

The Contemporary Transgender Movement: When Identities Resist Collective Framing

Abstract:

This paper examines what can be learned from existing social movement literature on collective identities. Internal divisions within the Trans and Intersex population replicate the very social and medical divisions generated as a result of these gender identities being pathologized by larger society on the basis that they do not conform to the hetero-normative expectations of contiguous sex and gender categories as exclusively male and female. The ramifications of this division for prospective social change generated through civil action generated by the Trans and Intersex community is discussed. Specifically, the success of any social movement is thought to be directly related to its effectiveness at mobilizing resources, specifically tapping invisible and previously unrealized members for their participation and support toward the goals of a specific collective (Friedman and McAdam 1992; Jenkins 1983; Jenkins and Klandermans 1995; Klandermans 1994; McAdam and Paulsen 1993; Melucci 1994).

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Traditionally constructed boundaries defining binary gender categories leave people identifying as Intersexed, Transgendered, and Transsexual to slip between the cracks. Their gender identity dismissed as a medical or psychiatric pathology, this group routinely faces marginalization, erasure, invisibility, and exclusion from full social acceptance.

Science has effectively divided this community of individuals, classifying them either as candidates for sex assignment surgery or as mentally ill – but never both. The DSM-IV-TR goes so far as to exclude individuals with Intersex conditions from a diagnosis of Gender Identity Disorder (APA 1994). The division of gender variant individuals into mutually exclusive ‘medical’ categories has a profound social impact: fractionalization results in the appearance of reduced numbers, creates the perception of “rarity”, and dismisses individuals as bodies for observation – factors contributing to the stereotype of these individuals as “socially deviant”.

This paper examines what can be learned from existing social movement literature on collective identities. Internal divisions within the Trans and Intersex population replicate the very social and medical divisions generated as a result of these gender identities being pathologized by larger society on the basis that they do not conform to the hetero-normative expectations of contiguous sex and gender categories as exclusively male and female. The ramifications of this division for prospective social change generated through civil action generated by the Trans and Intersex community is discussed. Specifically, the success of any social movement is thought to be directly related to its effectiveness at mobilizing resources, specifically tapping invisible and previously unrealized members for their participation and support toward the goals of a specific collective (Friedman and McAdam 1992; Jenkins 1983; Jenkins and Klandermans 1995; Klandermans 1994; McAdam and Paulsen 1993; Melucci 1994).

Theoretical Background

It is important to explicate the difference between gender, sex, and sexuality. This is not an easy task when larger society does not make concrete distinctions between the three. Although different concepts, these are so completely interwoven that it is difficult to conceive of one without the others.

Have you ever asked yourself what a “homosexual” looks like? Have you ever tried to conceive of what any “sexuality” looks like without considering visible behavioral cues or relying on expressions of gender or, as Judith Butler would argue, on “gender performance” (1990)? It is not as simple as many people think because homosexuality is not a visible cue – but gender is. The specific performance of one’s gender identity is the visible cue, or cognitive representation, that we, as observers, rely upon to provide us with clues about a person’s sex-gender-sexuality.

And yet the perception of gender can often be misleading. Take, for example, Intersex, Transgendered, and Transsexual identified individuals who frequently have gender identities that are incongruous to their biological sex. These individuals are frequent targets of homophobic assaults because of their “perceived” sexuality – homosexuality. Even worse these individuals must face the reactions of the psychiatric and medical establishments, who are making a disorder – Gender Identity Disorder, also known as Gender Dysphoria – out of people who identify with more fluid notions of gender. These reactions are based on socially entrenched beliefs that gender and sexuality are determined by one’s biological sex.

