treatment in the NHS, and how their application endorses treatment models based on the progressive elimination of female sexual characteristics and the acquisition of male attributes. I then discuss briefly the different treatment models the Standards suggest through the three successive stages of psychotherapy, hormones and surgery. This structure is intended to lay out more clearly some important consequences of medical classification and prognosis, and also to reflect the ways in which the structure of treatment affects trans people’s understanding of their transitions. This section draws on official documents rather than trans people’s differing encounters with treatment

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<sup>62</sup> Methods vary in different medical/political traditions, ranging from psychiatric tests to forensic examinations, and in some instances are mandatory to achieve legal recognition. Common tests include the examination of aesthetic results of the treatment such as growth/loss of body hair, and psychosocial evaluations designed to corroborate that the patient lives full-time in their new gender role. In some countries in western Europe, voice tests and genital measurement are also customary. Once recorded by a forensic agent, these data are detailed in a legal report and submitted on account of the transsexual’s name change.

models, because it seeks to address the status of transsexuality in contemporary medical debates, and in particular the role of psychiatric evaluation in the generation of 'ideal' therapeutic and prognostic transsexuality models. In Part II of the thesis, where I explore my informants' experiences of transition, I will also address their relationship with certain aspects of treatment such as hormonal intake (Chapter 5) and real-life experience (Chapter 6).

### **3.3.1 The clinical threshold**

As defined by the SOCGID, the clinical threshold "is passed when concerns, uncertainties and questions about gender identity persist during a person's development, become so intense as to seem the most important aspect of a person's life, or prevent the establishment of a relatively unconflicted gender identity" (WPATH 2001:2). For doctors, it defines the point where gender becomes the concern of medicine, as it cumulatively condenses the symptoms that are susceptible to being diagnosed as a gender identity disorder. For trans people the clinical threshold is epitomised by their decision to start transitioning. It is passed when one consults a GP and is referred to a mental health specialist to be diagnosed according to the DSM-IV and ICD-10. Those who pass the clinical threshold are classified as having a Gender Identity Disorder (Of Childhood, Adolescence, Adulthood or Not Otherwise Specified) by the DSM-IV, and either Transsexuality, Dual-role Transvestism, Gender Identity Disorder of Childhood, Other Gender Identity Disorder and Gender Identity Disorder; Unspecified by the International Classification of Diseases -10 (ICD-10). These classifications are important because they stand as guarantors of the success of the treatments and are therefore central to the understanding of what constitutes arrival and the extent of treatments in medical narratives. In this way they also inform ideas of 'success' shared between trans people and medical and political discourses. 'Success' is a key concept that legitimates transsexuality as a condition for which a treatment is necessary, effective and free in some countries, including the United Kingdom, and it is defined by medical discourses as a certain moment after treatment when gender is no longer a matter of concern in relation to the patient's ability to produce certain living standards (in terms of mental health, the law, work, sexuality, and physical appearance). It often coincides with the

‘fixation’ of gender traits and with the moment when gender identity is no longer understood to be in transition, because one of the key outcomes of treatment is the stabilisation of the desired gender identity.

The clinical threshold is essentially subjective, and is evaluated in diagnosis through personal narratives of the symptoms. These narratives entail – on the side of the patient – the breaking down of any reasons for social discomfort and gender/body dysphoria, as well as – on the doctor’s side – an explanation of the enablements and limits of each treatment in order to achieve an agreement on what is adequate for a specific case. In this exchange, certain kinds of narratives of experience (personal, political, legal, and otherwise) are required in order to create the desired evaluation. Trans people know that it is not a given that they will be diagnosed and referred for treatment, and for this reason, when they are not produced spontaneously, successful narratives are plotted collectively and shared in support groups in order to extend the rate of eligible cases. Understanding the medical logic of this process in relation to this more strategic dimension can help situate the clinical threshold, not only as a fixed category that mediates the relation between a trans person and the medical institution, but also as a labile and living boundary; one that not only connects the inner and outer realms of medical transsexuality, but also produces ambiguities and contradictions contingent to the event of its negotiation.

In fact, the definition of the clinical threshold also involves the ways in which social services decide on eligibility criteria. These apply in the same way as access to general conditions of care and to the regulation of health under the ideal of ‘choices’<sup>63</sup> in the context of contemporary health systems. In the United Kingdom, the NHS provides a route for transitional patients through the gender unit at Charing Cross Hospital, once a case has been validated and appropriately referred by a General Practitioner. As soon as a first appointment is granted, usually after a waiting period of several months, the patient undergoes the subsequent phases of evaluation and diagnosis that will eventually

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<sup>63</sup> The NHS offers through its program Choices the possibility of comparing hospitals and treatments for patients. It is the result of recent discussions within the welfare state that characterise medical treatments as ‘services’ where the patient, who used to be subjected to medical authority and have a limited capacity of decision, is now progressively entitled to ‘decide’ on the conditions of treatment (see [www.nhs.uk](http://www.nhs.uk), last accessed August 2009). However, medical insurance in other European countries also tend to a similar ideal, where the provision of care is gradually framed by patients’ decisions.

result in access to hormones and surgery. Needless to say, in order to access NHS care, a patient must be eligible in terms of citizenship. Even though the ideal of access to social services in the United Kingdom is of free access for all, it remains the case that those concerns about one's gender identity that the clinical threshold establishes as a precondition to treatment have to be articulated in rather specific ways, as my informants remarked and I discuss in the following sections. Because diagnosis is largely based on narratives about experience in the lack of a clear physical symptomatology, knowledge of English, if not sheer mastering of the specific gender narratives that will make up for success in accessing treatment, could be said to be the first unspoken prerequisite to encroach on the clinical threshold. I was told that these narratives include strong assertions about one's wish to become the other gender, reference to having had felt in the same way in the past, the will to continue treatment in all its phases (hormonal transition and surgery), and as little ambiguity as possible regarding the definition of one's gender identity<sup>64</sup>.

Other criteria include minimum age requirements and passing a number of diagnostic tests designed to make sure there is no risk of co-morbidity or that 'transsexuality' as a mental health condition occurs 'alone'<sup>65</sup>. Were it obscured by the detection of other mental or personality disorders, a period of severe depression or any other concomitant mental health disorder, the diagnosis would be postponed until those conditions have been treated in adequate periods of psychotherapy. Yet concerns about gender identity seldom happen 'alone', as gender identity is lived in many, if not all, dimensions of life, and it is only too obvious that aggravates such as depression, isolation and marginalisation can easily evolve into complex constellations that may affect the 'normality' of one's interactions with others, not to mention the results of diagnostic tests.

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<sup>64</sup> My informants commented that failure to define their gender identity as male was understood to obstruct the diagnostic process, and could result in a higher number of therapy sessions. In subsequent phases of diagnosis, failure to identify appropriately in the gender of choice could also delay treatment. According to my informants, it was important to be 'articulate' and be able to anticipate the shortcomings of the first medical interview.

<sup>65</sup> This is because, as Redlich (1981) argues, notions of health in psychiatry are in general "vague" and "loose" in their lack of agreement on generally applicable behavioural criteria. These are even more complex in the case of GID because here differential diagnosis involves, in practice, complex sets of associations based on observation and narrative interpretation.

In the NHS, the clinical threshold is usually passed in practice around nine months after one expresses his first concerns, as this is approximately the extension of the NHS waiting list. For this reason, among others, some trans men regard the NHS route as a long and exceedingly bureaucratic process. In London, the London Gender Clinic offers a private alternative to the NHS, and offers diagnosis and hormone prescription through a faster route. Founded by Russell Reid, now retired, this clinic is now run by an experienced doctor, and it is the preferred choice for people who do not want to wait or, indeed, want to be treated by a trans friendly doctor instead of a non-trans psychiatric specialist. This option allows people access to hormonal treatment comparatively sooner, and it doesn't foreclose the possibility of accessing care via the NHS for surgery at a later stage. Mastectomies and other gender surgeries are treated as private plastic surgeries outside NHS treatments, and are considerably expensive. In the forthcoming sections I will analyse the different stages of treatment in their representation in the Standards of Care, and I will introduce some points of discussion that people pointed out when talking about treatment.

### **3.3.2 Diagnosis**

Today's symptomatic configuration of transsexuality is described in the psychiatric manuals DSM-IV and ICD-10. In the ICD-10 (WHO 2007, section F64), which, incidentally, coincides with recently NHS published research on the aetiology and classification of gender identity disorders (Barrett 2007), transsexuality is defined primarily as a desire to "live and be accepted as a member of the opposite sex" by people who wish to have "surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex" (WHO 2007). The DSM-IV (1994) sets two different requisites for Gender Identity Disorder: a persistent cross-gender identification and evidence of "persistent discomfort" (usually related to the inability to function 'properly' in social or occupational areas). In addition, the condition is essentially conceptualised as 'psychological', as the diagnosis requires that no evidence be found of a concurrent physical intersex condition. The DSM-IV offers a detailed section on the diagnostic features of gender identity disorders. For FTMs, it reads as follows:

“Girls with Gender Identity Disorder display intense negative reactions to parental expectations or attempts to have them wear dresses or other feminine attire. Some may refuse to attend school or social events where such clothes may be required. They prefer boy’s clothing and short hair, are often misidentified by strangers as boys, and may ask to be called a boy’s name. Their fantasy heroes are most often powerful male figures, such as Batman or Superman. These girls prefer boys as playmates, with whom they share interests in contact sports, rough and tumble play and traditional boyhood games. They show little interest in dolls or any form of feminine dress-up or role-play activity. A girl with this disorder may occasionally refuse to urinate in a sitting position. She may claim that she has or will grow a penis and may not want to grow breasts or menstruate. She may assert that she will grow up to be a man. Such girls typically reveal marked cross-gender identification in role-play, dreams or fantasies”<sup>66</sup>.

The DSM-IV does not provide a clear aetiology of transsexuality. Rather, it specifies subcategories of the general GID diagnosis from the variables of age and sexual orientation. This passage suggests that observation and narrative analysis constitute the main diagnostic methodologies, and that in order to produce a diagnosis the doctor needs to ascertain fantasies and identifications and reconstruct the patient’s past. Not being related to a physical intersex condition, FTM transsexuality is specifically defined as a social incapacity to adapt to certain prescribed behaviours associated with being a ‘normal’ girl: wearing dresses, liking feminine attire, growing long hair, wanting to be called by a female name, identifying with female heroes, preferring girls as playmates, doing feminine gymnastics, urinating in a sitting position, enjoying the recreation of family roles through role-play and dolls, accepting menstruation as a natural and exciting feature of puberty, or not having dreams or fantasies where one takes up a male gender role.

Thus, the definition of transsexuality as a social condition is often linked to ideas in psychiatry of embodying a ‘natural’ gender, which is one of the reasons why diagnosis is today such a contentious and uncertain terrain<sup>67</sup>, and underlines the definition of reassignment treatments as linear passages between fixed categories in biomedical

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<sup>66</sup> DSM-IV, Sexual and Gender Identity Disorders, section 302, entry Gender Identity Disorders, can be accessed online at <http://www.genderpsychology.org/transsexual/dsm-iv.html> (last accessed on August 2009).

<sup>67</sup> I am referring to the revisions of the DSM that are being carried out for the expected publication of the DSM-V (I address this issue in chapter 8), but also to some diagnostic incidents involving diagnostic procedures that became public after the trial of Dr. Russell Reid, who was accused of rushing into a decision at least in 5 of the hundreds of cases he treated throughout his career as a private gender specialist, as discussed below.

discourses. The psychiatric treatment of GID entails the recognition of certain gendered symptoms, and their characteristic grouping in a syndrome, whose diagnosis spreads over a number of categories to be finally addressed through a universal triadic treatment. In this way, the psychiatric diagnosis of GID situates transsexuality in a critical position, given that the signs associated with its identification, at least as it is defined in the manuals, are not as easily discernible as evidence in all cases. Furthermore, the available time for clinical examination is limited in relation to the task of identifying and correlating the evidence of the diagnosis. This evidence includes the confirmation of persistent cross-dressing and cross-gender identification, proof of the adjustments a patient has already effectuated to live in his gender of choice, and the presence of data regarding sexuality and erotic identification. According to NHS psychiatrist James Barrett, it also involves observation and scrutiny of the patient's 'nature', his or her appearance, and his or her 'created features' – diagnostic practices scrutinise for elements such as leather chains, tattoos, dog collars and other similar details that can illuminate the extent of the patient's fetishistic investment in cross-dressing, as well as masculinity, femininity or neutrality in the vocal pitch (2007:15). Through narrative interpretation and direct observation, the psychiatrist composes the puzzle of gender identity, whilst at the same time he ascertains whether or not the symptoms meet a certain intensity (clinical threshold) and eliminates other diagnostic possibilities (differential diagnosis).

In short, it is arguable, at least from the perspective of the medical model, that a psychiatric appointment will be sufficient to evaluate how and how much the patient's experience matters in terms of the diagnosis. It is for this reason that the trans people I met wanted to ensure they had the correct answers. Psychiatrists are conscious about the increasing diagnostic savvy that trans people deploy in carefully selecting the narratives that will make for a successful diagnosis. Even though the line between the truth and an instrumental use of diagnostic knowledge by trans patients is subtle, to say the least, Barrett believes that, "rather than inventing a 'better' story or seeking the best part of their history, some patients *present only those parts of their history they feel to be important*" (2007:14, my emphasis). Indeed, these inconsistencies are the reason why this process is continuously under revision by medical practitioners, service providers and specialised organisations working locally and nationally such as the Gender Identity

Research Education Society (GIREs) or The Gender Trust. Currently, these organisations adopt a model of transsexuality based on “the mismatch between brain-sex and genital-sex”. In its priorities, GIREs remarks that “identifying the biological determinants of gender identity and intersex conditions helps society generally to understand and accept that those they affect are naturally transgendered. The understanding that gender dysphoria is not a fantasy is especially important”<sup>68</sup>.

This is one of the reasons why the Standards of Care are such an important and contentious document. In fact, the Standards of Care cover the diagnostic gaps in both the DSM and ICD with the specification of what should count as evidence for diagnosis, and therefore who is eligible for treatment. Thus, they become a mechanism of control over psychiatric practice by developing codes of conduct and detailing the information that the mental health professional must take into account in order to diagnose a case. They are also meant to protect the transsexual patient, ensuring the recognition of the condition and what is assumed to be its universally desired treatment. The Standards, in conjunction with the work of a number of organisations and trusts that support them, also guarantee effectively the social transition of the transsexual patient by generating social services and legal frameworks designed to provide equal access to work, pensions, social services, a family, and so on. However, the Standards also relegate transsexual people to a certain confinement and inscription, one that sometimes brings about unwanted repercussions such as the stigma and social prejudice endured when one is diagnosed with a mental health condition.

### **3.3.3 Real-life experience**

The sixth version of the SOCGID asserts that it is the responsibility of the mental health professional to ensure the accuracy of the diagnosis in order to set in motion the most appropriate sets of interventions that will result in gender and sex change. The diagnostic process is set in motion through a two-phase evaluation process designed to ensure that the patient meets the criteria for treatment. A first phase of this process is

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<sup>68</sup> This quote has been extracted from the GIREs public statement on its website. A full list of priorities, as well as extensive material supporting their approach to transsexuality, is listed in <http://www.gires.org.uk/priorities.php>, last accessed March 2009.

the so-called 'phenomenology', and comprises a symptomatic mapping of the specific characteristics of the patient's gender identity, designed to produce realistic determinations of the extent of every individual problem. For instance, in the case of the GID of childhood and adolescence, this realistic determination entails the distinction of a gender identity disorder from a delusional belief, which may or may not be associated with broader psychotic conditions. This gap is systematically dealt with through the definition of gender identity as a key concept based on an evaluation of the explicit realms of one's experience as having a gendered 'value'. In this way, narratives including being born in the wrong body, being already presenting as male, having experienced cross-gender identification in childhood, or identifying with some types of heroes and not others all count in this differential diagnosis. Similarly, GIDs of childhood and adolescence do not always precede GID in adulthood, and therefore these categories are not treated as equivalent in terms of treatment. With adults, this phase is evaluated by basic observation (this is an evaluation of the patient by the mental health professional) that will determine the need for psychotherapy and ensure that the patient meets the eligibility criteria for treatment.

A second phase of the protocol is what could be classed as psychological and social evaluations (tests), formulated to acknowledge and assess the individual needs of the pre-transitional patient. These, in children and adolescents, involve a complete psychodiagnostic and psychiatric assessment that includes, but is not limited to, a family evaluation. In adults, it is about determining the amount of psychotherapy that the individual will need in order to start treatment, and is done through programmes designed to ensure that the patient meets the eligibility criteria by means of a minimum number of psychotherapy sessions. In fact, the Standards make a distinction between the concepts of eligibility and readiness. Eligibility is measured in terms of factual requirements such as "a person must live full-time in the preferred gender for twelve months prior to genital surgery" (WPATH 2001:7), whereas the meeting of readiness criteria like "further consolidation of the evolving gender identity or improving mental health in the new or confirmed gender role" is understood to be more complicated and depend on judgment and essentially subjective values. Readiness criteria involve the agreement of the points of view of both patient and doctor. It is perhaps the tension between these two concepts that prompts the distinction in biomedical discourse and

clinical practice between ‘support’ therapy, designed to accompany a patient throughout the process of transitioning and help to deal with psychological issues not necessarily related to the transition process, and ‘radical’ therapy, the aim of which is to “enable the patient to eschew the wish for gender reassignment” (Barrett 2007:97).

Because of the medical and social risks associated with prolonged hormonal therapy, the requirements for cross-sex hormone therapy are based on age (the patient must be over 18 years old), a demonstrable knowledge of “what hormones can medically do” and either a documented real-life experience of at least three months prior to hormone administration or a period of psychotherapy specified by the mental health professional after an initial evaluation (WPATH 2001:13). In practice, my informants told me that real-life experience would be the quickest way to *show* that you are ready<sup>69</sup>. The constituents of ‘real-life’ need to be measured in very specific personal narratives, some of which are told in the doctor’s office and others gathered as a confirmation of what happens outside. In other words, access to treatment is conditional on experience becoming a measurable and assessable experiment that at once safeguards the pertinence of diagnosis and makes psychiatry accountable.

Some trans people consider real-life experience inconvenient because evidence of having transitioned socially is very difficult to obtain in practice. They complain about having to present themselves as male when they feel they do not look male, and having to come out as trans in their study or work places when the physical changes are still a long way down the line. In the NHS, where the team at Charing Cross worked on a revision of the SOCGID to address clinical issues in the United Kingdom, real-life experience exceeds the three-month timeframe proposed by the SOCGID, and the proposed periods of real-life experience range between six and nine months prior to hormonal treatment. The logic behind this augmentation, as described by an NHS psychiatrist, is that a longer period of socially reversible changes can have a stronger impact on the decision to make partially reversible and irreversible changes, and in a way it is itself a preparation for them. In fact, real-life experience was referred to as a real-life test in previous versions of the SOCGID and is a system of observation

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<sup>69</sup> “I don’t think you have to wait two years to get hormones”, one informant said, “but they do like you to be presenting as male and your work, in this case your college, you do have to get a letter from your college saying ‘yes I know this person is male and I call him he’ and that sort of thing”.

designed to measure the power of narrative and the ‘realness’ of the meaning to change that enables the individual to surpass the clinical threshold. In the SOCGID, real-life experience is regarded as “essential”, because it makes explicit the negative social consequences that transition may have in a person’s life<sup>70</sup>. It is therefore the doctor’s responsibility to discuss them with the patient, and to assess accordingly the quality of a person’s real-life experience in the desired gender.

The SOCGID, however, argue that real-life experience is not actually a real-life test. Despite the evidence that some practitioners take real-life experience as the ultimate test for the confirmation of a diagnosis, in theory the diagnosis should precede real-life experience. In practice, it doesn’t always do so, and people’s encounters with real-life experience are problematic and complex. Real-life experience and real-life tests estimate the viability of gender adaptation in a patient’s life by assessing, among other things, the abilities to maintain full- or part-time employment, function as a student, function in a community-based volunteer activity, or any combination of these, and, crucially, acquire a legal gender identity in the form of an appropriate first name (WPATH 2001:17). The Standards of Care articulate the role of real-life experience thus: “[P]rofessionals sometimes construe the real-life experience as the real-life test of the ultimate diagnosis. If patients prosper in the preferred gender, they are confirmed as ‘transsexual’, but if they are undecided against continuing, they ‘must not have been’” (WPATH 2001:18, my emphasis). Once passed successfully, “both the mental health professional and the patient gain confidence about undertaking further steps” (WPATH 2001:18) and trans people are finally prescribed hormonal therapy and referred for reassignment surgery.

#### **3.3.4 Standards of Treatment**

After these two diagnostic prerequisites, sexual adaptation to the gender of choice is initiated through specific sets of interventions, which vary depending on diagnostic variables such as the patient’s age. In children and adolescents, the physical interventions are classified according to their degree of reversibility in order to ensure that the patient

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<sup>70</sup> As described by the SOCGID, these consequences include employment discrimination, divorce, marital problems, and the restriction or loss of visitation rights with children (WPATH:17).

does not undergo irreversible changes before experiencing puberty in his or her biological sex<sup>71</sup>. Hormone inhibitors, or LHRH agonists<sup>72</sup>, are the standard fully reversible interventions, cross-gender hormonal therapy and real-life experience constitute the partially reversible interventions, and surgery, which is not advised before adulthood or the completion of a real-life experience of at least two years, is itself the paradigm of an irreversible intervention.

Despite nominal differences, the structure of the treatments in adults is fairly similar, consisting of a series of adaptations that require development during the psychotherapy stage. In female-to-male patients, these comprise cross-dressing, breast binding, weight lifting, the application of theatrical facial hair, padding underpants, or wearing a penile prosthesis (WPATH 2001:12-13), which lead to hormonal treatment and surgery. Hormonal treatment is generally understood to precede surgery and, in most cases, to be its prerequisite, given that surgery is an irreversible transformation, and as such entails a special responsibility from both the patient and the medical professional. In order to safeguard this responsibility it becomes essential to evaluate what the social, familial, interpersonal, educational, economic and legal consequences are likely to be when living a new life in the other gender. The new gender presentation, as the standards point out, “represent[s] external reality issues that must be confronted for success” (2001:17), and in this way real-life experience often constitutes itself as the ultimate legitimating parameter of the diagnosis of transsexuality. Sometimes real-life experience is evaluated through real-life tests that resolve the capacity of the patient to function in the acquired gender, in the areas mentioned above, and assist both the mental health professional and patient in determining when and how to undertake further steps. If the new gender is constructed without physical transformation, real-life

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<sup>71</sup> This is the general protocol in the United Kingdom; however, increasing scientific investigation into possible biological causes of transsexuality (discussed in chapter 1) is fostering treatments of hormonal inhibitors in adolescent patients in other countries of the European Union, such as Netherlands or Czech Republic. Increasingly these debates are permeating British public opinion, see for instance [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/child\\_health/article4359432.ece](http://www.timesonline.co.uk/tol/life_and_style/health/child_health/article4359432.ece), or <http://www.guardian.co.uk/society/2008/aug/14/children.youngpeople>, for two recent cases, and <http://www.guardian.co.uk/commentisfree/2008/aug/28/sexeducation.gayrights> (last accessed August 2009) for Dr. Richard Green’s apology of these treatments. Gooren (2008) offers an overview of treatments in Britain.

<sup>72</sup> This compound emulates the structure and function of LHRH (luteinizing hormone-releasing hormone). LHRH is a hormone that controls the production of sex hormones in both men and women.

experience *is* already validation of transition, because it implies the success of all the steps – clinical, social, interpersonal, etc. – taken towards its consecution.

Given that the referral for surgery develops from previous stages of treatment, surgery comes to manifest itself as the last step towards a successful sex change, according to medical discourses. Therefore, surgical interventions stand for a certain arrival that in the case of FTM transitions is at least double-sided. First, the body is shaped into male aesthetic standards, to varying degrees. ‘Top surgery’, that is, a mastectomy or breast reduction surgery, is aimed at the removal of female sexual characteristics, whereas ‘bottom surgery’, or the various techniques of metoidioplasty and phalloplasty, approximate the body to the morphology of male genitalia. Hysterectomy, as well as all its collateral surgical procedures (bilateral salpingo ophectomy<sup>73</sup> for instance) is more problematic, however. Decisions to perform these procedures derive from previous treatment stages in some cases, but they are other times advisable for medical reasons, for instance in the event that the ovaries develop atrophic cancerous cells or fibroid cysts due to a lack of oestrogen and progesterin production, possibly related to an ovarian atrophy in connection with an intake of testosterone (see, for instance, Seal 2007). That these procedures are in some instances mandatory, some trans and intersex people have also remarked, evinces that these procedures are sometimes used as tools of biopolitical regulation.

Second, and regardless of the particular procedure, surgery remains the most irreversible of interventions within gender reassignment therapy, and is thus the subject of special measures intended to guarantee that it is ‘the right decision’. Even when, since the approval of the Gender Recognition Act, it is no longer the case in the UK, in other European countries surgery is the threshold beyond which the medical profession is accountable for someone’s sex change before the law, and for this reason there are extra medical (legal) controls in order to preserve the logic of treatment. This is the case in Germany, as one of my informants confirmed in our interview, as well as in France, where it is customary to perform forensic examinations over the transgender patient’s body before a legal change of name, only to determine that he or she has undergone a determinate degree of surgery and his or her genitals are shaped within the medical

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<sup>73</sup> This procedure entails the removal of both ovaries and the Fallopian tube.

standards of the sex of choice. However, in Britain, as Whittle suggests in the *White Book*, surgery is granted to trans people as an *integral* part of treatment, and there are ways in which people that are denied surgery can access legal support from specialised organisations if they decide to appeal (1998:10). The logic of surgery, as Whittle remarks, is based on at least three important arguments. Surgery is a continuation of hormonal treatment in the triadic model of gender reassignment, and as such it needs to be available to patients who have started medical transition. In addition, it has a high index of success in terms of recovery. And finally, because transsexuality is considered an “inborn” condition in the medical model, “transsexual people should therefore be treated equally to any other person born with a correctable inborn disability” (1998:10).

### **3.4 Conclusion**

In this chapter I laid out the logic of gender reassignment treatments by connecting the historicity of the distinction between sex and gender and the current logic of diagnosis and triadic treatment. I explored how the medical model in psychiatry that followed the publication of the DSM III in 1980 affected the treatment of Gender Identity Disorders, and how it created specific points of reference (the clinical threshold, diagnosis and real-life experience) in regard to transsexuality and transition. Through this model, psychiatrists place emphasis on objectivity, evidence and observation over interpretative analysis, and mobilise patient narratives beyond their contextual milieu to establish a universal ‘proven’ transition route that works for transsexuality and gender-related conditions. With this move, transsexuality is not only reified as a medical condition (in particular a ‘mental health disorder’), but also as a universal, coherent and unitary identity that is understood to simultaneously mirror and produce the experience of transition.

The clinical threshold, described in terms of persistence and the intensity of a certain symptomatic configuration, delimits the scope of the medical management of transsexuality, which is regulated through an internationally agreed (between medical professionals, trans representatives and organisations) protocol – the Standards of Care.

In this standardisation, experience becomes the experimental ground of biomedical taxonomic and prognostic practice, and transition is defined as the passage between the two predefined categories of 'natural' gender.

I discussed how biomedical discourses privilege real-life experience as both a confirmation and an ultimate test in the diagnosis of gender identity disorders, which amounts to certain proofs that effectively assess the 'truth' behind trans people's intentions to access treatment. Furthermore, subcategorising gender identity disorders according to age criteria, the Standards establish a triadic model of treatment based on the progressive irreversibility of transition changes. In so doing, they endorse a model of change based on linear conceptions of time, where progress is measured through the combination of physical, social and legal changes.

Participants in this research used medical coordinates and the language of linear passage to describe their transitions and situate their processes in shared abstract domains. Medical coordinates were thus 'milestones' in their processes; they were used and drawn upon in different contexts, informing ideas about trans identity and politics, and setting the networks in which the biomedical and biotechnological dimensions of transition are distributed. However, it could be argued that this paradigm overlooks experiential dimensions of transition, where change is perceived as a qualitative and unfolding process of creativity, movement, continuity, and ruptures. In the following chapter, I address critiques to this model voiced by strands of (post)feminism and queer theory, who tried to subvert the sex/gender distinction in their analysis.

### **4.1. Introduction**

In the previous chapter I laid out the logic that underlies the clinical management of transsexuality, connecting the distinction between sex and gender with the emergence and development of biomedical discourses on transsexuality and transition. I suggested that three different historical periods gave rise to different emphases in medical practice, and that the development of biomedical categories and classifications, treatment protocols and aetiological models of transsexuality had an impact on debates around sex and gender formation in biomedicine and beyond. However, I also suggested that the experience of transition is not always reducible to the categorical distinctions with which biomedical discourses regard sex reassignment as a mental health disorder. For example, mentioning my informants' differing relationships with the clinical establishment, I considered how trans people often approach the strict diagnostic requirements of gender identity disorders with scepticism and in an instrumental manner, establishing complex strategic relations with the rationale behind diagnosis in order to maximise efficiency in accessing and using treatment. I considered the ways in which the medical dimension of treatment is underpinned by politics in many ways, and how access to treatment is mediated by complex regulatory mechanisms, as are the management of transgender health and the production of knowledge about transition in the context of biomedical experimentation. In this sense the diagnosis of gender identity disorders reifies the conclusions of other studies about mental health (see Canghilhem 1989; Rose 1990; Jones 1994; Foucault 2001), where the distinction between the logic of choice and the logic of care (Mol 2008) are not as clear as they

may seem in other ‘physical’ illnesses<sup>74</sup>. In my view, this distinction between logics is especially timely in relation to the enactment of sex and gender in mental health cultures, given that this border is in fact contentious and subject to continuous revisions<sup>75</sup>. With the concern rising about the role of psychiatry and the use of performance drugs in psychiatric treatment (Kramer 1994; Elliot 2003; Fraser 2003; Martin 2007; Lakoff 2004), the relevance of some of these debates is however not restricted to the case of sexual and gender identity disorders.

Nevertheless, the inclusion of sex and gender as objects of biomedical and scientific classification, experimentation and therapeutics gave rise to a number of historical studies that demonstrated that the relation between sex and gender, biomedicine, kinship, and economics *is* political. As we saw in Chapter 2, the emergence of endocrinology in the second half of the nineteenth century fostered new ways of thinking and regulating the body in terms of its social (and political) functions (see Foucault 1985; Laqueur 1990, for instance). Feminism also studied this historicity, approaching sexual identity and sexual formation, and situated the production of sex (its ‘nature’) precisely within those social and political networks. Feminist approaches to gender and sex thus inspired the redefinition of the political in relation to the body and identity, and in relation to the discourses that historically naturalised sex and gender relations (see, for instance Strathern 1992; Stolcke 1993, Collier and Yanagisako 1987). From this standpoint, and influenced by certain traditions in philosophy, feminist scholars developed new analytic approaches to the relation between sex and gender as a political question.

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<sup>74</sup> I am using Annemarie Mol’s recent binary formulation (2008) because, despite having been coined in the context of a chronic ‘physical’ illness, it is especially relevant in the analysis of mental illness. Mol’s argument against ‘the logic of choice’, a tendency in biomedicine to consider patients the ‘experts’ of their own condition, challenges the idea that treatment could ever be a matter of choice. That patients are offered an increasing number of commercial tools to alleviate the symptoms of their condition, thereby exonerating doctors’ responsibilities, and that treatments increasingly rely on social networking tools like support groups or ‘expert’ groups, Mol argues, inverts ‘the logic of care’, which she defines as the essence of medicine, and which endows doctors with the power, responsibility and expertise in decision making in the context of clinical relations.

<sup>75</sup> I mean especially legally. Examples of this legislation are Britain’s Mental Health Act 1983, amended 2007 or the Mental Capacity Act 2005, which affect the political regulation and clinical management of all affected by mental health disorders. As discussed in Chapter 3, it is also evinced by discussions about the transition between interpretative and evidence (symptom) based psychiatry with the publication of the DSM-III in biomedical and social science literature (Bracken and Thomas 2005; Mayes and Horwitz 2005; Menninger 1977; Horwitz 2002; Milton 1983; Starr 1982; Young 1995)

The coexisting – although perhaps to some extent divergent – conceptualisations of sexual politics discussed in this chapter share the common political project of problematising ‘authorised’ and essentialist discourses of sex, especially the correlations between the body and the construction of gender proposed by biomedical discourses. As such, they challenge the ways in which biomedicine defines transition as a linear and cumulative passage between ‘female’ and ‘male’. However, these critiques have a different theoretical and political scope, and approach this critical project from apparently contrasting perspectives, giving relevance to different political dimensions of sexual politics. In the context of contemporary critical and (post)feminist theory, these approaches constituted radical theoretical and political reconfigurations of sexual ontology and epistemology and were mobilised by social movements as strategic investments in social change.

This chapter thus reviews some of the main debates around the politicisation of the sex/gender distinction of the past decades, through reviewing a series of critiques of this distinction in the social sciences and biology. This discussion aims to highlight important critiques of the sex/gender distinction, because in redefining the relation between sex and gender, they implicitly challenge the idea of transsexuality as a mismatch between the two. However, I will argue that, although they appear to be a direct response to biomedical discourses and thus seek to situate their analysis beyond deterministic correlations between the body and behaviour, they do to some extent reinforce the same analytic categories in their engagement with experience and materiality. They articulate sexual and gender formations around *different* coordinates, where reference to these categorical distinctions (the distinction between sex and gender, at the very least) remains at the core of their analytical and political project. Importantly, in these analyses, as will be discussed in detail, the problematic underpinning of the way medical discourses engaged with sex and gender, defining those categories as ‘independent’ yet ‘complementary’ realms of experience, remains unchallenged. The discussion contained in this chapter will thus become important in my analysis of testosterone (Chapter 5), narrative (Chapter 6) and thresholds (Chapter 7) in transition, and to my conceptualisation of these three realms as transition units (Chapter 8).

Furthermore, the critical discourses discussed in this chapter inform some of the ways in which trans people extend and clarify medical definitions of transition, and the way that they define sexual politics in relation to becoming trans. However, despite the political potential of the sex/gender distinction critiques posed by post-feminism and queer theory, mainstream transgender politics mobilise the distinction between sex and gender as a strategic tool in a struggle for social inclusion and the recognition of civil and human rights for trans people, and regard these approaches to sex and gender as evidence of a political difference between sexuality and gender politics. Either way, these discourses have become resources for trans people, and are drawn upon in different ways to construct trans identities and public understandings of transition. In some instances, post-feminist politics<sup>76</sup> underlie radical sexual politics, or inform the identity politics of transsexuality in more subtle ways. They are, in any case, mobilised as illustrations or critiques of gender formation when trans people discuss ideas of transition, identity and what it means to change sex or gender<sup>77</sup>.

#### **4.2 Critiques of the sex/gender distinction**

The post-feminist project was characterised by continued, yet different, grappling with sex and gender, and a focus on matter and the body as one of the key means to do so. The critique of the category 'woman' as the subject of the feminist political project opened new areas of critique in many of the main debates around binary categories and the use of constructivist gender identity models across the social sciences and the humanities. This critique followed a number of debates about the place of gender in social relations, a set of trans-disciplinary debates where anthropology became especially prominent in reinforcing the analytic distinction between biology and social role at the core of kinship relations (Rosaldo and Lamphere 1974; Moore 1988; Ortner 1981; Boddy 1989) and the practice of gender (Rubin 1975, 1993, 1994; Newton 1979; Green 1997; Johnson 2005). Referring to certain bodies of knowledge that had already addressed this critique in some ways, notably Lacanian revisions of psychoanalytic

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<sup>76</sup> See, for instance, Brooks 1997 or Tasker 2007 for a discussion of postfeminist politics.

<sup>77</sup> An initiative I co-organised during fieldwork, the *Trans Reading Group*, evinced the extent to which these discourses are mobilised when discussing gender formation and sexual politics. Rather than books written by trans people about transition, the participants in the group were interested in post-feminist literature.

theory, phenomenology and post-structural theory, social theory made use of the traditional discourses of biology and the biosciences – distinct from later theories of the social body (such as Featherstone 1990, 2000) – to elaborate complex articulations of matter and the symbolic in analysing sexuality, sex and gender.

In this section I discuss three theoretical instances where the sex/gender distinction and its theoretical, political and epistemological consequences were recently interrogated. For reasons of brevity, I have grouped these critical arguments around (1) feminist revisions of notions of corporeality that under the resurgence of phenomenological theory in the 1990s proposed new conceptualisations of ‘experience’, (2) the use of bioscientific claims (notably neuroscientific and biological) by social theorists and biologists to privilege paradigms of connectivity and relationality in thinking of the body as a process, and (3) Judith Butler’s turn to Lacanian psychoanalysis to propose a definition of sex as itself transversed by cultural relations in opposition to earlier feminist<sup>78</sup> assumptions of biology as pre-cultural. By examining their postulates and contexts of pertinence, I intend to highlight some theoretical claims that became important in my research and that, in some way or other, I encountered during my ethnographic fieldwork among trans men; these ideas also became the theoretical starting point of my analytic approach to transition. It is under this rationale that I group and review their claims in this section, both as a way of contextualising the emergence of current debates around the status of transsexuality in social theory and in order to highlight the ways in which their theoretical underpinnings enable and limit political approaches to the body, matter and transition.

