



Bobby Cork from Trenton, NJ, 1943. He used to go on dates with girls and left a string of broken hearts behind him after his untimely death.
From *Freaks: We Who Are Not as Others*, Daniel P. Mannix

The *Empire* Strikes Back: A Posttranssexual Manifesto *Sandy Stone*

Frogs into Princesses

The verdant hills of Casablanca look down on homes and shops jammed chockablock against narrow, twisted streets filled with the odors of spices and dung. Casablanca is a very old city, passed over by Lawrence Durrell perhaps only by a geographical accident as the winepress of love. In the more modern quarter, located on a broad, sunny boulevard, is a building otherwise unremarkable except for a small brass nameplate that identifies it as the clinic of Dr. Georges Burou. It is predominantly devoted to obstetrics and gynecology, but for many years has maintained another reputation quite unknown to the stream of Moroccan women who pass through its rooms.

Dr. Burou is being visited by journalist James Morris. Morris fidgets in an anteroom reading *Elle* and *Paris-Match* with something less than full attention, because he is on an errand of immense personal import. At last the receptionist calls for him, and he is shown to the inner sanctum. He relates:

I was led along corridors and up staircases into the inner premises of the clinic. The atmosphere thickened as we proceeded. The rooms became more heavily curtained, more velvety, more voluptuous. Portrait busts appeared, I think, and there was a hint of heavy perfume. Presently I saw, advancing upon me through the dim alcoves of this retreat, which distinctly suggested to me the allure of a harem, a figure no less recognizably odalesque. It was Madame Burou. She was dressed in a long white robe, tasseled I think around the waist, which subtly managed to combine the luxuriance of a caftan with the hygiene of a nurse's uniform, and she was blonde herself, and carefully mysterious . . . Powers beyond my control had brought me to Room 5 at the clinic in Casablanca, and I could not have run away then even if I had wanted to . . . I went to say good-bye to myself in the mirror. We would never meet again, and I wanted to give that other self a long last

look in the eye, and a wink for luck. As I did so a street vendor outside played a delicate arpeggio upon his flute, a very gentle merry sound which he repeated, over and over again, in sweet diminuendo down the street. Flights of angels, I said to myself, and so staggered . . . to my bed, and oblivion.¹

Exit James Morris, enter Jan Morris, through the intervention of late twentieth-century medical practices in this wonderfully “oriental,” almost religious narrative of transformation. The passage is from *Conundrum*, the story of Morris’s “sex change” and the consequences for her life. Besides the wink for luck, there is another obligatory ceremony known to male-to-female transsexuals that is called “wringing the turkey’s neck,” although it is not recorded whether Morris performed it as well. I will return to this rite of passage later in more detail.

Making History

Imagine now a swift segue from the moiling alleyways of Casablanca to the rolling green hills of Palo Alto. The Stanford Gender Dysphoria Program occupies a small room near the campus in a quiet residential section of this affluent community. The Program, which is a counterpart to Georges Burou’s clinic in Morocco, has been for many years the academic focus of Western studies of gender dysphoria syndrome, also known as transsexualism. Here are determined etiology, diagnostic criteria, and treatment.

The Program was begun in 1968, and its staff of surgeons and psychologists first set out to collect as much history on the subject of transsexualism as was available. Let me pause to provide a very brief capsule of their results. A transsexual is a person who identifies his or her gender identity with that of the “opposite” gender. Sex and gender are quite separate issues, but transsexuals commonly blur the distinction by confusing the performative character of gender with the physical “fact” of sex, referring to their perceptions of their situation as being in the “wrong body.” Although the term transsexual is of recent origin, the phenomenon is not. The earliest mention of something that we can recognize *ex post facto* as transsexualism, in light of current diagnostic criteria, was of the Assyrian king Sardanapalus, who was reported to have dressed in women’s clothing and spun with his wives.² Later instances of something very like transsexualism were reported by Philo of Judea, during the Roman Empire. In the eighteenth century the Chevalier d’Eon, who lived for 39 years in the female role, was a rival of Madame Pompadour for the attention of Louis XV. The first colonial governor of New York,

Lord Cornbury, came from England fully attired as a woman and remained so during his time in office.³

Transsexualism was not accorded the status of an “official disorder” until 1980, when it was first listed in the *American Psychiatric Association Diagnostic and Statistical Manual*. As Marie Mehl points out, this is something of a Pyrrhic victory.⁴

Prior to 1980, much work had already been done in an attempt to define criteria for differential diagnosis. An example from the 1970s is this one, from work carried out by Leslie Lothstein and reported in William A. W. Walters’s and Michael W. Ross’s *Transsexualism and Sex Reassignment*:

Lothstein, in his study of ten ageing transsexuals [average age fifty-two], found that psychological testing helped to determine the extent of the patients’ pathology [sic] . . . [he] concluded that [transsexuals as a class] were depressed, isolated, withdrawn, schizoid individuals with profound dependency conflicts. Furthermore, they were immature, narcissistic, egocentric and potentially explosive, while their attempts to obtain [professional assistance] were demanding, manipulative, controlling, coercive, and paranoid.⁵

Here is another example:

In a study of 56 transsexuals the results on the schizophrenia and depression scales were outside the upper limit of the normal range. The authors see these profiles as reflecting the confused and bizarre life styles of the subjects.⁶

These were clinical studies, which represented a very limited class of subjects. However, the studies were considered sufficiently representative for them to be reprinted without comment in collections such as that of Walters and Ross. Further on in each paper, though, we find that each investigator invalidates his results in a brief disclaimer that is reminiscent of the fine print in a cigarette ad: In the first, by adding “It must be admitted that Lothstein’s subjects could hardly be called a typical sample as nine of the ten studied had serious physical health problems” (this was a study conducted in a health clinic, not a gender clinic), and in the second, with the afterthought that “82 percent of [the subjects] were prostitutes and atypical of transsexuals in other parts of the world.”⁷ Such results might have been considered marginal, hedged about as they were with markers of questionable method or excessively limited samples. Yet they came to represent transsexuals in medicolegal/psychological literature, disclaimers and all, almost to the present day.

During the same period, feminist theoreticians were developing their own analyses. The issue quickly became, and remains, volatile and divisive. Let me quote an example.