Conventional approaches to studying gender – Essentialism, Socialization, Social Construction, and Structuralism – fall back on a Nature versus Nurture dualism for their arguments and are unable to explain the gender identity of Intersex, Transgender or Transsexual individuals for whom gender identity develops in spite of their physical biology and often in opposition to their gender socialization. The fallacy of the sex-gender-sexuality paradigm lies in social perceptions

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that link them when in fact this often does not reflect reality (Diamond 2000; Dreger 1998; Kessler 1998; McKenna & Kessler 2000; Fausto-Sterling 2000). In the past decade new research is producing theories arguing against the traditional sex/gender dualism and the limitations it has placed on feminist and other forms of analysis (Fausto-Sterling 2000; Burke 1996; Butler 1990, 1993, 1997; Califia 1997). Concurrently there is an explosion of academic research within the disciplines of Queer and Gay and Lesbian Theory explicating the differentiation of sexual orientation and libido from gender identity (Butler 1997; Bornstein 1997; Sedgwick 1990; Jagose 1996). While sexuality may be an expression of gender, it is not determined by it. Similarly, while gender may be an expression of one's biological sex, this is not always the case and gender identity should not be mistakenly thought to be biologically determined (Haynes and McKenna 2001; Diamond et al 1997; Fausto-Sterling 2000).

However, the assumption that sex and gender are independently distinct traits has not followed: they are still handled as a composite package, with gender being defined by the body (Grosz 1994; Butler 1993). Feminist theorists argue persuasively that gender is a socially constructed expectation of role-appropriate behavior, not a biological fact of sex. However, while arguing against the patriarchal imperatives inherent in binary systems of oppression, specifically sexism, they still invoke the binary classification of gender as Male or Female (Irigary 1977; Millet 1970; Lerner 1987; Dworkin 1987; Grosz 1994). Subsequently, there are only two sexes, Male and Female, and two genders, masculine and feminine. Not only does this perspective leave no room for cross-gendered identification, it leaves no room for variant expressions of gender that may fall outside the binary categories of Male and Female.

Within the Sociological discipline, Identity theorists also emphasize the social context within which an identity develops, framing the developing identity as the product of a constant social feedback mechanism that either reinforces or alters it over time (Stets and Burke 2000). The

self consists of multiple identities -- race, gender, sex, age -- that are not actively engaged at all times but are said to be salient in response to social cues or opposition (Stryker 1982). For those individuals whose gender identity develops consistent with their physical sex or socialization, this identity may not be particularly salient. However, individuals who develop a gender identity inconsistent with their biological sex or gender socialization, will predictably encounter social resistance and opposition to their emerging gender identity and its subsequent expression. Such events early in a person's life are traumatic or confusing. Despite this trauma, the gender identity of trans and Intersex people is remarkably resilient, a testament to its salience.

Pathologized Identities

Although the topics of Transgenderism, Transsexualism, and Intersex conditions have received considerable attention from scholars investigating the nature of sex, gender, and sexuality, not all academic interest in this "phenomenon" has been constructive or helpful to the lives of people claiming these identities (Namaste 2000; Cromwell 1999). Scholars frequently treat these identities merely as a convenient theoretical standpoint to demonstrate the social construction of gender rather than as a lived experience and a site of systemic erasure and resistance (Feinberg 1996; Califia 1997).

Historical trends in the medicalization of sex, gender, and sexuality have constructed boundaries about what and who "counts". Although considered a phenomenon structured by heteronormativity – dominant ideals of "appropriate" sexuality, social relations, and forms of behavior – gender is a major theoretical and conceptual focus for generating interdisciplinary perspectives on sexuality and social roles as well as medical processes that result in the erasure of Transgendered, Transsexual, and Intersex lives. Whether through medicalization – hiding these identities through multiple surgeries that begin at birth (Dreger 1998, 1999) – or through pathologization – the diagnosis of Gender Identity Disorder – treatment protocols require "passing"

(Benjamin 1965; Meyer et al 2001; APA 1994); the ultimate “Don’t Ask Don’t Tell” scenario. For these individuals shame and secrecy are eminent.

Individuals expressing fluid concepts of gender and sexuality frequently find themselves in an unenviable predicament: they are the objects of extreme social intolerance because of their perceived sexual orientation. This perception is based on the fallacy of the sex-gender-sexuality paradigm that normalizes heterosexism and perpetuates the assumption that biological sex determines gender and sexuality, leaving no space for gender expressions that are inconsistent with normative expectations of one’s physical sex.