The senses in which sex and gender became political in post-feminist discourses were related to a series of revisions of the notion of agency (inspired by neo-Marxist and post-structural theory) in relation to the formation of sex and gender as the condition of (inter) subjectivity and narrative identity. In this respect, these new approaches construct the categories of sex and gender in relation to a variety of social, cultural, political, and psychological processes, as well as specific modes of observation and

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<sup>78</sup> Butler positions this claim against Simone de Beauvoir’s distinction between biological and historical (natural) dimensions of sex – where biology is assumed to be a pre-cultural given – in *Gender Trouble*. In *Bodies that Matter* she draws the same critique in relation to feminist readings of her own work regarding radical paradigms of constructivism, including the position of linguistic monism, where, in Butler’s words “linguistic construction is understood to be generative and deterministic” (1993:6) and the presupposition of a subject who ‘constructs’ gender volitionally.

knowledge production. Sex and gender in this context became to some extent 'processual' in two different yet interrelated ways. Both categories were seen to emerge in the intersection of regulatory practices (hence that the analysis of sex and gender needed to incorporate the historicity of those regulatory regimes) and they were understood to be linked to complex articulations of 'the lived', be it in relation to a phenomenological notion of experience (as in Grosz and Gatens' corporeal feminism) or by rethinking traditional divisions between matter and form and the reinvestment of the power of (symbolic) action in matter and the biological body (as, in different ways, do feminist biologists and queer theorists). These theoretical approaches, as I explore in this section, were in different ways critiques of the sex/gender distinction and its implications for social analysis.

Nevertheless, perhaps the most influential analytic engagement with sex and gender – certainly the most widespread –, which emerged from this critique, was the notion of performativity as developed by Judith Butler in *Bodies that Matter* (1993). This notion was explicitly intended to overcome traditional feminist debates around constructivism and the relation between matter and the symbolic. Through the notion of performativity, Butler explored the ways in which sex “was gender all along”, as the work of feminists like Simone de Beauvoir already seemed to suggest (see Butler 1986), and specifically whether becoming gender (one 'becomes' a woman) was ontologically and politically identical to becoming sex. Butler addressed these questions in her early work on the distinction between sex and gender in de Beauvoir's *The Second Sex* (Butler 1986) and *Gender Trouble* (1990), but it would be with the publication of *Bodies That Matter* (1993) that the question received definitive redress. By developing the notion of performativity, Butler displaced the 'rules' of gender to sex construction, challenging the pre-cultural notions of sex as a biological given, or, using her famous formulation, 'de-substantivising' matter to understand it in a 'verbal' way. Sex thus ceased to be an inert surface of inscription to become active in its own formation: the notions of 'materiality' or 'materialisation' cover a process of the convergence of material and symbolic dimensions, where sex is the never-ending process of citation through which the body produces and reproduces gender norms.

This framework, despite addressing some of the problems of constructivism in an unprecedented way, had important consequences. It provided an all-encompassing model of enactment of normativity that gave sex and gender a political value, and perhaps despite its own intentions came into practice to polarise the sexes politically as well as theoretically. The framework of performativity not only provided a universal framework to address sex and gender practices, but also connected the process of sex and gender formation to certain knowledge practices of western science, and associated gender formation with narrative identity, subjectivity and time.

#### 4.2.1 Corporeal feminism

Although the distinction between sex and gender was incorporated into social analysis through the nature/culture debate, critical approaches to constructionism and the influence of post-structuralism on second wave feminism launched a number of critical discourses that intended to transcend the limitations of these distinctions. In this context, phenomenology offered theorists the possibility of theorising embodied experience from a new standpoint, from where sex and sexuality were approached as the result of connections between material bodies, imagination and lived experience. Thus, gender started to be conceptualised in relation to 'the lived' as a result of the exposure of bodies to cultural, historical and intersubjective meanings, and also in relation to its own process of negotiating situations.

For instance, Gatens (1996) proposes a critical reading of the adoption of gender as an analytical category within feminism, and of the ways in which its political efficacy decreased as the notion of gender was applied within constructivist analyses of sexual difference. Critiquing Stoller's model of gender identity, Gatens contends that the sex/gender distinction is grounded in the older distinction body/consciousness, because it implicitly assumes that gender identity is in fact determined by biological tendencies and limits, and that experience is constructed through a cognitive pattern of stimulus-response. Against this binary model, she argues that neither body nor mind are to be understood as neutral and passive *tabulae rasae* in which social 'lessons' are cumulatively inscribed. Gatens questions the assumption that meanings are disembodied, and

evaluates the consequences of feminist readings of biology as a privileged site of signification. Moreover, she recognises that the displacement within feminist analysis of the categories man/woman to masculine/feminine has assumed a total passivity of the body, thereby allotting primacy to the ideological – to culturally specific meanings and power relations – emphasising a quest for equality between the sexes and leaving little space for the development of a ‘micropolitics of difference’. With this move, gender started to be understood in feminist analyses beyond its sex-specificity, i.e. it annihilated ‘difference’ and, in fact, inadvertently advocated the ‘masculinisation’ of women.

However, despite that ‘difference’ remained central in Gatens’ account, the introduction of her notion of the ‘situated body’ was also the requirement of a more nuanced political agenda. If the distinction between sex and gender is problematic inasmuch as it is entangled in political analysis and practice (1996:4), the ‘situated body’, the ‘body as lived’ or the ‘imaginary body’ becomes at the same time a tool to contest the characterisation of the body as neutral and a medium utilised to analyse the historicity and cultural specificity of embodied meanings. With this notion, Gatens develops a critique of the sex/gender distinction that is first and foremost political. For Gatens, the main issue at stake with the sex/gender distinction is precisely its effect of the neutralisation of sexual difference and sexual politics. The sex/gender distinction is understood to reify the liberal tradition of ‘re-education’ as a form of radical political transformation, precisely by reinstating the distinction in social theory between environmentalism and essentialism, and in this way supporting constructivist claims behind feminism’s struggle for equality. In other words, because “masculinity and femininity do not differ with regard to the sexes in terms of quantity only, but also qualitatively” (1996:14), the ideal of a ‘degendered’ society is the wrong political utopia (see also Gatens 2000). The emphasis on the erasure of sexual difference behind the commitment to economism<sup>79</sup> in Marxist analyses of the woman question works against sexual politics because, behind a veil of ahistorical and metaphysical equality, the sex/gender distinction relegates its own political requirements to all-encompassing categorical differences such as class, discourse or power (1996:17).

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<sup>79</sup> For Gatens, economism privileges the analysis of production over other forms of subjectivity, therefore neutralising sexual difference. In its definition of a universal human nature, humanism occurs in the same erasure, failing to take into account the historical and cultural specificity of sexual difference.

Similarly, Grosz (1994) uses the notion of the body image to counteract the consequences of dualistic thought in feminist analyses of sexual difference, with the intention to bring the body to the centre of the analysis of subjectivity, so that the 'neutering' process, also described by Gatens, can no longer be assumed as the substance of sexual politics. For Grosz, the critique of the body/mind dualism is at the centre of this political project, hence her designation of the inextricability of biological and psychological processes:

“The body image does not map a biological body onto a psychosocial domain, providing a kind of translation of material into conceptual terms; rather, it attests to the necessary interconstituency of each for the other, the radical inseparability of biological from psychical elements, the mutual dependence of the psychical and the biological and thus the intimate connection between the question of sexual specificity (biological sexual differences) and psychical identity” (1994:85).

The starting point of sexual politics is, here, the mutual dependence and interconstituency of biological and psychosocial domains. Drawing on Deleuze and Guattari's work (that informed much of her later work, see Grosz 2005), this fusion allows Grosz as a way of thinking sexual politics in terms of the becoming together of sexual specificity and psychical identity, redefining the political project of feminism through post-structural theory. In this way politics is no longer defined through a stable final goal; rather, it is structured in an endless and ever-changing political milieu, contingent to history and to the shifting geographies of the political.

The irreducibility of bodily matter and psychological processes that these lines of enquiry advocate, evince the intrinsic relationality and processual nature of the different levels of matter and significance that constitute the human body. Even when these approaches continue to endorse notions of subjectivity and the lifecycle as key units of analysis in order to understand experience, they implicitly offer a radical and productive questioning of the idea that gender identity can be understood as ontologically and politically different from sexual identity and orientation. Instead, this paradigm focuses on understanding the ways in which matter is intertwined with, and inextricable from, different social and cultural meanings.

Yet these approaches still emphasise the continuity of experience, where difference and change make sense within the process of the formation of subjectivity. In this sense, and

as Kruks (2001) notes, these approaches endorse political models that revolve around notions of identity and its cultural significance. For Kruks, one of the main issues of their agenda is precisely to undermine 'postmodernist' claims that subjectivity can be understood as fragmented and reduced to the discursive. For Kruks, the recuperation of the notion of subjectivity is an imperative for the feminist project, as is the recognition of the body and interiority as a precondition of "feeling with others" (2001:167). In this respect, Kruks proposes to reintroduce material politics alongside the cultural, symbolic and experiential dimensions of identity to approach the production of knowledge, and particularly the gap between Donna Haraway's (1988) notion of 'situated knowledge' and the production of communicable and objectively situated knowledge. Drawing on the successful mobilisation of these epistemological and political traditions within postcolonial theory, in Kruks' work the unity of the material and the cultural, symbolic, and experiential is the basis of a politics of recognition and solidarity, where individuals and groups are bound to find areas of common ground with others.

These critical stances are connected to certain strands in the history of anthropology and the social sciences, where the notion of embodiment was developed to convey the unity of experience as well as to recognise the active role of matter and biology in developing identity and experience. The legacy of the phenomenological tradition (Husserl 1983; Hallowell 1955; Merleau-Ponty 1962; Mandelbaum 1964; Csordas 1994; Moore 2007) assesses the intersubjective character of experience, where the sensorial and lived are inextricably linked to the formation of subjectivity. In this context, what matters is the inseparability of matter and culture, and social analysis is understood as an extension of psychoanalytic and other hermeneutic paradigms in unveiling the role of these connections in the production of identity, the self, meaning, and the political as a field of healing (see Csordas 2002; see also Burkitt 1999; Blackman 2001; Jackson 1995; Colebrook 2000, 2001).

#### **4.2.2 Feminism and biology**

The nature/culture debate also yielded political contention in terms of the ways in which certain biological claims became privileged as evidence of the nature/culture,

sex/gender distinctions, particularly after the sociobiological turn that characterised social analyses of sex and gender in the 80s and 90s (see Chapter 2). In the midst of a wider interrogation of the politics of knowledge production in the natural sciences (see Spanier 1995; Keller 1985; Hubbard 1990, 1997; Haraway 1989, 1995), biologists proposed a number of critical arguments that had a significant impact on sexual politics. These claims related to the presumption of political neutrality with which the natural sciences produced knowledge about the body and human 'nature', and how in some instances their appearance of truth and political neutrality actually endorsed political, gender biased, historically-specific claims.

From within the biosciences there has recently been a turn toward reconceptualising the relations between biological and psychological, social and cultural processes as articulations in which the making of science itself becomes inherently political. From this standpoint, biologists have questioned the status of matter and the body in the natural sciences *and* cultural theory, interrogating the power relations involved in the construction of biological knowledge and questioning the mobilisation of their empirical results in constructing certain claims as the 'scientific' ratification of political truths. For example, Fausto-Sterling<sup>80</sup> (1997, 2000) and Roughgarden (2004) examine the biological construction of binary sexual models in contemporary biological theory and challenge the viability of these models in accounting for the 'real diversity' of biological sex. Their claim is precisely that a feminist biology needs to become attuned to ascertaining the ways in which biological knowledge could – and indeed should – be incorporated into political analyses of sex and the body.

Social theorists have also mobilised bioscientific claims to refigure the body beyond a fixed and bound notion of matter, and conceptualised matter as a complex articulation of heterogeneous processes through the incorporation of post-structural methodologies. For example, contesting existing functionalist claims within the biosciences, Elizabeth Wilson (1998) takes account of the oblivion into which feminist studies' focus on culture and cultural politics historically led biological matter(s), and how in decades of

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<sup>80</sup> Fausto-Sterling (1985, 1997, 2000) has defended the existence of five sexes, basing her conclusions on five different combinations of chromosomal and gonadal sex. In addition to men and women, according to Fausto-Sterling, herms, merms and ferms would account, respectively, for people with ovaries and testes, people with XX chromosomes and aspects of male genitalia and people with XY chromosomes and aspects of female genitalia (see 2000:78-79).

development, few feminist studies incorporated biological and bioscientific data. In most of these projects on 'the body', writes Wilson, feminism's 'antibiologism' is still manifest in that:

“[T]he body in question is pursued in its socially, culturally, experientially, or psychically constituted forms, but rarely in its physiologically, biochemically or microbiologically constituted form, the idea of biological deconstruction having been rendered unintelligible or naive... The body at the center [sic] of these projects is curiously abiological – its social, cultural, experiential, or psychical construction having been posited against or beyond any putative biological means” (1998:15).

In her interrogation of the status of biology within canon debates in feminist psychology, Wilson proposes a reformulation of feminist politics based on a new strategic alliance between feminism and the neurosciences, which would yield new conceptualisations of the relations between matter and the social in terms of more complex and more accurate readings of the neurological processes involved in cognition. Undermining the assumption that the neurosciences consistently understand cognition in terms of the Von Neuman computational model of the mind that characterised the *cybernetic fold* of first-wave cybernetics (see also Tomkins et al 1995; Hayles 1999), Wilson develops some of the implications of connectionism as an alternative model of cognition. Combining elements of traditional neuroscience and a deconstructive methodology, her model of cognition involves the constant negotiation or interplay between matter and the metaphysical, as it is the result of the multi-centred processes of information transmission. Connectionism, Wilson argues, has been applied to a variety of areas outside psychology (such as computer science, engineering, medicine, physics, mathematics, anthropology or linguistics), and is defined as the “spread of activation across a network of interconnected, neuron-like units” (1998:6), where it is the connection between these units, rather than the units per se, that is given explanatory importance in the functioning of the network. For instance, memory, conceptualised in traditional computational models of perception as the transfer and retrieval of perceptual information to and from a series of cluster-like stores, is conceptualised in the connectionist model as distributed across a network rather than stored in a designated location, and thus information cannot in itself be conceptualised as more than the differences between connection weights.

One of the questions that Wilson asks is about the kinds of projects that are foreclosed in the undermining of biological data in favour of historical and cultural meanings in feminist approaches to the body (see also Stolcke 1993). Wilson is concerned whether thinking biology necessarily leads to essentialism (see also Wilson 2002), a question that also became important to trans politics. She addressed these and other questions in her analysis of psychosomatic processes (Wilson 2004), where she turns to neurology to enquire about the complex conjunction of the body, psyche and historical and cultural relations. In particular, in her review of Simon Levay's (1993) *Sexual Brain*, Wilson questions the difference (and its different political consequences) between Levay's understanding of sex as a hypothalamic structure and function (as bodily located) and feminist and queer understandings of sex as corporeal, embodied and experienced, and argues that neurology and a broader understanding of the biology of desire could be a privileged site to explore connections between bodily locations and the cultural apparatuses of sex. Wilson's argument invites a consideration of the ways in which the notion of 'play' could abridge different scales of phenomena and connect different processes in a non-functional way.

Similarly, Hird (2004) argues that the conceptualisation of hormones themselves has shifted profoundly in the last decades towards trying to elicit the interactions they produce between their materiality and cultural ideas of sex (see also Roberts 2007). Hird suggests that this paradigm shift in sex endocrinology that unleashed hormonal action from strictly binary conceptions of sex can lead to an open definition of sexuality as a set of biological processes beyond the constraints of 'reproductive biology'. Indeed, she argues, the variety of sexual practices that constitute the historicity of sex exceed the restrictions of contemporary western sex/gender systems, showing, for instance, that organic matter is organised and constantly modified by sexual relations at a microbiological level.

This distinction between levels would not only become important in conceptualising matter, but for some theorists is the key to understanding sex. For example, drawing on the work of molecular biologists Margulis and Sagan and post-structural theory, Parisi (2004; see also Margulis and Sagan 1995) developed a theory of embodiment and sex formation, dislocating sex and sexual practices from human-centred models of sexual

interaction. Stratifying “abstract sex” into biodigital, biocultural and biophysical levels, her work conceptualises sex beyond reproduction, providing a reading of sexual process in terms of affect and, hence, enabling new definitions of sex in relation to wider historiographies of invention, emergence and evolution in hypernature<sup>81</sup>. These include the relations among organisms of various kinds, from bacteria to multicellular bodies, framed in the ‘technologies of power’ that delimit the scope of their interaction. At a molecular level, Parisi analyses sex by focusing on the processes of emergence of difference, which “conveying the contingency of experience, is constituted by a chance concatenation of forces: converging and diverging fluxes that together produce something new and unpredictable” (2004:51). Such a reading of sex beyond dimorphism and beyond the human holds the potential to transform the ways we conceive of biology and the ways in that matter can be thought of in terms of political, social and cultural relations. In fact, new definitions of matter account for new relationships between matter and culture, wherein matter is no longer a malleable receptor of form, but productive of form in itself. This generative process of “belonging in becoming” (Massumi 2002:79) necessarily entails a redefinition of politics, or rather, as some authors have suggested, of ethics as integral to the process and to the practice of science (Latour 2004; Stengers 2000, 2005).

These new conceptions of the role of science, its new technologies and cultural fictions, have deeply affected ideas of kinship and relatedness in recent years. For instance, new reproductive technologies (Franklin 1997, see also Franklin 2002; Rapp 2000), bio-prospecting (Brown 2003; Ferry and Limbert 2008) or the mapping of the human genome generated new paradoxes and political challenges, and redirected the political assumption of the sciences and their engagement with political discourses, including feminism (Birke 1984, 1985, 1995). The development of new reproductive technologies, as well the impact of ethnographic work on cross-cultural kinship models that challenge the heterosexual matrix in a variety of ways (Herdt 1994; Robertson 2005; Blackwood 1986, 1999; Jacobs 1997), influenced the critical assessment of kinship models (Schneider 1968; Franklin and Mackinnon 2002; Strathern 1992, for instance). In this way, a new reading of biology and biological processes in the context of post-

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<sup>81</sup> Parisi draws on Spinoza’s ideas to define hypernature as “an ethics-ethology of bodies colliding and mutating” (2004:190). It is thus a self-regulating system wherein the encounters of bodies produce relations of the incorporation, capture and identification of genetic material, and, in general, all relations that can emerge from the capacity of the body to affect and be affected.

feminist theories of embodiment becomes crucial in transcending notions of matter as fixed, unified and inert. As Massumi suggests (2002), an ontology of things is not sufficient enough a notion to account for the processes of emergence and becoming. It is necessary to shift the focus toward an ontogenetic dimension in order to account for material processes because if, as Massumi writes, “feedback from the emerged re-conditions the conditions of emergence, then it also has to be recognised that conditions of emergence change” (2002:10).

#### **4.2.3 Performativity, materiality and the production of gendered subjectivity**

The development of queer theory and its progressive gaining of authority in social analyses of sex was informed, in a similar way, by a politics of positionality and solidarity initiated by radical feminists and feminists of colour in the United States (see Rubin 1975, 1993, 1994; Rich 1981; Lorde 1984; Wittig 1992; Anzaldúa 1987; Moraga 1993; Cvetovick 2003, for instance). This new approach to sexual politics highlighted the political nature of sexual epistemology, and thus contributed to de-authorise biomedical discourses as the ‘truth’ of sex (see Córdoba 2005; Preciado 2002) by developing alternative notions of agency. Queer theory was appropriated by social movements worldwide as a liberationist discourse, one that had the potential to transcend the medical dichotomies of sex and gender, biology and imprint, reclaiming political power from the same classificatory practices that had historically maintained sexual ‘abnormality’ as a political category. Among the vast field of queer theory (Sedgwick 1991; Tomkins *et al* 1995; de Lauretis 1987; Kipnis 1993; Halberstam 1998, 2005; Bourcier 2001, 2005; Warner 1993; Abelove *et al.* 1993; Halperin 1995; Ahmed 2006) I will be focusing on Judith Butler here, because her argument addresses directly the distinction between sex and gender, and promises to offer a solution to the contradictions it generated in social theory.

The work of Judith Butler pioneered this new political reading of sexual identity, based in a complex articulation of Foucauldian ‘technologies of power’, Lacanian psychoanalysis, Austin’s (1962) speech act theory, and the feminist political agenda (Butler reads de Beauvoir, Irigaray, Kristeva and Wittig, among others), and

contributed to the elaboration of universal political models of subjectivity, based not on experience but on meaning. When, in 1990, Butler wrote that the body is a “variable boundary, a surface whose permeability is politically regulated, a signifying practice within a cultural field of gender hierarchy and compulsory heterosexuality” (1990:177), her argument that gender was constituted by the repetition of deeds and not by an immutable quality opened new lines of enquiry – led by herself and others – directed towards the discursive constitution of the “body interior”. In *Gender Trouble*, reading de Beauvoir’s distinction between the natural and the historical body (see Stoetzler 2005, and also Sanford 1997; Chambers 2007) Butler argued that the interior is essentially a surface of signification, where gender norms are inscribed as “phantasmatic” and “impossible to embody” and matter appears to be a “gendered corporealisation of time” (1990:179). Butler argued that gender is coextensive with the production of subjectivity, so that subjectivity is produced in repetition or in the effects of the performative power of gender, in a circle of effects where “there need not be a doer behind the deed, but the doer is variably constructed in and through the deed” (1990:181). Condemned to the endless repetition of identity’s impossibility, Butler’s subject lives interstitially as an effect of discourse and power, as a condition of their intelligibility – insofar as the subject is both the condition of readability or ‘schema’ and a guarantee of their coherence – and in the perpetual displacement of the ‘truth’ of sex and gender to the parody of a non-existent original (1990:175).

In *Gender Trouble*, Butler introduces Freud’s description of the Oedipal complex as a core element in the process of gender formation. Following Freud, she explicitly asks about the role of the Oedipal in the process of triggering identifications that will result in the fixation of gender subjectivity. She concedes that, like Freud suggested, the Oedipal complex can be positive (same-sex identification) or negative (opposite sex identification). If, like Freud imagined, this distinction depended on internal dispositions within the framework of primary bisexuality (feminine and masculine, oriented toward the father and mother respectively), the fixation of gender would depend on the successful transferral of libidinal cathexis from the internalised love object onto a fresh object. Thus, for Butler, melancholia and mourning are two integrally related processes in the construction of the ego, which in the mirror stage (see Lacan 2006) invests in ego formation the power and libidinal cathexis previously

directed towards the lost object. This investment not only guarantees its preservation, but at the same time situates the ego ideal as a solution to the Oedipal complex. From that point on, “the ego ideal regulates and determines masculine and feminine identification” (1990:80) as a set of taboos and prohibitions, so that every consequent identification refers in some form or another to the “original loss”<sup>82</sup>. Thus, sexuality is formed as dispositions (Butler uses this concept in the Freudian sense), which are the result of this “history of sexual prohibitions” (or are coextensive with it), so that homosexuality and heterosexuality are formed as exclusionary effects of the Oedipus Complex, produced in relation to a genealogy of power relations around which desire is organised as a series of displacements. For Butler, “the repressive law effectively produces heterosexuality, and acts not merely as a negative or exclusionary code, but as a sanction and, most pertinently, as a law of discourse, distinguishing the speakable from the unspeakable, the legitimate from the illegitimate” (1990:83–84).

In addition to this initial model, and perhaps to some extent in spite of it, Butler re-elaborates her position in *Bodies That Matter* with the intention to expatiate on some of the critiques directed towards her first description of the mechanisms of sex formation and the heterosexual matrix. Two of the strongest criticisms referred to the notion of matter (Pheng Cheah 1996) and the notion of agency behind her conceptualisation of gender as “performance” (see Mahmood 2005). Matter, for Butler (1993), is no longer to be understood as either ‘nature’ – as a fixed, unconstructed and pre-discursive ground – or as a mere fiction resulting from the norms of culture, and her argument stands as an attempt to surpass the nature/culture, form/matter distinction in conceptualising the relation between the body and the symbolic. Understanding sex as a process of construction, which “is itself a temporal process that operates through the reiteration of norms” (1993:10), matter *is* only in the process of being dynamically shaped by the productive power of the norm. This new direction in her argument, however, was understood by critics to undermine the role of the body and of material processes in sexual formation, despite Butler’s intentions to revive its theoretical foundations. Certainly, in *Bodies that Matter*, Butler offers a correction of the voluntaristic underpinnings of her previous conceptualisation of gender as performance,

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<sup>82</sup> Butler writes: “[T]he melancholia of gender which ‘answers’ the Oedipal dilemma must be understood, then, as the internalization of an interior moral directive which gains its structure and energy from an externally enforced taboo” (1990:81)

and explores to what extent matter can be understood as the production of the effect of power. With this in mind, she analyses the processes of subject formation as a double movement of excluding what is 'outside' the subject as 'object' and 'unliveable' and reifying the 'inside' not only over and against the inhuman, but precisely through exclusionary means; in her words, "through a set of foreclosures, radical erasures, that are refused the possibility of cultural articulation" (1993:8). In other words, subjectivity is thus formed always in relation to internalised cultural prohibitions, which are at the same time the 'outside' the subject and the means through which the subject's 'interior' is formed.

This process is explained through a complex combination of Lacanian psychoanalysis, Foucault's theory of power as production and the turn from Aristotle's notion of matter to Irigaray's *materiality*. In fact, following Lacan's argument regarding the fundamental link between sex formation and the mirror stage, Butler concludes that "the ego is not a self-identical substance, but a sedimented history of imaginary relations which locate the centre of the ego *outside itself*, in the externalised imago which confers and produces bodily contours" (1993:75, my emphasis). For Butler, this is to say that the ego's identification with an imago creates the 'spatial boundary' that separates the 'inside' and 'outside' and consequently constitutes the subject in/by 'foreclosure'. The mirror stage coexists, or is rather at the same time preceded and exceeded by the process of phallic signification, which grants the accession of bodies to sex positionalities by giving them access to the symbolic. In other words, the formation of the phallus as a privileged signifier indirectly offers a theory of 'mirroring' as a signifying practice, and in doing so becomes an effect, a structural place secured by claims that, by virtue of the penis, one is symbolised as 'having'. Butler argues that the signification of the phallus places the subject before the law, whereas in the mirror stage, the psychic projection produces boundaries and, by extension, the unity of the body in question. For Butler, the historicity of the multiple genealogies of signification that inscribe the body is subordinated to the necessity of signification as a primary drive<sup>83</sup>. It is in this demand, in Butler's schema, that bodies can exist as the product of the psychic function, and by

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<sup>83</sup> Butler defines this primary drive as "a demand in and for language, a «that which» which prompts and occasions, say, within the domain of science, calls to be explained, described, diagnosed, altered, or within the cultural fabric of lived experience fed, exercised, mobilized, put to sleep, a site of enactments and passions of various kinds" (1993:67, emphasis omitted).

virtue of this very demand for language are at once the condition signifying the possibility of the psyche's existence and "that on which and through which the psyche also operates" (1993:67). It is perhaps in this already complex relation between symbols and the symbolising drive, and "the flesh of the world" (Butler uses here Merleau-Ponty's (1993:69) expression), that the Aristotelian notion of matter becomes Irigarayan *materiality* in forming bodies. Explaining this transition, Butler makes a crucial turn that will be the focus of my empirical interrogation in subsequent sections of this chapter. Following Kristeva, she writes:

"[T]he materiality of the spoken signifier, the vocalisation of sound, is already a psychic effort to reinstall and recapture a lost maternal body... Even here, those material sputterings are already psychically invested, deployed in the service of a fantasy of mastery and restoration. Here, the materiality of bodily relations, prior to any individuation into a separable body or, rather, simultaneous with it is displaced onto the materiality of linguistic relations" (1993: 69-70).

Identification works through the production of a domain of exclusionary beings, the production of subjects and the consequent domain of those who do not enjoy the status of a subject, who live under uninhabitable zones of exclusion. Importantly, through the notion of performativity, Butler introduces process as the key to understanding sexual/gender identity; for the never-ending process of identification and citationality is the condition of possibility of the subject – it is the impossible necessary of identity. If desire is initiated by the force of prohibition, Butler argues, it is through the pursuit of an endless chain of identifications<sup>84</sup> where desire "travels along metonymic routes" (1993:98), that sex is produced as the repetition of norms, and that the possibility of subverting sex emerges as a threat that this repetition *could* fail. This regularised and constrained repetition of norms, says Butler, cannot be understood outside a process of iterability that implies that performance is not a single act but a ritualised production, and where this repetition is "what enables a subject and constitutes the temporal condition of the subject"<sup>85</sup>. Therefore, for Butler, "sex positions are not localities, but, rather, citational practices instituted within a juridical domain – a domain of constitutive constraints. The embodiment of sex would be a

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<sup>84</sup> These identifications, by their very nature can never be actualised, and therefore remain as impossible and necessary in Butler's scheme.

<sup>85</sup> And not "performed by a subject", as some critics understood from her analytical framework in *Gender Trouble*.

kind of citing of the law, but neither sex nor the law can be said to pre-exist their various embodiments and citings” (1993:108).

In this endless citation, where the law repeats its own historicity, the possibility of subversion arises as “the discursive occasion for resistance, a resignification, a potential self-subversion of that law” (1993:109). With the reduction of matter to materiality, of the body to the process of citationality of the law, Butler had necessarily to conclude that matter and discourse are never entirely different and yet never entirely the same: “Always already implicated in each other, always already exceeding one another, language and materiality are never fully identical nor fully different” (1993:69)<sup>86</sup>.

Lest materiality remains isolated from the discursively functional essence constructed by bioscientific discourses and other cultural apparatuses of inscription, Butler leaves unresolved the role of biology and how materiality ‘matters’ in the construction of sex and gender (as feminist theorists within biology point out, see previous section), and the mutually constitutive roles it shares with processes of subjectification, which for Butler are coextensive and share the same temporality. If the referent and signified form an “irreducible incommensurability”, in Kirby’s expression, then Butler’s analysis gravely problematises the notion of matter itself, which remains ‘unthought’ beyond its relation to language<sup>87</sup>.

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<sup>86</sup> As Pheng Cheah (1996) suggests, understanding in this way the body’s dynamism is not only situating form as the principle of the body’s dynamics, but is also conceptualising these dynamics as the result of an ontology of lack. For Pheng Cheah, Butler’s hesitation to understand the question of matter is precisely undermining some of the crucial intentions of her work, namely, to offer a theory of gender as the necessary yet impossible result of power in constituting subjectivity and the body.

<sup>87</sup> Kirby noted that “matter for Butler may not be a blank or passive surface, but it is still a surface, and one that demands to be interpreted or written upon, by something other than itself. It seems that matter is unintelligible to itself, and this lack of intelligibility can only be remedied by thought/language” (1997:114-5). According to Kirby, Butler’s purposeful substitution of substance by matter collapses the nature/culture division by introducing an irreducible dimension of signification, whereby differences are produced as internal to “matter” thus understood, and where matter doesn’t exceed discursive construction (cf. corporeality in the previous section). Sensible to the limitations of this analytical approach, Kirby coins the notion of corporeography, suggesting that “representation is ‘sensible’ in that biology is not a supplementary ingredient to be included or excluded. The body is more than a mere visitor to the scene of writing: the body *is* the drama of its own remarkability” (1997:154).

#### 4.2.3.1 The politics of the performative

Butler's reading of psychoanalytic theory and her argument of gender performativity had a crucial impact on local sexual politics carried out by social movements in the United States and Britain, affecting trans politics by simultaneously opening new spaces for trans identity and redefining identity politics. Her argument displaced the process of sex/gender formation from both essentialist and constructivist models. She used psychoanalysis to figure the relation between so-called biological and cultural processes, and thus provided a reading of materiality as a process coextensive with language. However, Butler also reduced the body to the two coextensive (in her argument) notions of vulnerability and agency in thinking material formations through discursive and symbolic apparatuses. In the preface to *Bodies that Matter*, she admits that "the thought of materiality invariably moved [her] to other domains", in order to prove bodies to be more than fixed objects of thought.

In thinking of bodies as indicating "a world beyond themselves", as "movement beyond their own boundaries" and as "movement of boundary itself" (1993:ix) Butler extends the scope of performativity way beyond the formation of sex and gender to language, subjectivity, the action of the symbolic, and the notion of the political (see, for instance, her later works: 1996, 2000, 2001, 2004, and Butler, Laclau and Žižek 2000). The notion of performativity (originally applied in the context of language, see Austin 1962; Butler 1996) became, in recent social and cultural theory, a paradigm mobilised in order to understand several types of relations between epistemological categories and material processes, to account for experience as a form of knowledge and to devise the extent to which language enacts the realities it describes. In this way, the notion of performativity has been applied to biology and the formation of bio-material processes (Barad 2003; Rosengarten 2004), race (for instance, see Matthews 2007), emotions (Ahmed 2004), mimesis and identity (Bell 1999), politics and anti-Semitism (Butler 2004b), economics (Callon 1998; Mackenzie 2007; Polanyi and Strassman 1998), and sociology (Law and Urry 2003), among other fields. This ubiquity of the performativity paradigm in social research entails a risk of ontological and methodological reduction, because it aims to apply the same pattern of analysis,

temporality and material-semiotic formation to the relations between very different kinds of entities and their relation with the political.

Butler reduces ontology to the process of materialisation involved in the progressive, symbolic constitution of matter. It is in this convergence that the relation between matter and the symbolic is actively framed as the field of the political, a relation that is never-ending and that develops in linear, cumulative time. In this framework, movement is conceptualised in terms of 'achievement' and creativity in terms of the reification/subversion of cultural norms. Moreover, the way in which Butler understands identities as performative is through her reading of psychoanalytic theory and its relation to the process of sexual formation. The formation of sex, although coextensive with other apparatuses of subjectivation, is by its nature a process of symbolic repetition, which Butler explains with recourse to Lacanian psychoanalysis (as I have just discussed) and Althusser's (1972) notion of interpellation. The very repetition through which norms reproduce themselves produce an illusion of stability and progression that fixes 'identities' as processes of the materialisation of norms. In this context, variability occurs as a result of the citation process, and creativity is conceptualised in relation to the ways in which 'the real' reproduces or subverts the norm. Hence, significance and external norms bind the subject and determine its unity, its process of formation and its endurance.

Consider, for example, Butler's characterisation of transition and her polemic description of transsexual/transgender identities in *Bodies that Matter*. Distancing her analysis from the figure of drag performances that led her analysis of gender subversion in *Gender Trouble*, she uses transitional figures precisely to provide clarification for some of the misunderstandings that her previous model (of gender as 'performance') gave rise to among her critics, and in particular the approximation of Butler's paradigm to a constructivist framework through the potential misreading of gender formation within a voluntaristic (acting) framework. In *Bodies that Matter*, Butler explores the extent of gender performativity through the 'realness' of trans figures in Jane Livingstone's *Paris is Burning*. Through an analysis of the feature's main character, Venus Xtravaganza, she argues that the structures of race and realness are formed through the same process as sex materialisation, and situates this formation as a prime example of how

performativity works in relation to the formation of gender<sup>88</sup>. Both race and gender realness are ‘positions’, and as such they are the result of the individual’s relation with the heterosexual matrix, and, in fact, produce the individual as a subject at the same time as sex does. Butler insists that sex and race exist only in relation to racism and heterosexism, and goes as far as to define Venus Xtravaganza, who has been elsewhere represented as a preoperative transsexual, as follows: ‘Now Venus, Venus Xtravaganza, she seeks a certain transubstantiation of gender in order to find an imaginary man who will designate a class and race privilege that promises a permanent shelter from racism, homophobia and poverty’ (1993:130)<sup>89</sup>.

Butler ventures the plot of Venus’ life from her own accounts of herself in the feature’s interviews, and importantly through a reading of the multilayered event of her appearance at the (filmed) ball, and articulates Venus Xtravaganza’s experience around a number of conclusive facts that present her as the epitome of ‘realness’. For example, through situating her origins in the intersection of poor, Latino and gay masculinity, the fact that she cannot pass, and the event of her death at the hands of a homophobic client, Butler concludes that the different degrees of realness associated with passing as a trope of subversion in relation to the interpellation of the norm are in fact ‘just’ doings of the symbolic. If in pursuing realness, Butler argues, Venus Xtravaganza mobilises ‘dangerous’ identifications, it is as an effect of this shift that she will be treated by the symbolic in accordance with those identifications, so that, for Butler, her death only ‘mirrors’ the ways in which women of colour are treated<sup>90</sup>. In this way realness becomes an effect of the symbolic order, one in which Venus’ identity is reduced to the effect of the interaction of symbolic categories and the contexts in which her difference triggered intersubjective, evaluative, political action. The life of Venus is constructed in a conclusive and cumulative narrative, one that is structured around a series of symbolic

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<sup>88</sup> The other two are her analysis of Nella Larsen’s novel *Passing* (1929) and Willa Carter’s fiction (*My Antonia*, among others). It is interesting to note that the analysis of *Paris is Burning* is the only mention Butler makes to bodies that have undergone any lasting transition and/or led a life in another gender.