Rape . . . is a masculinist violation of bodily integrity. All transsexuals rape women's bodies by reducing the female form to an artifact, appropriating this body for themselves . . . Rape, although it is usually done by force, can also be accomplished by deception.

This quotation is from Janice Raymond's 1979 book *The Transsexual Empire: The Making of the She-Male*, which occasioned the title of this paper. I read Raymond to be claiming that transsexuals are constructs of an evil phallocratic empire and were designed to invade women's spaces and appropriate women's power. Though *Empire* represented a specific moment in feminist analysis and prefigured the appropriation of liberal political language by a radical right, here in 1991, on the twelfth anniversary of its publication, it is still the definitive statement on transsexualism by a genetic female academic.⁸ To clarify my stakes in this discourse let me quote another passage from *Empire*:

Masculine behavior is notably obtrusive. It is significant that transsexually constructed lesbian-feminists have inserted themselves into the positions of importance and/or performance in the feminist community. Sandy Stone, the transsexual engineer with Olivia Records, an "all-women" recording company, illustrates this well. Stone is not only crucial to the Olivia enterprise but plays a very dominant role there. The . . . visibility he achieved in the aftermath of the Olivia controversy . . . only serves to enhance his previously dominant role and to divide women, as men frequently do, when they make their presence necessary and vital to women. As one woman wrote: "I feel raped when Olivia passes off Sandy . . . as a real woman. After all his male privilege, is he going to cash in on lesbian feminist culture too?"⁹

This paper, "The *Empire* Strikes Back," is about morality tales and origin myths, about telling the "truth" of gender. Its informing principle is that "technical arts are always imagined to be subordinated by the ruling artistic idea, itself rooted authoritatively in nature's own life."¹⁰ It is about the image and the real mutually defining each other through the inscriptions and reading practices of late capitalism. It is about postmodernism, postfeminism, and (dare I say it) posttranssexualism. Throughout, the paper owes a large debt to the work of Donna Haraway.

“All of reality in late capitalist culture lusts to become an image for its own security”¹¹

Let's turn to accounts by the transsexuals themselves. During this period virtually all of the published accounts were written by male-to-females. I want to briefly consider four autobiographical accounts of male-to-female transsexuals, to see what we can learn about what they think they are doing. (I will consider female-to-male transsexuals in another paper.)

The earliest partially autobiographical account in existence is that of Lili Elbe in Niels Hoyer's book *Man Into Woman* (1933).¹² The first fully autobiographical book was the paperback *I Changed My Sex!* (not exactly a quiet, contemplative title), written by the striptease artist Hedy Jo Star in the mid-1950s.¹³ Christine Jorgensen, who underwent surgery in the early 1950s and is arguably the best known of the recent transsexuals, did not publish her autobiography until 1967; instead, Star's book rode the wave of publicity surrounding Jorgensen's surgery. In 1974 *Conundrum* was published, written by the popular English journalist Jan Morris. In 1977 there was *Canary*, by musician and performer Canary Conn.¹⁴ In addition, many transsexuals keep something they call by the argot term “O.T.F.”: The Obligatory Transsexual File. This usually contains newspaper articles and bits of forbidden diary entries about “inappropriate” gender behavior. Some transsexuals also collect autobiographical literature. According to the Stanford Gender Dysphoria Program, the medical clinics do not, because they consider autobiographical accounts thoroughly unreliable. Because of this, and since a fair percentage of the literature is invisible to many library systems, these personal collections are the only source for some of this information. I am fortunate to have a few of them at my disposal.

What sort of subject is constituted in these texts? Hoyer (representing Jacobson representing Elbe, who is representing Wegener who is representing Sparre),¹⁵ writes:

A single glance of this man had deprived her of all her strength. She felt as if her whole personality had been crushed by him. With a single glance he had extinguished it. Something in her rebelled. She felt like a schoolgirl who had received short shrift from an idolized teacher. She was conscious of a peculiar weakness in all her members . . . it was the first time her woman's heart had trembled before her lord and master, before the man who had constituted himself her protector, and she understood why she then submitted so utterly to him and his will.¹⁶

We can put to this fragment all of the usual questions: Not by whom but *for* whom was Lili Elbe constructed? Under whose gaze did her text fall? And consequently what stories appear and disappear in this kind of seduction? It may come as no surprise that all of the accounts I will relate here are similar in their description of “woman” as male fetish, as replicating a socially enforced role, or as constituted by performative gender. Lili Elbe faints at the sight of blood.¹⁷ Jan Morris, a world-class journalist who has been around the block a few times, still describes her sense of herself in relation to makeup and dress, of being on display, and is pleased when men open doors for her:

I feel small, and neat. I am not small in fact, and not terribly neat either, but femininity conspires to make me feel so. My blouse and skirt are light, bright, crisp. My shoes make my feet look more delicate than they are, besides giving me . . . a suggestion of vulnerability that I rather like. My red and white bangles give me a racy feel, my bag matches my shoes and makes me feel well organized When I walk out into the street I feel consciously ready for the world’s appraisal, in a way that I never felt as a man.¹⁸

Hedy Jo Star, who was a professional stripper, says in *I Changed My Sex!*: “I wanted the sensual feel of lingerie against my skin, I wanted to brighten my face with cosmetics. I wanted a strong man to protect me.” Here in 1991 I have also encountered a few men who are brave enough to echo this sentiment for themselves, but in 1955 it was a proprietary feminine position.

Besides the obvious complicity of these accounts in a Western white male definition of performative gender, the authors also reinforce a binary, oppositional mode of gender identification. They go from being unambiguous men, albeit unhappy men, to unambiguous women. There is no territory between.¹⁹ Further, each constructs a specific narrative moment when their personal sexual identification changes from male to female. This moment is the moment of neocolporrhaply—that is, of gender reassignment or “sex change surgery.”²⁰ Jan Morris, on the night preceding surgery, wrote: “I went to say good-bye to myself in the mirror. We would never meet again, and I wanted to give that other self a last wink for luck.”²¹

Canary Conn writes: “I’m not a muchacho . . . I’m a muchacha now . . . a girl [sic].”²²

Hedy Jo Star writes: “In the instant that I awoke from the anaesthetic, I realized that I had finally become a woman.”²³

Even Lili Elbe, whose text is second-hand, used the same terms: “Suddenly it occurred to him that he, Andreas Sparre, was probably undressing for the last time.” Immediately on awakening from first-stage surgery (castration in Hoyer’s account), Sparre writes a note.

