

(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Gender Subjectivism in the Construction of Transsexualism

Medical Caretakers Subject Trans People to Sexism in Diagnosis and Treatment

by Ann Bolin Ph.D.

Article appeared in Polare magazine: June 1997 Last Update: October 2013 Last Reviewed: September 2015

Transsexuals are a medically colonised minority who are subject to sexism in diagnosis and treatment by medical caretakers, especially the psychiatric sector. My understanding of this phenomenon comes from two years of participant observation and advocacy with a group of male-to-female transsexuals affiliated through a grassroots organisation, and from interview and correspondence with their medical caretakers (see Bolin 1982, 1983). Sexism emerges in two broad categories of caretaker and client interrelations: diagnosis and evaluation of the client as a bona fide transsexual and hence someone in need of treatment, and treatment itself, which includes therapy, hormonal management, and ultimately, surgery. A point of clarification is in order before proceeding. Transsexuals are defined here as genetic males who are actively pursuing or who have completed the surgery in which a physical sex change and gender reassignment will occur. Because transsexuals think of themselves as females trapped in male bodies, feminine pronouns are used in reference throughout this paper.



Ann Bolin Ph.D.

Transsexuals are inexorably intertwined with medical practitioners through the establishment of medical policy. Medical policy is consolidated through the Harry Benjamin International Gender Dysphoria Association, Inc. (1969 - present) in the form of guidelines known as the *Standards of Care: The Hormonal and Surgical Sex Reassignment of Gender Dysphoric Persons* (Berger, et al. 1980). This document outlines minimal requirements for the care of transsexuals and includes a prescribed agenda and compulsory medical surveillance.

... the male dominated medical, especially psychiatric sectors, employ their own stereotypes of women in judging how well transsexuals' appearances, presentation, and sex role performance fit into their conceptions of womanhood.

In order for a transsexual to qualify for the coveted surgery, she must acquire two psychological evaluations stating that she is indeed a transsexual and a good surgical risk. The recommendations for surgery can be made only by psychiatrists or psychologists. One of the two evaluators must have known the client as a primary therapist for a minimum of six months. In addition, the transsexual must have been hormonally reassigned as a female

and have lived in the female role for one year prior to the surgical conversion.

Medical policy has created a situation where the recommendation for surgery is completely dependent upon caretaker's psychological evaluations. The client is vulnerable to caretakers' conceptions about what constitutes evidence for classification as transsexual and a good risk for surgery. Ultimately, "... diagnosis remains based on the psychiatrist's subjective evaluation of patient's behaviour and what patients say they are experiencing" (Torry, 1983, p. A7). It is where evaluation and diagnosis intersect that problems of embedded sexism contribute to theoretical misconception and stereotypical expectation.

The medical profession struggles to understand a phenomenon that in its surgical resolution is only thirty-nine years old. In order to treat a client, caretakers must rely on research in the relatively recent field of gender dysphoria. This research includes alleged commonalities of transsexualism that have become elevated to the level of diagnostic criteria. These criteria, consisting of etiological correlates and behavioural characteristics, clearly reflect male preconceptions about females. Two such diagnostic attributes are the etiological correlate of dominant and over-protective mothers in association with physically or emotionally absent fathers (Stoller, 1968, 102., pages 263-264; Green, 1974a, pages 216-250; Green, 1974b, pages 47,51) and behavioural characteristic of heterosexual orientation (Benjamin, 1966, page 26; Walinder, et al., 1978, pages 16-20; Pomeroy, 1975, page 220; Kado, 1973, pages 13, 145; Raymond, 1979, page 84).

I have found no support in my research that these attributes are predictive of or invariably associated with transsexualism. Both these notions are, however, firmly entrenched in traditional notions about gender and sexuality reiterated and perpetuated by psychoanalytic theory.