<sup>89</sup> She suggests something similar in her reading of Nella Larsen’s novel *Passing*. Here, too, Butler operates a similar reduction by applying a purely psychoanalytic model of desire based on a Lacanian framework.

<sup>90</sup> Butler writes: “[T]his is a killing that is performed by a symbolic that would eradicate those phenomena that require an opening up of the possibilities for the resignification of sex. If Venus wants to become a woman, and cannot overcome being a Latina, then Venus is treated by the symbolic in precisely the ways in which women of colour are treated” (1993:131).

ruptures. Mobilising her desire, understood as lack by this psychoanalytic framework, Venus, as well as, by extension, the ‘real’ transgender subject who dares to subvert the gender norms in relation to which he or she exists, is reduced to becoming a symbolic signifier, the narration of her own narrative, and as such is addressed socially, culturally, materially and in all the different dimensions in which she, or rather her ‘transgression’ –her deed – makes a difference. This point will become important in Chapter 7.

This ontological reduction has important consequences in figuring performativity as a political field. Later (see 2001, 2004 for instance), Butler would address the politics of sexual transition in a series of articles of varied scope, which in a way served as a conclusion to her work on gender and contributed to her advocacy of ethics in the context of a humanist framework marked by her reading of Levinas in *Prekarious Life* (2006). Here, Butler addresses the politics of transition through notions of ‘autonomy’, and therefore in terms of the protective frameworks including human and civil rights and specific rights of choice of medical treatment, that make transition possible in the United States. Butler concludes that “it is possible, and necessary to say, that the diagnosis leads the way to the alleviation of suffering; and it is possible, and necessary, to say that the diagnosis intensifies the very suffering that requires alleviation” (2004:100). Butler here figures the political field in the assumption of a universalist framework, one in which the relation between matter and norms holds little potential for creativity, because matter becomes the context of enactment and re-enactment of the norm.

Some of Butler’s critics, and especially Saba Mahmood (2005), pose interesting challenges to this conception of the political, in which the ambiguous relation of matter and the symbolic is at the same time the enablement and limit of action. For Mahmood, the idea of performativity entails a number of important consequences for any consideration of agency in reconsidering the political, for, she argues, Butler’s “analysis of the power of norms remains grounded in an agonistic framework, one in which norms suppress and/or are subverted, are reiterated and/or resignified – so that one gets little sense of the work norms perform beyond this register of suppression and subversion within the constitution of the subject” (2005:22). Instead, Mahmood develops this model by proposing to understand agency contingent to the ways in

which norms are “inhabited, performed and experienced” (2005:22), beyond the consolidation/subversion binary that Butler’s model is grounded on. For, as Pheng Cheah (1996) suggests, Butler’s way of understanding performativity, rather than foreclosing the agency of the subject, indicates the need for a non-voluntaristic notion of agency, which, perhaps unintentionally, sets the constraints of the subject as a human agent through time<sup>91</sup>.

The politics of the performative and the analysis of sexuality in cultural or symbolic terms evince wider problems that affect both politics and identities. In fact, as Mahmood (2005) suggests, performativity threatens the political inasmuch as its connection with the symbolic blinds any analysis of agency grounded in the specificity of sociohistorical, economic or religious processes. Mahmood’s critique is especially relevant to the revision of the Marxist political framework generated in the context of an increasing fragmentation of identity politics<sup>92</sup> (see Fraser 1997; Butler 1998; Merck 2004; McRobbie 2009), which questioned the ideas of inclusion and solidarity. Butler (1998) notes that the emergence of queer politics in this context, its conceptualisation as ‘cultural’ politics and its excision from other social movements have important consequences for the definition and articulation of identity politics. Sexuality is understood to pertain to the symbolic and to function in a structural, universal framework that abstracts sexual formation from becoming and experience (I unfold the implications of this fully in Chapters 5, 6 and 7).

In Mahmood’s critique, an important consequence of this reduction is the assumption that the symbolic remains a static counterpart to the fluidity of bodies and identities. Butler does not account for what happens once a norm has been subverted by a deed, as its own historicity would force it to be reinstated/subverted again from the same standpoint<sup>93</sup>. Mahmood’s critique of the liberationist framework of feminism gives way to the elaboration of a positive ethics, where the relation between subject and norm is relational. She emphasises that this relationality transcends the immateriality of meaning,

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<sup>91</sup> And yet, Pheng Cheah remarks, Butler’s stress on situating the psychogenetic body as the empirical cause of which the process of materiality is but a formative effect reinforces the distinction between (inert) matter and (active) form of which she tried so carefully to displace her argument.

<sup>92</sup> Butler mentions the separation of race politics, the politics of sexuality and gender.

<sup>93</sup> For example, consider her notion of “normative codes of gender” and her reading of drag practices as “destabilizing” and subversive.

as norms become immersed in everyday material practices. Following Foucault, she understands agency both in terms of the capacities and skills required to undertake (moral) action and the limits posed by historically and culturally specific disciplinary regimes (2005:29). In this context, agency is no longer about reifying or subverting norms, but is rather the condition of their relationality, the reaction of a creative individual to the determination and freedom of a given space and time; in other words, it is a condition of experience.

One of the consequences of this claim is that the scope of politics is perversely associated with a particular notion of subjectivity, which Butler would develop in later work (2000, 2005), and in which a cumulative temporality is the measure of creativity and change. Butler's argument upholds the idea that matter and the symbolic are different yet equivalent types of entities, and that from their interaction alone we can understand any process of ontogenesis. The emphasis on performativity in social theory similarly reduces the notion of effect to a context of 'enactment', to a particular relation of identity between discourse and the actual world. However, this view overlooks the contingency of each effect as a product of a relation, framed within wider processes and whose scope varies according to different scales and points of view. Here, the symbolic is understood to produce identity in and for itself, disregarding material and experiential universes as irrelevant to this formation. Identities thus become 'cultural' products, individual and collective standards of normalisation and subversion ready to be consumed, and the scope of political action becomes itself the paradigm of this cultural reproduction.

In this sense, Bell's critical engagement with the notion of performativity (2006, 2007), for example, introduces an interesting turn when she notes that "to speak of performativity in relation to the subject or subjectivity is to focus on the practices of this conditioned element within the various matrices by which it is sustained" (2006:214). In this sense, and because living the cultural fiction of gender secures one's cultural survival in terms of generating the conditions of readability of the subject in a social field, Bell interrogates the disciplinary regimes in which gender is produced as a system "where genders are distinct, hierarchically related and heteronormatively organised" (2006:214). Using the notion of co-extensivity as it

appears in Deleuze's reworking of Foucault's *dispositif*<sup>94</sup>, Bell suggests that the relation between subject and norm, which the notion of performativity addresses, is of a high complexity, suggesting that it could be understood to escape the psychoanalytic reading of the body image where Butler put it to work. Importantly, Bell seems to challenge assumptions of the universality of the paradigm of performativity by understanding its action contingent to the constitution of subjectivity as the interplay between different kinds of belongings and connections. Following Deleuze, she conceives of the task of the analyst as "following the tangle of the assemblage" (2006:217), but, importantly, also as "following movements of becoming", where a new attention to creativity can bring back "the creativity of things, their self-activity, indeed the very insistence of *life*" (ibid.).

### 4.3 Conclusion

In this chapter I reviewed critiques of the sex/gender distinction that contributed to the definition of sex as political in recent (post)feminist debates. I analysed the ways in which new notions of sex as a process (which I grouped around the notions of corporeality, connectionism and materiality) challenged the distinction between sex and gender in critical analyses of the body, sex and sexuality. However, I also illustrated how these models, despite addressing the relation between sex/gender, nature/culture in a different way, are still based on the same categorical distinctions that underlie biomedical approaches to sex and gender. This is evinced by their engagement with the same categorical differences and their development of different models that connect these independent yet complementary domains. This idea will become important further along the thesis because, beyond the reduction of ontology to the relation of matter and the symbolic, Part 2 of this thesis will re-evaluate some of the implications of this argument in transition experience, and propose three different analytic

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<sup>94</sup> Bell refers to Deleuze's elaboration of Foucault's notion: "These apparatuses then, are composed of the following elements: lines of visibility and enunciation, lines of force, lines of subjectification, lines of splitting, breakage, fracture, all of which criss-cross and mingle together, some lines reproducing and giving rise to others, by means of variations or even changes in the way they are grouped" (Deleuze, quoted in Bell 2006:217).

standpoints to address to determine the complex relations between different historical forces, existential assemblages, creativity, change, and endurance in becoming FTM. I will argue that the universalising frameworks of cultural paradigms concerned with the production of all-encompassing categories and universal systems of (sex/gender) value do not deliver their promise to exhaustively represent sex and gender formation, precisely because they do not challenge the binary frameworks in which experience becomes the result of the interplay between matter and symbolic form and of particular conceptions of linear and cumulative time.

Yet these critiques are important to the analysis of transition in another way, because, as I will argue in Part two, transition both endorses *and* challenges a politics of subjectivity, enactment and linear time as it transverses different domains, kinds and scales of experience, and as it generates different types of relations. In this sense, these existing theoretical axes become particular kinds of ‘resources’ for the construction of trans identities. The next chapter explores how the appropriation of this paradigm by social movements in the context of local gender and sexuality politics generated a double bind around which trans identities and communities articulate political action. If, on the one hand, queer politics of ‘sexuality’ establish certain symbolic standards of denunciation and parody of heterosexuality, marriage and the embodiment of a stable gender, then trans people are, on the other hand, the object of a politics of ‘gender’ designed to normalise their social situation precisely in those terms. The next chapter will thus explore how the framework of performativity plays to some extent *against* transsexual politics, and how some groups and organisations understand that it undermines the human and civil rights of transgender people.

Part II

**ASSEMBLAGES, PLOTS, DURATIONS**

The participants in this research used the sex/gender distinction and coordinates described in Part I, both in transitioning and while describing their transitions to me. However, the complexity of their experience also demands a different analytic approach. Often, trans men characterised their experience of transition as a 'journey' that was not understood to begin or end in a predefined point, and where the experience of change had multiple interrelated dimensions. These levels, which I analyse in the next three chapters, address the experience of transitioning from three different positions. These three chapters could thus be understood as different scales at which transition occurs, and their different scope is key to understanding transition as a multilayered and relational becoming.

The three chapters contained in this part are not intended to be read in a linear mode, as each discusses a different dimension of transition that inevitably maps on to the others in many ways. However, their order has been determined in relation to their different scope, and in relation to the different contribution each chapter makes to the analytic structure of the thesis. Each chapter represents one transition unit, an assemblage or level of the overall argument I develop in the thesis. In Chapter 8 I deal with the possibilities and limitations of this analytic structure, and discuss it in relation to thesis' findings.

### 5.1 Introduction

In Chapter 4 I discussed some feminist revisions of the notion of matter in conceptualising the body, sex and gender, and pointed out that part of the project of (post)feminism indexed politics to novel theorisations of matter in social theory. Elizabeth Wilson's (1998, 2004) analysis of neural geographies, for example, advocates the irreducibility of the relations through which recent approaches to neuroscience characterise biology and specifically the neural system. Her emphasis on the primacy of relationality and connectivity devises new ways in which different dimensions of biology can be conceptualised in relation to politically, socially and culturally specific relations, beyond binary understandings of matter as a surface of inscription and culture as a vital imprinting force. The notion of matter is receiving considerable revisions in other areas of social theory after the 'ontological turn' in philosophy and the social sciences (Latour 2005; Law 2004; Michael 2000). This turn made its way into anthropological theory through the adoption of certain analytic developments in science and technology studies and post-structural philosophy, especially in medical anthropology (Mol 2003, 2008), material culture (Lock 2007; Miller 2005), economic and political anthropology, analyses of the body, and ethnographies of science and technology (Haraway 1997; Latour 1988, 1996; Rapp 1999; Martin 1994; Rabinow and Bennett 2008).

In this chapter I follow some of the implications of these analyses, especially their emphasis on relationality, to approach the role of testosterone in transition. Rather than conceptualising testosterone as a fixed immutable substance, this chapter aims to situate hormones as routes and vehicles of the biological, technological and informational dimensions of transition by exploring the ways in which they embody particular informational routes, from their contexts of production in progressively industrialised and global contexts to the ways in which they connect different levels of matter, meaning and experience in FTM transition. In this way, I propose to understand

testosterone as an assemblage whose historicity lies in contexts that are not necessarily physically or historically near.

Testosterone is often conceptualised in biomedical discourses and by trans men as one of the main vehicles of change in transition, and its effects are understood to *enact* transition changes in specific ways (see Kailey 2005; Valerio 2006). In the first part of the chapter I briefly describe the production of steroid hormones and their experimental correlation with sex and gender values to explore how testosterone was developed as a ‘functional’ material in the context of the industrial expansion of chemistry and the advance of sexology in the early decades of the twentieth century. In this way, I characterise testosterone in relation to the hypothesis that hormones are independent agents that somehow encapsulate the ‘nature’ of sex and that the intake of synthetic hormones can effectively ‘restore’ a ‘natural body’ by mimicking its functions. The displacement of sex to hormones in sexology is important, I will argue, because it gave rise to ideas of sexual ‘nature’ that reduced sex to the association of organic components and their correlative ‘functions’ (see also Chapter 3) and because these ideas informed the ways in which gender reassignment treatments were understood to be ‘effective’. With this metonymical move, science and technology became more than a privileged representation of sex; they came to be the site of its production and regulation and, as such, ingredient in the ontology of the molecule as its informational environment or the ‘field’ in which it exists. In this context I explore how hormones became ‘cures’ in biomedicine, and how their administration in sex reassignment therapies connected hormones with certain notions of time and progress. I analyse how endocrinology’s newfound relation between biology and the ideas of environment, sex and behaviour prompted analyses of hormonal process through notions of ‘normality’ based on the linearity and measurement (Chapter 3) of sex and gender values in relation to hormonal balance. In this way, testosterone is conceptualised as a biological agent, a substance associated with ideas of the ‘natural body’, ‘physiological balance’, ‘strength’, and ‘resistance’. Biomedical narratives and people’s ideas associate testosterone with the fixation of the body in its secondary sex characteristics (see Chapter 3) – the determination of the amount and distribution of muscle and fat, bone structure, body hair, skin texture and genital development. In this sense, hormones are understood to actualise a body’s genetic tendencies and at the same time – as highlighted by

endocrinological discourses – be responsible for a great proportion of the changes the body goes through in the process of living (such as metabolism, reproduction, etc.). In these contexts, testosterone has been understood as a functional agent responsible for a series of mechanistic physiological interactions and an independent causal agent of sex.

However, in the second part of the chapter I explore how the role of testosterone in transition processes also challenges the conceptualisation of hormones as independent functional agents in mechanistic models of the production and maintenance of life. The second part of the chapter focuses on my informants' narratives, and how in their transitions testosterone seems to connect processes and different levels of experience, producing sex and gender in relation to other dimensions of change and endurance that affect them at different levels including biology, sexual orientation, social gender roles, legal status, narrative, and identity, among others. In fact, in the interviews I conducted, testosterone appears to be invested with a consistent power to produce 'malehood', but interestingly a malehood defined as experiential and produced through the articulation of different dimensions, where bodily changes, becoming stronger, narratives, identifications, and individual existential universes become inextricable from testosterone itself. Testosterone not only seems to be a pervasive motive in transition narratives, but also it is effectively the device around which they are articulated as ambiguous, shifting and unstable.

## **5.2 Independent causal agents**

In this section I examine the process of producing synthetic testosterone in the context of the industrialisation of chemistry, and how this process, which was from its inception related to narratives of scientific sexology (see Chapter 3), yielded radically new conceptions of sex and of the relation between the biological and historically and culturally specific sexual meanings. From this standpoint, I will explore the ways in which hormones are mobilised as sexual agents in relation to the advance of sexology by contemporary biomedical discourses, and conceptualised as the minimal biological elements that encapsulate the truth about sexual identity.

Endocrinology's early descriptions characterised the endocrine system as a series of complex functional ties within the body, capable of 'producing and maintaining' life. For Canguilhem (1994), the discovery of the endocrine system and the emergence of endocrinology involved "a veritable mutation in physiological thought" (1994:118), which occurred in the nineteenth century where new notions such as the 'internal environment' would lead to understanding the body in terms of its 'chemical balance'. Experimental methods were designed to measure the nature and function of these chemical interactions: Claude Bernard's 1855 notion of 'internal secretion', the importance attributed to pancreatic activity by Edward Schaeffer in his 1895 landmark paper, or the development of the notion of hormone by Starling in 1905 (Crapo 1985) not only constituted steps towards localising and isolating chemical action within the body, but also resulted in the generalisation of specific methods of purification and the isolation of function 'units'. This would become the basis of the alliance between endocrinology and laboratory research, marketing and clinical practice.

Theoretical endocrinology characterised hormones as the 'messengers of life' (Crapo 1985; Slater 1978; Roberts 2007); however, this theoretical conceptualisation would clash with the experimental research methods of the discipline and with the need to localise and associate matter and function for its advance. The process of the isolation of hormones and their association with biological traits – and with sex and gender – started in the early twentieth century and would find a first therapeutic application in the 1920s when scientists applied endocrinological findings to the development of a cure for homosexuality and hermaphroditism in humans (see Hoberman 2005; Hausman 1995; Bland and Doan 1998; Person 1999). The isolation of hormones, specifically sexual hormones, contributed to the polarisation of the sexes, as certain hormonal functions were associated with men or women exclusively in terms of their relation with the structure of physiology and reproductive biology (see, for instance, Keller 1985 and Spanier 1995). In turn, this association would affect the development of the notions of sex as hormone-specific and produced mechanistically as the effect of hormonal activity (Oudshoorn 1994). During the period of expansion that ensued, hormones became structural materials of endocrinology, and research focused on their biological function and their chemical isolation. In this context, hormonal preparations became 'functional materials', i.e. according to Bensaude-Vincent and Stengers, materials "used or sought to fill a specific function" (1996: 205).

Let me briefly examine the ways in which these selective functional correlations were used in the development of gender reassignment treatments from the 1950s onwards. We have seen in Chapter 3 that John Money's practice at Johns Hopkins was influential in the standardisation of gender reassignment treatments. His notion of gender, understood as the basis of sexual identity, was in fact the result of experimental investigations into the effects of steroid hormones in human behaviour. For example, in a test study of over ten 'gonadal females' who had been exposed to high levels of testosterone in utero, Money established a control variable with females who had been exposed to standard levels of progestin. The test girls resulted "tomboyish" (liking "strenuous physical activity, cavorting about on their bicycles, climbing trees, hiking, and exploring") (Money and Tucker 1975:70), whereas the control girls would be generally more concerned with their physical appearance and tended to choose female partners in games. Money and Tucker describe under-androgenised boys as quieter, non-competitive and "more likely to become homosexual than the test girls are to become lesbian" (1975:72). Prenatal exposition, Money argued, was enough to redefine the biological thresholds that determine variation in behavioural patterns. Through measurement practices in both the laboratory and the clinic, sex became for the first time 'experimental' in humans.

These experiments consolidated a hormonal relation between sex and gender, and the medical model of transition, which relies heavily on hormonal treatments, controls gender variability through regulating access to sex hormones. Harry Benjamin's legacy and his standardisation of a 'cure' for transsexuality in hormonal treatment (formerly considered exclusively mental and submitted to reparative therapy) was based on the belief that "deviance was neither degenerate nor psychological but that it was physical", which for some analysts (Person 1999:361) led him to conceive the "fantasy of changeability" that would result in a systematised and legitimate physical 'cure'. In the different therapeutic models that ensued, transition entailed the use of synthetic steroid hormones to facilitate and produce the conditions of possible sex/gender 'reversal', or, in other, more recent words an 'approximation' to the sex of choice. Here, hormones became the epitome of the *realness* of change. In fact, as I explored in Chapter 3, interdisciplinary protocols such as the Standards of Care involved the efforts of

psychiatrists, endocrinologists and surgeons, as well as counsellors, social workers, attorneys, beauticians, and other medical advisors – all of whom wanted to ensure that a ‘real change’ was operated beyond the aesthetic. Hormones became agents of the continuity of gender identity in the 18 months preceding surgery and also, paradoxically, in guarantors of its success. In this respect, hormones became problematic biopolitical devices, safeguarding the borders between the sexes and becoming their irreducible limits. Consider this excerpt from psychiatrists Laub and Dubin:

“By establishing certain goals that must be met to achieve the ‘reward’ of surgery, the program becomes a means of behaviour modification aimed at total rehabilitation of the patient. The surgeon should be aware that there is a marked difference in behaviour between the male-to-female patients and the female-to-male patients that must be reflected in their management. The male-to-female patients have been described as hysterical, narcissistic, demanding, manipulative, psychopathic, perfectionistic, exhibitionistic, seductive, sociopathic and destructively competitive among their peer group. On the other hand, female-to-male patients have been described as stoic, independent, reliable, diligent, accepting of authority, and more cooperative among their peer group. The reader will note that the qualities ascribed to the male-to-female patients are the undesirable attributes of stereotyped femininity, while those characteristics associated with the female-to-male patients are the most desirable qualities associated with stereotyped masculinity” (1979:886).

As this passage suggests, treatment for gender dysphoric patients was understood to reach beyond the ‘correction’ of the symptomatology of transsexuality insofar as here the cure was a physical route of change in contrast with models of conversion or reparative therapy formerly used. Therefore, hormonal therapy was importantly conceptualised as a means to control the effects of the condition in people’s lives. In Chapter 3 I showed how psychiatry established strict typologies for the diagnosis of transsexuality in the DSM-III, mirroring those of biomedicine, and as behavioural control in gender dysphoric patients was considered an arduous and complex task among the medical profession, interdisciplinary feedback controls were set in order to determine the eligibility of an individual to transition through hormones. Today, these controls still regulate trans people’s access to treatments and have important consequences in terms of informing the clinical choice of timing and delivery method of testosterone treatment.

Timing and delivery are connected in biomedical understandings of the ‘masculinising’ potential of testosterone. The methods currently used in testosterone treatments include

several intake options such as oral, transdermal, intramuscular injection and gel<sup>95</sup>, which deliver testosterone to the bloodstream at varied rates. Of these methods, only three are widely used in medical settings, and subsequently are more thoroughly documented by trans people in brochures, blogs, v-logs, forums, newsletters, etc., usually as a combination of biomedical data and experiential accounts. Each of these methods has a different rhythm, which is measured in relation to the 'kick off' (rate of masculinisation at the beginning of the treatment) and 'roller coaster' (rate of testosterone variation between intakes) effects. The most widespread is via intramuscular injection, which is prescribed with variable periodicity. Sustanon, the most popular, has to be injected every 2-4 weeks, and it is understood to produce the most effective rate of 'low risk' masculinisation, albeit the highest 'roller coaster' effect (see Dobs and Myeni 1999, 2006; Seal 2007). In contrast, Nebido, administered every three months, produces a slower rate of masculinisation, but also fewer changes of mood, energy and sexual behaviour. Testogel, an alternative dermal daily application, produces cyclic releases every 24 hours. These different dosages and intake methods shift the location of hormones from inside the body to the outside, where its action is relocated in multiple places, objects and relations, and in this way these different chemical times make transition gradual, predictable and steady, at least from a medical perspective. Here, as Kuhn (1977:211) suggests, the notion of measurement becomes a powerful tool, demonstrating the biological basis of gender against competing theories. More importantly, however, measurement also becomes suspended between predictability and uncertainty as speed, progress and success are associated with T dosage. Through the narratives that link measurement and effect, substance and function, testosterone is imbued with the power to effect transition and produce masculinity. The molecule is understood to produce mechanistically one's becoming male in triggering a chain of linear causality that links biology to social, emotional and psychological functions. In other words, testosterone is assumed to produce gender in a ratio proportional to the intake method.

However, as I will show, my informants' experiences of transition highlight other dimensions of testosterone beyond their functionality in a therapeutic context,

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<sup>95</sup> I will not discuss oral and transdermal testosterone treatments for reasons of brevity. Dobs and Myeni (2006) and Rhoden and Morgentaler (2004) offer detailed clinical studies of their action and effect.

importantly because their desire to become male is not understood as a pathology that requires a hormonal ‘cure’, but rather, T is a step to realise their becoming FTM. In those transition experiences, testosterone connects different levels of transition and shifts as transition progresses, becoming an active agent in the actualisation of material, informational, psychological, social and discursive possibilities of the body. In the next section I explore how this becoming challenges linear definitions of causality and effect, and how the relations between the levels of experience that testosterone facilitates are not necessarily linear.

### **5.3 Testosterone as informed material**

Through the different kinds of informational environments hormones inhabit, they abridge not only glands and cells in the organism, but also biological and political, industrial, economic, clinical and therapeutic milieus. They become scientific objects from their manufacture and synthetic production in laboratories and their distribution in the different forms in which pharmaceutical companies make them available to global markets (Petryna *et al* 2006). As scientific objects they “are not only ‘technically’ manufactured in laboratories but are also inextricably symbolically or politically construed” (Knorr-Cetina 1992:115; see also Roberts 2007). Far from being a fixed location of the ‘truth’ about sex, hormones evince the impossibility of separating materiality and the complexity of the scientific/medical objects and practices with which they are understood to be connected, and the set of socio-historical representations that link them to broader processes, analogies and identifications. In this respect, hormones are a significant device that can be utilised to analyse the convergence of several dimensions involved in the process of becoming – a body, a gendered self, an adult, a subject; but also certain categories within the biosciences, a measurement, a hypothesis, an epistemic object (Knorr-Cetina 2001; Rheinberger 1997). Hormones are close to what Isabelle Stengers described as an *assemblage*: a complex object/representation/practice of science. This notion advocates the inseparability of ontology and epistemology, and allows an analysis of hormones and their role in constructing the sexed/gendered body at the same time as devices that connect physiological processes, as ingredients in certain narratives of health, normality

and performance (Elliot 2003) and as discursive apparatuses that inform the scientific construction of sexed/gendered bodies. For, as Stengers convincingly argued, “the location of a particular assemblage never constitutes an ultimate or complete explanation; assemblages are connected together in multiple ways and create communications between what is classically distinguished as different levels of explanations” (1997:205). In Chapter 8 I will return to this notion, its implications and limits.

In this section, hormones will also be conceptualised as assemblages in people’s transitions. My informants’ narratives challenge the idea that hormones could be conceptualised in isolation, as they incorporate the manifold layers or dimensions where hormones ‘matter’ in enabling different levels of change in transition treatments – in contrast to the way in which bioscience and medical knowledge regard the sexed/gendered body as the result of the cumulative mechanistic action of chromosomal, hormonal and environmental factors. I will argue that testosterone is a special kind of relational agent in FTM transition, one that not only challenges ideas of linear time, but also connects different dimensions of experience. In this sense, I characterise hormones not as fixed substances that produce an effect on the body, but as themselves the result of the assemblages they form in their different routes of interactions. I explore this characterisation of testosterone following what Barry (2006), drawing on Bensaude-Vincent and Stengers’ (1996) work on chemistry and Whitehead’s *Philosophy of Organism* (1978), calls “informed material”. Analysing Bensaude-Vincent and Stengers’ history of chemistry, Barry suggests that some of the most original features of its development lie precisely in that the discipline becomes both a way of producing new interactions and a way of monitoring them, because its interest lies “in the fact that the properties of atoms and molecules vary considerably depending on the form and circumstances of their association with others” (Barry 2006:56). Whitehead, who viewed chemistry as a “science of associations and relations” (2006:56), understood molecules to be “historical”, a “route of actual occasions” or an “assemblage” rather than a fixed substance (see also Latour 1999). Molecules are subject to change and transformative movement in their routes of interactions, and even though they endure

as substances<sup>96</sup> to a certain extent, this does not mean that they remain the same. Rather, as Whitehead suggests, molecules “extend into other entities, while folding elements of other elements inside them” (Whitehead, quoted in Barry 2006:59). This process makes it difficult to establish clear boundaries between the molecule and its history (its route of actual occasions) and between the molecule and its contexts of action. Thinking about testosterone in this way, I will explore how testosterone relates to change and transition in the experience of my informants. Accumulating multiple levels of history, hormones could be said to carry information at different levels of their history and to be the connectors between these different informational levels.

### 5.3.1 Chemical time

Let me start by exploring how the linear and progressive conceptualisations of time outlined in therapeutic and biomedical discourses about testosterone constitute an ‘attractor’, or a direction, in the unfolding of change in transition. Previously in this chapter I explored how hormones were characterised by endocrinologists as “messengers of life”, effecting connections in the body and maintaining its chemical balance, its endurance in time. In transition, as well as other therapeutic models that involve a prolonged intake of synthetic hormones, the function of hormones is evaluated in terms of progress and balance, and measured in linear time. In FTM transitions this is the amount of time people need to achieve some degree of masculinisation (which varies in relation to people’s expectations of treatment), and which is sometimes associated with the intensity, the speed or the progress of hormonal treatment. Different methods of testosterone intake and their different ‘chemical times’, as we have seen in the previous section, structure transition around different intensities, situating the rate of masculinisation and its different rhythms as a matter of individual choice. However, if trans men use measurement and linear time to identify differential relations between changes and dosage, they are also aware that processes and rates of change vary according to the many other factors whose entanglement makes every transition unique. In this respect, they highlight that the experience of taking

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<sup>96</sup> I am using the term ‘substance’ to designate the endurance of particular routes, and not their ahistorical materiality. Following Latour (1999:151), substance here is intended to unravel the maintenance of unity in a particular assemblage; its endurance as a coherent whole.

testosterone is not only about measurable and cumulative changes, but also the delimitation of 'states' and 'thresholds' between them (as I explore, in different ways, in the next two chapters), where experience is not only the crossing of analytically distinct domains, but is also qualitative and affective and therefore not reducible to the mechanistic interactions through which different changes are analytically described.

This becomes evident in the ways in which trans people approach hormonal treatment. Trans men hold a significant amount of information about the effects of hormonal treatment before transition, because information is made available through specialised organisations' publications (GIRES, Press For Change, Gender Consortium) and support groups. People make decisions about the medical route to follow (NHS or private) and, where possible, about who they want to be treated by and how fast they want to transition. Once they are prescribed hormonal treatment, they can also usually decide on the intake method, which they are able to adjust in relation to the particular effects of testosterone in their bodies and their overall transitions. They think about these decisions and share information about them in support groups, information networks and through personal communications makes trans people real experts in transition.

In this way, by the time they get to the clinic, they already have an idea of what the consultation is going to be like, the questions likely to be asked, the typical physical tests performed, and of course the possible outcomes. As they approach treatment and during its different stages, they talk about timescales, compare muscle growth, share fears of osteoporosis and liver dysfunction, and joke about the possible unwanted aesthetic side effects of T, such as premature baldness or obstructive apnoea<sup>97</sup>. Yet, obviously, people do not hold the same expectations of treatment, of what it means to change sex or gender, or of what hormones will do to one's body. Some trans men start off with the idea of becoming 'male', yet others seek only to explore temporarily the changes that testosterone brings about and use their testosterone prescriptions in less prolonged periods of intake. These choices are connected to their ideas of what

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<sup>97</sup> Testosterone side effects are considered as serious, especially in potential threats in relation to existing heart conditions, liver function, metabolic derangement, and the possibility of gynaecological complications due to ovarian atrophy (Seal 2007 offers a medical evaluation of the effects of prolonged intake of synthetic testosterone). Some of my informants were aware of 'alternative', non-synthetic variants of testosterone (such as homeopathic preparations) and considered following testosterone boosting diets.

constitutes gender identity – sometimes politics, visibility and stealth (see Chapter 4) – and generally relate more to the social dimension of being trans than to hormonal treatment per se, although, increasingly, aesthetic considerations are also taken into account.

Consider how David described testosterone changes:

Q: When you started your journey, when did you feel things started moving, changing?

A: Honestly, I was so piled up. After my first jump, it was just like two hours after my first injection and this spot came up on my face and I was like no! God I don't know. After a couple of weeks I saw some friends and then my throat felt funny. Obviously I know now it was my vocal chords. They started... not even an uncomfortable sensation, but [it] just didn't feel as it normally did. Felt like there was something going on. Spots, I did get very spotty quite early on, yeah. Not very pleased about that. There is this *White Book*, you see that Stephen Whittle... it's a guide for trans men. And he was obviously giving an account of his experience. Like the first day you are going to want to eat like there is a famine, and the second day you are gonna be really horny and you are going to have to take up masturbation as your new hobby, you know, these things. And on the second day, I've always had such a big appetite, and the second day I was like no appetite, which was really weird, and on the third day I just didn't have any sex drive whatsoever. Pleased to say it has come back now, full force, but at the time was like wow, what's going on? These things that you don't know exactly how they are, you've got a lot of knowledge out there you know, common things that happen. But my appetite, that did go quite a bit [up], so I got very spotty, sturdy and, well, there's no tomorrow, and friends early on said there was a big change in my voice. And I think the next day was chunking out, especially the upper body. Especially when I go to the meetings up here, cause obviously I haven't seen people for a month time or a couple of months, and they are really like, wow, you really chunked out. Hair growth... I've always been quite hairy on my legs and stuff, but now it has grown properly and it pops on the tops my legs and my bum, armpits, on my stomach, it's coming quite quickly.

In this passage David reviews his memories of the early days of taking testosterone and contrasts his experience with the information he obtained about hormonal treatment before starting, notably not medical references but Stephen Whittle's *White Book* (as mentioned in Part I, a book about transition written by an FTM for FTMs). In a section of the *White Book* (1998) Whittle offers his transition diary (pp.21-27) through a detailed timeline of biological changes, and David constructs his own transition as a similar progression of biological milestones such as voice and appetite changes and increased libido. However, despite using the same milestones, David explains precisely

that the way he felt his own transition had begun was that those guidelines did not apply – at least not immediately or exclusively – to his process; he starts by describing how his transition was unique, by describing how the changes were brought into experience not necessarily as it was described in available sources (“common things that happen”), nor how others perceived it. Testosterone here is not measured in linear cumulative changes, but produces different temporalities of change and multiple experiences of time (the changes such as spots and increased appetite he notices in the days subsequent to his first injection, the changes he notices later on when he meets with old friends, the changes people in FTM perceive every month, etc.). These different temporalities, rather than happening ‘outside’ experience, are inextricably linked to expectations about the future, desires to be, emotions, capacities and effects, which themselves changed, became actualised and were transformed in different experiential assemblages of experience *through* testosterone intake. It is not surprising that he, like most of my informants, understood that testosterone enabled the unfolding of his ‘true self’.

David also said he made the decision to transition after a period of substance abuse and in order to deal with a complex discomfort that had undermined his wellbeing for a number of years – he did not define this as social, bodily or gender-related exclusively, but as an articulation of a number of things. He described his motivations to transition as an effort to “link his body to his body image”, but in his mind the challenge was the effect of the different scales of changes in constructing a male ‘persona’. Similarly, Freddie pointed out that when he started on T his ‘mind’ changed, and he no longer felt the insecurity he used to feel before. He seldom cried, he had more energy, his life was better: he said that even if the masculinising changes – and here he was referring to the bodily changes – were gone for good, he would still take testosterone to maintain this new “way of feeling”.

In this sense, the rhythm and speed through which testosterone affects the body is both linked to ideas of ‘maintenance’ and ‘going forward’, and is at the same time qualitative change and endurance. However, although measurement is key in this tension, because it affects the relationship between testosterone and experience, the way in which testosterone is understood to effect transition is not through the mechanistic model of

the acquisition of male characteristics that suppose a linear, cumulative passage between genders. Rather, in becoming a part of different experiential assemblages, testosterone becomes a relational agent that makes it impossible to distinguish biological change from other informational, material, social, or psychological levels.

### 5.3.2 T Relationality

My informants suggested that hormones were responsible for the actualisation of change at different levels, and highlighted that hormones effected qualitative changes through and beyond their different effects. In their different conceptualisations of transition changes, hormones were ‘translations’ between different kinds of experience<sup>98</sup> such as hairs, spots, feelings of relief, social encounters, emotions, knowledge, appetite and different senses of malehood. David, for example, remarked that these effects are present simultaneously but manifested in different rhythms, as becoming male and being identified as male had effects on his different states of mood and intertwined in ‘circles’:

I suddenly get all like, oh my God, they are gonna know that I have a binder, but they don’t even care, they don’t even know what that is, they are not even looking for anything. So I’m kind of like generating these circles, I think that is pretty much when I’m feeling physically well, emotionally, psychologically and physically, I am happiest than I ever been. When I am not feeling particularly well, I think I can focus, on, ok, what I think is the source of my discomfort. But this whole journey, yes, I had moments, I had long moments of real serenity and real comfort and feeling comfortable in my own skin which I never thought that I would have, so in that respect it’s been totally, *totally* worthwhile. And I feel like I can be having the shittiest day, and I can just walk in a pub, or a shop, and I’ll just get called sir, and it just gives me the biggest hip. And I can’t explain why that is so important to me to be identified as male; it’s just this affirmation. Yeah.