“He gazed at the card and failed to recognize the writing. It was a woman’s script.” Inger carries the note to the doctor: “What do you think of this, Doctor. No man could have written it?” “No,” said the astonished doctor; “no, you are quite right”—an exchange that requires the reader to forget that orthography is an acquired skill. The same thing happens with Elbe’s voice: “the strange thing was that your voice had completely changed . . . You have a splendid soprano voice! Simply astounding.”²⁴ Perhaps as astounding now as then but for different reasons, since in light of present knowledge of the effects (and more to the point, the noneffects) of castration and hormones, none of this could have happened. Neither has any effect on voice timbre. Hence, incidentally, the jaundiced eyes with which the clinics regard historical accounts.

If Hoyer mixes reality with fantasy and caricatures his subjects besides (“Simply astounding!”), what lessons are there in *Man Into Woman*? Partly what emerges from the book is how Hoyer deploys the strategy of building barriers within a single subject, strategies that are still in gainful employment today. Lili displaces the irruptive masculine self, still dangerously present within her, onto the God-figure of her surgeon/therapist Werner Kreutz, whom she calls The Professor, or The Miracle Man. The Professor is He Who molds and Lili that which is molded:

what the Professor is now doing with Lili is nothing less than an emotional moulding, which is preceding the physical moulding into a woman. Hitherto Lili has been like clay which others had prepared and to which the Professor has given form and life . . . by a single glance the Professor awoke her heart to life, a life with all the instincts of woman.²⁵

The female is immanent, the female is bone-deep, the female is instinct. With Lili’s eager complicity, The Professor drives a massive wedge between the masculine and the feminine within her. In this passage, reminiscent of the “oriental” quality of Morris’ narrative, the male must be annihilated or at least denied, but the female is that which exists to be *continually* annihilated:

It seemed to her as if she no longer had any responsibility for herself, for her fate. For Werner Kreutz had relieved her of it all. Nor had she any longer a will of her own . . . there could be no past for her. Everything in the past belonged to a person who . . . was dead. Now there was only a perfectly humble woman, who was ready to obey, who was happy to submit herself to the will of another . . . her master, her creator, her Professor. Between [Andreas] and her stood Werner Kreutz. She felt secure and salvaged.²⁶

Hoyer has the same problems with purity and denial of mixture that recur in many transsexual autobiographical narratives. The characters in his narrative exist in a historical period of enormous sexual repression. How is one to maintain the divide between the “male” self, whose proper object of desire is Woman, and the “female” self, whose proper object of desire is Man?

“As a man you have always seemed to me unquestionably healthy. I have, indeed, seen with my own eyes that you attract women, and that is the clearest proof that you are a genuine fellow.” He paused, and then placed his hand on Andreas’s shoulder. “You won’t take it amiss if I ask you a frank question? . . . Have you at any time been interested in your own kind? You know what I mean.”

Andreas shook his head calmly. “My word on it, Niels; never in my life. And I can add that those kind of creatures have never shown any interest in me.”

“Good, Andreas! That’s just what I thought.”²⁷

Hoyer must separate the subjectivity of “Andreas,” who has never felt anything for men, and “Lili,” who, in the course of the narrative, wants to marry one. This salvaging procedure makes the world safe for “Lili” by erecting and maintaining an impenetrable barrier between her and “Andreas,” reinforced again and again in such ways as two different handwriting styles and two different voices. The force of an imperative—a natural state toward which all things tend—to deny the potentialities of mixture, acts to preserve “pure” gender identity: at the dawn of the Nazi-led love affair with purity, no “creatures” will tempt Andreas into transgressing boundaries with his “own kind.”

“I will honestly and plainly confess to you, Niels, that I have always been attracted to women. And to-day as much as ever. A most banal confession!”²⁸

—banal only so long as the person inside Andreas’s body who voices it is Andreas, rather than Lili. There is a lot of work being done in this passage, a microcosm of the work it takes to maintain the same polar personae in society at large. Further, each of these writers constructs his or her account as a narrative of redemption. There is a strong element of drama, of the sense of struggle against huge odds, of overcoming perilous obstacles, and of mounting awe and mystery at the breathtaking approach and final apotheosis of the Forbidden Transformation. Oboy.

The first operation . . . has been successful beyond all expectations. Andreas has ceased to exist, they said. His germ glands—oh, mystic words—have been removed.²⁹

Oh, mystic words. The *mysterium tremendum* of deep identity hovers about a physical locus; the entire complex of male engenderment, the mysterious power of the Man-God, inhabits the “germ glands” in the way that the soul was thought to inhabit the pineal. Maleness is in the you-know-whats. For that matter, so is the ontology of the subject; and therefore Hoyer can demonstrate in the coarsest way that femaleness is lack:

The operation which has been performed here [that is, castration] enables me to enter the clinic for women [exclusively for women].³⁰

On the other hand, either Niels or Lili can be constituted by an act of insinuation, what the New Testament calls *endeuein*, or the putting on of the god, inserting the physical body within a shell of cultural signification:

Andreas Sparre . . . was probably undressing for the last time . . . For a lifetime these coverings of coat and waistcoat and trousers had enclosed him.³¹

It is now Lili who is writing to you. I am sitting up in my bed in a silk nightdress with lace trimming, curled, powdered, with bangles, necklace, and rings.³²

All these authors replicate the stereotypical male account of the constitution of woman: Dress, makeup, and delicate fainting at the sight of blood. Each of these adventurers passes directly from one pole of sexual experience to the other. If there is any intervening space in the continuum of sexuality, it is invisible. And nobody *ever* mentions wringing the turkey’s neck.

No wonder feminist theorists have been suspicious. Hell, *I’m* suspicious.