For example, the dominant and over-protective mother in conjunction with the absent father is a staple of 'mother blame' theories that have been popular since Freud. One is reminded of Miner's tongue-in-cheek expose of the Nacirema belief that parents (actually fathers to a lesser extent) bewitch their children (Miner, 1985, page 13). Of course it is believed that dominant and over-protective

mothers cause transsexualism, after all, earlier in the history of psychiatry, these same mothers were responsible for causing homosexuality in their sons. But dominant and over-protective mothers can really be blamed on a more basic level. Do they not violate the roles of the traditional family, whose hallmark is the dominant, controlling father? In the dominant mother - absent father model, the father, too, is seen as deviating from his role as a profound presence in the family. If the father is absent, then de facto, he has relinquished control to the mother, who will undoubtedly adversely affect the gender development of her growing boy. This type of model, so representative of mother-blame theories in general, can be seen as an idiom for expressing traditional cultural premises about sex roles in the family second only to 'father knows best'.

Another characteristic often cited in the literature on transsexualism is heterosexuality: that is, a heterosexual object choice for a male-to-female transsexual is a male, while a lesbian object choice is female, based on the transsexual's feminine identity. A long-term and deeply abiding attraction to genetic males is viewed by caretakers as an index of true transsexualism. My data indicate that this is a dubious assertion. Of seventeen transsexuals who provided data on sexual orientation, one was exclusively heterosexual. Six were exclusive lesbians, nine were bisexual and one didn't know. Underlying the diagnostic criterion of homosexuality is the belief that there is only one sexual object choice for women, genetic or transsexual, and that is men. This view denies the dignity and human rights of those who choose the same gender in sex and/or love. In the case of male-to-female transsexuals, not only are they denied their dignity and human rights, but the revelation of homosexuality or bisexuality to a psychiatric evaluator could seriously jeopardise qualifying for surgery.

Without belabouring the issue, one vignette illustrates this point. Tanya, a pre-operative transsexual, saw a psychiatrist as part of an employment agency requirement. Because this psychiatrist was not involved with her evaluation for surgery, Tanya felt free to discuss a recent lesbian encounter and her openness to a lesbian relationship post-operatively. The psychiatrist was incredulous. He asked: "Why do you want to go through all the pain of surgery if you are going to be with a woman lover?" Such attitudes, coupled with the inquiry in power relations between caretaker and client, foster a situation where transsexuals inadvertently contribute to the maintenance of these sexist conceptions by telling their psychiatrists exactly what they want to hear. Transsexuals are avid readers of the medical literature and are well-versed in caretaker expectations, augmented by the transsexual grapevine. This should not deflect, however, from the central argument that these alleged attributes are part of more general psychiatric thinking that is far older than the classification of transsexualism itself as a psychiatric syndrome.

Another re-occurring theme prominent in the literature is transsexual hyper-femininity, defined in a variety of ways (Kando, 1973, pages 19, 24-25; Raymond, 1979, page 78; Money & Tucker, 1975, page 206; Driscoll, 1971, pages 66, 68). Transsexuals are described as conforming more to the feminine role than natural born women in every respect (Raymond, 1979, page 79). Again, my research, using a variety of instruments along with ethnographic method, questions this concomitant to transsexualism. What can account for the prevalent stereotype in the literature?

Hyper-femininity, in general terms, may be an artefact of the medical caretaker system. A number of researchers have pointed out that the medical and psychiatric communities reinforce sex role stereotypes in so many ways (e.g. Raymond, 1979; Chesler, 1973). In regard to transsexuals, this is undoubtedly a product of the psychological evaluation procedures in which the male dominated medical, especially psychiatric sectors, employ their own stereotypes of women in judging how well transsexuals' appearances, presentation, and sex role performance fit into their conceptions of womanhood. In this regard, Kessler and McKenna report that one clinician: said that he was more convinced of the femaleness of male-to-female transsexual if she was particularly beautiful and was capable of evoking in him those feelings that beautiful women generally do. Another clinician revealed that he uses his own sexual interest as a criterion for deciding whether a transsexual is really the gender she claims (1978, page 118).

One transsexual in my research population, an ardent feminist who preferred wearing t-shirts and jeans, stated: "Shrinks have the idea that to be a transsexual you must be a traditionally feminine woman: skirts, stockings, the whole nine yards". A number of transsexuals confirmed this view of their male psychiatrists.