In this excerpt, testosterone effects are not the simple physical changes that David knows his body went through, because these are not enough to deal with the uncertainty of passing as male when going to the toilet at work. His fear that “they are going to know that I have a binder”, and therefore the fear of being exposed, ‘outed’, as a trans man, is overcome by the realisation that in the unlikely situation that his co-workers would identify the binder, he has already transitioned and become male, and

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<sup>98</sup> Mackenzie (2002) offers a way of thinking these processes of translation as ‘transductions’, following Simondon, and argues that these transformations are at the core of processes of individuation.

he will eventually be able to surpass this ‘circle’ of anxiety and be called ‘sir’ again. Transition enabled moments “of being comfortable with my own skin” as well as the identification of the “sources of discomfort”, and the change involved in transition manifests itself as the affirmation of this difference. Becoming involved in transition connects different processes that transect biology as a kind of artefact, as itself ‘informed material’, as I will discuss below, and it is in the different informational layers associated with transition changes that testosterone effects change. Even though they have been traditionally conceptualised as the ‘limit’ of culture by biomedical discourses and constructivist theories of gender (see Udry 2000; Sperling 1991, for instance), hormones are not solely related to the continuity of gender and how it is reproduced in relation to shifting social and political meanings (Rabinow 1999). For trans men, hormones enable change rather than limit it – even though testosterone can be conceptualised as a ‘limit’ in transition in other ways – and it is sometimes ‘culture’ that is understood to fixate the body. Consider Guy’s answer to my question about what he considered to be the relation between biological and other dimensions of change:

... I think the privilege for me of biological change has been that I can more readily express myself to people that I wouldn’t have had a hope of being able to meaningfully interact with previously. Because there was no way that my body would allow me to be known in the precise way that I felt I needed to be known in order to be respected. And it’s amazing, really remarkable I guess that whereas a couple of years ago I didn’t trust any of the men in my life because they couldn’t get over my femaleness, I felt, I can now translate who I am through... without even trying, who I am translates through my flesh in such a specific flesh that I feel seen. When I am doing the same things I was before but because my body is a bit different, it’s like this filtering process, which makes for an accurate portrayal of myself. And I’m very angry on behalf of that person two years ago, who didn’t get to have that privilege. It’s so random and unfair and it’s just about flesh. And I don’t want to forget that anger either, I think it’s very political.

Guy considers biological change in terms of ‘privilege’, where the biological changes enabled by hormonal intake are connected with the new ways in which he is allowed to interact with others and establish meaningful relationships. Hormonal change enabled a more accurate portrayal of himself, which had unexpected qualitative effects in his daily life, and this allowed him to experience the ‘privilege’ of an accurate translation between his feelings and how others read his identity. In his experience, testosterone also exceeds the level of biological changes, even though it incorporates them in different ways and intersects the many levels at which change is actualised in shifting

assemblages of different elements. Rather than defining experience as the ‘effect’ of hormones, which perpetuates the perverse distinction between matter and culture that bestows different sex and gender ontological and political values, my analysis in the next subsections will explore the ways in which these assemblages of experience make every transition a unique becoming, and how hormones, already embedding layers of history before becoming a part of those assemblages, are transformed in the different histories they embody.

### **5.3.3 Testosterone as a ‘route of actual occasions’**

The tension between measurement in linear and progressive time and the unpredictability, intensity and quality of testosterone changes is key, and a recurrent way in which my informants described testosterone changes. The decision to take testosterone is sometimes seen as a symbolic beginning of transition, and privileged as a point of inflection over the realisation that being trans is a medical condition that requires a specific diagnosis and treatment; it was the decision to take testosterone that led most of my informants to the doctor’s office, and not the conviction they were mentally ill. For many trans men, the ‘first shot’ is met with great anticipation, not only because it is preceded by complex personal and clinical decision making processes (see Chapter 3), but also because it collapses many different dimensions of past and future experience. As I have explored in detail, the therapeutic logic of hormonal treatment in biomedical discourses provides a ‘steady’ road towards the completion of a process of masculinisation designed to ‘get there’ in approximately two years. And yet, according to my informants’ experiences, two years could be three months, three minutes, a lifetime. Their experience contrasts greatly with this regulated, linear model of change. Consider how Robert spoke about this ambivalence and the tension between the anticipation and uncertainty of change:

It was like I felt, you know, from the moment that I started taking testosterone I felt like I was stepping out into this huge void. There were people around me that I knew were taking testosterone and hadn’t died a horrible death (laughs) and had meaningful relationships with people and all that kind of stuff (laughs). Before I started taking testosterone, I was kind of... I was presenting inconsistently to people, so like... I went into public toilets one time. I guess my relationship with toilets is problematic, and like... people... I would still go into girl’s toilets, and this young kid walked in after me. And I was coming out,

and she was... I remember her like double-taking what was going on and walking out, and then as I was like out of these doors and like washing my hands her mother came in and said 'what are you doing here, you filthy pervert?' And I realised in that moment that my gender presentation had been different to the way that I thought it had been (laughs). So yeah, that was like another moment, and that was kind of happening quite a lot. And actually at times even though it was traumatic it was also a really positive experience for me because being read as like [a boy]... I suppose... I was making a lot of conscious effort to kind of link up to myself, and I'd been read in that way, which was nice, you know.

Robert spoke about T as the element that set his transition in motion. Even though the future was uncertain and the consequences of hormonal treatment unclear, Robert talked about hormones as devices that helped him develop gender consistency, after having been "presenting inconsistently to people" in the past. In his narrative, the beginning of transition represents the conclusion of a prior state of disconnectedness, where his gender presentation was not perceived by others in the same way he perceived it, and in this sense, transition was a new effort to 'link' with himself and his desire to become who he wanted to be. In this excerpt, hormones do not merely facilitate the arrival of that new state, but in addition testosterone is understood to act retrospectively in re-ordering past experience, because in this excerpt he considers testosterone the catalyst that made his gender expression work consistently in the present. Testosterone brought to an end the situations where a prior gender inconsistency got him into trouble, but he knows testosterone will effect a series of changes that will eventually facilitate social situations in the future: it will be ingredient in those situations in many ways, and will make them different. In this way, testosterone is not just an implement to his becoming male, but catalyses effects beyond his process of masculinisation, generating at once expected and unexpected changes. As a consequence, testosterone encapsulates social meanings in many ways, becoming a relational device inextricable from his body, as well as extending into other objects and relations. Trans men often cite as examples the instances in which one stops being perceived as a woman and starts to be seen as male in interpersonal, medical, and legal situations that gradually enable transition as a change "from the inside out" (cf. Diamond 2004), generating a chain of effects that may affect different experiential assemblages, producing effects at different levels and in different sets of relations. In this respect, testosterone cannot be said to exist independently from each of these potential becomings in which it is rearranged in new relations. Rather than an isolable molecule,

testosterone is here also a route, a series of assemblages formed in the interaction between different kinds of processes.

I asked Lewis, a trans man in his forties, about his first experiences of testosterone, and his main concern was about the ways in which T affected his interactions with others and the ways that other people started perceiving him as a man. He told me that being seen as man was not as he had imagined it would be, as he was often considered significantly younger than he actually was, and was questioned and even challenged when buying food or drinks or when interacting with strangers. I was surprised when he pointed out that some of these contradictions were accentuated because he transitioned at an older age and precisely because of the temporalities of testosterone change. I asked him how long it took to feel that he was already male in body, and his reply was that the first stages of transitioning were ambiguous:

Well, that's a funny question isn't it, because the problem of transitioning when you are older, it's quite hard, because immediately you lose twenty years when you start passing, because then you are a young boy. And I was, I'd been on testosterone for a year, and I think I was starting to feel, obviously I already had my chest surgery, cause I'd already had that four months, so you know, I was starting to pass, although at work of course, 'cause they knew me before, they were still calling me 'she' some of them, which was really annoying and quite humiliating. It's funny, 'cause you get to that level where it's quite humiliating. But the problem, as I said, you know, being 38 or whatever it was, 37-38, is that suddenly you get treated like a seventeen-year-old boy. You know, I was in the lift, I just went in the lift, and this woman just grabbed me by my shirt and moved me to make room for somebody. You know, like a 'come on lad' sort of thing. Suddenly you get treated like that, and not served, you know I was having difficulty being served food or drinks. So that was quite awkward being treated, because... you can't let go what your mind is. Of course in some ways you are an adolescent boy *as well*, because you are going through a second puberty of course, but you know the second time you are used to a certain level of respect. So that was quite difficult. So that's the funny thing, 'cause you say when did you start feeling male, and well, I started feeling male then, but *it wasn't the male I wanted to feel*. You know, that actually comes a bit later I would say. Possibly even two years after starting on testosterone.

In this excerpt the tension between measurement and the unpredictability of testosterone treatment is especially apparent. Testosterone makes almost everyone look

younger, producing what many trans men refer to as the ‘Peter Pan syndrome’<sup>99</sup>. This is a common consequence of testosterone intake, and one that is often talked about among trans men; after a variable stage of hormonal adjustment, testosterone progresses in making the body progressively more liminal in terms of gender attributes, generating subtle changes to physical appearance and making one look younger, as well as producing mood and libido changes that make one ‘feel’ younger. However, in this excerpt, Lewis’ reference to the Peter Pan syndrome was inextricably related to the uniqueness of his transition – he says his hormonal transition was different because he was older, and describes the role of T as affecting different experiential assemblages including the humiliation of not being served and being treated as a young boy. Situating T in relation to other experiential variables, he is suggesting that it made his transition different, as the negative effects it produced and which shaped his becoming male would not affect a trans boy transitioning in his early twenties in the same way. Every trans man experiences testosterone differently in the changes it produces at many levels, not only because these experiential levels are ‘already’ different, but also, I will argue, because testosterone is also fundamentally different and shifting in relation to the articulation of these changes, and is itself transformed in the actual occasions it produces as an assemblage.

Trans men say that steroid levels affect metabolism, provide higher energy levels, and influence appetite, sexual drive, states of mood, weight gain, the development of muscular mass, and strength, all of which are articulated in different experiential assemblages that form, endure and change in relation to their relative position and scale. For example, we have seen in the previous section how the way in which the body lives emotions, and its capacity to affect and be affected, are transformed by testosterone intake and the effects it produces at the level of the skin, voice tone and muscle strength, as well as at the micro level of the cells and organs forming different biological systems within the body. Furthermore, we have also seen how different series of effects impacting on those physical, social and psychological changes are articulated in every

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<sup>99</sup> The ‘Peter Pan syndrome’ is the commonly held belief that anyone taking testosterone experiences a second puberty and will be perceived as an adolescent. This is partly due to the effect of testosterone treatment on the skin, and the way in which it changes muscular composition and bone structure, affecting facial features particularly. However, other changes trans men accentuate when they transition, such as wearing a male or androgynous attire, having a male haircut and the absence of either male or female secondary sex characteristics – like beards or make up – also induce people’s identification of ‘adolescent’ features.

transition. My informants remarked that one needs to learn to live with the effects of testosterone, and even though this process entails the pleasurable abandonment of old habits they associate with being female, most concede that starting on testosterone was virtually starting life anew. Brian put it thus:

I took my time after coming to London before I saw Dr X. And like I said, he said on the first visit that yeah, I think this is a very clear case, I'm going to diagnose you as a transsexual, I think kind of, would you like to have your first T shot now? And I was like... hang on a minute, I'm over 40 and I would like to, you know, get the blood tests done, 'cause he had mentioned the blood tests. And I do believe now thinking back, I do believe that was a test from his part. Like I am throbbing in my pants like 'yeah yeah yeah, give me the shot'. And I was like no, I want to know how my health is and that everything is ok. And it was Christmas time and everything and I got so anxious waiting to get the blood tests done, and then the results, and one week before the appointment at his office I was really... I was like shaking, I can't wait, I was counting hours. And when the day came I was so calm, it was just kind of like, like it was all over already. When there, we had this little incident he didn't have any T, so he wrote a little prescription, you know he said there is a pharmacy I always use round the corner, you know, drop this there. I was with my then girlfriend, and we went to get the T, then we came back, and she was supposed to come into the office to learn how it's done because she was... I am afraid of needles, right? and she was supposed to give me my injections, and... and I usually faint, when I see a needle, and ...he said... and I did warn him and he said, yeah... it's just going to be alright, lean against the desk, drop your pants, and I did and I did not think about the needle, like oh there's going to be a needle and you know, I was just kind of... *I'm here. It's happening.* And, little prick and it was there, that was it. And the funny thing is that we had a little chat, and then we left, and thirty minutes after the injection when I went to the tube, it was nine o'clock in the evening, wonderful evening, I was like... *I feel good.*

In this passage, Brian narrates his encounter with T through his visit to a private doctor and the expectation generated by his conviction that it was better to make sure the physical tests were 'right' before starting on T. He then describes the moment of his first injection at the doctor's office, stressing all the particulars that made that moment unique. Among them, he and his girlfriend had to go to the pharmacy to validate a prescription, then the doctor reassured him about his fear of needles, and finally, the world was different and wonderful, 30 minutes after he left the doctor's office. It would be too simplistic to assume that the becoming testosterone facilitates is 'the same' for all trans men, and even that a carefully measured dose produces the same effects in those who transition. Hormones are not separable from the multiple meanings they embed, and which constitute them as entities from the moment of their production in laboratories and in the body and throughout their endurance in the events of which

they are ingredients. These meanings operate in 'the field' in which they exist, and this is precisely what makes them contingent. Hormones are connected with wonderful evenings, encounters, happenings and different kinds of immediacy (Brian's 'I'm here, it's happening'), processes at different scales that, rather than being external to them, are precisely their "route of actual occasions" (Whitehead), their becoming as an assemblage. Testosterone 'lives' in these partial objects and connections, and *is* the uniqueness of each of those routes. In other words, testosterone is connected to specific ways in which it makes a difference, the ways in which it allows the production of gender and the displacement and the erasure of gender, as an enabling and constraining mechanism of both differentiating one's body and of disposing of the body as one's own. Consider this fragment from a conversation with Russell:

Q: And when did you notice it was moving, when did you notice a break, like something was actually changing?

A: Well, yeah, in three months. Well, psychosomatically three minutes (laughs) after the first injection. You know, everything's changing! Definitely... but realistically, three months. Slight differences in facial hair, in like facial texture, voice, body mass, muscle, very slightly between 3 and 5 months, and then 5 months it was like... I'm seven months now, so like between 5 months and now it's just gone like [really fast], this curve, like directly upwards. Lots more hair growth over my stomach and on my legs, real deep voice, lots more facial and chin hair, changing my hair line to here (shows his hair line has moved back in his head) and slightly longer side bends here, just slightly longer... more hair coming through on the sides... massive clit growth... (laughs) absolutely massive, like we're talking about... Fucking amazing. Very horny. Really into guys, more and more into men, which I never even allowed myself to dream of before, or if I did I felt guilty and dirty, because of the experiences I had with men when I was younger, or the jealousy and envy I suppose of maleness. So I blocked that, always blocked that from my sexuality, but now it's like COME ON! I need to make up this mess! So that's been a massive difference. I'd say that happened about three months as well. What else? Muscular change and weight change so my legs are becoming more muscly and my arms... your weight distribution changes a bit so... drops off your legs a lot and your hips and that happens (pauses). I think yeah, that's most of it... and like, random sizes... that's the funniest thing, just absolutely random sizes of things, and your veins becoming... because your skin gets more thin, and you get this less of a fatty layer of skin, anyway, even if you are a skinny person as a woman you have a slightly more fat capacity than a man, so your skin gets a bit thinner and your veins get just more prominent, and yeah, so just subtle, subtle, but when it's your own body you're noticing more and more, and you're noticing all the differences... and hairy bum, which isn't good (laughs), it's very male, brrrr, and just the different way that people treat you, because you pass.

In Russell's account, testosterone seems to be again the constellation of things that changed in transition, his expectations about malehood, his muscular change and weight redistribution, the changes in his sexuality, and the need to 'make up the mess' of what he perceives as the limitations of life without transition. These hardly represent things on one even level, but comprise all these "absolutely random sizes of things", that inform people's ideas of gender and sex in relation to reassignment treatment. The actualisation of gender in transition is thus change, a perilous and unstable arrangement of elements connected with the experience of a percipient, it is abstract unspoken rules of 'passing', it is hairy bums, it is noticing differences, it is sexual drive, juridical representation, and it is time and speed. Testosterone connects with all these things and helps them happen, limits them and enables them beyond the reversibility model under which the biosciences reduced hormones to an epistemic paradigm of sex. After all, there are many ways of being male and of living in a masculine way. Gender, as my informants put it, is not always an exhaustive binary classification or a clear either/or choice, but a journey, a bringing into experience, an 'extending' or a 'growing into'.

Many trans men think of their transitions in terms of doing away with the limitations of being either male or female, and through their choices intend to raise an awareness of what it means to live with gender 'beyond' the binary. Using hormonal treatments in different ways, they question the idea that masculinity is the arrival of a cumulative set of changes defined according to medical aesthetic standards. John, for example, who has lived as a male since his teenage years, fought political battles to have his male name recognised in university lists and legal papers, but once he was in a position to start hormonal treatment (he became of age and he had access to a free medical service) he decided to postpone it indefinitely. I asked him why, and he said:

I think [hormonal treatment] it's something that people need, so that other people will feel comfortable with me, that's how I feel it. I feel comfortable with my body and with myself; it's just that, if I started to transition now it would be so that people saw me in the street and knew more clearly if they had to treat me as a boy or as a girl. And I like to have that androgyny that makes some doubt. That makes them maybe think a bit more than that. So I think it's because I feel okay with myself, and that's most important. I'm not going to do something so that other people feel comfortable.

Tim made a similar point when we talked about what it means to *fail* to embody gender. He was worried about the ways in which binary ideas of sex and gender work

in popular culture and the media, despite his feelings of disappointment and his conviction that a lot of the signs people identify as ‘natural’ gender are conventions one can live without. He said he feels he has both male and female energies, and that ‘representing’ one, the other or both is about individual choice. Conceptualising gender as energy and flow, rather than signs or deeds, helps to understand the ‘creativity’ of transition beyond the social, cultural and political constraints of the binary model:

I think [gender] is taken far too seriously first of all, and it annoys me that I have to take it so seriously every time, and that it affects me on a day to day basis. It’s intriguing to see the world the way it is and how women are, and how femininity and masculinity have kind of come about. I don’t really understand it to be honest, in the sense that I don’t really understand why it’s been like that for so many years, you know? I don’t know. I have the feeling that we’ve been lied to. And it’s true, we have been. I think [gender] is fluid, you know. I think it’s energies, you *are* male and female. I think everyone is. It’s up to you how you want to represent whatever gender, one other time, you know, it’s up to you. What annoys me is that I am also a part of it, so for example, is it a question of the way that... I find it very difficult to explain. Is it, like I am a victim of myself, like I tend to go for feminine girls, I don’t really, I kind of hate that in a way. Because it’s learnt, I sometimes feel like it’s something that you grow up to, and women are kind of objectified in like movies and songs and poetry, and it’s all about how a woman is beautiful and how you should find what you think, it tells you how to see a woman and what to find attractive. So I’m not sure if it’s something purely to do with energy – is it like in essence a pure form of feminine energy or masculine energy or is it just what we’ve been taught to identify and so, you know what I mean?

#### 5.3.4 Informed material

Each of these remarks and experiences suggest that, even though testosterone has been progressively conceptualised and produced in isolation in the context of biomedicine, pharmacology, therapeutics and scientific narratives, in practice it is inextricable from its own historicity, and in this sense it is a type of experience, a becoming or assemblage rather than a fixed substance. Following Whitehead and Stengers, Barry (2006) argues that molecules are not concrete individualised objects, but they are “informed or rich in information” (2006:58). “An environment of informational and material entities enters into the constitution of an entity such as a molecule” writes Barry, so that, “the perception of an entity (such as a molecule) is part of its informational material environment” (2006:59). Barry develops a provocative analysis of the ways in which chemistry and the pharmaceutical industries produce their objects, arguing that

molecules are neither isolated matter nor meaning alone, rather, “the molecules produced by a pharmaceutical company are already part of a rich informational material environment, even before they are consumed” (2006:59). Rather than inert, fixed or bound matter, molecules are particular kinds of routes of interactions. Hormones are therefore attached to the treatments of illness and birth control, to notions of care and symptomatic improvement of certain conditions – they are a part of different events in this context and their life depends on their association with different material and informational environments.

In this sense, there is still a great deal to say about the social, cultural, ethical, political, legal, and economic factors that enable and constrain the use of hormones, and about the different kinds of effects they produce at different levels, not only as certain biological agents of sex in the experimental models of the biomedical sciences (sexology, endocrinology, reproductive biology). In the evolution of hormonal treatments and the progressive reworkings of their social life, hormones reveal precisely that their ‘nature’ is not to remain unchanged. Rather, as my informants emphasise, this nature results from the series of connections among different levels of phenomena that hormones are able to enact in their interaction routes, organising experience in unexpected and new regulations. For this reason, hormones are partial or incomplete objects, and therefore subject to the connections they form with other – also incomplete or “unfinished” objects (Knorr-Cetina, in Fraser 2002:6). Fraser further suggests that these relations are never quantifiable, “and it is this quality of excess, or surplus of effect, which creates the difference, which is transformative of the various entities, objects and subjects, of their interactions and relations, as well as the conditions of the experiment itself” (2002:7).

For example, Craig told me his story about hormones, emphasising how notions of speed and the change effected by testosterone affected his vital functions way beyond the way they produced his sexual transition. This is what he said:

Well, once you put testosterone in your system you kind of lose control of speed and you lose control of other things as well. If you put the testosterone in regularly, as you are meant to, and maintain a certain hormonal level, you put your line, then connect your line electively and your speed is preset, you haven’t any choice about it. So I think testosterone, the actual ingesting of testosterone, sets the stage, sets the speed of the transition. What then becomes

the question is how does the mind, and by that I mean literally the neurons, because your mind gets remapped physically and chemically, how does the mind keep up and how does the psyche, which isn't about neurons but is about your reaction to what neurons are doing, how does your mind and your psyche keep up, and how does the relationship you have with the everyday world, that you have to continue to interact with when you are transitioning, how does that keep up, how do you balance that? So it becomes a juggling act between accepting the speed of the testosterone and what it does to the body and the mind, accepting that and trying desperately to juggle the other elements I just identified. And somehow making a mesh.

In these lines, Craig explains his view on how hormones affect change, which in his experience he identified as three different domains: the physical, the neurological and the psychological. With a depiction of the body as a set of correlated systems, he says that hormonal intake effectively creates a (physical) rhythm, a chemical time (see previous section) or a "preset speed" that "sets the stage" of transition and rearticulates these systems in new arrangements ("somehow making a mesh"). He emphasises the inseparability of biological, psychological, and physiological dimensions when he asserts that the most important challenge for someone transitioning is to "keep up" with that, and to manage "*your* reaction" to the chain effects that unfold, i.e. getting to understand those changes in relation to each other, and importantly managing to juggle the different domains in which they happen and finding a balance. He continues:

And I think that's probably very difficult. It was difficult for me, because you've lost control. I mean you take control by making the decision in the first place or at least it feels like that, ok, I have free will, this is what I need to do, I can do this, I am ready to do this. That's taking control. And as soon as you take control you put the stuff in your system, you lose control. So it's a very perverse contradiction. And I think there were times where I couldn't juggle the psyche and the neural changes and the environment with the speed that the testosterone set. It set the pace. And it still sets the pace. As long as I put that needle in my bum every week the reality is, yes I have freewill, and I can choose not to put the needle in the bottom but then I get very sick. I feel like death warmed up, you feel like you're dying when you don't have any hormones in your body, and that was something I did accidentally. I didn't mean to do that, but I experimented with switching from one delivery system of testosterone to another because it was recommended to me, and I should have... well, I was trying to address the physical by-product of taking testosterone, at least that was the hypothesis, by changing one delivery, by taking testosterone via intramuscular, subcutaneous injection to gel, which you rub on your bum or you thighs or wherever every day, and the purported benefit to the gel is that it delivers a small amount of testosterone daily, instead of one pin into your bum with a week's worth supply. So it's meant to take the peaking out and therefore presumably maybe alter any physical symptoms that maybe a result of this unnatural delivery of hormones in the body and brain.

Here, Craig starts talking about his decision to change the delivery method he was using in order to avoid some of the ‘roller coaster’ effects of T, and explains his decision to replace intramuscular injections by gel. Although he had not been advised about side effects of this shift, he did find unexpected complications:

And when I did that I seemed to forget that I was meant to go and have some blood tests and I normally do the blood tests every six months regularly but I was very busy at the time and I switched modalities... I just lost track of it! And I started to feel progressively more and more ill instead of better, and I just kept with it, and I didn’t go to the blood tests and then I finally got to the point where I thought that I was dying. I went to have the tests and I had *nothing* in my system, I had a tiny residual amount of oestrogen which was produced by the... I can’t remember the name, but it’s not the gonads, it’s... will come to me later. It was a minute amount of oestrogen, and absolutely no testosterone. So all my systems were failing, they were collapsing. And I literally felt, well it felt like hyper accelerated menopause or what women describe as the worst part of menopause. So I got back to the injections and in a week it was gone, and I was back to normal. So circling back you lose control, testosterone sets it, and as long as I take it, it controls a large part of who I am and how I interact with my world. And it’s a matter of making everything else fit with that. That’s the reality.

Craig spoke about testosterone as a “perverse contradiction”, because if the decision to transition and to take testosterone supposed taking control of his situation, the moment that testosterone was in his system he lost control of its effects, of the rhythm of change, and of the ways in which it affected not only his sex and gender, but importantly his vital functions, his energy levels and his ability to “juggle” its changes in psychological, biological and social realms. Through his experience with testosterone and the ‘mistake’ of measurement – taking testosterone through the wrong delivery system – Craig portrays the effect of T in an endocrine system as the catalyst of wellbeing and health, explaining how hormonal balance had effects on other realms of experience. The role of testosterone was not only biological here, or metabolic; it affected the complex network of connections and interactions of which he was part, depriving him of the ability to control the basic “functions” – biological and otherwise – that in normal circumstances allowed him to lead a normal life. He says that while on testosterone treatment, he had already “lost control” of this process in favour of the chemical control of the hormone, and that therefore, life was about following its cycles, and restructuring everything else to “fit with that”. In this way, he suggests that testosterone is chemically related with modes of living, with energy, balance, health, security and

change, and that these modes exist at different levels, because they are different assemblages in which testosterone produces its effects. T is thus an unfinished object that only gains an identity in the connections of which it is part. As a route and vehicle of his transition, testosterone is intricately related to change, experience, time, health, enablement and constraint; in other words, it is a biological device capable of encapsulating a wonderful evening and a new sexual desire, a privilege of being known in the precise way one needs to be known, and an unexpected rejuvenation. Testosterone embodies contexts of information and action in transition as routes of actual occasions, while at the same time, as discussed in the first section of the chapter, it also embodies contexts of information that are not necessarily physically or historically near. In this respect, testosterone becomes ‘informed material’: it is transformed in its routes of interactions and the different experiential milieus it connects.

#### **5.4 Conclusion**

Biomedical knowledge about hormones and their effects in the human body characterises their action as ‘limits’ to gender construction. In biomedical discourses, sex has been defined as hormone-specific in endocrinology and sexology throughout the twentieth century. However, new approaches to science and technology have developed crucial notions that help us make sense of biomedical, physiological and biological processes in essentially different ways. For example, I have proposed how provocative notions drawn from the work of Rheinberger (1997), Knorr-Cetina (2001) and Barry (2006) allow a different analysis, where hormones can be conceptualised beyond their reduction to causal sex agents in biomedical and scientific models. This idea is not new; since its inception, theoretical endocrinology (Crapo 1985; Slater 1978) has characterised hormones primarily as ‘messengers’, ‘connectors’ and agents of relationality among the multiple processes involved in the production and maintenance of life.

T is a vital element in transition journeys, because its action is a catalyst through which trans men adjust their bodies to male aesthetic and physiological standards. However, notions of measurement, balance and action introduce variability in the effects of

hormones in transition. I have shown how the different methodologies of measurement that led biomedicine and the pharmaceutical industries to develop different forms of testosterone intake had an impact not only on the degree of the treatments' safety (minimising side effects and risks), but also how fast one's body develops male secondary sex characteristics. They also created qualitatively new ways of transitioning, affecting experience at different levels and transforming what it is to be, and to become, male.

In my informants' narratives about transition, the role of hormones in relation to the production of sex seems to be specifically about change, relationality and connectivity. In trans men's experiences of transition, hormones relate to change and agglutinate the power of invention in multiple, colliding levels – not necessarily structured around the distinction between biology and behaviour through which discourses about gender construct them as an epistemic paradigm. Hormones show precisely how densely these different dimensions or domains converge in the production of change in the process of living, and how the distinction between their different domains of action is not only inherent in testosterone, but also pertains to modes of analytic observation. In this way, some trans men also question the very idea of transition as a passage from predefined categories and the place that the body occupies in the ubiquitous sex/gender system (Rubin 1975). Their experience shows that it is no longer 'enough' to understand transition exclusively as a journey between two predefined points. Rather, trans men show that the journey is often about wandering, exploring or 'juggling' the different levels at which new relations are articulated and become together in transition. Some trans men are proud to make visible their masculinity in ways that are not always complicit with traditional or normative ways of representing or performing gender at the level of the body or of deeds alone. Thus, they challenge the logic of medical treatments in a profound and meaningful way, increasingly distancing their understanding of transition from the medical representation and prognostic indicators. With this displacement, they challenge the role of medicine in transition, and invite new ways of thinking how this role could be adapted to accommodate and better facilitate a diversity of transitions.

This new conceptualisation of the role of testosterone in transition provides new keys to understand the significance of biomedical and political narratives of transsexuality, as well as the role of materiality in transition. In the next chapter I will explore the entanglement of matter, meaning and experience in more detail by discussing the role of narrative in transition.

## **6.1 Introduction**

Despite being often characterised as a substance capable of triggering transformation by biomedical discourses and associated with ideas of progress, causality and linearity, I showed in Chapter 5 how, in my informants' transitions, testosterone was a relational device inextricable from informational contexts that were not necessarily physically or historically near. I explored how testosterone, an important element in my informants' transitions, produced effects at different levels and how, rather than remaining fixed, it was transformed in the associations it formed with other molecules, fields and informational environments. With this characterisation of testosterone, I intended to challenge mechanistic models of change in transition, where becoming a man is the result of the interaction of a series of independent domains (such as physical, emotional, psychological, legal, etc.), and is effected through a series of linear passages. My analysis of the role of testosterone challenged the medical assumption that testosterone can be understood as an 'independent' or mechanistic agent, and, in so doing, suggested that testosterone was part of a particular route of change or assemblage (Stengers 1997), where the relationality of heterogeneous elements made every transition unique.

This chapter discusses the significance of narrative in transition. While clinical studies (and studies conducted in clinical settings) have tended to highlight the importance of narrative in relation to treatments and prognostic models, narrative also has a central role in trans identity politics, where particular kinds of narratives are privileged as sites of the 'truth' about transsexuality and transition. In Chapter 3 I reviewed the historicity of transsexuality as a diagnostic category and its relation with the maintenance of the sex/gender distinction, exploring the role of narrative and narrative interpretation in the diagnosis of GID. In this context, certain gender narratives were explicitly classified as pathological and associated with different models of therapeutic intervention in psychiatry and sexology from the 1950s onwards. Narrative improved the systematisation of the diagnostic machinery and became the ultimate resource for

clinicians when they could not ‘tell’ what in the body was ‘wrong’<sup>100</sup>. Media coverage of the first ‘successful’ transitions (notably Christine Jorgensen in the United States and Michael Dillon in Britain) consolidated the public relation between biomedical categories and trans narratives, and in this way, the ‘true’ trans narrative was associated with the allegedly neutral and objective scientific gaze legitimised in the clinic as the arbiter of transition experience.

However, when transsexuality became the object of enquiry for the social sciences in the 1980s, in part as a contention over the objectivity of medical discourse, but also as a result of identitary political struggles in the context of feminist and postcolonial politics of difference, narrative started to be reclaimed as legitimate in its own right. In this context, narrative became an authentic representation of transsexual identity, the very ‘authenticity’ of which was mobilised as an asset for the inclusion of trans issues in the political agendas of human and civil rights organisations. In this respect, in an unpredicted turn, witness became the main counterargument through which pioneer trans writers, performers, film directors, activists and academics contested biomedical discourses of transsexuality and its assumption of a universal meta-narrative of transition. I illustrated in Chapter 2 how, whereas prior FTM counter-narratives focused on experiential and existential dimensions of transition overlooked by biomedical discourses (see Rees 1996; Morris 1974, for instance), political visibility yielded a new transdisciplinary body of knowledge that after Stryker’s introduction to the *Transgender Studies Reader* (2006) was consolidated as ‘trans theory’ or ‘transgender studies’. This body of work outlines the specificity of transsexuality vis-à-vis other sexual and gender identities and associates narrative with localised constructions of trans identity. Certain narratives of transition are associated with the emergence of trans communities at national and international levels, the generation of international health models (such as the Standards of Care discussed) and new advocacy organisations. However, especially from the 1990s onwards, there was an increasing production of political, testimonial and hybrid accounts that interrogated the position of trans identity in the public sphere, as well as the relation between trans identity and trans narratives (Diamond 2004; Bernstein 2006; cf. Namaste 2005; Stryker and Whittle 2007; Kotula 2002). Reflecting the tensions of the multiple discourses that historically implemented and limited the

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<sup>100</sup> See Mattingly (1998) and Skultans (2007) for a discussion of narrative in the context of clinical psychiatry.

representation of transsexuality, these discourses challenge the assumption that certain kinds of narratives already encapsulate ‘identity’, ‘transsexual subjectivity’ or ‘transness’ as cohesive meta categories. In fact, these recent trends use different types of narratives as a way of generating *different* contexts of relevance of/for trans identity.

Thus, even though this chapter considers a number of tensions that underlie identity politics in the contexts of LGBT and trans politics – where narrative and what it means to be trans and to transition are currently being evaluated in terms of granting people access to civil rights and social services (including care, work, parental rights, marriage, rights to property, etc.) – I will argue that the variety and scope of transition narratives demand a different analysis. By pointing out their different temporalities and effects, I will interrogate the assumption of a structural relation between time, identity and narrative. I will discuss how transition, both as a ‘plot’ and as a becoming, is a narrative vehicle through which people navigate qualitative states and a connective device that has effects beyond the cumulative conveyance of meaning. Narrative has effects in the manner of being, and these qualitative distinctions that affect rate and scale, degrees and intensities, are not reducible to the formation of a unitary identity in narrative, but rather, are the result of narrative as a connective experience that challenges the unity of identity.

## **6.2 The structural analysis of narratives**

Even though the status of narrative is variously interpreted in the context of hermeneutic paradigms in anthropology, after the publication of Barthes’ *Introduction to the Structural Analysis of Narratives* narrative analysis became an interdisciplinary object based on a series of structural principles that were assumed to be common to all narratives. Narratives are understood to establish temporal distinctions through their ordering of different deeds, actions and differences in a main plot, which sets the spatial and temporal coordinates – the chronotope (Bakhtin 1981) – of narrative. Ricoeur (1980, 1991) argued that this process of emplotment as temporalisation is inherent in any narrative structure, and that it operates in a twofold way. The plot converts events into a narrative, where time is “laid out chronologically, a linear time, defined by a succession of instants” (1980:171). In this way time becomes the structure of the story,

a substance “in which the events take place” (1980:170). For Ricoeur, whose argument is indebted to the phenomenological tradition, time has also an abstract dimension, a “making-present” (1980:173) a “saying now” (Heidegger, quoted in Ricoeur 1980:174); time is the structural element through which deeds are turned present in narrative<sup>101</sup>. Ricoeur conceptualised this double existential dimension of time under the twofold “time as passage” and “time as endurance” (1991:21-22).

Moreover, Ricoeur (1991, see also Linde 1993; Ochs *et al.* 1996, 2001; Cohen and Weiss 2003; Meyerhoff 1998; Brison 2001) argues that narrative creates the identity of the narrator in ascribing deeds to the self and structuring them in a coherent unity, an identity in relation to which narrative is self-referential. For Ricoeur, the relation between narrative and self is of mutual presupposition, and narrating is a secondary process grafted on our “being-entangled in stories” (1991:30), which frames the ethics and morality of narrative (see also MacIntyre 1981; Butler 2005; cf. Jackson 2002). Narratives are, before anything else, a quest for self-understanding. The double dimension of narrative time (time as passage, time as endurance) behind every plot presupposes that narrative rests in the assumption of an identity, where a pivotal event in the narrative present serves as a point of *conclusion* to a traumatic or ‘discordant’ past, and where the plot establishes coherence and unity to an otherwise heterogeneous and dystopic series of components. For Ricoeur, the possibility of subjectivity lies in narrative identity: “Our life, when embraced in a single glance, appears to us as the field of a constructive activity, borrowed from narrative understanding, by which we attempt to discover and not simply to impose from outside the narrative identity which constitutes us” (1991:32). Subjectivity is therefore understood as the intersection of a dynamic flow of events with the ‘substance’ of oneself, capable of evolving ‘in passing’ – identity as sameness, *idem* – while at the same time enduring as one – identity as selfhood, *ipse* (1991a).