How do these accounts converse with the medical/psychological texts? In a time in which more interactions occur through texts, computer conferences, and electronic media than by personal contact—the close of the mechanical age and the inception of the virtual, in which multiplicity and prosthetic social communication are common—and consequently when individual subjectivity can be constituted through inscription more often than through personal association, there are still moments of embodied “natural truth” that cannot be avoided. In the time period of most of these books the most critical of these moments was the intake interview at the gender dysphoria clinic, when the doctors, who were all males, decided whether the person was eligible for gender reassignment surgery. The

origin of the gender dysphoria clinics is a microcosmic look at the construction of criteria for gender. The foundational idea for the gender dysphoria clinics was first, to study an interesting and potentially fundable human aberration; second, to provide help, as they understood the term, for a “correctable problem.”

Some of the early nonacademic gender dysphoria clinics performed *surgery on demand*, that is to say regardless of any judgment on the part of the clinic staff regarding what came to be called appropriateness to the gender of choice. When the first academic gender dysphoria clinics were started on an experimental basis in the 1960s, the medical staff would not perform surgery on demand, because of the professional risks involved in performing experimental surgery on “sociopaths.” At this time there were no official diagnostic criteria; “transsexuals” were, ipso facto, whoever signed up for assistance. Professionally this was a dicey situation. It was necessary to construct the category “transsexual” along customary and traditional lines, to construct plausible criteria for acceptance into a clinic. Professionally speaking, a test or a differential diagnosis was needed for transsexualism that did not depend on anything as simple and subjective as feeling that one was in the wrong body. The test needed to be objective, clinically appropriate, and repeatable. But even after considerable research, no simple and unambiguous test for gender dysphoria syndrome could be developed.³³

The Stanford clinic was in the business of helping people, among its other agendas, as its members understood the term. Therefore the final decisions of eligibility for gender reassignment were made by the staff on the basis of an individual sense of the “appropriateness of the individual to their gender of choice.” The clinic took on the additional role of “grooming clinic” or “charm school” because, according to the judgment of the staff, the men who presented as wanting to be women did not always “behave like” women. Stanford recognized that gender roles could be learned (to an extent). Their involvement with the grooming clinics was an effort to produce not simply anatomically legible females, but *women* . . . that is, *gendered* females. As Norman Fisk remarked, “I now admit very candidly that . . . in the early phases we were avowedly seeking candidates who would have the best chance for success.”³⁴ In practice this meant that the candidates for surgery were evaluated on the basis of their *performance* in the gender of choice. The criteria constituted a fully acculturated, consensual definition of gender, and *at the site of their enactment we can locate an actual instance of the apparatus of production of gender.*

This raises several sticky questions, the chief two being: Who is telling the story for whom, and how do the storytellers differentiate between the story they tell and the story they hear?

One answer is that they differentiate with great difficulty. The criteria that the researchers developed and then applied were defined recursively through a series of interactions with the candidates. The scenario worked this way: Initially, the only textbook on the subject of transsexualism was Harry Benjamin's definitive work *The Transsexual Phenomenon* (1966).³⁵ (Note that Benjamin's book actually postdates *I Changed My Sex!* by about ten years.) When the first clinics were constituted, Benjamin's book was the researchers' standard reference. And when the first transsexuals were evaluated for their suitability for surgery, their behavior matched up gratifyingly with Benjamin's criteria. The researchers produced papers that reported on this, and that were used as bases for funding.

It took a surprisingly long time—several years—for the researchers to realize that the reason the candidates' behavioral profiles matched Benjamin's so well was that the candidates, too, had read Benjamin's book, which was passed from hand to hand within the transsexual communities, whose members were only too happy to provide the behavior that led to acceptance for surgery.³⁶ This sort of careful repositioning created interesting problems. Among them was the determination of the permissible range of expressions of physical sexuality. This was a large gray area in the candidates' self-presentations, because Benjamin's subjects did not talk about any erotic sense of their own bodies. Consequently nobody else who came to the clinics did either. By textual authority, physical men who lived as women and who identified themselves as transsexuals, as opposed to male transvestites for whom erotic penile sensation was permissible, could not experience penile pleasure. Into the 1980s there was not a single preoperative male-to-female transsexual for whom data was available who experienced genital sexual pleasure while living in the "gender of choice."³⁷ The prohibition continued postoperatively in interestingly transmuted form, and remained so absolute that no postoperative transsexual would admit to experiencing sexual pleasure through masturbation either. Full membership in the assigned gender was conferred by orgasm, real or faked, accomplished through heterosexual penetration.³⁸ "Wringing the turkey's neck," the ritual of penile masturbation just before surgery, was the most secret of secret traditions. To acknowledge so natural a desire would be to risk "crash landing"; that is, "role inappropriateness" leading to disqualification.³⁹

It was necessary to retrench. The two groups, on one hand the researchers and on the other the transsexuals, were pursuing separate ends. The researchers wanted to know what this thing they called gender dysphoria syndrome was. They wanted a taxonomy of symptoms, criteria for differential diagnosis, procedures for evaluation, reliable courses of treatment, and thorough followup. The transsexuals wanted surgery. They had very clear agendas regarding their relation to the researchers, and considered the doctors' evaluation criteria merely another obstacle in their path—something to be overcome. In this they unambiguously expressed Benjamin's original criterion in its simplest form: The sense of being in the "wrong" body.⁴⁰ This seems a recipe for an uneasy adversarial relationship, and it was. It continues to be, although with the passage of time there has been considerable dialogue between the two camps. Partly this has been made possible by the realization among the medical and psychological community that the expected criteria for differential diagnosis did not emerge. Consider this excerpt from a paper by Marie Mehl, written in 1986:

There is no mental nor psychological test which successfully differentiates the transsexual from the so-called normal population. There is no more psychopathology in the transsexual population than in the population at large, although societal response to the transsexual does pose some insurmountable problems. The psychodynamic histories of transsexuals do not yield any consistent differentiation characteristics from the rest of the population.⁴¹

These two accounts, Mehl's statement and that of Lothstein, in which he found transsexuals to be depressed, schizoid, manipulative, controlling, and paranoid, coexist within a span of less than ten years. With the achievement of a diagnostic category in 1980—one which, after years of research, did not involve much more than the original sense of "being in the wrong body"—and consequent acceptance by the body police, that is, the medical establishment, clinically "good" histories now exist of transsexuals in areas as widely dispersed as Australia, Sweden, Czechoslovakia, Vietnam, Singapore, China, Malaysia, India, Uganda, Sudan, Tahiti, Chile, Borneo, Madagascar, and the Aleutians (this is not a complete list).⁴² It is a considerable stretch to fit them all into some plausible theory. Were there undiscovered or untried diagnostic techniques that would have differentiated transsexuals from the normal population? Were the criteria wrong, limited, or shortsighted? Did the realization that criteria were not emerging just naturally appear as a result of "scientific progress," or were there other forces at work?