Transsexuals, through their knowledge of caretaker expectations, knew that hyper-femininity was anticipated by many psychiatrists. They were aware that many male caretakers were relying on their own male versions of females, utilising cultural stereotypes of women. Rather than re-educating their male caretakers, many chose to superficially conform to caretaker expectations, realising this would facilitate the desperately desired surgery.

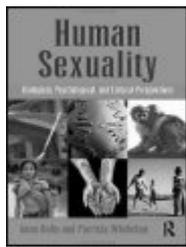
Other factors contributed to the stereotype of the hyper-feminine transsexual. Space does not permit an in-depth discussion of these. Suffice it to say that the process whereby transsexuals are chosen for complete gender identity programs of sex reversal selects for those individuals who are either more hyper-feminine or who know how to play the game. The result is the same: male psychological evaluators employing stereotypes of women in selecting transsexuals for gender clinics, will undoubtedly find what they expect to see. Thus transsexual hyper-femininity may be a result of a system in which "transsexual candidates [for surgery] are judged on the basis of what a man's view of a real woman is" (Raymond, 1979, page 92).

One might reasonably ask: "Where are the women practitioners who might mediate the sexism in the diagnosis and treatment of transsexuals?"

There are in fact, a number of women who are the therapists of transsexuals. They, however, dominate the helping mental-health professions such as social work, guidance and counselling, and master's level clinical psychology. The helping mental health professionals are not eligible to act as psychological evaluators of the transsexual's request for surgery. The *Standards of Care* explicitly state that: "The analysis or evaluation of reasons, motives, attitudes, purposes, etc., requires skills not usually associated with the professional training of persons other than psychiatrists and psychologists." Furthermore, of the two recommendations for surgery which must be made by psychologists and psychiatrists, one of the two must be a psychiatrist (Berger, *et al.*, 1980). (The current [1989] *Standards of Care* do not require that one of the two therapists be a psychiatrist, but do require that one of the two hold a doctoral degree Ed.) The apparent medical and psychological (in many states a psychologist is only legal with a Ph.D.) imperialism is discriminatory towards not only the helping mental-health professions, but towards women as well, since psychiatry and psychology (in

Anne Bolin PhD

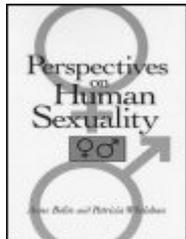
From the Elon University website: Dr. Anne Bolin is Coordinator of the Anthropology Major at Elon University, North Carolina, U.S.A.. She is the recipient of the Elon University Distinguished Scholar Award and the Senior Faculty Research Fellowship Award (2009-2011). Her research areas are: gender, human sexuality, gender and embodiment, sport ethnography and bodybuilding, gender identity, gender variance and Aboriginal Australia. Reflecting these research interests are an array of articles, chapters, professional presentations and books: *Perspectives on Human Sexuality* (1999; Bolin and Whelehan); *Athletic Intruders: Women, Culture and Exercise* (2003 Bolin and Granskog); and of *Human Sexuality: Biological, Psychological and Cultural Perspectives* (2009; Bolin and Whelehan). Currently she is co-editor in chief of a four volume, international encyclopaedia of sexuality to be published by Wiley-Blackwell. She is a Diplomate with the American Board of Sexology, a certified sex researcher, Fellow of the Society for Applied Anthropology, co-founder of the Human Sexuality and Anthropology Interest Group. Her research has been cited in an array of publications from the *Chronicle of Higher Education* to Portuguese *Vogue* magazine, to name a few. Anne is an active competitor in women's bodybuilding having competed at the state and national levels and recently qualified to compete as a professional with her first place finish at the Natural Physique Association Si-Flex Masters Universe Bodybuilding Championships.