In this way, narrative becomes inextricable from interpretation. The structural analysis of narratives advocates that narrative is analytically associated with structural *properties*

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<sup>101</sup> Narrative theorists establish a distinction between stories and narratives. Whereas stories are unstructured and messy, narratives are structured, formulaic and purposeful (morally, socially or formally). Porter Abbott (2008) follows Seymour Chatman in theorising this difference through narrative time, and, in a way similar to Ricoeur, he characterises the difference between story and narrative through the formal characteristics that make a series of events into a ‘chrono-logic’ narrative plot.

(Ricoeur, see also Propp 1968; Levi-Strauss 1978; White 1987), which make narrative an ahistorical and acultural product, because their scope refers to the form of narrative and the condition of narrativity. It is this kind of interpretation that historically informed the use of narrative as evidence of transsexuality in clinical contexts, where transition is understood to be the result of a deficit in people's bodies or an irregularity in their behaviour, but is also understood to be a coherent identity that is formed in changing gender. In this way, certain types of narratives are associated with certain symptoms, objectifying trans experience in a number of narrative 'requirements' and crafting the experience of transition in abstract models. In biomedical and psychiatric discourses, the narratives contained in medical histories were turned into exemplary diagnostic and prognostic examples, and in this context, narrative and narrative interpretation became pivotal in the development of diagnostic methodologies. Especially after the 'medical turn' in psychiatry that followed after the publication of the DSM-III (1980), narrative became a symptom whereby clinicians could safely operate a prognostic translation, and thus, as a diagnostic object, it became 'observable', measurable and detachable from experience.

Thus in terms of treatment and prognostic outcomes, transition becomes the main 'plot' of trans people's lives, and all other events are subordinated by the main plot of becoming-gender. Transition narratives are thus understood to begin in the traumatic experiences that lead a trans person to seek reassignment, and to conclude in people's arrival at their desired bodies, identities and social roles, because it is here that the 'discordance' of past experiences is rearticulated in a coherent identity. Some trans men use psychiatric terminology to structure their narratives, and it is their identification with this narrative that triggers their process. For example, consider William's use of medical language when he spoke of the beginning of his transition, where his view of transsexuality as a condition informed the ways in which he figured his transition and the ways in which he made it public to other people. He said:

I suppose [I decided to transition] when I realised about the gender dysphoria. Well I suppose I kind of live my life and assume that the things I think and do are kind of normal for somebody who was female. But then I just realised that they actually weren't. And then I tried to find out information I suppose, and read books and... and then I got the vocabulary of understanding that this thing did exist, because prior to that I just, you know, I just kind of did what I did really and didn't do anything in particular about it. I suppose in terms of the

catalyst of moving forward it was very much the knowledge that the stuff that I did and thought and felt wasn't what most people do.

William first identified with the trans category when he realised that his gender behaviour was not 'normal' for somebody who was female, and therefore his need to transition was associated with the need to 'mend' that. His identification with 'gender dysphoria' – the psychiatric term that defined transsexuality in the DSM-III (1980) – was the beginning of his becoming trans, because it was after he “got the vocabulary to understand that this thing did exist” that his decision to change was triggered. William's narrative thus echoes the psychiatric plot of transsexuality, where series of past events become the background where the narrator emerges as a 'hero' and through narrating his transition provides unity and coherence to trauma and discordance. Even though it “wasn't what most people do”, the realisation of a difference in his behaviour and identifying as 'gender dysphoric' was the starting point of his transition, because it is at this point that the 'solution' to his non-normative behaviour was envisaged.

Narratives of transition contain innumerable *whats* – what one is and is not, what one wants to become, what one desires – which, in clinical and identitary discourses, are understood to be relevant to one's identity (as selfhood) in terms of the extent to which they influence and structure experience. The structural analysis of narratives privileged as a diagnostic tool by biomedical discourses emphasises a consistent distinction between 'before' and 'after', which is often understood as the temporal structure of transition experiences. Obliterating the multiple temporalities of transition (see Chapter 8), transition narratives are thus understood to convey *different* and quantifiable dimensions of change, and to progress linearly between a state 'before' and 'after', which becomes the condition of narrative identity. Consider Michael's description of transition as the 'conclusion' of a series of prior states, and how transition becomes the beginning of a new life:

That was a great feeling. When I made that decision I felt much better, because I knew, yeah, I can plan a lot. I knew my inner demon; I know why I'm feeling like shit. I know what it is, how it is called, how *it can be treated*. It was a big relief for me. Before I didn't know where I belonged to. I have been in every subculture you can imagine – punk, goth, S&M, fetish, tried everything, lesbian, I didn't know where I belonged. But when I made the decision it was straight away. You can't imagine, I don't know if I have a picture with me, I should have one, how I looked fifteen years before my treatment, that's me without treatment, genderless.

In Michael's narrative, transition reinforces a strong temporal distinction between before and after, and this distinction gives a new meaning to the different events of his life, from his pre-transitional sense of not belonging to his post-transitional rebirth into a new gender. Transition is the 'real' plot of his life where others have failed, and it is depicted as an irreversible becoming that is effected through the transformative effects of treatment. However, as I explore in the next section, not all of my informants privileged a kind of transition narrative where arrival at a new gender was the main identity plot, or where their transition narratives already implied a 'normal' or paradigmatic interpretation. In fact, the variety of ways in which my informants engaged with narrative challenged the structural reading (narrative as evidence) often performed in clinical contexts.

### **6.3 Counternarrative**

In contrast with the medical assumption that transsexual subjectivity is structured almost exclusively around the mismatch between sex and gender and is evinced in certain 'problematic' gender narratives, I suggest that narratives in transition have other effects and functions. In Chapter 3 I showed that aetiological GID models assume that the 'condition' originates *within* the individual (and can be localised in the body or in the mind) and that it develops as a relatively stable, enduring state whose consequences are only alleviated in treatment. My interviewees not only challenged this logic in terms of their view of transition as a lifelong becoming (I will also be discussing this claim in the next two chapters), but in so doing they also called into question the existence of a universal narrative of transsexuality (assumed by some biomedical and political discourses) of which every transition is an individual variation. In some instances they openly interrogated the inextricability of their narratives and the analytic paradigms that deem them linear and progressional, and tie their transition with a narrative arrival at a coherent and bounded identity. Robert elaborated this point in our interview by pointing out that while narrative holds a paradoxical double power to 'order' experience, it is also transformative. As he agreed to put together his memories in response to my question about the beginning of his transition, he warned me not to take the linearity of his narrative as evidence of a linear identity:

Well, I guess... I guess that question is a bit of a funny one for me because it kind of, it pre-empts this kind of narrative, and the way that we see time is kind of linear and like progressional, and the way that I deal with my identity isn't any of those. But it also reminds me of, I don't know... the psychiatric narrative as well, you know, 'cause it's kind of interesting, but also really controversial for me politically. I don't know whether that is (laughs) useful or not but I guess that is my answer but also my kind of internal response...

Robert's caveat that the way one deals with identity is not linear or progressional holds an important contention against the structural assumption of linear time in narrative identity. If, as Connerty (1990, see also Bakhtin 1981) remarks, the relation between time and narrative is one of reciprocal presupposition rather than supplementarity, it is also true that narrative bears a specific relation to social and cultural processes<sup>102</sup>, which inform the temporality of narrative. It is in this sense that narrative is enmeshed in personal and collective histories (Guattari 1995) and the specific *content* of social and cultural schemas (Skultans 2008), which, as such, affects individuals as much as it does intersubjective and relational domains (Jackson 2002). It is not surprising that, in this sense, narratives have sometimes been understood as the *outcome* of action and meaning as the *product* of microprocesses of linguistic interactions (Arendt 1958:185; Ahearn 2001).

This section therefore addresses my informants' different modes of production of and engagement with the categories and narratives of transition and explores narrative as an assemblage through which transition is experienced, or, in other words, as a 'heterogeneous machine' (Guattari 1995:48) that produces multiple temporalities, memories, events, and feelings. First, my informants' different modes of engagement with the trans category evince that they do not always consume a trans narrative as a ready-made product, but rather, that they transform what it means to be trans every time they engage with existing categories and narratives of transsexuality. In these creative and strategic engagements, they transform the categories and narratives that 'represent' them, and mobilise them in their becoming FTM. Thus, I will argue that

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<sup>102</sup> In fact, Ricoeur distinguishes between three phases involved in narrative: a prefiguration (mimesis1), whereby a referent is articulated figuratively, a plot or configuration (mimesis2), and a refiguration (mimesis3) that is operated in the reception of the narrative, the moment, in other words, when the narrative implodes the reader's imagination. In the process of refiguration, mimesis1 and mimesis2 interact with the temporal universe of the reader, effecting this intersection through a process of innovation and sedimentation, which becomes "the final indicator of the refiguring of the world of action *under the sign of the plot*" (Ricoeur, quoted in Connerty 1990:393, my emphasis). It is in reception that narratives become entangled with wider social, cultural, historic, and knowledge practices.

narrative, the contexts in which it is articulated, and its relation with other modes of communication, has an effect in people's sense of being alive and changeable, and changes their capacity to affect the world around them. Finally, I will follow the effects and context implications of narratives to explore the different kinds of temporalities narrative produces as an assemblage. Narrative creates multiple temporalities by articulating different elements, such as referents, relations, relevance and context, where change and becoming are brought into experience.

### **6.3.1 Naming**

Let me start by considering the significance of names<sup>103</sup> in transition. All of my informants changed their names at some point in their transitions, although some of them had already a male or ambiguous name before further steps were undertaken. For reasons of confidentiality, I will not discuss their choices here; however, it must be pointed out that these choices varied greatly. Whereas some chose an entirely different name, some chose to keep a male version of their birth names or to be referred to by their initials. Names and the process of naming, as Valentine (2007) also suggests, are the result of the convergence of different processes, where names are relational devices that bring different kinds of relations into experience including memories, personal histories, cultural referents, politics, and imagination. Indeed, and rather than being circumscribed to their individual choice of first name, these diverse narrative choices also render people's engagement with collective names, especially with the categories associated with transsexuality. In the line of Valentine's (2007) examination of the effects of names and the process of naming in New York's trans and queer communities, my informants' identification with certain categories was not merely a way of marking themselves as members of a collective identity, but indeed a way of making their processes unique. For Valentine, part of the complexity involved in the use, creation and transformation of categories in trans and queer communities is that categories are at the same time political tools through which people make claims about themselves and the device through which they express their identities creatively in their own communities. Engaging with difference and change within the community often

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<sup>103</sup> In this section, I discuss categories and names under the heading 'naming'; however, whereas categories include names as a class or group, names do not include categories, as categories are broader than names in their designation.

involves breaking or extending relations with categories, as categories mediate people's relations with social services, community organisations and health programmes. Categories are thus important actors in the community's social life, as sometimes they are the link between people and institutions, other times political enactments, and in every articulation they perform specific functions within and beyond narrative<sup>104</sup>.

My informants' engagement with the category 'trans' or 'transsexual' was complex and multilayered, and had manifold effects in their transitions. The 'trans' category was often understood as a fixed, yet ambiguous characterisation, where their 'identification with' the category was a way in which they constructed their transitions toward others, as well as a way of engaging with institutional, identity and health narratives. Beyond the commonly accepted meaning of the categories themselves, their process of identification entailed a particular relation with their own transitions in which they could make the category fit 'uniquely' their individual processes, while at the same time, the process of figuring their transitions through the category meant also reinventing the category in every identification. Let me illustrate this.

Some trans men argue that being a 'trans boy' means being 'masculine' *and* 'femme': they use both gender categories to convey – and construct in their relatedness – the uniqueness of transition, where embracing masculinity is not necessarily detrimental to living femininity coextensively, and where living both categories at the same time can be a way to be 'trans'. Guy for instance explained his transition as a process in which a series of 'successful identifications' (identifications that had effects) set important changes in motion. It was through his 'tentative' identifications that anxiety and intense feelings of exhaustion began to subside, and that he could effectively be in a different position from which to rethink his feelings about gender. He said:

I was identifying as genderqueer for about six months which was like quite fun, I had a delivery driving job, delivering food, and I would pass on my rounds, because of the uniform that I was wearing I guess, and the sunglasses, I was convinced the sunglasses were the thing that let me pass; these old John Lennon tinted sunglasses, and that was so exciting, I just remember that exhilaration, and I remember thinking I never want to forget how this feels. So that was probably the first.

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<sup>104</sup> The different discussions of standards compiled in Lampland and Leigh Star (2009) evince some of these characteristics, where the effectivity of classification and standardisation informs an array of everyday practices.

In this passage, identification as 'genderqueer' was possible because a series of other processes converged, such as having a delivery job and being able to 'pass' in contexts where anonymity, a uniform and sunglasses allowed him to be read as male. But here passing is described as a playful process, one that started once he abandoned previous ideas of the coherence of 'gender', and started to *play* with his gender presentation. By identifying as gender-queer, which in queer communities is the category that people use when they live as neither or both genders, Guy starts to make changes that at once initiate his transition and allow him to reinvent what it means to be trans in his own becoming. The effects of identification as genderqueer start in being open to changes and continue in a series of material enactments that make a difference to how he thought he could live, to how he thought of gender and of being trans. In this interplay Guy is able to embrace transition as an exhilarating process, one that connects past and present in its irreversibility ("I *never* want to forget how that feels"), but this doesn't presuppose a single linear enactment. Through his identification as genderqueer, Guy engages with the many possibilities identity holds, and in this way narrative has an effect in changing his reality. It allows him to 'play', displacing himself from the familiarity of other situations in which he would inevitably be read as female, while producing a sense of enablement, a connection with the possibility of living differently, a sense of freedom and excitement.

Guy does not conceptualise his identification as genderqueer even primarily in symbolic terms, or as the recuperation of a 'lost object' (the 'symbol' of his masculinity as it has been defined by some psychoanalytic discourses), nor does he understand this enablement solely as the effect of mimetic faculties (Fuss 1995; Butler 1993). Rather, identification initiates a tentative process of reinvention that relies on establishing relevance and connectedness among different kinds of processes, which transform and create the present. Identification here entails the connection between different objects (such as Guy's glasses and his uniform), unexpected and transformative excitement, narrative referents, material and symbolic effects. Identification itself also works as an invention here, because in its relational capacity it creates relatedness not only at the level of the symbolic, as will become clearer, but also in the different levels at which narrative becomes ingredient in experience.

Further into the interview, Guy said that identifying as trans was different from his previous identification as gender-queer – it had different effects. Consider how he describes them in this excerpt:

The first time I felt that exhaustion began to address was way before I started hormones, to contradict myself a bit. And it was when I came out as trans. Because I'd been getting angrier and angrier at the way that I wasn't passing as a guy, but I didn't realise I was trying to, not consciously, but I was trying to. And when I finally could say hey I am trying to do this all the time my mind was like no, I'm not trying to do it, and actually, I really feel like I am a boy, I could start to [transition, and to pass]... I was instantly less angry at people around me, because I could tell them something. So I was giving myself a break, you know, by naming myself, and kind of making my life a bit easier.

In coming out and identifying as trans, Guy started to transition, becoming less angry at people and at himself, and relating to other people's transitions as similar to his own. And yet, identifying as trans here becomes a way of relating to previous experiences where he tried to pass as a boy but would not admit it ("I didn't realise I was trying to, not consciously, but I was trying to"). In this way, identification had different effects in his transition; it marked a change in the way he approached others, and as a consequence it made "life a little bit easier" by representing his experience and in particular his masculine presentation and his desire to be addressed as a guy, within a broader identification as a trans person. In this respect, identification is part of the effects of narrative communication, and the process of naming oneself becomes part of the actualisation of change. In this way, the effects of people's engagement with the trans category are manifold, and are relevant to the specificity and uniqueness of their transitions.

Thus, my informants' transition narratives evince the fact that whereas transition *is* an emplotment device, every time one puts together a narrative, one contextually articulates the heterogeneous elements understood to be significant and configures them *differently*. In this respect, and as Fish argues (1979), every narrative is inextricably tied to a context which affects the retrospective identification of evidence that determines the scope and effects of the plot. In this sense, and even though the identifications my informants described in this section produced a sense of progression, in the sense that Ricoeur confers to narrative, narrative progression does not necessarily lead to a univocal conclusion, but, rather, narrative articulates reality differently every time it happens. In this way, transition narratives reify the assumptions of narrative theory

regarding referentiality and the relation between the what and who connecting the events that form 'the sequence' of one's life, or, in other words, the assumption that from narrative emerges a hero whose identity as a narrator is defined by the parameters of unity, sameness, continuity and permanence (Ricoeur 1991b, see also Barrett 2007).

However, it will be argued, transition narratives also question this very principle, because narrative, understood as a kind of experience, is not always necessarily associated with coherence and unity, but sometimes also with diversity, instability and potential. Narrative can thus be understood as a kind of type of experience, where contextual elements are part of narrative as an assemblage. As narrative theorists point out, the 'context' in which narrative produces effects can never be univocal and 'normal' (Fish 1979), and the reception of the narrative plays an important role in giving narrative intelligibility. This process entails the receptor's understanding of the materiality of narrative and the conventions of narration at a first stage, and the subsequent situation of narrative referents in philosophical, scientific or cultural systems of intelligibility (Zavarzadeh 1985). Consequently, the process of reception affects the way that narrative becomes referential, even self-referential, as some have argued (Ricoeur 1991; Ochs 2001), because it is in reception that notions of chronology, temporality and identity make sense in relation to what is said and its perlocutionary context.

Through my informants' identification with categories of transsexuality, which were themselves varied and contextual, I have illustrated how narrative depends on context and that narrative not only ascribes deeds and qualities to a narrator in the figuration and reception of the narrative, but also effectively creates conditions of change and becomes part of its actualising effects. The process of naming oneself changes people's interactions with others, and is an ingredient in the becoming of new time/spaces (Bakhtin 1981). Narrative thus revives rather than solves the problem of "the one and the many" (as Blackman puts it; 2007, 2008a) inasmuch that it implies a relation between different kinds of processes, establishing not only relatedness and coherence, but also instability, creativity and change. In this double dimension of giving oneself a name (Guy's "I was giving myself a break by naming myself"), identification is not the assumption of trans identity as a ready-made product; rather, it is the recreation of what

it means to be trans through the transformative association of experience and narrative. These connections are not necessarily linear or unidirectional, but stem from narrative as a kind of experience that transverses different contexts, including the subjectivities of interlocutors, the genealogies of meaning and practice in which narrative is embedded, and the different sets of formal principles that underlie it and connect it with other knowledge practices.

### **6.3.2 Transitioning through narrative**

The first time I interviewed Russell he said that transitioning was his only chance of becoming his 'true self'. His motivations to start reassignment appealed to an inner conviction that any more time without transitioning would ultimately be detrimental to his capacity to lead a good life. Instead of the medical term 'gender dysphoria', he used the term 'body dysphoria' when talking about an intense and ambivalent relation with his body pre-transition, because the feelings of discomfort that prompted his decision to change were not about gender alone but about a progressive 'estrangement' from his body that affected many experiential domains in his life. He had not known transition was possible until he was invited to a FTM support meeting and got to meet other trans men. Recalling his first impressions, he emphasised that after the first contact he was horrified at the thought of transitioning. He said he started to think otherwise while on a journey with a long-term girlfriend, when his 'body dysphoria' became more intense due to the conditions of the journey. This situation made him think again about transitioning and of going back to a support meeting.

One of the things that deterred him especially on his first visit to FTM London was that he felt he could never identify as 'trans' in the same way he thought all those men in the room did. The second time he went, however, after the journey, he had terminated the relationship with his partner and had become involved in many different, new projects. In this new situation, he recalls feeling relieved when he started to talk to other trans men and as a result of this exchange (of "feeling their energy", as he put it) he started to think that transition could end his body dysphoria. Encountering trans men with whom he could identify, and even feel attracted to, affected his acceptance of transition and transsexuality, both as processes and prospective catalysts of change and

improvement that before were understood to be beyond the scope of his problems. It was after that second encounter with FTM London that he felt a progressive liberation in identifying as transsexual, and realised that transition was a way of “being who [he] always was”, of “having the body [he] always knew [he] had” and of “being able to grow”. Russell’s encounter with transition was mediated by narrative in different ways (the lack of narrative and pre-transition isolation, the narrative exchange that made him change his mind, the different narratives through which he figured and refigured his transition thereafter). Narrative and the process of narrating had a particular role in his process of inventing a new future, and situated that future in different contextual situations, meanings and material relations every time narrative happened. Thus, identifying as transsexual became a ‘liberation’, where narrative enabled him to change and to “be who [he] always was”.

Similarly, Craig said about transition:

So where I wanted to climb trees and play with guns, and dream of being a cowboy, and of having girlfriends, and of being a hero, and of doing wild and wonderful things, none of those internal envisionings matched with the identity that was allocated to me, which was female, and not an adventurer, and not a cowboy; none of those things.

Craig wanted to be an adventurer, climb trees and be a cowboy, but these internal envisionings were not what were expected from him. On the day of our interview, he told me one of the reasons he decided on transitioning was that, growing into adulthood, he understood he could not be what he wanted to be if he were to attempt to meet other people’s expectations (“the identity that was allocated to me”). Transitioning was envisioned as a subversion of this order of things, and as a way of living otherwise. Transition changes inverted other people’s expectations of his gender embodiment; they were a response to his ‘allocated’ identity and to his failure to produce it, but it was also the multiple possibility of becoming a body, a hero and of doing “wild and wonderful things”.

Transitioning allowed him to rewrite the social and cultural meanings associated with his body and through which his identity “as a female, and not an adventurer, and not a cowboy”, could be resignified; however, this rearticulation of his gender narrative

became part of the many assemblages through which change was actualised in transition and, thus, his own narrative of transition became entangled with the different contexts in which it had effects, affected other people's narratives, in which it made a difference or in which it allowed him to do things. Narrative is thus not only a mode of ordering and conveying identity, but an ingredient of change in that it has a different scope and context every time it is articulated. Narrative makes things matter, it is an assemblage that includes the creation of different meanings, ascription and enactment. Rather than being a structural result, it makes identity possible in that it happens at different levels, affecting intersubjective, personal, collective, political, and legal domains.

Craig's identification with cowboys and heroes draws on the kind of narrative where identity is produced as a result of a main plot; however, his narrative is also different in that it folds into other stories through which he navigates transition's different states. For example, he referred to events in his childhood as crucial points that had an impact not only in his decision to transition, but also in the particular route it took once it started. He said:

There was never any consistency. There was always a contradiction. The earliest memories I have is being about three-ish, two and a half, three-ish, three and a half, and being in Brighton and going out into the neighbourhood and playing with a couple of children on the street, and one of them I remember was a little black girl. So this is the early sixties in Brighton, and there weren't actually that many black people in Brighton in that particular neighbourhood. But she was my friend, she would play with me. And it's only in retrospect that I realise there was a commonality of outsidership. And, you know, I wasn't okay with how people treated me, which was as a little girl. And she was coloured. And we were both sort of, we were both outsiders. And we would spend some time together on the street. I remember I had one of those little... I can't remember how you call them, two wheels and a platform, yeah, and I loved that. And my grandmother would take me over the road into the little over-passing, the green that was passing the neighbourhood, and I would climb the trees and my grandmother would sit on the bench and keep an eye on me. And I remember that most of the time we spent outdoors, in that neighbourhood environment was essentially on my own, but you know being watched over by my grandmother and occasionally I would have this interaction with this black girl, so there was never any consistency or continuity. The consistency was the sense of being disconnected from how I felt inside and it's hard to remember how you felt inside when you were three, so that must be taken into account that I retrospectively recreate again. But I do remember that sense of disease or conflict between myself and the rest of the world, and that sense of disconnectedness continued throughout my life, and I found ways of focusing on other elements in my life that decreased the anxiety that resulted from being aware of that disconnectedness.

Craig begins his narrative by describing his childhood in a Brighton neighbourhood in the 1960s. He was raised as a girl, which was not the way he felt, and this inconsistency led him to feel an “outsider” and to be “disconnected” from other people around him. In the above excerpt, he navigates this leitmotif of “disconnectedness” through a series of memories. He told me that, retrospectively, he believes that sense of disconnectedness had to do not only with his vision of himself as *a person*, but also the fact that he could not reconcile that vision with the role he was given by everybody around him. He says this disconnectedness, the form of his difference, was similar to that of a little girl who became his friend, who was also ‘different’, even if not exactly in the same way he was. Thinking of his disconnection in relation to hers, Craig is able to restore the sense of connectedness because they are both outsiders, they belong ‘together’. But the sense of disconnectedness he describes in childhood continued in adulthood, where his way to move forward, to belong, in his words, “to survive” and “to progress *naturally* into adulthood”, was precisely to connect with other ‘outsiders’ and in this sense belonging in ‘not belonging’:

So, pre transition, it’s just a mish mash, but the thread that runs through it is never feeling right. Never feeling at home. With occasional moments of connecting... I would have occasional moments of feeling more outright, or more at home than normal, and that was the result, or was achieved by making contact with elements of society which were also outsiders. So that little black girl, that relationship with her continued throughout adulthood, by my connecting with queer community, leather community, outlaw community, drug community, gender fuck community, intellectual bohemian community. So I found ways of making some sort of connection with other outsiders who were extremists in their own way. And peripherally, momentarily I would have a reduction of that sense of disconnectedness. But that’s called *displacement*, I believe.

In this belonging by not belonging Craig started to connect with other people, and therefore his transition narrative was associated with other narrative-mediated contexts. Engaging with different communities of ‘outsiders’ he not only made his difference productive, but the precise way in which he structured his narrative and the way that he understood it to be similar to that of other outsiders determined the way in which he lived with transition. His identification of other displacements and of particular differences in other outsider communities that were similar to his own allowed him to find a succession of temporary ‘homes’. Those connections were crucial in his transition, because they established the route through which transition made any sense

at all. In other words, in his narrative the figuration of inconsistency is more than the point where transition is envisioned as change towards a foreseeable end – the narrative conclusion – but the catalyst of other modes of communication in which he could find a “peripheral, momentary reduction of that sense of disconnectedness”. In this way, narrative informed his transition and the way he acted and engaged with people, ideas and collectives<sup>105</sup>. In other words, the chosen narrative device of inconsistency refers to all future identifications, connections, relations and belongings, rather than only the disjunctions attributed to the narrative past which frame action in the present.

In Gary’s account, the relation between narrative and other forms of communication and ‘connectedness’ is similar. The past he describes in his narrative was also painful and involved isolation and disconnectedness. This isolation was an enduring state in Gary’s life, and, although it was relieved when he started transitioning, he says it never completely disappeared:

I’ve been in therapy since I was 26 because I realised back then that I think my feeling of difference from everybody that I knew started bothering me and I was feeling very sad all the time and I realised I was quite suicidal as well, and I had eating disorders for years, I kind of did the whole lot like anorexia and bulimia and all of it but never really understanding what it was about. So I kind of found this way ‘cause I never got being a woman at all, you know it just didn’t work for me, I couldn’t understand why people wanted to get, you know to put on make-up or wear clothes that were attractive to other people. I just didn’t get that at all, I couldn’t get how women would talk together, I couldn’t get... I grew up quite alone. I was in all girls’ boarding schools and never fit in there. And then at home I was all the time horse riding so I didn’t have friends at home at all, and not really friends at school because people found me too strange I think, too difficult. And then when I went to university I was already bulimic by then, so... or became bulimic during my first degree so back then that kind of let me off the hook of socialising because I spent all my time at home eating and throwing up and stuff. And then I started therapy, and after about five years of therapy I stopped being bulimic, but still...

Like Craig, Gary talked about a sense of being alone, convinced he would never be able to ‘fit’ or secure a safe social life. He could not get being “a woman at all” or make

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<sup>105</sup> The connection between connectivity and narrative is not my own. Felix Guattari (2000, 2009) explored the role of narrative in the context of his psychiatric practice at the La Borde clinic. For Guattari, the power of narrative to heal is not that it provides ‘meaning’ but that in itself is social, multiple and involves not only narrative figuration, but all forms of communication, which are essentially forms of connection. For Guattari, inconsistency is a sign of the strength of connective processes and their relative denseness, because it is the fracture of consistency that allows “the capacity of entitative devices of opening towards other formulas of combination, other axiomatics, other abstract mechanisms; in summary the capacity to abandon a regime of passive connectivity to access an active and processual connectivity” (1995:128, my translation).

his presentation attractive to other people, and being in a girls' boarding school he could not find other environments where people would not question him or "find [him] too difficult". The constraints and discipline of a conservative education were often an impediment to his acceptance of difference and undermined his capacity to socialise and make friends, which led to frustration and seclusion. However, amidst this profound distress there were phases where he felt he was doing "useful work" or had a good time going on holiday with people, even when most of the time he did not feel strong enough to socialise. This narrative past informed the way in which he lived his transition years afterwards and in fact had a transformative effect in envisioning transition as a 'new possibility'. Here, narrative reversed that forced disconnectivity with a new and unforeseen capacity, in which Gary could reinvent himself in new connections:

So, transitioning for me, or at least realising that I was trans and that I could do something about it was like a new start, a new possibility. There's something, I mean it's really weird, I'm sure everybody goes through this, there's a little bit of me that hopes that by transitioning everything will be sorted out and of course it isn't because there is still lots of other crap going on, but there's something which is fine now, and I think *it's about the way that people see me*. I don't have this feeling that I'm never been seen properly and I am beginning at last to figure out who I am as well because you know, the fantasy me, the Gary inside me. I've had to kind of let go of him a bit because I'm never gonna be like him, because of course your fantasy self you know you can have it however you want to, and you know in reality that's not actually possible. I'm never gonna be six feet and beautiful, anything like that, so... but again in letting go of him it's like I had to start to figure out really who I am.

This fragment suggests that Gary's identification as a trans man and his telling himself the story of his own becoming, was important because he could then "do something about" the things that troubled him in the past. Letting go of his previous story of how things should have been, his decision to transition changed the ways in which others saw him, which gave him access to new and different forms of communication and relatedness. Narrative was thus an assemblage that allowed him to be part of new 'societies'<sup>106</sup>. But in order that this could happen, Gary had to let go of his own

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<sup>106</sup> Here, I am using A.N. Whitehead's notion because it displaces the traditional meaning from exclusively human, intersubjective milieus. Whitehead's notion, in turn, accounts for relations between different kinds of order(s). The distinction of what is an 'individual' and a society gets blurred by contiguity, and is distinguished only in terms of scale. "A society is a nexus which illustrates or 'shares in' some kind of social order", writes Whitehead (1938:203), a social order that he defines as the sharing of a common characteristic. Defining societies thus, Whitehead argues that 'man' is such a society, as is a cloud and any given event, and as such it acquires a history by changing in creating and being affected by different circumstances.

narrative about himself, his fantasy self, in which becoming six feet tall and beautiful would solve all his problems. Letting go of that fantasy self (“I’m never gonna be like him, that’s not actually possible”) was the beginning of his real transition, because it allowed him to be open to the changes (the way in which he could affect and be affected by becoming at different levels) that happened beyond the constraints of the plot through which he had previously figured the future. This new sense of connectedness is thus a new “sense of aliveness, of changeability” (Massumi 2002:36, see also Thrift 2008; Tomkins, Sedgwick *et al.* 1995) that is not limited to Gary’s relations with other people, but that generated multiple associations and temporalities. For Gary, this connective present had multiple consequences. Having been able to make sense of the future in the new possibility of connecting with people, other narratives and other narrating possibilities, transition also helped him devise new directions:

And now there’s other stuff going on as well which is new, like just being older, and I knew that if I did go and try to get some work again, you know, I’m going to be fifty next year and I haven’t worked so many years during my adult life, you know, the longest I’ve ever stayed in work is like eight years. So I suppose there’s all that stuff coming in too and I suppose that’s part of, you know, when you are talking about transition anyway, this kind of going towards your third age of your life, when you start moving to that, that’s a big transition too, so like when you think okay maybe I’ve got 10 years left, maybe I’ve got 20 years left what do I want to do with that? And what I do now is I don’t spend time doing stuff that isn’t feeding me, you know, I’d rather do stuff that I want to do that doesn’t pay anything, than stuff just to earn money.

In this excerpt Gary talks about the effects of both his previous disconnectedness *and* transition in terms of future work, in terms of getting older and in terms of doing something worthwhile. Narrative here is an assemblage – a complex heterogeneous machine in which feelings, events, relations and memories produce effects from their togetherness. In this sense, articulated in other forms of communication (see Guattari 1995, 2009), identity is no longer grounded in the distinction of inside/outside, but is the result of feelings, memories, events and temporalities that emerge as a result of narrative in transition. I have shown how for Craig, narrative worked through other forms of communication, generating assemblages that affected and were affected by his transition. In Gary’s case, however, narrative worked through and against his process and he had to let go of the constraints of his narrative of the future in order to transition. Furthermore, in Gary’s narrative, transition, understood as a becoming rather

than as arrival, is a vehicle that connects the past and future by pointing out connections between narrative and experience.

#### 6.4 Narrative-assemblage

In the previous subsections I analysed some of the different effects of narrative in transition experiences, and suggested that narrative is not only a structural device that ‘orders’ events, but can also be understood as an assemblage that connects heterogeneous elements and that happens in multiple dimensions. In the previous section I illustrated how narrative, grounded in other modes of communication, affects people’s sense of being alive and changeable, and thus that it is a type of experience whose role in people’s transitions is complex, because every plot has a different scope. In this final section I explore the extent of these different temporalities in three transition plots, which, albeit differently, signal the ways the ways in which narrative time results not from the formal properties of narrative, but of its function as an assemblage in my informants’ transitions.

Robert phrased his motivations to start transitioning:

I guess when I was like really small, in primary school, people would sort of line up like girls and boys, and that always felt a bit funny. We used to play... I used to play football, we did it in the little gym, we were like sort of crazy with small balls and stuff, and I remember one time they were separating the teams between shirts and skins and I wasn’t really sure what the skins were but I was like everyone wants to be on the skins side and I was like yeah, me me me! I’ll be on the skins side and then like I realised obviously the guy who was like taking it was really shocked (laughs): “No, no, no, you can’t be on the skins side”, and *I was aware of my difference* you know, so I suppose being aware of my difference was like sort of when I started to think consciously about... I’m going to use the word gender, even though it has lots of connotations. Yeah, when I first became aware of gender, was... when I didn’t fit in, when *I was confronted by those things*, and I guess when I started to think about... about issues to do with transition.

Robert considered transition because, he says, he was “confronted by” gender and realised he did not fit in. As a child, when he could not play on his chosen side in primary school, he was excluded from the team he wanted to be a part of, and this made him aware of a ‘difference’ that throughout the years would become a motivation of his decision to change. But interestingly, not being able play in the skins team does

not produce the 'disconnection' other trans narratives refer to, but rather a split between two ways of being that he thereafter lived simultaneously, who he 'wanted to be' and who he 'had to be':

I was very aware that being other than feminine was actually wrong, and that was sort of crossing the boundary and digressing so I used to... I used to kind of think about it quite rationally and I would say all right well, I can have like the time when I need to be me and that would be like when I'm sleeping and then I'll have like half the day like, when I'm me, and then half the day when I'll do all this sort of stuff that is like jumping about my everyday life.

Being aware of the paradox that he could not live like he wanted to when he was conscious, Robert describes transition in terms of achieving a certain quality and as a way of establishing continuity between the two states. Robert said he first thought he could be transsexual whilst watching a documentary where transsexual men were represented at different stages of transition. He was watching it with his parents. He did not at the time think he actually was like them, but watching these men speak about their transitions certainly changed something important; it made him consider the possibility that he *might want to transition*, even though he knew his parents would not like it. He was imagining another future where becoming male would erase his prior experiences of difference:

Mmm, and then I guess it came from another year that I watched this documentary called, eh... mmm...I can't remember, it had three characters in, and I watched it a second time more recently, which is more interesting kind of thinking about what I was thinking at the time. But it had like, it was only mainstream TV and it had like three main characters in it and they were... they were all trans men actually! I think, going through these different stages of like "conventional transition" in inverted commas. I watched it, and it was all a bit crazy in my mind, and I asked my parents, like, well, if I was like trans, you know, what would you say if I was trans. And they were like "Oh, don't be ridiculous". And I kind of knew, it was kind of unspoken, that we couldn't talk about it again, you know. So I kind of knew, I knew that sort of trans people existed, but I didn't really identify as trans, I don't think then, you know, in the terms that were like presented to me, in the terms of the documentary... That didn't match up like who I was, and I did start thinking about sexuality and stuff from then and I was always really kind of open, I guess like I didn't really care whether... what I was sexually, but I guess the fact that I was contemplating that was important at the time, like I'm not trans but I might be like... *I might be gay*, and that's ok, you know. And then, I don't know... there's so many different points, you know, so many different points, and I'm still thinking about it now, you know, there's no kind of beginning or no end like it's always like I'm always in this process.