Such a banquet of data creates its own problems. Concomitant with the dubious achievement of a diagnostic category is the inevitable blurring of boundaries as a vast heteroglossic account of difference, heretofore invisible to the “legitimate” professions, suddenly achieves canonization and simultaneously becomes homogenized to satisfy the constraints of the category. Suddenly the old morality tale of the truth of gender, told by a kindly white patriarch in New York in 1966, becomes pancultural in the 1980s. Emergent polyvocalities of lived experience, never represented in the discourse but present at least in potential, disappear; the *berdache* and the stripper, the tweedy housewife and the *mujerado*, the *mah’u* and the rock star, are still the same story after all, if we only try hard enough.

Whose Story Is This, Anyway?

I wish to point out the broad similarities that this peculiar juxtaposition suggests to aspects of colonial discourse with which we may be familiar: The initial fascination with the exotic, extending to professional investigators; denial of subjectivity and lack of access to the dominant discourse; followed by a species of rehabilitation.

Raising these issues has complicated life in the clinics.

“Making” history, whether autobiographic, academic, or clinical, is partly a struggle to ground an account in some natural inevitability. Bodies are screens on which we see projected the momentary settlements that emerge from ongoing struggles over beliefs and practices within the academic and medical communities. These struggles play themselves out in arenas far removed from the body. Each is an attempt to gain a high ground that is profoundly moral in character, to make an authoritative and final explanation for the way things are and consequently for the way they must continue to be. In other words, each of these accounts is culture speaking with the voice of an individual. The people who have no voice in this theorizing are the transsexuals themselves. As with men theorizing about women from the beginning of time, theorists of gender have seen transsexuals as possessing something less than agency. As with genetic women, transsexuals are infantilized, considered too illogical or irresponsible to achieve true subjectivity, or clinically erased by diagnostic criteria; or else, as constructed by some radical feminist theorists, as robots of an insidious and menacing patriarchy, an alien army designed and constructed to infiltrate, pervert, and destroy “true” women. In this construction as well, the transsexuals have been resolutely complicit by failing to develop an effective counterdiscourse.

Here on the gender borders at the close of the twentieth century, with the faltering of phallographic hegemony and the bumptious appearance of heteroglossic origin accounts, we find the epistemologies of white male medical practice, the rage of radical feminist theories, and the chaos of lived gendered experience meeting on the battlefield of the transsexual body: a hotly contested site of cultural inscription, a meaning machine for the production of ideal type. Representation at its most magical, the transsexual body is perfected memory, inscribed with the “true” story of Adam and Eve as the ontological account of irreducible difference, an essential biography that is part of nature. A story that culture tells itself, the transsexual body is a tactile politics of reproduction constituted through textual violence. The clinic is a technology of inscription.

Given this circumstance in which a minority discourse comes to ground in the physical, a counterdiscourse is critical. But it is difficult to generate a counterdiscourse if one is programmed to disappear. The highest purpose of the transsexual is to erase him/herself, to fade into the “normal” population as soon as possible. Part of this process is known as *constructing a plausible history*—learning to lie effectively about one’s past. What is gained is acceptability in society. What is lost is the ability to authentically represent the complexities and ambiguities of lived experience, and thereby is lost that aspect of “nature” that Donna Haraway theorizes as Coyote—the Native American spirit animal who represents the power of continual transformation that is the heart of engaged life. Instead, authentic experience is replaced by a particular kind of story, one that supports the old constructed positions. This is expensive, and profoundly disempowering. Whether desiring to do so or not, transsexuals do not grow up in the same ways as “GGs,” or genetic “naturals.”⁴³ Transsexuals do not possess the same history as genetic “naturals,” and do not share common oppression prior to gender reassignment. I am not suggesting a shared discourse. I am suggesting that in the transsexual’s erased history we can find a story disruptive to the accepted discourses of gender, that originates from within the gender minority itself and that can make common cause with other oppositional discourses. But the transsexual currently occupies a position that is nowhere, that is outside the binary oppositions of gendered discourse. For a transsexual, *as a transsexual*, to generate a true, effective, and representational counterdiscourse is to speak from outside the boundaries of gender, beyond the constructed oppositional nodes that have been predefined as the only positions from which discourse is possible. How, then, can the transsexual speak? If the transsexual were to speak, what would s/he say?

A Posttranssexual Manifesto

To attempt to occupy a place as speaking subject within the traditional gender frame is to become complicit in the discourse that one wishes to deconstruct. Rather, we can seize upon the textual violence inscribed in the transsexual body and turn it into a reconstructive force. Let me suggest a more familiar example. Judith Butler points out that the lesbian categories of “butch” and “femme” are not simple assimilations of lesbianism back into the terms of heterosexuality. Rather, Butler introduces the concept of *cultural intelligibility*, and suggests that the contextualized and resignified “masculinity” of the butch, seen against a culturally intelligible “female” body, invokes a dissonance that both generates a sexual tension and constitutes the object of desire. She points out that this way of thinking about gendered objects of desire admits of much greater complexity than the example suggests. The lesbian butch or femme both recall the heterosexual scene but simultaneously displace it. The idea that butch and femme are “replicas” or “copies” of heterosexual exchange underestimates the erotic power of their internal dissonance.⁴⁴ In the case of the transsexual, the varieties of performative gender, seen against a culturally intelligible gendered body *which is itself a medically constituted textual violence*, generate new and unpredictable dissonances that implicate entire spectra of desire. In the transsexual as text we may find the potential to map the refigured body onto conventional gender discourse and thereby disrupt it, to take advantage of the dissonances created by such a juxtaposition to fragment and reconstitute the elements of gender in new and unexpected geometries. I suggest we start by taking Raymond’s accusation that “transsexuals divide women” beyond itself, and turn it into a productive force to multiplicatively divide the old binary discourses of gender—as well as Raymond’s own monistic discourse. To foreground the practices of inscription and reading that are part of this deliberate invocation of dissonance, I suggest constituting transsexuals not as a class or problematic “third gender,” but rather as a *genre*—a set of embodied texts whose potential for *productive* disruption of structured sexualities and spectra of desire has yet to be explored.