The level of stigma regarding an identity is closely related to the discourse surrounding it, and the perception that these individuals are deviant is directly related to their social visibility or invisibility. Problems of invisibility have plagued Intersex and Transsexual populations for centuries (Feinberg 1996). Excluded from historical accounts and pressured by members of the medical and mental health establishments into concealing the circumstances of their gender and birth sex from public knowledge, these individuals suffer from shame and secrecy (Dreger 1998, 1999; Fausto-Sterling 2000; Diamond and Sigmundson 1997). The price of invisibility for these populations is severe: sexual assignment surgery on infants (Kessler 1998; Dreger 1998, 1999), the absence of legal protections against discrimination (Namaste 2000), and diagnoses of mental disorders (Scholinski 1997). Equally costly is the price of visibility: hate crimes against transsexuals are frequent and viscous.

While people indeed take issue with sexual orientations that do not conform to the heterosexist paradigm, it is not the sexual identity that makes these individuals visible targets, it is the expression of their gender identity. The negation of the social stigma assigned these transgressively gendered identities will perhaps best be accomplished by a theory that acknowledges gender

identity development as a dynamic, interactive process of biology and culture rather than a static one (Fortado 2002; Diamond 1996; Fausto-Sterling 2000).

Real Life Issues

Recent publications issued by the American Public Health Association (APHA) are now petitioning the medical community to become better informed on issues faced by transsexual, Intersex, and trans people, and are actively urging them to offer better, more humane and non-discriminatory treatment. But will this be enough?

Social taboos against transsexualism combined with pervasive stereotypes about “the kind of person” that undergoes SRS, force many transsexuals to “go stealth”: disassociating from their past and adopting a life of social invisibility in the wake of their sexual reassignment surgery.

Complicating matters of visibility further is the disinclination of post-operative transsexuals to *identify as transsexual* or associate with the transsexual community because this might imply that they are still “not right”. Many psychiatrists and psychologists over the past half-century have defined and treated transsexualism as a "mental illness", shaping much of society's view of transsexuals as "psychopathological sexual deviants". Consistent with Foucault's theories of power and oppression (1965, 1973, 1976), the public social distinction of self from stigmatized other is re-enacted by the very people that were pathologized in the first place -- people with transgressively gendered identities. Subsequently, cases (frequency) of transsexualism appear to be very rare.

Take the story of Lynn Conway, who joined the faculty of the University of Michigan, Ann Arbor, as Professor of Electrical Engineering and Computer Science and Associate Dean of the College of Engineering in 1985. In 1965, while at IBM, she made major contributions to supercomputer system architecture, including the invention of generalized (multiple-decode, multiple-issue) "dynamic instruction scheduling". Following her decision in 1968 to undergo a medically supervised transsexual transition from her birth sex as a male to life as a woman, IBM

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fired her. Conway was forced to take on a new identity and begin her personal life and professional career anew – without disclosing her past. Although fired from her job, robbed of intellectual property rights associated with her invention, and denied public and scientific recognition of her contribution, Dr. Conway's invention survived: Dynamic instruction scheduling has since become a classic hardware method for enhancing the performance of VLSI superscalar processors, such as those made by Intel, Sun, HP, MIPS and Compaq (Conway 2001).

Dr. Conway came out as a transsexual woman in 1999, after 31 years of living in “stealth mode”, when computer historians uncovered her early contributions at IBM and revealed her past amongst her colleagues. Conway, writing of her experience, explains: “frightened at first, she gradually realized times might have changed enough that she needn't be afraid to be "out" now. She certainly has nothing at all to be ashamed of, and is indeed very proud of the successes in her personal life as well as those in her career” (Conway 2001).