In this excerpt, the process of narrating and the identification of stages where ‘consciousness’ or ‘awareness’ are significantly changed are mediated by narrative. And yet, watching trans men’s narratives, thinking he might be trans and talking to his parents about it, were three different assemblages in which narrative had a different quality, temporality and effect. “There’s so many different points”, Robert says, that he is always in the process of making and remaking his narrative. Telling and retelling the story, Robert suggests, he is not only understanding change differently, but, as I explore in the next chapter, also making sense of change by establishing thresholds between different states. Narrative time entails the creation of different sequences and levels of relevance that ‘explain’ those sequences retrodictively<sup>107</sup>, and in so doing it changes the present by creating a type of immediacy and a connection or assemblage. For Robert, narrative is a condition of “being always in the process” of figuring and refiguring relevance.

Similarly, John said that narrative was the medium through which he could communicate his being trans to others, and was also a central factor in generating belonging and familiarity among his close friends:

First it was a bit weird, because I felt like I wanted people to treat me as a boy, talk to me in masculine, and because I was really... I thought I was really strange because I wanted people to treat me as a boy and I was really conscious about how different I was from other people, or how different I thought I was from other people. I started telling my friends, and there was a circle that called me John and treated me as a boy, but out of that circle they treated me with no gender. And there were problems with other people, and then other people, teachers, friends that weren’t so close, family, everyone treated me in feminine. And I still feel uncomfortable when somebody doesn’t know I’m trans and I have to explain it. That’s why now where I live is very comfortable, because usually talking about gender is something so daily, it’s something that we do every day, and so everyone that I know a little bit already knows that I’m trans and I don’t have to explain it. Because a man that identifies as a man doesn’t have to explain every day he is a man, so why do I have to do that? People just assume roles and things and I like that, because of how I talk and with whom I go, people can already assume I’m trans, and once they assume I’m trans, they can see what kind of trans I am depending on how I talk or how I say I feel.

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<sup>107</sup> This causality is “causal efficacy” in Whitehead’s terms (1978:19,236,239), and it refers to the impossibility to separate ‘mere’ sensations, emotions, awareness, purpose or appearance and to define these qualities as independent. Whitehead’s philosophy overcomes this “fallacy of misplaced concreteness” through the notions of actual entity, nexus and prehension. For Whitehead, actual entities are effects and effects are “conditioned actual entities”, feelings and the “perspectives” in relation to which actual entities are perceived (see also Latour 1999).

Narrative for John seems to be necessary for negotiating his gender and his experience of transition with others. Through narrative he could not only make his transition available to others, but he could also make his *kind* of process obvious, because “they can see what kind of trans I am depending on how I talk or how I say I feel”. Narrative thus becomes an ingredient in daily situations and has a particular role beyond the affirmation of masculinity; it becomes an assemblage through which he transitions. Tim’s transitioning also involved a similar engagement with narrative, where his engagement with ‘external’, as he conceptualises them, ‘rules’ or narratives of gender informed his transition route. Growing up in East London, Tim found that many of the things he wanted to become clashed with his family background, where gender distinctions were important and associated with acceptable behaviours. He emphasises that the way in which he feels these desires are in the present have not always had the same form, but that they shifted along the way as ‘reactions’ to particular situations:

I don’t want to do anything. Another thing is that I don’t wanna do anything. I don’t think it’s me who needs to do anything. But it’s weird because it’s been going on for such a long time. I find myself thinking that there is something wrong with me. And even at one point in a year I have to remind myself it’s not, there’s nothing wrong with me, if there is something wrong is, you know, the way that we live in this world is wrong. Because I’m just doing what I have to do, I am just living, I am just existing, I’m being. So I don’t think there’s a... and I think I’m trying to be as true as I can. I’m not like one of these people who disillusion themselves, you know? So I’m not convinced by this ‘I’ve always been like this’. But there’s kind of like two options really, that’s how I see it, and I just remember thinking oh I am like that, but the truth is if I had been given a full range of options like you know this is slightly more like this, you know, it’s quite possible that I would choose someone, that I would be closer to something else in that scale. I’m not saying that those are the ultimate, I’m not saying that male and female are the extreme either, because maybe this is the right way and they have gone off to the... maybe they are the middle. You know what I mean?

Tim’s assertion “I am just existing, I am just being” proposes that yet another interrogation of the transition could be the only solution to the way he feels. He says that he doesn’t think there necessarily has to be a problem in being as he is, and yet towards the end of the passage he portrays an imaginary scenario where, were things to be different and had he been given other choices, perhaps his struggle would not be articulated as it currently is. Time here represents more than the succession of events in his life; time involves, as Whitehead (1985) suggested, derivation and experience; in

other words, particular routes of change and different levels of relevance at which change makes a difference<sup>108</sup>.

The different functions and effects of narrative in this becoming as 'living', and the connections narrative creates as an assemblage, make it difficult to think of transition exclusively as a single narrative or identity. Rather, the variety of my informants' narratives and the different scopes and effects of narrative in their processes show precisely a displacement from those assumptions. Wayfaring throughout different temporalities, their narratives show multiple and shifting configurations of the scope and effects of transition. This way of understanding transition has consequences in figuring identity, which is no longer based on sameness or the privileging of one single plot, where a hero emerges as a solution to a series of adversities, but lies precisely in the multiplicity of the signifying chain. In this sense, narrative bridges virtual and actual worlds by generating transition as many interrelated 'transitions' at many levels, and producing effects not only at the level of explanation, but also as different kinds of human, material and symbolic experience. In this respect, time is the transformation of qualities and not an empty narrative receptacle. I will be exploring this in more detail in the next chapter.

## 6.5 Conclusion

Structural analysis<sup>109</sup> set a new analytic focus on the relation between narrative and identity by spreading some of its basic questions about narrative – what is narrative, how it operates and why – outside the traditional field of literary theory enquiry (see, for instance, Levi-Strauss 1966). This shift affected theoretical discussions in history, psychology and psychoanalysis, anthropology, philosophy, economics and sociolinguistics. As a result, and despite the fact that narrative was selectively associated with debates about cultural history (White 1978; de Certeau 1984, 1986; Rosaldo 1989), Kreiswirth (1992) notes that narrative also became a field in its own right

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<sup>108</sup> Whitehead writes: "Time is known to us as the succession of our acts of experience and thence derivatively as the succession of events objectively perceived in those acts. But this succession is not pure succession: it is the derivation of state *from* state, with the later state exhibiting conformity to the antecedent" (1985:35, my emphasis).

<sup>109</sup> And formalist analyses before that, see Propp (1968), Bremond (1973).

beyond specific historical debates (Olafson 2001 or Ricoeur 1979, 1980, 1991a, 1991b; Whorf 1939). Importantly, however, the structural analysis of narrative establishes complex links between time and narrative that would inform the use of narrative as a hermeneutic paradigm and as a method of scientific analysis. I have shown that the particular use of narratives of transition in medical practice emphasises certain narrative properties, such as linearity, self-referentiality and univocal emplotment, that reinforce particular relations between narrative and identity. This association has important consequences. First, this kind of interpretation implies that narrative identity is inherent in the act of giving an account of oneself implies that identity could not exist outside this process of speaking, and thus making oneself understood through narrative. This assumption, which is reified in the clinics, support groups and community organisations where trans people, if only strategically, are understood to subscribe to certain narratives of transsexuality, is highly problematic theoretically insofar as narrative analysis levels out many of the dimensions or strata involved in the process of living – a becoming that becomes part of one's identity only through narrative. Some of the most extreme consequences of this argument are evinced in the impossibility of queer theory as a discursive paradigm to give an account of other non-discursive dimensions of people's experiences of sex and gender, as some critics of Judith Butler have repeatedly pointed out (see Cheah 1996). If identity is discourse and produces its effects only discursively, then there are only discursive possibilities of representation of oneself in action, and discourse becomes the limit of who one is.

This chapter focused on describing the different roles of narrative in transition. Whereas the 'structural' properties of narratives that assume a relation between identity, time and narrative are sometimes drawn upon by trans people in explaining transition, I have shown that the role of narrative is more complex and multilayered. The scope of this exploration, however, is not restricted to the manifold ways in which trans people engage with narrative in their daily lives, but highlights important methodological issues that concern the role of narrative in social analysis and, in particular, anthropology. Narrative has been crucial in the development of anthropology, partly because, especially after the narrative turn in the human sciences, it was privileged as a 'natural' medium of communication, and because it has been deemed paradigmatic of the relation between people and history. The 1992 GDAT (Group for Debates in

Anthropological Theory) debate, titled *The past is a foreign country* (Ingold 1996), provided an interesting site of discussion about the relations between memory and the process of writing history, and discussed how the interaction between history and memory at once recreates and limits the present. Ingold writes in his introduction to the publication of this debate that “if, as history, the past lies behind us, as memory it remains very much with us: in our bodies, in our dispositions and sensibilities, and in our skills of perception and action” (1996:202).

In this chapter I suggested that the concern with the analytic properties of narratives cannot be as great as to obscure the ways in which narrative is ingredient in multiple relations, cultural and historical processes. Methodologies of narrative reconstruction acknowledge this double dimension of distance (historical past) and the implications and effects of the past in the present (past as memory), bringing together individual, collective and historical processes through narrative analysis by eliciting the ways in which experiences, thoughts and encounters are selected as ‘significant’ when making sense of any aspect of one’s life. For instance, Skultans (1998; also Carsten 2007; Pine 2007; Tarlo 2003) demonstrated the extent to which narrative can connect individual and collective experiences, thus becoming a crucial analytic tool to draw the significance of those connections. Narrative becomes crucial in navigating the intricacies and intensities of historical processes, connecting the construction of past and present. Skultans suggests that this process rests upon a double mechanism that regulates the relation between time and narrative: “Narrative operates at two levels,” she writes. “At one level it insists upon immediacy and the fusion of the past with the present. At another level structural devices are used which distance the experience from the present” (1998:22). However, narrative analysis also entails the risk of encapsulating cultural constructs as structural, universal and natural principles. This “fallacy of misplaced concreteness” (Whitehead 1938:64; Bateson 1958:263) takes for granted particular relations between narrative, time and identity, and is reified in analytic contexts where narrative is understood to have particular values in social life.

Throughout the chapter I suggested that narrative is an assemblage that implies multiple temporalities, which are framed by the different contexts in which narrative is articulated, its varied scope and effects. In the next chapter, I explore the temporal

dimension of transition in more depth by exploring change as 'passing' certain thresholds and inhabiting certain states.

## 7.1 Introduction

In the last two chapters I explored testosterone and narrative as analytic domains, and through the different scope of these units, I approached transition as a becoming that happens at multiple levels. In different ways, transition was conceptualised through these domains as a particular kind of experience where the relationality of transition changes problematised conceptualisations of linear time and linear change. In particular, through my informants' different transition narratives, I explored the ways in which their transition questioned biomedical ideas of progression and linearity. In Chapter 5 I argued that the kind of experience of change testosterone brings in transition is both predictable and unpredictable, because it is routes of change within and outside the body. In Chapter 6 I suggested that narrative is an assemblage in people's transitions, rather than only the expression of the coherence of identity, and that it also happens over different levels, where memories, events, feelings, and temporalities emerge as a result of different kinds of narrative in transition.

This chapter continues the exploration of the last two chapters by addressing the temporal dimension of transition. I start by considering different understandings of the notion of 'passing', because this notion, associated in popular culture with a deceiving act of being recognised as what one is not<sup>110</sup>, is commonly understood to be a social outcome of transition, where after having undergone a series of changes one is recognised by others as a member of one's gender of choice. Passing as male usually takes place after the alteration of the secondary sex characteristics including the 'erasure' of feminine behaviours and the adoption of male ones. Passing is thus understood as the effect of artifice and in some instances, despite triggering the social recognition of gender, it is sometimes understood merely as mimicking the 'realness' of gender. In this

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<sup>110</sup> The notion of passing, also used in the context of racial ambiguity (Larsen 1929; Piper 2001; Ahmed 1999; Newton 1979), was considerably revised by queer theorists, who originated new contexts in which this notion came to account for processes of gender production, affecting not only transsexuality, but also all processes of gender impersonation (see Butler 1990, 1993; Halberstam 1998; Tyler 1998; Sedgwick 1991). Here, the notion of passing is understood as evidence of the constructedness of gender and is associated with performativity (see Chapter 4).

sense, 'passing' as male becomes a threshold through which transition itself becomes 'real', because it is through passing the passing threshold that people become de facto male. In fact, in Part I of the thesis I discussed how, defining transition as a passage between the categories of female and male, biomedical and legal discourses define transition through functional models of progression and measurement designed to recognise and validate differential gender relations 'in time'. In particular, as we have seen in Chapter 3, medical treatments set several milestones through which transition is effectively actualised such as the record of certain bodily and social changes, which are grouped into psychological, hormonal, surgical, and social 'real-life experience' measurements of masculinity and transition changes, and are enforced, acknowledged and made visible in the clinic through different sets of rewards (a positive result from a real-life test gives a trans person access to hormones, two years' hormonal intake gives access to surgery, real-life experience and hormones are a prerequisite for a Gender Recognition Certificate to be issued under the Gender Recognition Act of 2004, etc.). Thus, in biomedical discourses, thresholds are designed to think about transition as an independent and quantifiable phenomenon and to provide a series of guidelines through which progress and success can be measured. However, while thresholds are sometimes understood as positive and objective measurements in epidemiological and scientific discourses, the notion of threshold was developed differently in anthropological and social theory.

In this chapter I depart from some of those developments in order to situate my analysis of transition thresholds. I will argue that thresholds are particularly relevant analytic tools to address change in transition, because, unlike categories and categorical differences, thresholds are living boundaries in which the processes of changing and of making sense of change converge. Across the chapter, I explore different uses of the notion of threshold in discourses about experience where 'passing' thresholds epitomises change and transformation. First, I discuss how ethnomethodological approaches to gender initiated a pervasive tendency to understand certain signs, symbols and ascriptions as pivotal in the construction of gender. It is in this way that the notion of 'passing' became relevant to gender studies in the 80s and 90s and that passing was progressively associated to realness and recognition. Thresholds were particularly relevant to anthropological studies of ritual, where the tripartite structure of 'rites of

passage' (Van Gennep 1960; Turner 1967) inspired anthropologists to rethink the relations between individual transformations and the continuity of social processes. Here, thresholds became significant in relation to *modes of observation* of change, because they were understood to break the continuity of process in analytically distinct domains, and thus map the effectivity, functionality and causality that bind a given domain with others. Nevertheless, the focus of this chapter will be on the ways in which thresholds make transition temporal. I explore how the participants in my research situate transition thresholds in multiple locations, where the passage of time is coextensive with change and becoming. I will argue that these thresholds separate different kinds of temporality, constructing different states by marking differences and variations in the different levels at which transition happens. Drawing on Whitehead's atomic theory of time, which advocates the coextensivity of space, time and motion, I use thresholds to address the relations between movement, endurance and experience.

Transition thresholds bind experiential states characterised by both change and continuity, and it is through these states that people navigate multiple dimensions of transition. In this sense, in the line of my analysis in previous chapters, transition thresholds at once reinforce and challenge the language of linear passage through which biomedicine and other discourses about experience define transition as a difference and a passage between two states. This chapter therefore returns to some of the arguments laid out in Chapters 2 and 3; however, through the different ways in which thresholds make experience temporal, this chapter specifically challenges the assumption that transition could be conceptualised as a linear passage. In fact, I will explore how the relations between thresholds and time pose two important challenges to linearity. First, the fact that change is no longer understood to happen in one even level challenges the definition of FTM transition exclusively as a passage from 'female' to 'male', because people's experiences of transition as a 'journey' and as their own and unique becoming often do not have a predefined beginning, as, for example, people often understand that the beginning of their process is not necessarily 'female'. Second, the implications of the 'irreversibility' of transition vary in relation to their different arrival points.

## 7.2 Thresholds, gender and the problem of change

Passing has become a universal notion through which medical and trans communities worldwide are able to assess the efficacy of transition. In both settings, passing is understood as the intersubjective recognition whereby somebody is read as a 'natural' member of the sex/gender they embody, especially when it is not the sex/gender they were ascribed to at birth. As a social effect of transition, the notion of passing is not exempt of contention, and it has become the starting point of many controversial debates about transsexuality, especially about the effectiveness of the use of medical treatments and the extent of their 'success'<sup>111</sup>. This meaning of passing, initially proposed by ethnomethodologists (Chapter 4), has been commonly replicated by social research on both MTF and FTM transition (see Bolin 1988; Bloom 2003; Ekins and King 2006), and is now widely accepted as both a measurement tool to assess the efficacy of transition as the 'end' of transition. The notion of passing is grounded in the assumption that sex resides in the genes-hormones-genitalia continuum. Until the introduction of the notion of gender, transsexuality simply represented the break of this continuity, regardless of the domain in which it was identified. However, after the development of medical, hormonal, genital, and behavioural notions of sex, specifically through the coining of new notions like 'gender' and 'sexual orientation', the distinction between sexual identity and gender identity, and so forth, transition was conceptualised primarily in relation to the intersubjective situations in which gender is read by others. Ethnomethodologists in the 1970s appropriated the notion of gender in order to break the continuity of this binary, in their claim that the ontological and political status of 'sex' is coextensive with the 'acquisition' of gender, as experimental and clinical research on sex, confirmed in practice. Passing was thus associated with a 'successful' performance of gender, which, regardless of the ascription at birth, was understood as an 'achievement' (see Garfinkel's 1967 and Stoller's 1985 descriptions of Agnes' transition).

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<sup>111</sup> Although sometimes the success of treatments is measured through certain aesthetic parameters such as the results of surgery and hormonal therapy, success is increasingly understood in relation to the extent to which trans people are able to lead 'normal' and fulfilling lives after treatment as 'natural' members of their chosen sex and/or gender. See, for instance, Lynn Conway's definition of success at <http://ai.eecs.umich.edu/people/conway/TSuccesses/TSuccesses.html>, last accessed August 2009.

The concept of passing has received considerable revisions within queer theory. In fact, and simplifying matters considerably, passing was associated with certain performances of gender inasmuch as gender was the effect of the citation and imitation of normative gender attitudes, bodies and behaviours (Butler 1991; de Lauretis 1987; Tyler 1994) and the destabilisation of their symbolic limits (Sedgwick 1993). In this way, queer theorists proposed that gender, instead of being a stable cultural construct, resided precisely in the possibility of passing, in terms of both gender performance and in terms of 'crossing' gender (see especially Butler 1990, 1993; Córdoba 2005). The trope of gender crossing was privileged in recent queer and trans discourses as a ritual process in which the individual navigates a milieu of signs, as s/he is 'marked out' and 'marked in' in performing gender. Thus, the idea of passing in queer theory destabilises rather than affirms the sex/gender continuum, as it entails movement among and within recurrent and culturally recognisable signs and symbolic configurations. In this symbolic interpretation of passing and the way it is put to work in the framework of performativity (see Butler 1993:143-167), as I have also pointed out in Chapter 4, the relation between agency and gender is limited to a reification/subversion logic and implicitly, as recent critiques of this model have suggested<sup>112</sup>, inasmuch as the destabilising effect of passing is privileged as subversive and politically more valuable, trans people are reduced to either passing and affirming the sex/gender continuum (the teleological and temporal end of transition) or to not being trans at all, but rather embodying genderqueer identities, which are understood to challenge heteronormativity in their specific intention not to pass. Trans people's modification of their bodies is understood as the physical limit of subversive passing, because it produces the naturalisation of the man/woman, heterosexual/homosexual distinctions. In this way, paradoxically, trans people's passing becomes at the same time a privileged trope of crossing and political subversion and the undesirable consequence of normalisation.

Studies of FTM transition use elements of the preceding theories in defining what passing means for trans men. For example, two recent approaches to this notion, despite having originated in different contexts, share important points in their

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<sup>112</sup> Mandy Merck, for instance, offered a consistent critique to this aspect of queer theory in her presentation 'The Impasse in Queer Theory' at the *Feminist/Queer Desires: Past, Present & Future* conference at Goldsmiths College (11<sup>th</sup> June 2008).

definition of passing as the process of ‘naturalisation’ of gender. The first, voiced by anthropologist Jason Cromwell, reads as follows:

“Within transsexual discourses passing means becoming unnoticeable and unremarkable as either a man or a woman. Blending as normal means that one has succeeded and become a ‘real’ man or woman. With ‘realness’, an individual is no longer a member of the stigmatised group of transsexuals; she or he has completed ‘transition’ and is now ‘just a woman’ or ‘just a man’. To do otherwise is to fail” (1999:39).

The second definition comes from a non-transsexual social scientist, Henry Rubin, who published a study of FTM transsexuality in 2003. Rubin’s notion of passing is articulated around the distinction – allegedly crucial in his ethnographic research – between ‘butch women’ and trans men, as it was through this distinction that his interviewees identified as transsexual. He writes:

“Ed’s criterion is the one most FTMs in this study prefer: the tension between his body image and his material body. His male body image came into conflict with his anatomy and with how others interacted with him. It is not enough for him to pass as a man in the world or be able to do the things men do” (2003:94).

Both approaches emphasise the symbolic nature of passing, although they do it in different ways. Cromwell’s realness and the naturalisation of gender through passing is ‘the end’ of transition, as people are thereafter men or women alone. For Rubin, however, passing seems to be the beginning, because for his informants passing was precisely the desire that led them to transition. In both cases passing is understood as a stable and intersubjectively validated set of identifications related to the recognition of manhood grounded in the distinction between appearance and being. This distinction, in Cromwell’s work made explicit in the binary of being seen/being read, and in Rubin’s text in the body image/material body distinction, where passing seems to be determinative to the definition of identity in visual terms, holds a risk of assuming identity as a set of symbolic configurations ready to be consumed (see Chapters 3, 6 and 8). Here ‘realness’, as the link between sex and gender, represents the erasure of the ontological and political differences that hold the poles of the sex/gender continuum apart.

Importantly, these definitions do not account for passing as a marginal and ambiguous process or, rather, as dependent on transition changes of varied scope and kind. In fact, in recent queer non-academic discourses, testimonies and narratives, the claim that

“nobody passes” (Bernstein 2006) indicates that these univocal definitions of passing have perhaps obscured that the relation between gendered experience and gender categories is also ‘unstable’ (see also Riley: 1988), and that passing can be seen to indicate more ambiguous and inter-dimensional crossings.

### 7.2.1 Ritual thresholds

Indeed, in anthropological theory, thresholds have been characterised as ritual markers of different stages of social life (Van Gennep’s (1960) and later Turner’s (1967) model of rites of passage), and applied not only in the analysis of ritual, but also to critical approaches to the constitution of national identities (Barth 1969; Anderson 2006), transitions between political regimes (Burawoy and Verdery 1999), or processes of subjectivisation (Obeyesekere 1981; Moore 2007; Hsu 1978). The tripartite structure of Van Gennep’s rites of passage offers a model of change and emergence where a series of symbolic thresholds *structure* the passage between different stages of social life, and thus become epitomes of transformation. Ritual studies have shown the relevance of thresholds in conceptualising ritual practice within culturally-specific symbolic milieus, where change is understood to be at the core of life and where patterns of change in ritual practice are taken as models of and for wider cosmological beliefs. These studies provide an understanding of change beyond concrete ritual experiences, extrapolating patterns of change from the context of ritual and performance practices (Turner 1992; Köpping 2002; Schechner 1993). They pose important questions about the centrality of ritual practice in social life, and about the role of ritualisation in techno-scientific temporal and cross-cultural models of reality.

Let me consider briefly the significance of thresholds in ritual analyses of change in anthropological literature, because here thresholds collapse a double power to ‘effect’ change and ‘mark’ passage. For instance, Bloch’s (1992) depiction of initiation rituals among the Orokaiva of Papua New Guinea highlights that their division in different stages where a series of events develop, creates, as Iteanu points out, a series of exchanges “between humans and spirits, between different humans belonging to different groups, between animals and men” (1992:22) that imbue meaning *to every act*

of the Orokaiva. The ritual represents a series of stages where these exchanges take place. It commences with the invasion of the village by outsiders wearing feather masks, understood to represent spirits or ancestors, who violently interpellate the children, grouping them on a platform of the type on which pigs are killed, as they assault pigs and trees. The children are then covered and taken to a hut outside the village, where they are told they have become spirits of the dead, and they undergo a series of ordeals and learn about secrets, dances and symbols. Finally, after a time of seclusion they return to the village as hunters of pigs, perform a triumphant dance and start distributing meat from the same platform where previously they represented hunted pigs. With this example of initiation rituals among the Orokaiva, Bloch offers a reading of ritual practice in relation to several categorical distinctions relevant both in the context of the ritual and in Orokaivan cosmological models such as the binaries village/bush, pig/spirit, bird/pig, life/death. The relations among these categories are key to understanding how, when an initiate becomes a man, he “does not merely return to the world he left behind. He is a changed person, a permanently transcendental person who can therefore dominate the here and now of which he previously was a part” (1992:5).

For Bloch, these initiation rituals effectively convert initiates from prey into hunters, as these distinctions collapse in ritual symbolism, the costumes of actors, their masks, the bodies of the initiates as they do in social life. Thus, continuity and change interplay and in fact inform action by enabling and restraining agency. In fact, as a ritual marker, violence connects the different levels involved in ritual and is crucial for the ritual to produce any effect. By situating symbols as cartographic points of reference that connect individual processes and abstract systems of socialisation, spatialisation and temporalisation, anthropologists associate change with a certain deployment of symbols, because to some extent change is enabled by their successive and cumulative articulation. But in fact, symbolisation becomes the analytic limit that marks the set of events that constitute a life stage and, consequently, the series of differential relations through which change is effected and measured. In this way, in Bloch’s exposition of Orokaivan male initiation, the initiate undergoes a process of erasure of his social status, a process marked by violence and in which categories and states become ambivalent and ambiguous, so that the initiate ceases to be inscribed under the continuity of a ‘person’

and can thus become initiated and reborn, because only by virtue of passing the threshold is he susceptible to being re-inscribed in a new state.

Bloch's reading of Orokaivan initiation rituals as essentially transformative – not only of the individual, but also of the social order – is done through the sequencing of three stages, which was used by Van Gennep (1960) and later elaborated by Turner (1967) in their analyses of rites of passage<sup>113</sup>. Anthropologists used this model widely to account for transformation and the sequencing of life or religious events (see, for instance, Grimes 2000; Kaelber 1978) was also explicitly used in accounts of sexual transition, especially those of ethnomethodological persuasion. In cross-cultural analyses of transition and transgender cultures (Bolin 1988; Roughgarden 2004; Nanda 1997; Herdt 1997; Kulick 1998; Sinnott 2004, among others), there is a recurrent disposition to situate an event as a pivotal representation of transition and to understand this event as the rite of passage through which transition is actualised. This ritual event is usually understood to condense material and symbolic changes and to produce effectively an end and a beginning. This point can be understood as a threshold between two different states, before and after, male and female, dead and alive. As in initiation rituals, passing this threshold becomes the epitome of change, and thus the threshold reveals the effects of change in that it yields a new order, marking one's ingress in a new social status, a second life, or a 'new self'. For example, following Nanda's work on the hijras of India, Roughgarden (2004; cf. Suthrell 2004) situates this threshold in the performance of Nirvan surgery, which effectively produces the status of hijra even when the person has lived fully as one before that moment. Surgery is understood to convey one last definitive turn where the hijra's condition becomes irreversible and she "is reborn as a 'true' hijra and empowered as a disciple of Mata" (2004:346). Nanda (1997), however, remarks that Nirvan surgery is not the only threshold of change around which hijra identity is articulated. In her account, ceremonial dances performed for the birth of a boy child, where hijras make claims on intersexed infants, are also important thresholds, although she discredits the popular belief – mostly voiced by the Indian press – that hijra membership is established through those ceremonies. Instead, she argues, membership is established out of an "expression of a desire" to become hijra

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<sup>113</sup> This passing is characterised by a stage of separation, a liminal stage and a stage of incorporation, each of which is dominated by a series of symbols, which act as abstractive elements in the transformative process and imbue the ritual with a social character.

that is usually communicated in preadolescence or early adolescence under certain conditions of poverty, ill-treatment due to feminine behaviour or after a period of prostitution. This decision then becomes the catalyst of a series of processes and hence it is understood to formalise hijra membership and effectively create hijra identity.

Similarly, Bolin (1988) understands transition as a rite of passage in her work on male-to-female transsexuals in North America. As was the case in the male initiation rituals discussed above, transition for Bolin becomes a way of being reborn, where 'passing', in her account allowed by medical treatment and surgery, is not only the modification of the visible sexual characteristics and the erasure of male sexual marks, but also a spiritual journey. Through van Gennep's three-stage model, Bolin argues that medical reassignment is itself the rite of passage that effectively constitutes biologically born males into females, because transition is essentially the acquisition of gender in terms of appearance, manners, work choices, and other similar social variables; assets which can only be accessed *after* gender reassignment treatments. Rites of separation include the detachment from a previous life as a male and the progressive adoption of female roles, appearance, manners, and work. After a liminal period of hormonal treatment and surgery, trans women are incorporated into womanhood through their full-time roles as women. Bolin's work challenged medical ideas that trans women should necessarily embody stereotypical femininity, as it was generally believed at the time. Furthermore, transition, as both a staged model of change and as a series of differential transformations, becomes for the first time experiential, a journey where different psychological, physical and cultural dimensions collide. In this way, transition is understood as the start of a new life, and a way of being reborn.

### **7.2.2 Thresholds in social theory**

However, despite the anthropological focus on thresholds as crucial ritualisations that stage the lifecycle, recent conceptualisations of thresholds displace this focus on human life. Contemporary social theory recently developed several notions of boundary in an attempt to offer an alternative way to address the limits of classification in scientific practice (see Star and Griesemer 1989; Bowker and Star 2000; Ritvo 1997; Gould

1996; Stoler 1995). These analyses problematised classification in different epistemological and techno-scientific regimes, and gradually displaced the emphasis on the 'function' of categories and classification systems to their effects. Thresholds here are important in defining the relations of causality and demarcation, and the more philosophical concern about their status is part of an important critical approach that aims to make power relations underlying techno-scientific and political regimes explicit in social theory. By criticising traditional cause-effect patterns seen to contradict the complexity of reality and to obscure the resistance of facts to adapt to rigid schemes, these approaches attempt to develop new models of social life (see De Landa 2006, 2008 for instance). In this sense, thresholds invite new models of causality such as statistical causality that can refer to relations between groups of variables and processes of actualisation (De Landa 2002), because the contents of the causal models already need to include conditional probabilities, given that the models "we derive are not contained in the fundamental laws that explain them" (Cartwright, quoted in De Landa 2002:159). Luciana Parisi's unorthodox account of evolution and her definition of sex in the non-linear coexistence of what she distinguishes as the biophysical, biocultural and biodigital layers of the virtual body-sex (2004:12) explores the notion of threshold as the limit of the endurance of a system, situating thresholds at the core of ontology and ontogenesis. In fact, following Kauffman, she suggests that change happens in relation to a threshold around which the rate of variation accelerates. These "critical thresholds of change" (2004:54) challenge the assumption that "natural selection sets the gradual accumulation of variations in order" (2004:54). Kauffman's thesis goes further in suggesting that change may respond to a spontaneous 'ordering' – from a previous chaotic state or as a mechanism of adaptation – and that this ordering process is perhaps also subject to evolution, as are other levels in complex systems. For Kauffman, systems are capable of adapting when "they achieve a 'poised' state near the boundary between order and chaos, a state which optimises the complexity of tasks the systems can perform and simultaneously optimises evolvability" (1993:173).

Through these different conceptualisations I intend to highlight the multilayered and mobile nature of thresholds, which constitutes the main analytic difference between thresholds and categories when analysing change. Where anthropological studies emphasise the role of thresholds as ritualising devices, the notion of passing developed

within ethnomethodological models of gender identity relies on privileging certain thresholds to measure the effectiveness of the acquisition or ‘achievement’ of gender, understood as the materialisation of symbolic gender meanings in the form of bodily changes and changes of social role, and where passing those thresholds becomes the epitome of the realness of change. These definitions have in common the tendency to condense gender into a series of intersubjective recognitions. Science studies, however, increasingly relate thresholds to new models of causality and ontogenesis. Underlying all of these definitions, thresholds mark the ingression of experience in ontologically and politically *different* states.

### 7.3 Thresholds as invitations to change

My informants said that in their transitions, thresholds made movement visible by translating passage into differential relations<sup>114</sup> in which change was effected and perceived; they used thresholds to indicate movement between states. Thresholds existed in relation to different levels of relevance in their transitions, allowing them to distinguish between different layers of their process, interweaving those layers in different ways. For some trans artists, such as photographer Sam Nightingale for instance, thresholds allowed the translation of one kind of experience into another. Nightingale, whose work analyses liminality in relation to bodies and material environments in transition, unfolds this entanglement through different “modes of translation” between experience and photography, in which the relation between experience and representation is not necessarily one about ‘truth’ but rather about effect, continuity and derivation. In his work, these translations are understood as experiential thresholds, which in his images take the form of intersections, objects situated in transitional spaces, or visual signs that indicate a world beyond what is actually represented in an image<sup>115</sup>. For Nightingale, in this sense, thresholds can be understood as markers of change that affect the continuity of experience.

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<sup>114</sup> I define differential relations as relations among heterogeneous components that are linked to rates of acceleration and change (see, for instance, Deleuze 2002:170-192; Parisi 2004).

<sup>115</sup> In particular, his series *Liminality* can be accessed at [www.samnightingale.com/gallery-1/](http://www.samnightingale.com/gallery-1/), last accessed August 2009. *Olympic Changes*, his most recent photography installation, was shown at Shoreditch Town Hall in April-May 2009.

In my informants' different ideas of passing and the ways in which it was effected through certain transition changes, thresholds were also discontinuities. For instance, William needed to go "all the way" in order to feel he was passing, but his feeling of having become male started well before he developed 'a male persona' socially:

Because it's one thing to say to people 'look, I'm male, you must call me a male name' when they can see breast and female. So whatever I felt I was, I didn't want to progress, I almost held back the progression of it, until I could appear more convincing to people, so it was less difficult for them to appreciate what I was trying to say. So by the time I had been on hormones for six months and I had a mastectomy and recovered from that I was much more physically plausible for other people. See, for me it was quite a hard time. Still living with the fact that I was essentially working as female, adopting a kind of a more male persona socially but still not fully being out to everybody about what my plans were, very few people still knew at that stage. Which is quite hard, because most people take you for something that you are not or treat you in a way that is not what you want, so... that is the sort of friction you get.

For William, passing was not only the desire to be recognised as a natural male, but was also about communicating transition efficiently to others and situating his transition within existing sexual, interpersonal, collective, and institutional narratives (as discussed in the previous chapter). In the above excerpt, he explains that adopting a male persona entailed both achieving and communicating different levels of change; the differentials of change he refers to (physical characteristics, mental states, a legal status, and so forth) are united in his need to become 'plausible' for other people, and thus to be able to work and socialise as a man. Passing thus refers to the immediacy and complementarity of transition changes, to the transduction of certain types of change into others, and the negotiations that change gives rise to.

In contrast, Tim's intimate recollection of a time when he almost got assaulted provides an interesting counter-example, as he had to pass as a woman despite feeling and passing as male:

I seem to put people in an uncomfortable position sometimes and because they are uncomfortable they make me uncomfortable, and for many years I found it quite, I mean, I liked it when people mistook me for a boy, secretly I liked it. Only when I got into trouble you know in school, people wanted to have fights with me because they thought I was a guy, and I was like "Nooo, I'm a girl", so I used that. I used that to save my ass, how could I betray that? My body's also saved me from many situations like this one time I was walking back from my friend's house very stoned, like 3 or 4am, and these two rude boys came along and they had their fingers, their hands in their pockets and they were like pointing, eh, give us your money. And I was like I don't have

any money. And then they realised, “You go to my school, don’t you, you are a *girl!*” And they didn’t mug me, they just, you know, had a little chat and left (laughs). So yeah, I kind of liked it but then for example as I got older I felt like I was living a lie. And that I was really kind of getting away with living a lie.

In this situation, where gender saved him from being attacked, Tim suggests that passing is to some extent limited by context, and thus happens ‘from the outside in’ (cf. Diamond 2004). When interpellated by old classmates, gender was in a way a ‘given’ in the encounter, and passing, in this case as a girl, was a strategy deployed in order to avoid being abused. Then his own relation to passing (when he was a young boy and later on in life) is ambiguous and ambivalent, as sometimes he “secretly liked it” but other times felt it was a lie. This contextual and ambivalent nature of passing, underemphasised in definitions of passing as the ‘naturalisation’ of gender, is important in Tim’s account, because here passing is not only understood through the above mentioned distinction between appearance and being, but rather, evinces an ambivalent engagement with gender.