In order to effect this, the genre of visible transsexuals must grow by recruiting members from the class of invisible ones, from those who have disappeared into their “plausible histories.” The most critical thing a transsexual can do, the thing that constitutes success, is to “pass.”⁴⁵ Passing means to live successfully in the gender of choice, to

be accepted as a “natural” member of that gender. Passing means the denial of mixture. One and the same with passing is effacement of the prior gender role, or the construction of a plausible history. Considering that most transsexuals choose reassignment in their third or fourth decade, this means erasing a considerable portion of their personal experience. It is my contention that this process, in which both the transsexual and the medicolegal/psychological establishment are complicit, forecloses the possibility of a life grounded in the *inter-textual* possibilities of the transsexual body.

To negotiate the troubling and productive multiple permeabilities of boundary and subject position that intertextuality implies, we must begin to rearticulate the foundational language by which both sexuality and transsexuality are described. For example, neither the investigators nor the transsexuals have taken the step of problematizing “wrong body” as an adequate descriptive category. In fact “wrong body” has come, virtually by default, to *define* the syndrome.⁴⁶ It is quite understandable, I think, that a phrase whose lexicality suggests the phallogocentric, binary character of gender differentiation should be examined with deepest suspicion. So long as we, whether academics, clinicians, or transsexuals, ontologize both sexuality and transsexuality in this way, we have foreclosed the possibility of analyzing desire and motivational complexity in a manner that adequately describes the multiple contradictions of individual lived experience. We need a deeper analytical language for transsexual theory, one that allows for the sorts of ambiguities and polyvocalities that have already so productively informed and enriched feminist theory.

Judith Shapiro points out that “To those . . . who might be inclined to diagnose the transsexual’s focus on the genitals as obsessive or fetishistic, the response is that they are, in fact, simply conforming to *their culture’s* criteria for gender assignment” (emphasis mine). This statement points to deeper workings, to hidden discourses and experiential pluralities within the transsexual monolith. They are not yet clinically or academically visible, and with good reason. For example, in pursuit of differential diagnosis a question sometimes asked of a prospective transsexual is “Suppose that you could be a man [or woman] in every way except for your genitals; would you be content?” There are several possible answers, but only one is clinically correct.⁴⁷ Small wonder, then, that so much of these discourses revolves around the phrase “wrong body.” Under the binary phallogocentric founding myth by which Western bodies and subjects are authorized, only one body per gendered subject is “right.” All other bodies are wrong.

As clinicians and transsexuals continue to face off across the diagnostic battlefield that this scenario suggests, the transsexuals for whom gender identity is something different from *and perhaps irrelevant* to physical genitalia are occulted by those for whom the power of the medical/psychological establishments, and their ability to act as gatekeepers for cultural norms, is the final authority for what counts as a culturally intelligible body. This is a treacherous area, and were the silenced groups to achieve voice we might well find, as feminist theorists have claimed, that the identities of individual, embodied subjects were far less implicated in physical norms, and far more diversely spread across a rich and complex structuration of identity and desire, than it is now possible to express.⁴⁸ And yet in even the best of the current debates, the standard mode is one of relentless totalization. Consider the most perspicuous example in this paper, Raymond's stunning "All transsexuals rape women's bodies" (what if she had said, for example, "all blacks rape women's bodies"): For all its egregious and inexcusable bigotry, the language of her book is only marginally less totalizing than, for example, Gary Kates's "transsexuals . . . take on an exaggerated and stereotypical female role," or Ann Bolin's "transsexuals try to forget their male history." Both Kates's and Bolin's studies are in most respects fine work, and were published in the same collection as an earlier version of this essay;⁴⁹ but still there are no subjects in these discourses, only homogenized, totalized objects—fractally replicating earlier histories of minority discourses in the large. So when I speak the forgotten word, it will perhaps wake memories of other debates. The word is *some*.

Transsexuals who pass seem able to ignore the fact that by creating totalized, monistic identities, forgoing physical and subjective intertextuality, they have foreclosed the possibility of authentic relationships. Under the principle of passing, denying the destabilizing power of being "read," relationships begin as lies—and passing, of course, is not an activity restricted to transsexuals. This is familiar to the person of color whose skin is light enough to pass as white, or to the closet gay or lesbian, or to anyone who has chosen invisibility as an imperfect solution to personal dissonance. Essentially I am rearticulating one of the arguments for solidarity that has been developed by gays, lesbians, and people of color. The comparison extends further. To deconstruct the necessity for passing implies that transsexuals must take responsibility for *all* of their history, to begin to rearticulate their lives not as a series of erasures in the service of a species of feminism conceived from within a traditional frame, but as a political action begun by reappropriating difference and reclaiming the power of the refigured

and reinscribed body. The disruptions of the old patterns of desire that the multiple dissonances of the transsexual body imply produce not an irreducible alterity but a myriad of alterities, whose unanticipated juxtapositions hold what Donna Haraway has called the promises of monsters—physicalities of constantly shifting figure and ground that exceed the frame of any possible representation.⁵⁰

The essence of transsexualism is the act of passing. A transsexual who passes is obeying the Derridean imperative: “Genres are not to be mixed. I will not mix genres.”⁵¹ I could not ask a transsexual for anything more inconceivable than to forgo passing, to be consciously “read,” to read oneself aloud—and by this troubling and productive reading, to begin to *write oneself* into the discourses by which one has been written—in effect, then, to become a (look out—dare I say it again?) posttranssexual.⁵² Still, transsexuals know that silence can be an extremely high price to pay for acceptance. I want to speak directly to the brothers and sisters who may read/“read” this and say: I ask all of us to use the strength that brought us through the effort of restructuring identity, and that has also helped us to live in silence and denial, for a re-visioning of our lives. I know you feel that most of the work is behind you and that the price of invisibility is not great. But, although *individual* change is the foundation of all things, it is not the end of all things. Perhaps it’s time to begin laying the groundwork for the next transformation.