The statistics reported on the frequency of Transsexualism are widely varied. Lynn Conway (2001) reports that there are currently 32,000 to 40,000 postoperative transsexual women in the United States alone. This breaks down to an incidence rate of 1:250 in boys while

medical authority figures often quote a prevalence of 1 in 30,000 for MtF transsexualism and 1 in 100,000 for FtM transsexualism. You'll see these numbers over and over again, as in recent news stories in the Washington Post and the New York Times. But don't these figures seem odd to you? They portray transsexualism as being incredibly rare. However, many people nowadays know a transsexual or know of some in their school, company or small community. Where do these "extreme rarity" figures keep coming from? [M]any successful transsexual transitions have remained "off society's radar screen", because most post-op transsexual women live in "stealth mode" to avoid stigmatization. Although all around us, they are "hiding in plain sight" and thus are "invisible". Fortunately, the web is now lifting that veil of invisibility, as more and more successful post-op women create websites where others can learn from their experiences. (Conway 2001).

This dilemma of invisibility is not confined to transsexuals but extends to Intersex individuals as well. There is an "Invisible Community" of individuals that have a diagnosed Intersex condition that are unwilling to *identify as "intersexed"* to avoid being labeled “physically

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deviant”, a social label generated by the medical establishment’s protocol for dealing with Intersex conditions. Consider the current handbook, *Syndromes of Abnormal Sex Differentiation: A Guide for Patients and Their Families*, by Johns Hopkins University Children’s Center (2001) which states:

“Sexual differentiation is a complex process which results in a newborn baby who is either male or female. If errors in development occur, sexual development is abnormal and the sex organs of the baby are malformed. In such cases, individuals may develop both male and female characteristics. This is referred to as intersexuality”

As in the case of transsexualism, many medical professionals over the past half-century have defined and treated Intersex births as a “social emergency” to be immediately treated with sex assignment surgery, shaping much of society's perception of intersex people as “abnormal”. As members of our society, intersexed individuals and their families have been socialized to accept these definitions as valid. For this reason, cases (frequency) of intersexuality also appear to be very rare. Current research by Dr. Anne Fausto-Sterling (2000) refutes reports of rarity, conservatively estimating that one in 100 babies born in the United States present intersex conditions at birth.

With transgendered, transsexual and intersexed members unwilling to *identify* themselves as part of a larger community of people that share gender identities outside the heteronormative constructed binary of male and female, what is the prognosis for social change?

The Importance of Identity to Social Change

At the dawning of the twenty-first century the sociological field is just beginning to acknowledge that transgender, transsexualism, and intersexuality are social matters and not exclusive to the domain of the psychiatric and medical professions. Relegated to texts on Deviant Behavior, Transgenderism, Transsexualism and Intersexuality were not considered social phenomena in their own right: no culture, no history, and no social patterns to observe. So what has changed?

Enter the Gay and Lesbian Rights Movement of the late eighties and nineties. This movement opened the door to social visibility of a community of individuals that counter the compulsory heteronormativity of our society. With the reframing of their identity as one of sexual orientation, innate and fixed, the gay rights movement successfully altered public discourse that labeled them as sexually deviant, amoral, hedonistic individuals interested only in satisfying their sexual “choice” and practicing their homosexual “lifestyle”. Ironically, transsexuals and intersexuals benefited because of a public perception that confused their gender identity with sexuality; they were simply considered another ‘homosexual’ group. The issue of Transsexualism, Transgenderism and Intersexualism, however, is not about sexuality – it is about gender identity.

An effective strategy for organizing any community includes addressing the history of division that outside forces have imposed on it, so that they can reclaim and reconstruct their collective identity. Identity based Social Movements have a history of successes: Mothers Against Drunk Driving, Gay Rights, and Religious Rights are just a few. Mobilization for social change requires a clear Identity frame; an identity defined by the collective (McCarthy 1994), an identity salient to all members (Melucci 1994), an identity that facilitates bringing hidden transcripts into public discourse for institutional recognition (Scott 1990).