In my informants’ accounts, passing is not exclusively understood in terms of naturalising a binary gender role; rather, as trans activist Richi Wilchins (2002) suggests, it is also understood as a drive for gender exploration beyond the acceptance and naturalisation of gender categories, which is performed qualitatively in relation to the different scales at which transition is lived. Indeed, my interviewees understood passing both as the ‘fixation’ that results from the recognition of others and the experience of progressive and sequential changes. They talked about passing in relation to their understanding of change in different processes (physical, emotional, social, psychological, legal, medical, etc.), where transition and becoming male made noticeable differences in their lives. In our interviews they explained how change happened by setting certain transition events as milestones, thresholds or markers of a before and after. These markers were not the same for everybody – for some people they were the first situation in which they were recognised as male (even before hormonal treatment), or the first time they asked people to treat them as male; for others the first T injection, and yet for others the moment they came out, had surgery or organised a political action. These were representative experiences in their accounts of transition, but were chosen arbitrarily and performed different functions every time they were articulated in narrative (Chapter 6). People had several of these markers in

order to account for different ‘states’, and for this reason the choice of markers changed in relation to different contextual situations in which thresholds were used to convey their experience of change. These markers changed in relation of what they perceived to be the limits of those states. For instance, Fabian situated the beginning of his transition precisely at the point where he had done all he could to not transition, and he could not do anything else to be happy living as a girl. He said his transition started with the identification of the limit of a given state, a limit beyond which he said he could not live without changing, and in this way, the limit becomes a threshold, an invitation to change. Thresholds were, as Deleuze and Guattari conceptualise them<sup>116</sup>, subjective evaluative criteria that group a series of meaningful events in a given state and the limit beyond which a given state changes into a different one. For Deleuze and Guattari, it doesn’t matter what those two states are, and whether or not they correspond with the ways in which they are perceived when they are established, “what counts is the existence of a spontaneous marginal criterion and marginalist evaluation determining the value of the entire series” (Deleuze and Guattari 2004:484).

In this way, thresholds inform people’s experiences of change as markers that determine the end of a series and a change of state (in relation to a particular series of meaningful events), but at the same time are invitations or lures (Whitehead 1978:25) for the actualisation of change. For example, consider Gary’s account of the beginning of his transition:

I mean, we talk about this all the time in FTM London with other people like actually what is transition and when does it start, and it was when my mother died probably because that’s when I started being able to actually think about me without her will being imposed on who I was, without any fear of how she’d react to it and stuff like that, so... And I think as well being older I was less afraid of difference, and I think it all came together at the right time, that I was less afraid of anything that wasn’t totally normal. And I’d been working at Justice as an administrator – Justice is this law and human rights organisation – and I think just learning more about human rights and stuff like that I think it all really helped to become much more aware of people and difference. I think probably that was when it started, although actually talking about transitioning and understanding it, *that* only started when I met other trans guys. It was a big

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<sup>116</sup> Deleuze and Guattari approached the notion of limit in their work on collective mechanisms of ‘capture’, or in other words, processes of collective change beyond the micropolitical. They argue that, in order to consider any point a threshold, it is necessary to locate the power in relation to which a certain series exists. Arguing that the limit exists in relation to thresholds of change, they write: “[T]he limit designates the penultimate marking a necessary re-beginning, and the threshold the ultimate marking an inevitable change” (2004:484).

thing when I came to a room full of thirty other trans guys and realised you know, they are real, this is possible. For me FTM was so amazing that way because there were people going through every different stage. And I remember during the evening Hugh Armstrong came in and I thought what's this man doing in this space, and realising that he was trans. So I think that's when it started.

Gary has two different thresholds to determine the beginning of his transition; when his mother died and he was able to think about transitioning without fear of her disapproval, and when he met other trans men and started to take seriously the possibility of transitioning. It could be argued that understanding these thresholds in relation to the series they separate is crucial to understanding his becoming FTM, because both thresholds 'tell' how change made sense in relation to the impact of certain events in Gary's life. However, importantly, the marginal evaluative criterion through which he established limits and interruptions was also his 'invitation' to change. In this representative passage, Gary needed to 'gain' awareness before he could transition, because prior to that he could not face difference positively and he could not think of his own future as a man if that would entail his mother's rejection. In this way, transition was *enabled* once he passed the thresholds of his mother's death and of meeting other trans men. These arbitrary and contextual thresholds were not just milestones of change, but his cue to go forward. These thresholds are points of the inflection through which he defines his transition as 'his own' and 'unique' becoming, and thus the beginning of transition is passing those thresholds, which at once become the markers and part of the effects of change.

As we have seen in the previous subsection, anthropology's analytic reading of ritual practice situates recognition and marginal evaluation at the core of the definitions of process. For example, as I have described above, readings of ritual suggest that these 'recognitions' are often performed through specific symbolisations that effectively become the markers of process by delimiting a series of binary oppositions such as self/world, foreign/domestic, sacred/profane distinctions, thus laying the course of action by structuring behaviour in semiotic and symbolic chains. Ritualisation thus explains process through symbols and the way in which they convey relevance in many different ways. Similarly, in transition, ritualisations, marks and identifications condense manifold meanings and through these markers explain process and change. Consider this passage where Lewis speaks about the ambivalence of the feeling of arrival:

I mean, it depends what stage, which arrival you are talking about really I suppose, isn't it? I've arrived at a stage where I am a hell of a lot happier than I was, although then I didn't really notice that I wasn't very happy. It's funny that, cause I think when you are in your twenties, you don't really know yourself anyway, which I think it's quite interesting just how many people decide to transition in their thirties, actually. I mean, I did really, mid-thirties was when I really realised it. Most people in their twenties are just all over the place, they don't really know what to do with their lives, or what they are, who they are, who they like. Not a very good time I don't think the twenties... (laughs). I think in the thirties is where you really start thinking, you know, finding out what you like and what you don't like, and then life gets better from then on. But I mean I am forty-two now, and I really realised in my early thirties, 31-32, but if you think about it, actually... but then you see, I was going to say actually taking steps, but psychologically I was already taking steps because I started to tell friends, or, prospective potential lovers that I was a male-identified lesbian, that's what I used to say, or dyke, male-identified dyke. So they knew where I was coming from, you know, that I felt more comfortable in that role. Which was funny sometimes to them because I didn't when I appeared female, I didn't actually come across as a masculine person visually very much, 'cause I didn't really like the butch image, I didn't really like the androgynous image. But so, and I felt, you know, what shall I say? I think that they were sometimes surprised, but they usually accepted it.

Lewis distinguishes between several levels of passing in this excerpt, including the distinctions that age, as well as previous identifications and belonging, had in passing in transition. Passing the threshold between his twenties where he was "all over the place", and his thirties, when life started getting better because he knew how he wanted to live is both an invitation to change and a marker of process, and delimits different qualitative states in which sex and gender, his presentation in erotic relationships and the way that he related to 'butch' and lesbian cultures were symbolic and semiotic ways of articulating his becoming 'male' in transition. This excerpt shows that passing that threshold was contextual ("it depends which arrival you are talking about really") and that it happens at different levels, rather than only at one meta-level of the 'naturalisation' of a binary gender role. In this way, passing is a structural device through which to make sense of experience in terms of continuities and interruptions, differences and variations. In the next section I will argue that this kind of passing has implications for understanding time, as thresholds are the temporal structure of experience. I will then discuss how transition is made sense of as variations that are measured through passing thresholds, determining the coextensivity of change, time and experience.

#### 7.4 Becoming temporal

In his *Anthropology of Time*, Gell (1996) navigates the work of anthropologists and their descriptions of temporal models and frameworks of time. Following a range of examples of various practices, rituals and experiments, he analyses the emergence of two parallel time systems, which he groups into a and b series (1992:157) and which account for what he understands as two different ‘dimensions’ of time – one objective and with clear distinctions between before and after, the other subjective and contingent to becoming and change. This model was developed from ethnographic accounts where certain symbolic configurations are understood as thresholds that mark distinct stages in the cultural chronographies that structure individual and social life. However, this clear-cut distinction between ‘subjective’ and ‘objective’ temporal dimensions assumes that differences in temporality only ‘matter’ at the scale of the individual and of bound collective totalities, and practice, so Gell argues in the last part of the book, results from a series of exchanges between the two. This framework helps Gell to elaborate a pertinent critique of the assumptions made by different theories of progress, including economics and cognitive theory, and to propose important theoretical foundations for anthropological approaches to time. However, Gell does not fully relate time and experience in his analysis, where ‘objective’ and ‘subjective’ temporal dimensions refer primarily to different human modes of observation of time, but not necessarily to other levels of change and becoming.

As limits of the endurance of systems and invitations to go forward, thresholds make experience divisible, atomic and epochal. In producing exchange between spheres, orders and experiential universes, thresholds are more than staged discontinuities, because they effectively structure time in different durations<sup>117</sup>. A duration here, as Whitehead suggests, is the field of any given event, and as such it is the link between experience and a given standpoint. In other words, as the actualisation of any perceiving

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<sup>117</sup> The notion of duration was developed by philosophers of process as a way of challenging linear conceptions of time (Bergson 1911, 1942; Whitehead 1938, 1978). Whitehead defines duration as the extension of time, the field of the event.

entity<sup>118</sup>, time is dependent on position. My informants talked about different kinds of time in transition, associated with different becomings. For example, in the previous section Lewis emphasised that progress and movement depend on the “kind of arrival you are talking about”, and Gary set the “beginning” of his journey in the thresholds after which he could focus on his future differently once he made sense of particular relevant issues of his past, and, as we have seen in the previous section, he situated transition thresholds in his mother’s death and his meeting of other trans people. In the following passage he expands on the characterisation of the beginning of his transition by describing transition as a type of ‘rebirth’ that ensued a particularly difficult situation; that of having been entangled in intense and progressive isolation and the frustration of not being able to move on. The implosion of transition in his life changed his social sphere, his relation with his body and the things he thought were relevant. He said that transition should be about “personal timing” or, in other words, about articulating the things that matter at a particular point to someone, and not only about fulfilling the linear requirements of an abstract model of time posed by, in this case, medical protocols of treatment:

I guess if I date it from the beginning, to realise with my therapist and I’ve been really... I mean my therapist has been really amazing because he wasn’t, I was one of the first trans people he’d ever worked with, and he is a very good therapist, and he was very good at just helping me to think about it and figure it out and I could tell him what I’d learnt and we could talk about it, so I think the first bit, when I first realised I was trans I was devastated. I just thought God, I’m totally fucked now, that’s it. It was at the same time as being... I had enough, I just couldn’t deal with living the way I had been, and I got to a place that was quite isolated again, so... it was a crisis point. I realise now that other people seem to reach that point as well, especially those of us who are older, having been struggling with something going wrong for a long time, and I think there just comes a time where your unconscious kind of says oh for Christ’s sake, *notice this*. So there was... Because I had been ready for I think, closer to it than I had ever been before, I’m talking about committing suicide, I think realising that there was a choice, that I had a choice if I was brave enough to take it... it was really exhilarating to think about taking the choice.

Here, transition is envisaged as a way out of a state where things were wrong, and the decision to change is precisely what changes the sequence of ‘wrong’ events in

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<sup>118</sup> I want to emphasise that all entities perceive. For Whitehead, experience is ‘prehension’, and all actual entities, including the experiencing subject, arise from the environment(s) in which they feel. He writes: “The things which are grasped into a realised unity, here and now, are not the castle, the cloud, and the planet simply in themselves; but they are the castle, the cloud and the planet from the standpoint, in space and time, of the prehensive unification. In other words, it is the perspective of the castle over there from the standpoint of the unification here. It is, therefore, aspects of the castle, the cloud, and the planet which are grasped into a unity here” (Whitehead 1938: 87).

announcing the immediacy of change. For Gary, this process was effected when he decided not to ignore what was ‘wrong’ anymore, with his realisation that “there was a choice” and that he was actually “brave enough to take it”. This realisation is the threshold after which the past is ascribed a different value, and after which he has ‘already’ changed the wrong sequence. In this sense the threshold brings time into existence – it is the becoming temporal (the temporal extension) of subjectivisation. With this determination to do something to change, there is a change of duration that collapses the sequence of events that he previously ascribed to his past, present and future in his narrative, and the very prospect of “taking that choice” becomes “exhilarating”. He continues:

To do it and to transition... and I’m not a brave person, like I said I come from a really conservative background, so I hadn’t had any role models before, I hadn’t met another trans person before I went to FTM London. That was like, to give myself permission to take that risk, that was like really big for me. And I was on a high for ages and Matt, Walter and stuff were great because I was able to go and visit and talk to them, ‘cause I just needed to find out really, really fast. And because it felt like all these years had been dead, and you know, I hadn’t got any time to mess around. And thank goodness for Dr. Atkinson, because there is no way I could have gone through the NHS system. You now have somebody say “Okay, prove it” or anything like that. You know it was what I needed to do at the time and I was quite happy to take responsibility for it. You know, it was like do this or die sort of thing. So, the first FTM London meeting I went to was the beginning of August. And I had my first, I went to see Atkinson in September and had my first T injection in October. So the time gap between meeting the first trans person and starting on T was quite small, but I put a lot of talking into that. A lot of research, a lot of reading, *a whole summer*.

In this second part of the passage, he describes the process of “giving [himself] permission” to start transitioning, both by visiting a private doctor and by taking the risk of meeting other trans people and engaging in their activities. And between two chosen milestones (which he identifies as the first visit to the doctor, and the first T injection) time did not have the same productive value as it used to in the past. In a relatively short period of time, Gary says, a lot of things happened. A lot of changes caused by talking, researching, reading, meeting people. This period lasted “a whole summer”, but this expression denotes more than the succession of days between the two border events that he situates at the beginning and end of this period. Gary is thinking about time as an intensive state, which changed in intensity as changes

happened, rather than a linear extension where these changes developed and where time has space-like characteristics in that it is the 'container' of experience. He added:

And I think the high kind of lasted, because then testosterone kicks in so fast that's amazing. And again the timing was really good because Peter Green was running the voice classes and I managed to get in. So I went to the first class with him two weeks after my first injection. So that meant that I had more social time with trans guys as well, so we were meeting every week and there was like six of us and we'd go to the pub afterwards, so it was really good. And it kind of encouraged me to get involved in FTM London, so my social life took off and I made friends with people like Raphael and Steve. So I had friends in my life for the first time in ages and ages. So that first 15 months I was in a continuous high, I think. Because my body was doing *everything* I wanted it to do. So my running took off, I mean it was a totally different experience. I mean I've always enjoyed running, but it had been really hard work to get to a point of ecstasy. Whereas now, even when I've been sick I can get back to it in like three or four runs, you know, my body is totally different. And running up hills is a pleasure now, I'm always sad to have to run down them again to have the chance to run back up them. And cycling is just fantastic and hills are not a problem and I can cycle down to London several times a week, when before it used to kill me, you know, I just wasn't strong enough to do it before. And because of that I could eat whatever I wanted so you know... I still have problems with food sometimes but because I was exercising so much food just wasn't an issue at all. Like everything is great.

For the next fifteen months, he is "on a high", meeting people, getting involved in the trans community, doing "everything that [he] wanted to do". He discovered he had more energy to do the things he "just wasn't strong enough to do before", and because of that there was a shift in the ways in which he articulated past problems and events. In this narrative, change perceived as 'outside' and change lived within are coextensive and represented verbally as permeable interrelated dimensions; everything became 'different' when change brought new assemblages into experience. He noticed bodily changes when exercising and eating, joined voice workshops and became active in FTM London. Being conscious of change provoked a doubling of that experience of change, where time is understood as itself productive of the change represented in narrative. In this way, his experience of reality is process, and through experience time is reorganised and rearticulated entirely in relation to the different dimensions and universes that are opened up by this progressive change of capacity. He concludes:

I thought I was going to have chest surgery straight away but actually it ended up taking me like fifteen months from when I started on the T, but that's just my timing I think, I was really scared about the whole... I mean I was quite scared about starting the hormones but I think the extra thing of surgery, of somebody actually cutting your body and having no control of what the results

were going to be like I found that really frightening. And I think that's one of the reasons why I decided to go to Belgium in the end because it gave me that extra breathing space because I knew that they'd give me a date which was some time in the future. And when I actually went to have it, it was the right time. So that's often what I say to people *personal timing is really important and you should really trust it*. And even if it takes you far longer than you think you need, that's the amount of time you need. But also if you need to move fast you need to do that as well, and if it means that you need to borrow some money to do it, then maybe that's the right thing to do. But I think there's also been like, there's something about for the first time really, really taking responsibility for myself as well, and that's kind of reinforced every time that I inject, 'cause I self-inject, every time I do it feels kind of, repeats that action, that this life that I am living now is totally up to me and there's nobody else to blame. And if I fuck it up then *that's me*, it's not about Mum, it's not about my parents, it's not about my family, you know, it's just me. And that's such a relief, you don't have to... You know, there isn't anyone else to blame, there isn't any blame, it's just decisions I make.

In this thorough account of transition, Gary talks about time essentially as 'experience' (as durations), by situating passage and transition in the effect of experiential assemblages, change and continuity. He describes his process through the things that mattered in different stages of his process, his fear of hormonal therapy, the time he needed in order to have chest surgery, and the time he needed in order to feel "it was the right time". His remark on the importance of "personal timing" at the end of the passage indicates how time is not understood as a quantitative mode of ordering, but rather as the arrival of the things that need to happen in order that transition can take effect, and these are not only different in every transition, but different in its different stages. Time is thus experience because it is a mode of engagement, a becoming of heterogeneous assemblages.

## 7.5 Variation

In the previous sections I illustrated that in my informants' narratives of transition change and time are understood as coextensive with experience. One of the consequences of this association is that movement, and the differential relations through which it is measured, can no longer be considered 'in itself', because it is first and foremost a relation between states – a variation which comprises a qualitative change *and* an interruption in perception. It is this interruption in perception where certain

differentials define movement in relation to what is at rest. In the example above, Gary described his change in terms of getting to “surpass” a state of isolation and become more and more immersed in social networks, physical exercise, reading, hormonal treatment and surgery. His suggestion that it is important to follow one’s timing, understand one’s process and take responsibility for its development indicates that, albeit the definition of what counts as a duration is variable, even perhaps arbitrary, the structure of how change is perceived follows a double dimension of location and abstraction. In this sense, change is understood as a derivation from one state to another and involves space, matter and extensivity, and also, as we have seen, the establishment of the relations of seriality or relevance, such as the sharing of a quality, a bond or a mark of similarity.

In this section I depart from similar concerns in thinking of transition as process, and revisit some of my informants’ remarks on transition as ‘becoming specific’ in order to lay out some of the relations they understood to shape their processes. I will begin by discussing another excerpt from David’s narrative, where he identifies some of the limits and effects of transition and the ways in which these limits informed his understanding of transition both as a route and a derivation. In fact, at the time of our interview he defined his being trans in relation to “not being a butch woman”. When he decided on transitioning this distinction between butch women and trans men seemed very important, because identifying as trans provided new arrangements for some pre-transitional identifications (meanings, desires and ‘natural urges’, he named them) that could have led him to be otherwise. Thus transition, instead of being thought as change and discontinuity, generated continuity with pre-transitional feelings and identifications with masculinity and the possibility of constructing those identifications in new and more positive assemblages. He said:

But it’s like the more time goes on, the more I appreciate that it is okay to be me. Some days I am really camp, and other days I might be really like [male] blokey bloke. But it’s interesting though because I think from a very early age I just wanted to do typically male activities. But then as I was growing up, I realised I was really attracted to females, I was female bodied, there was a label for that, and I was trying to be that. And there was a whole like, I was actually trying to be that just didn’t... So any of these... these natural urges that I had that kind of made me have this really short hair or wear certain clothes, I wouldn’t do it, ‘cause I didn’t want to look like a butch woman. For me, it just didn’t feel well. So it was a part of me, just dressing, and it’s been really allowing myself to be me, the way I always wanted to. It’s okay. And now I see a gender

counsellor, a couple of years ago and she was like, I'm sure you've got lots of suits, and I was like no I have not. And I was like 'cause that would make me look like a butch woman and that's not how I want to be seen, that's not what I am, you know. So just allowing myself. And also being mindful of other people as well, like my family, it's like I know, I don't think they'll ever disown me, there have been a number of things all over the years. I thought this might be the one, but no, they are still there. My mum is having a bit of a difficulty to accept but it's like trying to be mindful of them. I know that I am changing but there is not a reaction to the changes. One of my sisters, she is like getting deeper and deeper, and when I see her, she is like "Oh my God, you have really chunked out". But like my mum won't say anything about it, which is quite interesting, really. 'Cause then I'll never know if that's a good thing or a bad thing.

In this passage, David says that he was attracted to "typically male activities" from a very early age, but that he refrained from following these "natural urges" in order not to be read as a butch woman. Later, in therapy, he corrected his therapist's assumptions that he would have been a cross-dresser pre-transition, stressing that being 'himself' was precisely not to do with not having other forms of continuity with masculinity and male embodiment. Throughout the passage, David defines transition as "allowing" these continuities to develop and to see the limits change in the different stages of this process. These limits changed post-transition to a new need to be "mindful of others", which is obvious, for example, in that he remains silent before his mother's silence, and that he prefers not to know "if that's a good thing or a bad thing". These limits are crucial points of analysis in considering how agency is thought of and lived through experiencing change. David's narrative shows that the specificity of transition does not reside in the sum of phenomena articulated within it, but in that this articulation provides new 'matters' of different constitution, new events and enduring patterns. These emergent and shifting assemblages generate at the same time a mode of becoming and a new mode of engagement, and have effects at different levels including the body, the development of relations with others, capacities and effects in the present, and expectations about the future. David said explicitly that the rules of embodying gender are different as he occupies different places and that those places are not entirely independent, but work together in specific ways. They have different limits as he passes certain thresholds and as he considers the particulars of his experience in relation to the multilayered nature of his experience of sex and gender.

In a similar way, John talked in our interview about passing and the ways in which gender performance encountered limits outside transition:

I think well, it depends on the person... I think passing is a question of who you have in front, basically. If that person wants to see you as a girl he will see you as a girl, and if he doesn't then he doesn't. And yes, I can do certain things to pass, but it's mostly about who you have in front. My Spanish grandma has seen me with boxer shorts, with hairs on my legs and with short hair and she still treats me as a girl, because she wants to see me as a girl, because I never explained anything about me being a boy. So it's just... and I think also is easier to pass at my age, because you can still be fifteen. It's like that, when I'm forty I won't pass... Not unless I do a treatment, I think it's more a question of that, because I'm in that age where I can still be fifteen. I go to a bar outside my house and I go and buy tobacco, and twice I've gone and both time the man said, are you of age? And I said, "Do you want me to show you my ID?" And it's like, I think the first time was like, "No, no, it's okay, I'm letting you get tobacco although I know you are not..." and then the second time I showed him my ID and he went, "Are you sure this is you?" And I said "Yes, yes". And the day that I went to get my new ID card, I went with the old one, and there was a photo from a few years ago, but I mean, it's still me, you can still tell. So I go up to the desk and I show my old ID card. And she says, "Is this you?" I said, "Yes". And she looked at the name, she looked at the gender, she looked at the photo, everything, and said, "Are you sure this is you?" "Well, yes, I am quite sure". So yeah, I have a bit of a problem with that. I think I have more problems now that I've come back from hyper masculinity also, because I don't mind about, I do control myself more in certain situations, but not usually, and people can speculate more. I think it depends on the day, and depends on the way that people make you feel during the day. And if you are more sensitive to that or not.

In this first half of the extract, John takes his experience of passing as a starting point to explain how he negotiates his masculinity. He recounts how in different settings this negotiation is different, and how even in a single setting, it still "depends on the day", on how situations make you feel and on the assemblage between existential universes and the symbolic 'background' with which other people read behaviours, clothes, age, and intentions. In the first half of this passage he frames this negotiation in intersubjective meanings, but progresses by identifying the regulatory forms that limit his masculinity, such as kinship (his relation with his grandmother), age and certain readings of gender in relation to age in the context of biopolitical limits of agency (as when buying tobacco or renewing his identity card). In this respect, as he points out, context plays an important role in how gender is read, enabled and restrained, and therefore in the ways in which the negotiation of gender takes place. These contextual variables are not only manifold, but evolve from one configuration to another as they

are articulated in different assemblages. In this sense, when he talks about the limits of passing (somebody's strong ideas, as were his grandmother's, about his identity as a 'woman', or the uncertainty of not knowing whether he will pass when he is forty), he is not only pointing out the limits of transition changes, but also identifying the extent to which becoming is contingent to the possibility of negotiating situations. In this sense, agency determines the specificity of his mode of becoming. He continues:

Because if I'm okay, if I'm feeling okay, the last thing I want to do is take hormones, it's the last thing I want to do. But if I have a really bad day I'm like I have to take them now. I had the same problem, Peter said to me, well, I know I can ask Peter to get me more hormones, because he can get as many as he wants, and he doesn't use the entire dose. So I could take his gel and since I've known him he has offered. And I just don't want to know anything about it yet. I think once I had a conversation with Peter, we were talking about if when we are forty years old wearing a binder after so many years could be a problem, and talking about the possibility of having surgery, chest surgery. And I realised that I don't know, I don't know what can happen in 30 years but I feel like I really don't want to do chest surgery or any kind of surgery but it is totally what people make me feel, I mean. I don't want to do chest surgery because I have a trauma from going to the beach, for example. I want to be able to leave that trauma behind and then if I really feel like it, then do it, but right now I feel that I wouldn't want to do it anyway.

In this second part of the passage, John rethinks in the limits of agency by turning to the way in which he lives his gender in the narrative present, which is presented as crucially different from, albeit to an extent related to, the way in which he used to live it in the narrative past. For a trans person whose transition did not involve hormonal or surgical input, this could be understood as an unusual turn, because, in a way, he is already 'coming back' when he still has not 'arrived' physically, and when, moreover, he has had the chance to do it both within the medical system and outside and yet has chosen not to. In fact, he states that his way of subverting gender was to negotiate his femininity as a trans man. In his narrative this process is understood as the negotiation of hypermasculinity and as a need to resist the social pressure that compels him to do it. For example, he says that before undergoing surgery he wants to be able to deal with his trauma and be able to undress in public, instead of thinking about surgical/hormonal transition as the only way in which he would be able to overcome it.

John introduces a crucial element into his discussion of agency in relation to transition changes, for, once he could 'hide' behind a structured gender performance skilfully built in many social spaces – family, circle of friends, workplace, university – now his

attention is no longer fixed on the performance of gender, but, rather, on the rest of the day's contingencies that make one have a good or a bad day. These events are at the very least multilayered and are essentially about "crossing domains" (Strathern 1991). They involve complex experiential constellations, which, although limited by culturally and historically specific practices, norms and trajectories, emerge as inventions and responses by which people become simultaneously subjects, actors, citizens, lovers, trans entities, genders, grandsons, etc., and entangle these relations and connections in ways that exceed categorisation. The limits of agency or, in other words, the tension between the enablements and constraints of transition, lie precisely in the multiplicity of experiential assemblages and in the fact that they refer to each other in unexpected and meaningful ways. In this sense, every one of these acts makes a significant difference beyond the conditions of social acceptability that validate those acts with respect to their own past (other contexts in which that same act was articulated differently or its process of iterability), because it is no longer about becoming abstract or establishing a relationship with abstractive or normative apparatuses, but rather about the complex and multilayered process of becoming specific. John summarised it when he mentioned that, precisely because he has a trauma from going to the beach, he wants to be able to leave it behind before taking any decision about his chest and not the other way around, so that chest surgery becomes a new production, a connective operation rather than simply the limit of his female embodiment or an act designed to convey consistency to his 'identity' as trans or male.

## **7.6 Conclusion**

The ritual structure of rites of passage defines thresholds in relation to ritualised and staged ways in which different cultural systems mark ingression in different life stages. In doing so, these models abridge change, time and experience, and offer a reading of social relations in terms of process. Ethnomethodological approaches to gender in terms of ascription similarly place thresholds of meaning as significant in terms of 'constructing' gender through bodily changes, signs, symbols, and behaviours. However, in these models 'a lifetime' remains the unit of analysis of process, and change is understood in terms of a 'modification' or a 'transformation'. In this chapter I

have discussed the significance of thresholds in transition narratives and the ways in which they make transition temporal. This temporalisation is not necessarily linear; thresholds mark discontinuities, differences and variations that happen at different scales, and span over different kinds of experience. I have argued that time in transition is becoming FTM, and not the 'container' or the substance in which transition events develop. In this sense, time makes experience 'irreversible', a route of becoming. Furthermore, thresholds raise interesting questions about emergence in relation to the different kinds of negotiations it entails, because they involve positions, enablements and limits.

In the narratives of my informants, however, change often represents a break of continuity that makes the structure of lifetime vs. event unnecessary and questionable, and therefore challenges a linear conception of time. This is because, first, change provides a new standpoint and every change marks a new beginning, a station of experience in a new time-space. In this way, one's becoming is coextensive with other becomings, and yet, as Whitehead suggests, one's becoming makes time divisible, as change is perceived in different scales and durations. Moreover, very often my informants thought of transition not as an end in itself but as the rest of their lives. It is in this sense that this thesis focuses on transitioning rather than transition, and intends to convey in its structure and analytic ethos the ways in which people thought about becoming men, FTM, transboys or transmen as verbs rather than nouns:

I've never had a strong sense of not enjoying my body, so it wasn't a reaction against anything, it was more about how I wanted to live and how my body would facilitate that I suppose. So I guess once I made the decision that living as a girl was one thing, and living as a man was another choice. I think a clear thing for me is that I never said I want to be a man, I said I want to live as one. Just political and different ways, and quite difficult ways, ways that happen to have a lot of criticism and I am happy about that. So I think it's been about making my body something that I was going to enjoy rather than I wasn't enjoying it already. So already had six out of ten, and I wanted ten out of ten, I think. I've been thinking about that, I suppose for me it wasn't about physical change, but about how I was in the world, I think. Cause it wasn't... I think for a lot of people when they transition it's about passing, and that wasn't an issue for me, I could pass. So my body wasn't a barrier in that sense either.

In this passage, Chris makes clear that his transition wasn't about becoming something prescribed, it wasn't about 'being' a man, or passing – it was about "living". It is in this way that transition is an event that can only be defined in terms of its own past and its

future, and through the enduring patterns of continuity and change that it articulates in becoming. This thesis argued that the categories used to define it and to constrict it to a predictable and systematic process fail to account for the complexity of people's engagement with change, with the different kinds of entities that are relevant to their becoming and which include people, relations, objects, concepts, their shifting positions and assemblages.

This chapter concludes part II of the thesis, in which I have unpacked the process of transitioning in three different levels: testosterone, narrative and thresholds. In the next chapter I analyse how, despite addressing the experience of FTM transition similarly, the arguments presented in this part are different in scale and scope, although they implicate each other in many ways. I will explore the different kinds of negotiations that emerge from transitioning as a process, as well as the limits of transition experience, which will culminate in an evaluation of the consequences of the analysis I carried out in the thesis.

This chapter examines the scope of different analytic units in the thesis and discuss some of the implications derived from the arguments proposed. The chapter is divided into two sections. In the first, I address the similar analytic positions developed in the different chapters and parts, and explicate how, rather than contrasting theories, the two main parts of the thesis engage with different yet complementary dimensions of transition. The three arguments in Part II are not intended to be read as exclusive of other dimensions of transitioning, and even less as an analytic alternative to the models of transition discussed in Part I. Rather, the analytic structure of the thesis, itself the result of ethical decisions, is intended as a metalogue<sup>119</sup> to the discussions introduced therein. The second section addresses briefly some analytical implications of the thesis to contextualise the position of the different chapters in relation to different kinds or levels of transition experience<sup>120</sup>, and discuss the implications of their connection for the practice of anthropological research.

### 8.1 Transition units

Throughout the thesis I discussed transition in two different parts. Part I focused on the ‘coordinates’ through which existing discourses about experience, gender, health and the body define transition. I described different academic and medical practices that make transsexuality and transition public, and reviewed the history of the different concepts, logics and relations that make transition ingredient in western biomedical and legal narratives.

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<sup>119</sup> I am using Gregory Bateson’s (2000:2) expression about the contribution of a conversation’s structure to its general themes or subjects, to note that the thesis’ structure is relevant to the subject it addresses, and, in this case, contributes to the argument it makes.

<sup>120</sup> I use the notion of experience not in the sense given by the phenomenological tradition (Husserl 1980; Heidegger 1962; Merleau-Ponty 2002), in that it is not anchored in the development of a unitary subjectivity, but rather, as will become clearer later on in this chapter, stems from different kinds of becoming, not necessarily only human. Thus I use experience more in the sense given by empiricists (Whitehead 1978; James 2003), where experience is not necessarily tied to human perception.

In Chapter 2 I outlined the emergence of transgender studies and discussed different kinds of contributions that displaced transition from the diagnostic and prognostic narratives of biomedicine. This transdisciplinary field contested biomedical and scientific definitions of transition and transsexual identity, emphasising aspects of transitioning hitherto overlooked by discourses of transsexuality, and opening spaces for new emergent transgender cultures. While geographies of trans activism undergo important changes that affect the ways in which trans people are able to participate in politics, a number of assumptions about the medical management of transsexuality have recently become the subject of arduous debate, such as the status of transsexuality as a mental health disorder, and the double bind implied by the association of legal and biomedical frameworks of transsexuality<sup>121</sup>. On the one hand the kind of politics through which trans organisations strive for the recognition of trans identity (which includes, but is not restricted to, human and civil rights and forms of distributive justice) emphasise the unity and the specificity of transsexual identity versus ‘other’ sex and gender positions<sup>122</sup>. This framework ensured civil recognition for transsexual people in the United Kingdom, and became influential for policy making at a European level and elsewhere. It also benefitted transsexual people in more subtle ways, for instance, by facilitating mobility across national boundaries, as a result of which trans patients can currently consider treatment options not only in relation to local availability, but in relation to a variety of technical aspects and their desired results. Usually these options depend on private insurances or self-funding, however, some of the trans men I interviewed had found ways to get the NHS to fund their surgeries abroad<sup>123</sup>.

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<sup>121</sup> I am referring to the double tension currently being faced by practitioners and trans people before the forthcoming revision of the DSM. If, as grassroots organisations across North America and Europe contend, transsexuality should be declassified, then this deregulation implies a risk for the provision of free treatment for trans patients.

<sup>122</sup> As evinced, for example, in the reaction of some collectives to the latest Equality Bill (published on April 27<sup>th</sup> 2009), where transsexuality is not defined exclusively in clinical terms, and where people seeking reassignment, those living permanently in their new gender roles, and those providing protection in the workplace for someone who is transsexual or living in a new gender role, are protected in the same terms. The inclusion of a wider spectrum of gender minorities, proposed in this version of the Bill, was seen as curtailing UK transsexuality policy, where distinctions of age and other identity particulars were subject to distinctive policies.

<sup>123</sup> Especially in phalloplasties, being able to choose a particular practitioner has many important consequences, as results are very different aesthetically, in terms of sensitivity, and importantly in terms of technique. Results are particularly associated with surgeon teams, and whereas in the United Kingdom genital surgeries are performed in three stages with good results, Belgium currently offers phalloplasties in one single surgical intervention.

However, on the other hand, coalitions between trans and other Lesbian, Gay and Bisexual politics, as we have seen, are also sometimes understood as an enablement, rather than a limit to trans politics, and in fact it has been argued that the political association of gender identity and sexuality fostered the viability of transsexual and transgender politics since Stonewall (see Stryker 2008). In fact, the tension between the politics of gender and the politics of sexuality is complicated further as trans activists within grassroots community groups and organisations reclaim visibility for queer trans people (see for instance Nataf 1996; Cromwell 2006; Hines 2007), an identity that was largely denied in medical models of transsexuality, while mainstream organisations in the United Kingdom (such as Press for Change or the Gender Trust) emphasise the separation between gender and sexuality as two different kinds of politics. These groups lobby for maintaining the specificity of transsexual politics around facilitating access to medical treatments and civil recognition, thus focusing on trans people's social integration as members of their gender of choice. Others however understand the politics of transition above and beyond civil recognition, and situate sexuality and gender politics at the core of their critical political project. In both cases a kind of identity politics is at play, where people's *identity as transsexual* (understood in medical or symbolic terms, and often as a combination of both) is at the core of the definition of transition as political, and of the claims about the authenticity of transsexual and FTM identity.

In Chapter 3 I argued that the logic of gender reassignment that underpins the medical model of transition in Britain is informed by a historical emphasis in sexology on the distinction between sex and gender, a distinction that also became important in analytic practices outside medicine as paradigmatic of the relation between nature and culture. The evolution of this distinction in the context of shifting forms of medical classification, diagnostic practices, and clinical and prognostic expertise remains crucial in the current model of triadic treatment, the Standards of Care of Gender Identity Disorders.

Policy making organisations use this model based on psychiatric classification and on prognostic gradations that depend on age and the intensity of the symptoms to regulate the provision of care for transgender patients in the United States, Britain, and many

more countries worldwide. The protocol of gender reassignment effectively regulates the provision of care in private and public settings, even though its different requirements can be sometimes bypassed in order to accommodate patients' needs<sup>124</sup>. This protocol in fact delineates the medical routes that most trans people use to transition, albeit to different extents. It shapes the clinical relation, enabling the negotiation of speed, intensity and reversibility in treatment. But, most importantly, it lays out explicitly the connections between biomedical and political, legal and theoretical frameworks of transsexuality, where the Standards of Care, initially devised to protect transgender patients, are now the link between physical and social transition. Whereas the Standards have improved access to medical care and facilitated trans people's struggle for human and civil rights, the universality of the protocol gives viability – and visibility – only to male and female sex/genders, leaving other forms of transition and gender expression unprotected. In some instances, the universality of the Standards has been understood to contravene specific priorities of national health services, and specific regulations have been set at national levels.