Human Sexuality: Biological, Psychological, and Cultural Perspectives
Author: Anne Bolin and Patricia Whelehan
Publisher: Routledge (2009)
I.S.B.N.-13 978-0789026729

From Amazon Books:  *Human Sexuality: Biological, Psychological, and Cultural Perspectives* is a unique textbook that provides a complete analysis of this crucial aspect of life around the world. Utilizing viewpoints across cultural and national boundaries, and deftly weaving evolutionary and psychological perspectives, Bolin and Whelehan go beyond the traditional evolution and primatology to address cross-cultural and contemporary issues, as well as anthropological

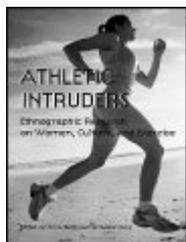
contributions and psycho-social perspectives. Taking into account the evolution of human anatomy, sexual behaviour, attitudes, and beliefs, this far-reaching text goes beyond what is found in traditional books to present a wide diversity of beliefs, attitudes, and behaviours found globally. In addition to providing a rich array of photographs, illustrations, tables, and a glossary of terms, this extraordinary textbook explores: pregnancy and childbirth as a bio-cultural experience; life-course issues related to gender identity, sexual orientations, behaviours, and lifestyles; socio-economic, political, historical, and ecological influences on sexual behaviour; early childhood sexuality, puberty and adolescence; birth control, fertility, conception, and sexual differentiation; H.I.V. infection, AIDS, AIDS globalization and sex work. Fusing biological, socio-psychological, and cultural influences to offer new perspectives on understanding human sexuality, its development over millions of years of evolution, and how sexuality is embedded in specific socio-cultural contexts, this is the text for educators and students who wish to understand human sexuality in all of its richness and complexity.



Perspectives on Human Sexuality
Author: Anne Bolin and Patricia Whelehan
Publisher: State University of New York Press (1999) (2003)
I.S.B.N.-13 978-0072973242

From Amazon Books:  In a book destined to become the standard reference on human sexuality, Bolin and Whelehan provide the first ever treatment that includes both the biological aspects and the cultural influences of this basic and much examined part of life. Never before has a book offered such a broad analysis including both anthropological perspectives as well as anatomical and physiological viewpoints. Included are many photographs and illustrations, making *Perspectives on*

Human Sexuality a much needed resource.



Athletic Intruders: Ethnographic Research on Women, Culture and Exercise
Author: Anne Bolin and Jane Granskog
Publisher: State University of New York Press (2002)
I.S.B.N.-13 978-0791455845

From Amazon Books:  Informed by feminism and the fields of anthropology and sociology of sport, this anthology investigates women's place in sport and exercise from a socio-cultural perspective, documenting women's struggle into the sports arenas of male hegemony. The nine ethnographic case studies explore issues of identity, embodiment, and meaning in various sports and exercise, including triathlons, aerobics, basketball, bodybuilding, weightlifting, motorcycle

riding, softball, casual exercise, and rugby.

In Search of Eve: Transsexual Rites of Passage
Author: Anne Bolin
Publisher: Praeger (1987)
I.S.B.N.-13 978-0897891158

From I.F.G.E. Books:  In this first comprehensive study of transsexual "rites of passage", Anne Bolin illuminates the array of social, psychological, and physical changes experienced by people in the process of changing gender. In these stories of symbolic death and rebirth, the author illustrates



how the rituals that accompany each stage of transition are integral to successful transformation. Her case studies also poignantly represent the extent to which gender roles are culturally constructed. As one transsexual comments, "Ms. Bolin places the emphasis where it should be - on the fact that the life of a pre-operative transsexual is a quest for identity not unlike anyone else's ... that while my search for truth change, growth, and comfort was not taking place in a usual fashion, it was, and is, a search common to all people".

Polare Magazine is published quarterly in Australia by The Gender Centre Inc., which is funded by the Department of Family & Community Services under the S.A.A.P. program and supported by the N.S.W. Health Department through the AIDS and Infectious Diseases Branch. Polare provides a forum for discussion and debate on gender issues. Unsolicited contributions are welcome, the editor reserves the right to edit such contributions without notification. Any submission which appears in Polare may be published on our internet site. Opinions expressed in this publication do not necessarily reflect those of the Editor, The Gender Centre Inc., the Department of Family & Community Services or the N.S.W. Department of Health.

The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.