The politics of identity in America is not a contemporary issue. Indeed, identity politics – the struggle over public definitions of politically sensitive categories of people – has been present throughout American history (Calhoun 1994; Melucci 1994; Mueller 1994). Institutions and identity politics are linked through their struggle over the renegotiation of the public/private split, hence minority groups reclaiming previously stigmatized identities (Zaretsky 1994), and over the qualities that will be socially and institutionally applied to minority groups, hence redefining their rights and duties (Wiley 1994; Taylor & Whittier 1992; McCarthy 1994; Calhoun 1994a; Brown 1993). James C. Scott (1990) argues sub-alternate groups, what Melucci terms “submerged

networks” assert their presence in the private sphere – outside the public sphere – as part of a strategy of resistance to dominant discourse.

Identity politics suggests a change in the nature of the relationship between the state and civil society. Norbert Elias (1939) posits the degree of interdependence between self and society – in which the personal is political – can lead to increased democratization, thereby nullifying the existing hierarchy of social power. Subsequently, as more individuals engage in social action, a defining feature of civil society, the greater the power of marginalized communities to self define their identities. Social movements struggling over the freedom to be (identity) (Melucci 1989) are replacing social movements struggling over the freedom to have (interests). This "freedom to be," however, is not entirely free from social constraints. As previously indicated, the framing of an identity is extremely important, and there is competition over what is seen as relevant and what gets ignored.

Identity is culturally based, arising out of systems of consciousness: gender, race, class, etc. (Morris 1992). These systems of consciousness, in turn, arise out of systems of human domination. Morris's emphasis on the role of culture also suggests that identity can be heavily influenced by outside forces, a "hegemonic consciousness" representative of the dominant social class and the white supremacist race consciousness (366), and, as I have repeatedly asserted, the medical and psychiatric professions. Assuming that Morris is correct, and all actors are "embedded within structural contexts that shape their action and limit their options" (351), the determination of a social movement's identity by the collective members, not outsiders, is crucial.

Melucci (1994) argues “submerged networks” behave as cultural laboratories and contribute to the emergence of a collective identity. During latency, networks provide solidarity resources and “the cultural framework within which mobilization takes place” (127). During visibility, networks strengthen and their constituency is increased. These emergent identities mobilize at that “moment

of direct contact with political systems”(128), making identity-based social movements not ahistorical but defined within the context of their contemporary events.

A current example of both Morris’ and Melucci’s theories on the importance of a collective identity to social movement mobilization can be found in the case of Homosexual Christians. The most visible leaders of this collective, “out” gay theologians, have forced an institutional reframing and recognition of the “homosexual” identity in many Christian denominations. Institutional recognition can take many forms, the end result being a positive or negative endorsement/validation of a group's public persona. Vocal and well organized, these individuals present a collective identity to the public that is in contradiction to many preconceived notions of who homosexuals are. Consequently, this group has played an important role in the overall progress of the gay and lesbian movement.

For Transsexuals, Transgender and Intersexed individuals group alignment is particularly difficult because of the implications this has on their management of identity information – a public alliance with a stigmatized group will label him/her as “one of them” (Goffman 1959). Specifically, disclosure of identity information may involve “coming out” and a change in public identity. This individual is challenged to choose between in-group and out-group alignments (Goffman 1963) that force individuals to contend with the foregone conclusion by "normals and the wider society that they constitute" (Goffman 1963: 115) that they are "psychopathological sexual deviants" or “abnormal and malformed”.

If your identity were medically and socially defined as a “mental illness” or a “birth defect”, would you claim it?

Conclusion

As Craig Calhoun (1994) argues, “identity politics movements are political because they involve refusing, diminishing or displacing identities others wish to recognize in individuals.” This

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first necessitates the framing of a collective identity that all members of a marginalized group can embrace. Gender Identity can do this for the Transgender, Transsexual and Intersexual community, but only if the socially and medically imposed definitions and categorizations that divide them are disassembled, and, of more critical importance – only when members of this community throw off their self-imposed isolation, divisions, and invisibility.

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