In this way, Chapter 3 unpacked the relation between different concepts currently associated with treatment developed by communities of practice of transgender health. I connected the historical development of the sex/gender distinction in sexology to the distinction of treatment stages, where 'sex' is understood to be ultimately produced through surgery and 'gender' by prolonged hormonal treatment. In sexology as in current biomedical practice, sex and gender, the body-matter and its social and cultural meanings, are in fact understood to be independent realms. The sex/gender distinction also informed much of the academic debate about experience throughout the twentieth century, generating important debates in social studies of kinship, the body, psychology, sex and gender that affected the ways in which transsexuality and transition became an object of analysis in the social sciences. However, the question about the relation between sex and gender was dramatically polarised in biomedicine and the social sciences. In Chapter 4, I particularly focused on some challenges to this distinction developed within (post)feminist analyses of the body, and outlined their promise of

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<sup>124</sup> However, not without consequence. In London, recently, private consultant and expert on transsexualism Russell Reid was found guilty of misconduct when five patients accused him of misdiagnosing their cases and rushing them into treatment. The majority of Reid's patients, however, were happy with his diagnostic requirements and chose to be treated by him precisely because of them. See <http://www.guardian.co.uk/society/2007/may/25/health.medicineandhealth2>, last accessed August 2009.

radical critique and political subversion, but argued that, perhaps unwillingly, their attachment to sex and gender as analytic units reproduced the scope and centrality of the categories and distinctions they sought to transcend. Through notions developed within particular philosophical traditions, these discourses defined transition in terms of a particular formation of sexual identity and gendered subjectivity, and in particular in terms of the irreducibility of bodily matter and sexual meanings, and as an identity associated with political discourses of sex and sexuality. In this context, as we have seen, transitioning was understood to 'reify' or 'resist' dominant normative discourses of gender, because it was seen as a result of the action of different biological and cultural technologies.

Thus the different 'coordinates' of transition map onto each other and in fact form part of the same networks in which the practice of transition is distributed; these 'coordinates' are relevant for trans people in many ways, and exist in the institutional, clinical, legal, political and representational practices. When put on a grid-like structure, these coordinates allow the 'measurement' of transition in linear and cumulative time, facilitating people's access to human and civil rights through demarcating the passage between the categories of male/female, liminal/gendered, becoming in this way crucial reference points to navigate the multilayered social meanings associated with sex, gender and transition.

The arguments contained in Part II of the thesis, however, did not address transition in the terms used by biomedicine, nor did it use the different categories and distinctions – between transsexuality and transgenderism, or between transsexuality and transvestism – emphasised by identity politics<sup>125</sup>. The arguments introduced in this part, rather than being 'about' the participants in my research and their identity as transsexual, developed from a different analytic position, and explored the process of transitioning by making connections between different kinds of units. I discussed the different processes that the participants in my research considered important in the interviews they held with me in relation to specific positions (testosterone, narrative, thresholds), not all of which were structured around individual transitions or identities. In particular, I approached the

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<sup>125</sup> Note that the distinction between these categories is also being questioned in recent clinical (Ekins and King 2006), ethnographic (Valentine 2007) and sociological (Hines 2007) studies of transition.

experience of transitioning through three arguments that implied different kinds, scales and temporalities. They combined trans politics, knowledge practices, individual stories and concerns about transition, and the relation that I established with my informants during fieldwork, in different ‘units’ of transition experience. I argued that, unlike categories, those units – or assemblages –, were in fact indivisible clusters of anthropological enquiry, and suggested that their analysis is key to understand transition.

However, despite the fact that they need to be separated for analytic purposes, these different kinds of experience happen together in transition, and for this reason the three chapters contained in Part II were intended to be read cumulatively rather than linearly. I started Part II by examining the biomedical definition of testosterone as an isolable, quantifiable object whose function in the body is to *produce* ‘gender’, and discussed how, possibly as a result of endocrinology’s experimental method, this view was established by correlating measured doses of T-substance and certain values of gendered experience. Thus I noted that hormonal action in gender reassignment treatments is conceptualised in relation to prognostic outcomes, measured in terms of biological effects, and linked with social changes associated with being (and becoming) male. Biomedical narratives present hormones as quantifiable and predictable ‘cures’<sup>126</sup>, whose function is to produce ‘the opposite’ sex and gender in the body, and to guarantee a timeline of transition changes through steady and periodical intake. However, the participants in my research highlighted not only that testosterone action was sometimes unpredictable, but also that the assemblages it created in their actual transitions extended over different levels of experience. Exploring their different experiences of T, I argued that testosterone is a relational agent that connects physical, psychological, legal, emotional, and aesthetic dimensions of transition, and that they are also connectors between the body and other, material and non-material environments. In Chapter 5 I analysed several contexts in which the molecule is ingredient, and that constitute its history as a route of actual occasions, from the ‘discovery’ of testosterone as a sexual agent to the industrial expansion of chemistry and the progressive inclusion of synthetic testosterone in narratives of care, wellbeing and enhancement, and again

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<sup>126</sup> It is surprising that, whereas sex-specific hormone replacement therapies are administered widely (see, for instance, Hoberman 2005; Roberts 2007), the use of steroid hormones is so heavily regulated when it will have an effect on gender and sexual identity.

from the measurement practices that resulted in the conceptualisation of its masculinising potential to the evenings, the hairs and voice drops that were important or even life transforming in my informants' transitions. Those, I argued, are dimensions of the life of the molecule that demand a different thinking of experience and matter, causality and time, and by extension of identity, affect, context and relationality.

In Chapter 6 I continued this exploration by addressing in a similar way the role of narrative in transition. In biomedical discourses and psychiatric practice, narrative is theorised as a 'symptom' of transsexuality and considered a prerequisite to access treatment. I argued that the principles ascribed to narrative by structural and formalist analyses, and where narrative is understood to produce the unity of subjectivity, affected the ascription of value to transsexual narratives in clinical settings. Here the narratives of trans people are linked to particular diagnostic interpretations where narrative is understood as a symptom, as evidence of the truth of transsexuality. The right narrative is a precondition of a successful diagnosis, and thus some narratives about experience, such as having been 'born in the wrong body' or having a brain that doesn't match one's genitals are understood to be privileged expressions of transsexuality ('true transsexuality', Benjamin 1966), while other narratives are considered 'not serious' enough to represent transition by doctors and analysts alike (see Barrett 2007, and also Ekins and King 2006, especially the conclusion, cf. Gorton 2005), and their value counts differently towards accessing treatment. It is in relation to this ideal identity that the universal triadic treatment protocol makes sense, where treatment is understood to mitigate certain pasts, and to produce particular narratives about the future. However, this structural analysis privileges a relation between narrative and identity, foreclosing the importance of context and reducing the value of narrative to its effects on the formation of subjectivity. Although this kind of interpretive analysis is widely deployed in discourses about identity in the context of democratic representation (and the 'radical' politics that contest them), those particular narrative interpretations legitimise problematic assumptions about the 'nature' of experience. Narrative thus becomes a privileged 'location' for both medicine and politics, because different stories are understood in their particular clinical, political and identity value.

One of the consequences of this reduction is that, mediated by narrative, identity becomes a product for consumption, an asset, a resource<sup>127</sup>. Narrative facilitates the development of political claims about transsexual identity, yet it also entails, I believe, the conversion of transition experience into abstract categories, reified in different contexts in the assumption that people participate in a readymade identity. Thus, my critical engagement with narrative was informed by a consideration of the effects levelling narrative and identity in transition, and of the limits of the performative in laying out relations between narrative and experience, which is especially critical because transition happens at different levels. This analytic position reflected that my informants' ideas of the 'value' of transition and why transitioning was worth doing were in fact extremely diverse, as were the kinds of contributions they thought their narratives about transition were making to my ethnographic narrative. For example, I noticed that some of the people I interviewed would often want to 'correct' what they had said before in the context of our interview, and others, conversely, situated their processes in some 'school'<sup>128</sup> in order to frame their experience in existing regimes of knowledge production, so that I could better understand their contribution. The role of narrative in my informants' transitions was complex and multilayered, and the different ways that they engaged with narrative evinced not only that narrative does not exist independently of other domains in social life (Moore 1988), but that the relation between narrative and experience is complex and not always reducible to a structural model of enactment. It is my contention that the value my informants imagined their stories would have, which in part framed their motivations to share them with me, was the result of their engagement with existing knowledge practices, but was also the effect of the creativity of their bodies, their becoming-specific in transition meeting hope and social change.

Far from being exclusive of biomedical/clinical uses of narrative, the problem of the relation between narrative properties, action and history affected social analysis in the past decades, and became especially problematic after the 'cultural turn' across

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<sup>127</sup> I mean resource in the sense that Ferry and Limbert specify in their introduction to *Timely Assets*: something generated (constructed) through human action for use in cultural worlds (2008:6). Identity, even if only partially material, becomes in a similar way dependent on naming practices, an act of appropriation and demarcation.

<sup>128</sup> Different 'schools', they said, believe that being trans is completely different things, and advocate either biological or social aetiologies of transsexuality.

disciplines in the humanities and social sciences. Narrative analysis and the role of narrative in social research was the focus of important predicaments regarding the questions of universality, identity, and interpretation raised by the hermeneutic tradition<sup>129</sup>. However, the social sciences are still particularly indebted to certain developments in narrative theory<sup>130</sup>, and to recent revisions of notions of identity, time and history, which, having developed out of disciplinary bounds, affect understandings of the value of narrative and of its status as the empirical substratum of social theory. This is the context of emergence of the notion of narrative identity predicated by narrative theory, which is based, as we have seen, on what narrative *is* rather than what it *does*, emphasising structural properties over context, action and relationality.

My analysis of narrative in Chapter 6, however, pointed at ways in which narrative was ingredient in transition experience in different ways. First, the importance of names and categories in my informants' transitions evinced that, while there is a distinction between names and categories, in transition categories were lived, appropriated and experienced in a way similar to names: through engaging and identifying as genderqueer, transsexual, transgender, FTM, etc, my informants characterised their transitions as their own unique becomings. Even though narrative ordered different experiences and provided unity and coherence to their 'expressing' and 'translating' who they are and the problems they encountered, these narrative properties were contingent to present conditions (narrative and non-narrative) in many ways. Thus the way they felt and the context in which they spoke, their desires, their preoccupations and anxieties to be appropriately represented by their own narratives and so forth, and the relevance of these different states in particular situations, all shaped narrative in important ways. Hence I argued that in different contexts (clinical and otherwise) narrative was itself a *kind* of transition experience. Some participants voiced concerns about the extent to which they felt 'trans' narratives cannot – and could never – really represent their transitions fully. In this way, rather than reducing narrative to its effects

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<sup>129</sup> I am referring to the hermeneutic tradition in philosophy that is understood to have started with Schleiermacher and Dilthey, and was particularly relevant to social analysis through its impact on the definition of the 'human sciences' as interpretive (as discussed, for example, in chapter 2 of Marcus and Fischer 1986, or in Sontag 1987, Hartman). In Chapter 6 I covered this tradition briefly in relation to narrative interpretation to address the role of narrative in transition, the biomedical uses of structural analysis of narratives.

<sup>130</sup> Particularly anthropology, for instance linguistic anthropology (Hymes 1972, 1977; Tyler 1978, 1987; Duranti 2004; Wilce 1998) and a growing interest in narrative in medical anthropology (Wilce 2003; Martin 1994; Napier 2003).

in producing subjectivity, or in representing trans identity universally, I addressed the role of narrative as a device of invention capable of triggering change. This efficacy however is not reducible to a model of enactment based on citation and the collapse of matter and symbolic forms, but rather, expands over different kinds of experience, and, perhaps closer to Hacking's definition of the 'looping effects' of psychiatric classification (Hacking 1995), is unpredictable in its engagement of abstract and material entities, and never fully graspable under a general model of enactment.

In Chapter 7 I explored change in relation to temporality and experience. Rather than understanding transition as a passage between abstract categories of female and male, I argued that the becoming involved in FTM transition was the bringing into experience of different durations, which happened at many levels as the result of differential changes. Discussing my informants' accounts, I highlighted that different changes were often understood in 'serial' associations, where thresholds were understood as separations between different states. Thresholds were both markers of change and invitations to go forward, and as such demanded an analytical focus on change as emergence in transition, and on the states people limit and enable through different transition thresholds. Whereas in biomedical discourses the notion of passing is still anchored in Garfinkel's (1967) idea of a convincing gender performance, and grounded in the distinction between real and imaginary, material and symbolic, nature and artifice, through Whitehead's atomic theory of time I argued that passing is related to temporality and change. The way that change happened in my informants' transitions implied other meanings of passing, not necessarily always around the experience of sex and gender, but about the manifold ways in which thresholds generate new ways of being and organise experience in meaningful series. I illustrated how thresholds make time epochal, dividing experience in durations that correspond to different 'stages' of transition. Passage means the emergence of different assemblages of experience, characterised by their connection with other assemblages, and by their sharing of a common temporality.

For this reason one of the analytic challenges of this thesis was to conceptualise translations between different kinds of transition experience, and to ascertain their different temporalities and scope. The analytic division of the thesis in units - chapters

and parts –, and the relations between them reflects the thesis' findings insofar as units, like transition levels, work together and produce effects in their interaction. Thus while the chapters contained in each part map onto each other, the two parts define transition through the interaction between medical, political and academic discourses, different clinical practices and the experiential worlds of those who transition. Through these different units I analysed transition as a kind of becoming that contrasted with what is sometimes conceptualised as, and indeed is sometimes thought as a discrete transformation. In addition to medicine's therapeutic logic, the findings of this research show that transition is often understood by those transitioning as a journey that matters *in itself*, rather than only in relation to arriving at a new body, a new position, or a new gender. Trans people conceptualise the experience of transitioning as an irreversible becoming where their visions of change not only affect their own bodies, but extends into other bodies, objects, and relations. In this sense the structure of the thesis aims to reflect the thesis' findings, functioning as a metalogue to the discussions introduced therein.

## 8.2 Assemblages

Despite having a similar structure, thesis' units (chapters and parts) address different levels of transition experience, characterised by the inextricability and becoming-together of processes and knowledge practices. The arguments in the thesis explore the ways in which transition entails the emergence of new relations and intimacies, where transition is characterised by the transformative associations between different levels of transition effects, and the collapse of different realms of transition changes. Participants in this research emphasised that, in addition to the predictable changes they expected from using treatments, transition spanned over other, unexpected realms of experience, including the changes they *imagined* transition would bring, those derived from using different biotechnologies in treatment, 'coming out' socially and establishing new relationships with and through the body. In the interviews they held with me, participants often looked back at the moment when they decided on transitioning, and a sort of temporal clash invariably occurred as they referred to the ways in which they now think they became, post-transition, the future identity they once imagined. Brian

did, as he looked out of the window of his living room where we met. He was recovering from chest surgery at the time, and spoke about transition in relation to the experience of having lived in different countries for a number of years. Having 'transitioned' geographically was important when he decided to live as a man, as was when he decided to do it in England:

My decision came rather late. I think I was around 30 when I kind of could put a name on it... I come from a small country, and it's not so trans aware... at least back then it wasn't. So it took a long time to understand what the feelings were about. And having brought up to kind of... we played with the cards that we're given, that was what my mum always used to say. So you kind of try to just live with it, and I was 42 years old I believe when it just became too much. And I made the decision, that I had to do something about it, and at that time I was living in Spain, and I think that had a very strong... it had a lot to do with it because women look like women and men look like men and the area, the grey area between the kind of... there's no unisex mode. You have women's clothes and men's clothes and whoever looks something ambiguous... you get stared at. Where I come from we are covered most of the year because it's so cold and people dress in unisex fashions, so it is possible that I could have just kept on going a bit further in my country... Because I earlier said that [transition] it's not for the others and it kind of contradicts what I said that the Spanish society is so different. But I think I was kind of made more aware of my body because of the warm conditions, you have to kind of expose more of yourself, and you look at yourself in the mirror and that way I had to face myself, and I couldn't hide anymore.

Brian was made aware of his body because of warm weather conditions while he was living in Spain, which generated a higher rate of exposure to others' gender judgement and which in turn affected the ways in which he looked at himself ("you look at yourself in the mirror and that way I had to face myself"). Living among people whose appearance was visually polarised in terms of sex, 'where women look like women and men look like men' seemed a crucially different visual economy of gender with respect to how gender looked where he grew up. It was in this new environment that he realised he was trans, because looking at himself in the mirror he 'couldn't hide anymore'. His previous experience of migration facilitated his decision to transition in London, where he could access private treatment and thus avoid Spanish waiting lists. But later on in our interview, he told me that his masculinity was already there before transition changes adjusted his body to male morphology. He said:

Well, testosterone has to be the most important thing, and I base it all on the chemical balance, because it just kind of keeps me there every day, *it makes me feel like I should feel* and there is no way I can explain that sentence. But it just... But for me the effects of T, I believe that your maleness, your manhood is not

in your pants, it's kind of in your head, is inside you, but of course we see ourselves, the outside world is kind of like a mirror reflecting our image back to us. And funny enough I made an avatar, you know what an avatar is, back in 2004, when I started doing my research on transition things. Made an avatar, and he was this cartoon, he had short hair, a receding hairline, little goatee and glasses. And face shape was pretty much like it is now. I accidentally found that avatar like two months ago. I was like, oh my god I look like that avatar. And back then... do you want to see me back then?

Brian invited me to go back in time and see how the future was 'already there' at the moment that he decided on transitioning. Through a series of pictures of himself at several transition stages, he told me how transition was the actualisation of an ideal future. He had effectively become that avatar, with short hair, goatee and glasses, through which once he envisioned the future. Following Barthes and Kracauer, Lury (1998) argues that photography makes possible the re-reading of one's identity with a temporality that is 'retrodictive in nature', given that, as Barthes suggested, the photograph seems to become 'an illogical conjunction between the here-now and the there-then' (Barthes quoted in Lury 1998:85). Lury suggests that this temporal loop of the photograph allows a re-possession of one's identity at the same time that it permits the detachment of "the subject's very consciousness, memories and body from him- or herself" (1998:86). Photography situates identity at the crossroads of different temporal dimensions, mediated by memory and processes of fictionalisation. Brian's avatar confirms Barthes' idea that the 'here-now' is represented in the 'there-then'. The here-now was there-then what Lury, following Carole-Anne Tyler (1994), calls 'future perfect': a projection of a desire that works not only epitomising change, but enunciating and making real the future in the present. Constructing his identity through the collapse of multiple temporal dimensions, Brian's 'future perfect' determined his decision to transition as a way of making life worthwhile.

The collapse of temporal dimensions in Brian's reading of his own image illustrates the way in which transitioning is actualised in relations. The experience of transitioning is populated by units that result from the weight of connections among heterogeneous components, and that form transformative associations with other units through shared contexts. Throughout Part II I argued that people's identification with transsexuality transforms their past in relation to a future transition, in relation to a *different* future, where their identification as transsexual/transgender/genderqueer became a threshold of

change, not necessarily just as the effect of the performativity of language in a narrative context, but in terms of allowing a reconfiguration of experience in new relational assemblages, each of its own scale and temporality. Thus part of thinking the future that transition creates comprises re-thinking the different temporalities that emerge in the becoming together of different levels of transition and their relation.

Recent developments in the anthropology of science (Edwards *et al.* 2007; Pickering 1992; Moore 2006; Franklin 1995) have been concerned with mapping the convergence of different orders in the constitution of the present and the ethnographic encounter. For example, Rabinow's (1999b, 2003) definition of assemblage, and his later reworking of the concept in relation to political apparatuses and the Foucauldian task of 'problematization' (2003), seems to situate assemblages at the core of anthropology's method within the ecology of the social sciences. If one of the methodological challenges for anthropology is to rethink fieldwork in relation to the multi-sitedness and the empirical heterogeneity of the ethnographic encounter, then the notion of assemblage, which Rabinow uses to map the multiple, movement and relevance appears to be the logic commonplace to rethink anthropological analysis in relation to the problems of scale and complexity. Among interesting examples<sup>131</sup>, the work of Rabinow and Marcus' (2008) on fieldwork temporalities and their mapping of an anthropology of the 'con-temporary' emphasises the necessity of generating tools to make anthropology relevant to rapidly shifting contexts and environments (see also Moore 1996).

Recently, Ong and Collier used the notion of assemblage to conceptualise a tension between the "broadly encompassing, seamless and mobile" and the "heterogeneous, contingent, unstable, partial and situated" that characterises the actualisation of global processes (Ong 2005:12). In a similar sense, my use of the notion of assemblage in Part II of the thesis intended to reflect the tensions between different kinds of transitioning experience and the broader, often also broadly encompassing, seamless and mobile contexts in which this experience comes to matter. For instance, I contextualised the temporalities that hormones create in the transitions of my informants within the temporalities of treatments in global pharmaceutical markets and scientific analysis,

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<sup>131</sup> For instance, Fortun's (2001) reworking of advocacy after the Bhopal disaster.

where hormones became resources in particular therapeutic milieus, and argued that the two are connected, even if they do not share a historical or physical context. Following Stengers, I defined assemblage as an ‘object/representation/practice’ emphasising her remark that assemblages are also explanations whose location is never complete (Stengers 1997:205), because assemblages are relational, and create links between different levels of practice and different levels of explanation<sup>132</sup>. In this sense the notion of assemblage is a tool to address the question of relationality (including the analytic ‘problem’ of dealing with the status of relations, see Bains 2006). Assemblages resist the compartmentalisation of experience insofar as their becoming arises from the connections between different realities.

In this sense, my use of the notion of assemblage in the thesis situated the irreducibility of different contexts in which different levels of transitioning ‘matter’, and the ways that these contexts are connected with other assemblages, realities and debates. This kind of mapping was intended particularly to problematise the dichotomy between theory and the value of individual experience especially in relation to heavily theorised aspects of transsexuality, and those aspects considered critical for the generation of regulative regimes of treatment. Take the idea of irreversibility in transition for example. In medical discourses, irreversibility is a condition to access treatment, and transsexual people are encouraged to think about their decisions to transition as irreversible in a number of treatment stages, as we have seen in Chapter 3. However, whereas for some trans men irreversibility is associated with surpassing pre-transitional periods of suffering and distress, which sometimes entail ambivalent, if not openly conflictive relations with their (‘wrong’) bodies and with being ‘stuck’ in them, trans people’s understanding of irreversibility is also associated with different meanings they attribute to the future they create through transition. In this respect, some FTMs conceptualise their relation with their bodies post-transition as the condition of their ‘true’ gender identity, where they can actually be themselves and participate in new futures, and not only as the guarantee of the durability of transition changes. For example, Michael said that, post-transition:

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<sup>132</sup> See also Bateson 1958, 2000, and Deleuze and Guattari’s definition of “assemblages of desire” and “collective assemblages of enunciation” (2004:25), where they conceptualise assemblages both as productions and collective representations. Patton (2000) notes that in Deleuze and Guattari’s poststructural thought, assemblages’ double nature as connective ontologies and collective enunciations is anchored in abstract machines, and that in this way assemblages do not exist independently from the virtual.

I become calmer and calmer. At the beginning when I started to change, it was like hard, because to tell it at work and everything, it was like yeah, riding in a roller coaster without seatbelts. Really extreme. You have to adjust yourself and find your self image in everything, it was like a rough ride, much pressure. Now I start to calm down and once I had my full surgery the only thing I need is my hormones for a lifetime. I don't transition anymore. I have to accept... for example, it took me so much effort to ignore my female body but doesn't take any effort to forget about it. I don't know how it feels to have periods anymore, I don't know how it feels to have breasts anymore, I don't know how it feels to have high waist anymore. Just goes like... *formatting your hard drive*. When I have full surgery I will forget I was born as a girl. I will forget, I am pretty sure.

Michael emphatically pointed out that transition was a 'really extreme' change. It comprised the beginning of a new life as a man, a life away from his native Germany, and a life of embracing answers to conflicts he had been living with for many years. He said that transitioning became his way of ending a state of gender liminality, which was characterised by a painful relation with his body and the frustration of being 'misrecognised' by others. Michael conceptualises transition as 'irreversible' when he says that once he has a phalloplasty he will not know what it is to have a female body anymore, because transition is like 'formatting your hard drive'. His desire to go stealth, and not to be recognised as a trans man at all, situates transition as an interruption, a break of continuity, a rebirth. Michael imagines this future as one in which living as a man and having transitioned means he could *forget* he was born in a female body. Unlike the irreversibility of the medical model, change here is a result of his becoming, a break of continuity after which everything is different – in a sense it is a 'true' variation (see Chapter 7). Thus irreversibility is here envisioned in relation to the new futures transition creates, futures that entail connections at many levels, some of which cannot be accounted for if we take the transition of an individual, his point of view, as a unit of analysis.

Assemblages map relations between levels of reality, and make those relations an explicit object of enquiry. In so doing, they also make accountable the position from which connections are relevant to each other. This is the scope of the assemblage, and also its limit. Assemblages are in this sense different from other 'processual' theories of the body, sex and gender, in which identity is constituted through the interaction between different symbolic regimes. I am particularly thinking about the differences between the approach I have developed in the thesis and other models such as intersectionality

through which gender formation and transsexuality were thought. In my view, the main difference between those analyses and my own is that, whereas in intersectional analysis the different ‘oppressions’ that result in subjectivity and social action are theorised in relation to each other (Monro 2005; Haritaworn 2008; Hines 2007), my position implies a different conceptualisation of experience, where differences in level do not necessarily result in unity at the level of the subject (for example, a subjectivity marked by the superimposition of different symbolic regimes such as gender, race, class, etc), but rather, in shifting relations between domains of experience and knowledge practices, which also happen at other levels. In other words, different kinds of units are generated as a result of manifold relations and material environments rather than only by the shifting form of social and cultural meanings. Indeed, my use of the notion of assemblage in relation to experience explicitly questions the reduction of the experience of transitioning to the categories through which it was historically defined. Unlike categories, assemblages are localised and relational realities, but are not susceptible to be subsumed under structural models of social action. It is not through a particular configuration of different identity categories<sup>133</sup> that I have come to understand transition in view of the results of this research.

In this way, my project was concerned with generating connections between different levels of transition practice, enacted differently by a transitioning individual, biomedical and bioscientific communities of practice, social services and academic discourses. Thus the assemblages of transition experience that have been described throughout the thesis are not necessarily concerned with ethnographic description, but rather, with ethnographic engagement with different becomings in transition and their relation. The need to articulate *different* dimensions of transition experience, or those dimensions *differently*, is also highlighted in many ways by trans people, who challenge the reductionist models that advocate transsexuality as a mechanistic and predictable effect of material, cultural or symbolic relations. The results of my research show that multiple realities exist in relation to different kinds of value in FTM transition, and that, increasingly, transitioning is understood through multiple articulations of these realities,

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<sup>133</sup> See, for instance, Puar’s understanding of assemblage as a paradigm shift from intersectionality in *Terrorist Assemblages* (2007, especially the conclusion), where assemblages make a difference by pointing at the shifting ‘rearrangements’ of categories that result in shifting and not easily disassembled identity configurations. These assemblages serve Puar to map connections between the realms of nationalism, race, homosexuality, violence and affect.

where, for example, the importance of medical treatment is not the same when one starts to transition and when one has already been living in their chosen gender for a number of years. Thus, even though the scope of every transition varied in relation to different situations, it was often understood, as Russell emphasised:

... a bit like an evolution of yourself and an extending, a growing into. I don't like the term sex change at all, I think it's black and white, I think it's medical, I think that you know... saying that there is only two is very binary, you go from one to the other. And people always ask me all the time oh yes, oh well, you know... 'What happens... have you finished with your surgery?' or 'When do you finish transitioning?' And I'm like... no one ever finishes, we are all going through a transition that is called life, you know from there to there, the whole way through. And this is just a part of my life, it's not... I'm not going through a sex change; I am not even considering lower surgery anyway. This is just me growing into my adult life, this is just me growing up, with some different experiences to other people, to other men around me. But it's not so obvious as black and white sex change.

These different positions are the result of specific kinds of transition experience distributed in many levels of practice. Thus the position of transition coordinates is relative in different experiential assemblages, and this is an important reason why the empirical analysis of this research had to include an extensive discussion of transition coordinates as primary data, in order to situate and contextualise different kinds and limits of transition-becoming. Recently, activists in the transgender movement started to reclaim 'other' levels of relevance of transition than those represented in institutional and mainstream transgender politics. George, a trans activist who explores transition extensively through photography, writing and activism, maintains that transition is above all else a set of 'aesthetic' changes, and, as such, he compares it to a new hairstyle<sup>134</sup>. He rejects the idea that transition can 'only' exist as a medical condition, and challenges the medical expectation of irreversibility that underpins the administration of treatments and the criteria of legal recognition established by the Gender Recognition Act and similar legislation. Crucially, his transition does not comprise a single 'irreversible' change between opposite categories, categories that he does not feel he inhabited in the first place, and which are understood to emanate from

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<sup>134</sup> This position is also held by other activists, who are proposing interesting new approaches, see for instance Ashley Crawford's 'post-gender' concept at <http://news.bmezzine.com/2007/08/04/ashley-crawford-post-gender-bmenews/> (last accessed August 2009). Other examples include Diamond 2004 or Sullivan 2006.

the body or the self<sup>135</sup>. For George, transition could not be conceptualised (at least exclusively) as ‘individual’ precisely because it spanned over the relation between different kinds, and different temporalities of experience. He thus defined transition more as a drift than a linear passage, stressing that it was grounded in concerns and values that were not always represented in transsexual identity politics or medical descriptions of transsexuality. In fact, he is not alone in criticising the ‘normal trans narrative’. A range of activists in transgender movements worldwide criticise the effect of the ‘normal trans narrative’ in commodifying trans identity, and they have expressed concerns about the ‘price’ one has to pay to belong to a community and to participate in community narratives. Jules Roskam’s film *Against a Trans Narrative*<sup>136</sup> is one example of this critical engagement, but participants in my research also insisted that transition was a specific route of change that made sense at particular moments in their lives and in terms of a specific derivation, where, rather than existing in isolation, sex, gender and transition existed in relation to other events and possibilities.

This uniqueness of transition was emphasised in our interviews, as we have seen throughout Part II, and celebrated collectively as a sign of diversity and creativity, which is already creating a new future in the social life of the community, as it might in biomedical and political legislation. For example, as a result of transition David did not achieve an incontrovertibly ‘male’ state, but localised transition changes as different moments of change and continuity that he defined as *plateaus*, and described change as navigating those intensive states. He said:

I find myself saying, especially recently, I don’t know, it’s kind of like plateaus. So there’s not a huge amount of changes going on, there’s subtle changes going on, but physically there is no real huge changes like in the first six months. And sometimes I feel really male, and sometimes I still feel really female. How do I know that I feel male, how do I know that it’s female? So I just say that, I think it’s easier to identify.

Feeling ‘really male’ and ‘really female’ are two intertwined effects of David’s transition, two different intensities reminiscent of Bateson’s plateaus (2000:113): intensities which *might* result in a climax (in the sense of having a direction or an aim) but which

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<sup>135</sup> The challenge of ‘individual’ as a unit of transformation, the effects of which are at the same time produced and measured by a series of technologies, will become important later on in this chapter.

<sup>136</sup> This film premiered in the 2009 London Lesbian and Gay film festival, and is not currently being distributed in the United Kingdom. More information about the movie can be found at [www.againstatransnarrative.com](http://www.againstatransnarrative.com).

nevertheless characterise states or sequences which do not. Once the physical changes are achieved, transition becomes a new state in which continuity and change are coextensive intensities, however *not* as a mere repetition of pre-transitional feelings. In this sense, change and variation are not necessarily articulated in relation to changes in specific domains, such as gender or sex alone, but in relation to achieving certain states defined by connections between different domains of change, that result in 'plateaus'. David conceptualised those connections by pointing out the multiplicity of shifting locations, positions, material and symbolic changes involved in transition:

And I think, you know, I am questioning myself like why is it so important to be seen as male? And I think that is a very personal thing. I don't know actually, cause I think I get too caught up in what other people think. I've kind of opened my mind about being attracted to men, and that's something that I never spoke about. And also being in touch with a lot of FTM guys, pretransition, transitioning for years or whatever they are and I am attracted to them. And it's like so, makes a lot of sense, but it is just getting in touch with yourself. For me it has been just accepting myself and just being open. I think that's important. I think that's a good thing if you really allow yourself to explore. I went to a trans weekend... One of the workshops was taboos, I don't think I ever spoke about this, one of the taboos was trans guys having kids, either before they transition or after. I can't imagine myself stopping the hormones to have a baby, but somebody else might, and that is their journey and that is wonderful for them. Everybody is so different. That's just wonderful. So I've always known that, but I guess the more people I meet now... Kate Bornstein was saying you can be whatever you want to be, just don't be mean. And I'm like, exactly that, exactly that. Cause I think about the people I have in my life. And they are lovely lovely people but they are fucked. Just that's the way they are. Emotionally you know. And that's not what I want. I don't think I could do this 'war' cause just doesn't figure. And I know there's various cultures where they have more than two genders, it's not fixed.

David conceptualises change and continuity in transition as the fluid navigation of different 'plateaus'. His transition affected his sexuality, his moral judgement and the way in which he approached different intersubjective commitments in the context of his relationship with members of the trans community. Transition here has an ethical scope, where David has to negotiate new situations such as being attracted to guys, accepting other people's decisions, 'allowing yourself to explore'. The value of his own transition is constructed in the possibility of this negotiation, where having become male is not the only cause or effect of transition, but the starting point of new negotiations. He, as we have seen, feels very male and very female intermittently, and this position is in a way the result of the connections between feeling that male and female 'are' the irreversibility of transition, the way that his becoming was

transformative in many different scales. In this way, his becoming 'FTM' is different from becoming 'male', it is a 'new' kind of experience. David challenged the idea that transition is only the passage between genders understood as fixed categories, he is not even sure of *how* he embodies either gender, and does not think transition is mainly about this differentiation. With his interrogation 'how do I know that I feel male? How do I know that I feel female?' (see Riley 1988, 2000; Sedgwick 1991, 2002), he resisted reducing transition to gender. When he said transition was about 'accepting myself and just being open', the becoming involved in transition rearranges the many levels at which transition matters, some of which affect one's becoming 'imperceptible' and changeable at an individual level, and others that implode wider practices and relations.

Thus, although the involvement of different collectives in transition is inevitably embedded in politics (in terms of, for example, the politics behind treatments, identity politics, the politics of sex research), and despite the fact that transition's different dimensions entail a variety of political decisions for those who transition (regarding biomedicine and visibility for example), I have illustrated that transition is brought into existence in multiple *and* interrelated levels, which are not necessarily all political. Indeed, it has been my intention throughout the thesis to point out that transition makes a difference beyond the politics of sexuality and transsexual identity described in Chapters 3 and 4.

I have already mentioned that my encounter with research participants, and with other members of the trans community entailed constantly renewing negotiations, not least because of the contingencies of the research practice. The ethics of researching transition not only comprised the negotiation of relations with people during fieldwork, but spanned in different ways over the writing process, informing the discussions introduced in the thesis and the kind of contribution I thought my analysis could make in such an extensively theorised/politicised field (or fields). I want to offer the results of this research as a new reworking of the problem of transition, where the methodological and ethical issues derived from the research process are reflected in the thesis, and determine the position of the arguments (Haraway 1988). It is in this sense

that my account is not meant to be an ‘alternative’ to other discourses about transition, nor is it free of caveats<sup>137</sup>.

In sum, it is in its construction of the problem of transition that my research makes a difference. My thesis aimed to contribute to the generation of new ways in which to think transition, the different relations it entails, its different futures. My analytic displacement from transition to transitioning is the result of my engagement with my informants’ characterisation of becoming FTM as a unique and complex process in which the interaction between (bio)technologies, memory, time and change produced transition as a unique becoming, transformative not only of them as subjects, but also of events at other levels, of different aspects of themselves, other people, institutions and discourses, politics and social worlds. In this sense the effectivity of the research process contributes to the constitution of the object, collapsing ontology and epistemology, as the role of analysis is not only to recognise the multiple positions from which reality is approached, but seeks the recognition of reality *as* multiple (see Mol 1999) and subject to intervention and performance. However, as a new reworking of an old problem, the research is also an event (Stengers 2000) generative of a different future in unforeseeable encounters, readings and interpretations. Instead of focusing on determinants and on predictability, research has a role in generating new ways of posing problems and of thinking through them. In this sense, it has been my intention to rethink the problem of transition instead of offering solutions to the ways it has hitherto been posed, and thus my project was concerned with possibilities, rather than probabilities<sup>138</sup> (see Stengers 2003), that reflected the ways in which the participants in my study viewed transition as a becoming rather than an arrival.

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<sup>137</sup> And particularly, of the contention that there is a stark contrast between the fixity of a medicalised body (the body as it is conceived in the concepts, techniques, and identities produced through biomedical practice) and the fluidity of post-structural discourses of the body and gender. It has been my intention to explicitly question this tension through the thesis’ structure, and the division of the thesis in different units where biomedical, (post)feminist and political forms of thinking transition, the body and agency were intertwined.

<sup>138</sup> Here I follow Stengers’ distinction, where ‘to “think” is to create possibility against probability. It doesn’t mean hope for one or another thing or as a calculated attitude, but to try and feel and put into words a possibility for becoming’ (2003:246, see also Evens:2008).

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