Afterword

In the brief time, or so it seems, since this essay was first written, the situation both on the street with regard to articulating a specifically transgendered positionality and within the academy *vis-à-vis* theory has deeply changed, and continues to evolve. Whether the original *Empire* paper had the privilege of being a fortunately timed bellwether or whether it successfully evoked the build-it-and-they-will-come principle is unknown, but the results are no less gratifying for lack of that knowledge. Transgender (or for that matter, posttransgender) theory would appear to be successfully engaging the nascent discourses of Queer Theory in a number of graceful and mutually productive respects, and this is reason for guarded celebration. Needless to say, however, beginnings are most delicate and critical periods in which, while the foundation stones are still exposed, it is necessary to pay exquisite attention to detail. For this author, it is a most promising and interesting time in which to be alive and writing.

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1. Jan Morris, *Conundrum* (New York: Henry Holt, 1986) 139.
2. *Transsexualism and Sex Reassignment*, ed. William A. W. Walters and Michael W. Ross (Oxford: Oxford UP, 1986) 2.
3. This capsule history is related in the introduction to Richard Docter's *Transvestites and Transsexuals: Toward a Theory of Cross-Gender Behavior* (New York: Plenum Press, 1988).
4. In Marie Mehl's introduction to *Gender Dysphoria Syndrome: Development, Research, Management*, ed. Betty Steiner (New York: Plenum Press, 1985).
5. Don Burnard and Michael W. Ross, "Psychosocial Aspects and Psychological Theory: What Can Psychological Testing Reveal?" in Walters and Ross 58.
6. Walters and Ross 58.
7. Walters and Ross 58.
8. Janice Raymond, *The Transsexual Empire: The Making of the She-Male* (Boston: Beacon Press, 1979). There is some hope to be taken that Judith Shapiro's work will supersede Raymond's as such a definitive statement. Shapiro's accounts seem excellently balanced, and she is aware that there are more accounts from transsexual scholars that have not yet entered the discourse.
9. Raymond 20.
10. This wonderful phrase is from Donna Haraway's "Teddy Bear Patriarchy: Taxidermy in the Garden of Eden, New York City, 1908-1936," *Social Text* 11 (Winter 1984-85): 20.
11. Haraway, "Teddy Bear Patriarchy." The anecdotal character of this section is supported by field notes that have not yet been organized and coded. A thoroughly definitive and perhaps ethnographic version of this paper, with appropriate citations of both professionals and their subjects, awaits research time and funding.

12. Lili Elbe, *Man into Women: An Authentic Record of a Change of Sex. The True Story of the Miraculous Transformation of the Danish Painter, Einar Wegener [Andreas Sparre]* ed. Niels Hoyer [Ernst Ludwig Harthern Jacobsen], trans. from the German by H. J. Stenning, intro. Norman Haire (New York: E. P. Dutton & Company, 1933). The British sexologist, Norman Haire, wrote the introduction, thus making Hoyer's book a semi-medical contribution.
13. Hedy Jo Star (Carl Rollins Hammonds), *I Changed My Sex!* (Publisher unknown, 1955). Star's book has disappeared from history, and I have been unable to find reference to it in any library catalog. Having held a copy in my hand, I am sorry I did not hold tighter.
14. There was at least one other book published during this period, Renée Richards's *Second Serve*, which is not treated here.
15. Niels Hoyer was a pseudonym for Ernst Ludwig Harthern Jacobson; Lili Elbe was the female name chosen by the artist Einer Wegener, whose give name was Andreas Sparre. This lexical profusion has rich implications for studies of boundaries of self; see, for example, Allucquère Rosanne Stone, "Virtual Systems," in *Zone 6: Incorporations* (New York: Urzone [MIT Press], 1992).
16. Hoyer 163.
17. Hoyer 147.
18. Morris 174.
19. In *Conundrum*, Morris does describe a period in her journey from masculine to feminine (from a few years before surgery to immediately afterward) during which her gender was perceived, by herself and others, as ambiguous. She is quite unambiguous, though, about the moment of transition from *male* to *female*.
20. Gender reassignment is the correct disciplinary term. In current medical discourse, sex is taken as a natural fact and cannot be changed.
21. Morris 140. I was reminded of this account on the eve of my own surgery. Gee, I thought on that occasion, it would be interesting to magically become another person in that binary and final way. So I tried it myself—going to the mirror and saying goodbye to the person I saw there—and unfortunately it did not work. A few days later, when I could next get to the mirror, the person looking back at me was still me. I still don't understand what I did wrong.
22. Canary Conn, *Canary: The Story of a Transsexual* (New York: Bantam, 1977) 271. Conn had her surgery at the clinic of Jesus Maria Barbosa in Tijuana. In this excerpt she is speaking to a Mexican nurse; hence the Spanish terms.

23. Star.
24. I admit to being every bit as astounded as the good Doctor, since except for Hoyer's account there are no other records of change in vocal pitch or timbre following administration of hormones or gender reassignment surgery. If m/f transexuals do succeed in altering their vocal characteristics, they do it gradually and with great difficulty. But there are more sufficient problems with Lili Elbe's "true story," not the least of which is the scene in which Elbe finally "becomes a woman" by virtue of her physician's *implanting into her abdominal cavity a set of ovaries*. The attention given by the media in the past decade to heart transplants and diseases of the immune system have made the lay public more aware of the workings of the human immune response, but even in 1936 Hoyer's account would have been recognized by the medical community as questionable. Tissue rejection and the dream of mitigating it were the subjects of speculation in fiction and science fiction as late as the 1940s; for example, the miracle drug "collodiansy" in H. Beam Piper's *One Leg Too Many* (1949).
25. Hoyer 165.
26. Hoyer 170. For an extended discussion of texts that transmute submission into personal fulfillment see Sandy Stone, "Sweet Surrender: Gender, Spirituality, and the Ecstasy of Subjection; Pseudotranssexual Fiction in the 1970s," forthcoming.
27. Hoyer 53.
28. Hoyer 53.
29. Hoyer 134.
30. Hoyer 139. Lili Elbe's sex change took place in 1930. In the United States today, the juridical view of successful male-to-female sex change is still based upon lack; for example, a man is a woman when "the male generative organs have been totally and irrevocably destroyed." (From a clinic letter authorizing a name change on a passport, 1980.)
31. Hoyer 125.
32. Hoyer 139. I call attention in both preceding passages to the Koine Greek verb *endeuein*, referring to the moment of baptism, when the one being baptized enters into and is entered by the Word; *endeuein* may be translated as "to enter into" but also "to put on, to insinuate oneself into, like a glove"; viz. "He [sic] who is baptized into Christ shall have put on Christ." In this intense homoerotic vein in which both genders are present but collapsed in the sacrifi[c]ed body see such examples as Fray Bernardino de Sahagun's description of rituals during which the officiating priest puts on the flayed skin of a young woman in Sir James

George Frazer, *The Golden Bough: A Study in Magic and Religion* (London: Macmillan, 1911) 589–591.

33. The evolution and management of this problem deserves a paper in itself. It is discussed in capsule form in *Proceedings of the Second Interdisciplinary Symposium on Gender Dysphoria Syndrome*, ed. Donald R. Laub and Patrick Gandy (Stanford: Division of Reconstructive and Rehabilitation Surgery, Stanford Medical Center, 1973) and in Janice M. Irvine, *Disorders Of Desire: Sex and Gender in Modern American Sexology* (Philadelphia: Temple UP, 1990).
34. Laub and Gandy 7. Fisk's full remarks provide an excellent description of the aims and procedures of the Stanford group during the early years, and the tensions of conflicting agendas and various attempts at resolution are implicit in his account. For additional accounts, see both Irvine and Shapiro.
35. Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian Press, 1966). The paper that was the foundation for the book was published as "Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes" in the *American Journal of Psychotherapy*, vol. 8 (1954): 219–230. A much earlier paper by D. O. Cauldwell, "Psychopathia transexualis," in *Sexology*, vol. 16 (1949): 274–280, does not appear to have had the same effect within the field, although sex researcher John Money still pays homage to it by retaining Cauldwell's single-s spelling of the term. In early documents by other workers one may sometimes trace the influence of Cauldwell or Benjamin by how the word is spelled.
36. Laub and Gandy 8, 9.
37. The problem here is with the ontology of the term "genital," in particular with regard to its definition for such activities as pre- and postoperative masturbation. Engenderment ontologizes the erotic economy of body surface; as Judith Butler points out, engenderment polices which parts of the body have their erotic components switched off or on. Conflicts arise when the *same* parts become multivalent; for example, when portions of the [physical male] urethra are used to construct portions of the [gendered female in the physical male] neoclitoris. I suggest that we use this vertiginous idea as an example of ways in which we can refigure multivalence as intervention into the constitution of binary gendered subject positions; in a binary erotic economy, "Who" experiences erotic sensation associated with these areas? (Judith Shapiro raises a similar point in her essay, "Transsexualism: Reflections on the Persistence of Gender and the Mutability of Sex" in *Body Guards*. I have chosen a site geographically quite close to the one she describes, but hopefully more ambiguous, and therefore more dissonant in these discourses in which dissonance can be a powerful and productive intervention.)

38. This act in the borderlands of subject position suggests a category missing from Marjorie Garber's paper "Spare Parts: The Surgical Construction of Gender," in *Difference*, vol. 1 (1990): 137–159; it is an intervention into the dissymmetry between "making a man" and "making a woman" that Garber describes. To a certain extent it figures a collapse of those categories within the transsexual imaginary, although it seems reasonable to conclude that this version of the coming-of-age story is still largely male—the male doctors and patients telling each other stories of what Nature means for both Man and Woman. Generally female (female-to-male) patients tell the same stories from the other side.
39. The terms "wringing the turkey's neck" (male masturbation), "crash landing" (rejection by a clinical program), and "gaff" (an undergarment used to conceal male genitalia in preoperative m/f transsexuals), vary slightly in different geographical areas but are common enough to be recognized across sites.
40. Based upon Norman Fisk's remarks in Laub and Gandy 7, as well as my own notes. Part of the difficulty, as I discuss in this paper, is that the investigators (not to mention the transsexuals) have failed to problematize the phrase "wrong body" as an adequate descriptive category.
41. Walters and Ross.
42. I use the word "clinical" here and elsewhere while remaining mindful of the "Pyrrhic victory" of which Mehl spoke. Now that transsexualism has the uneasy legitimacy of a diagnostic category in the DSM, how do we begin the process of getting *out* of the book?
43. The actual meaning of "GG," a m/f transsexual slang term, is "genuine girl" (sic), also called "genny."
44. Judith Butler, *Gender Trouble* (New York: Routledge, 1990).
45. The opposite of passing, being *read*, provocatively invokes the inscription practices to which I have referred.
46. I am suggesting a starting point, but it is necessary to go much further. We will have to question not only how *body* is defined in these discourses, but to more critically examine who gets to say *what* "*body*" means.
47. In case the reader is unsure, let me supply the clinically correct answer: "No."
48. It is useful as well as gratifying to note that since the first version of this essay appeared in 1991, several coalition groups, one of which is appropriately named *Transgendered Nation*, have begun actively working to bring the rich diversity within transgendered communities to public attention. Their action at the 1993 conference of the American Psychological Association, which was debating the appropriateness of continuing to include transsexuality in the next edition of the official diagnostic

- manual (DSM), appeared brave and timely. Of course, several arrests (of transgendered demonstrators, not psychologists) ensued.
49. These essays appeared in *Body Guards: The Cultural Politics of Gender Ambiguity*, ed. Kristina Straub and Julia Epstein (New York: Routledge, 1991).
 50. For an elaboration of this concept, see Donna Haraway, "The Promises of Monsters: A Regenerative Politics of Gender for Inappropriate/d Others," *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson, and Paula Treichler (New York, Routledge, 1990).
 51. Jacques Derrida, "La loi du genre/ The Law of Genre," trans. Avital Ronell, *Glyph*, vol. 7 (1980): 176 (French), 202 (English).
 52. I also call attention to Gloria Anzaldúa's theory of the Mestiza, an illegible subject living in the borderlands between cultures, capable of partial speech in each but always only partially intelligible to each. Working against the grain of this position, Anzaldúa's "new mestiza" attempts to overcome illegibility partly by seizing control of speech and inscription and by writing herself into the discourse. The stunning "Borderlands" is a case in point; Gloria Anzaldúa, *Borderlands/La Frontera: The New Mestiza* (San Francisco: Spinsters/Aunt Lute, 1987).

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