

Transsexuality

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Transsexuality was first introduced to a broad public audience by Harry Benjamin in his 1966 book, *The Transsexual Phenomenon*. Drawing on the insights of German sexologists from the late nineteenth century like Karl Heinrich Ulrichs, Benjamin identified transsexuality as a condition driven by gender dysphoria, or a feeling of discomfort, distress, or sadness over one's assigned gender role. In a metaphor that has retained its potency for over a century, Ulrichs described the experience that Benjamin labeled as transsexuality as that of being "a female soul enclosed within a male body." According to Benjamin's typology of gender non-normativity, which includes multiple categories of individuals who do not adhere to expectations for their assigned sex and who may experience gender dysphoria, transsexuals experience a deep and enduring identification with the gender role "opposite" to their assigned sex. Key in Benjamin's account of transsexuality is a separation between homosexuality (same-sex desire), transvestism (cross-dressing in the absence of self-identification with the other sex), and transsexuality (identification with the other sex extending beyond self-presentation). Benjamin's volume lays out diagnostic criteria for the "true transsexual," etiological theories for transsexual development, and recommendations for treatment in the form of hormone therapy and surgery. These ideas have remained influential in the intervening decades even as many of the particulars of his account have fallen out of popularity

(such as the distinction "true" and "pseudo" forms of transsexuality) and sex-changing medical practices have extended beyond the particular Western subjectivities centered by Benjamin and his colleagues.

The rise of transsexuality as a concept, then, occurred in tandem with the development of medical techniques, procedures, and practices that allow transsexuals to bring their bodies in line with sociocultural expectations for members of the gender with which they self-identify. The connection between transsexuality and medicine established by Benjamin and furthered by transsexuals' demand for medically administered body-changing technologies created a lasting impression that transsexuality is first and foremost a medical condition. For some transsexuals, this association provides legitimacy in the face of intense social stigma, while others consider transsexuality to be characterized by pathologizing discourses about gender variance. In trans activism, this schism is currently reflected in the sometimes contentious debate about whether to end the psycho-medical diagnosis of transsexuality. The replacement of gender identity disorder with gender dysphoria in the 2013 revisions of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 2013) constitutes an attempt to answer this critique by shifting the locus of pathologization away from transsexuals' identities and toward the experience of gender dysphoria.

The medical and pathological associations attached to transsexuality were intensified by the coinage and ascent of the word *transgender*, which offered an alternate framework of trans identification for those who might otherwise be classified as (pseudo)

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transsexuals. First introduced in the late 1960s by Virginia Prince, an American activist for self-identified heterosexual male cross-dressers, *transgender* originally referred to those who make a social transition from one gender role to another without pursuing a change in physiological sex. In the 1990s, the word came to serve as an umbrella label for English speakers that included transsexuals, transgenderists (a now outdated term that has been replaced by the phrase *transgender people*), and others who do not fit easily into culturally dominant classifications of gender and/or sex. More than an umbrella label, though, transgender represented a shift away from the compulsory gender normativity that characterized diagnoses of transsexuality. The diagnostic criteria identified by Benjamin and enacted by several generations of medical practitioners who followed relied on their own contemporary – and heavily racialized, classed, and otherwise culture-bound – models of gender normativity. The “true” male-to-female transsexual not only self-identified as a woman, but also preferred normatively feminine occupations and pastimes, wished to attain a physical appearance considered feminine and attractive by hegemonic cultural standards, and was exclusively attracted to men. Some doctors notoriously even used their own degree of sexual attraction to a patient as one measure of whether she would have a “successful” transition. Without displaying these attributes, a patient would likely be denied services by the gender identity clinics that were a primary source of institutionally sanctioned sex-changing interventions for much of the twentieth century. This gatekeeping process ensured that medical establishments treating transsexuals did not produce women or men who would fundamentally disrupt the gender order; transsexuals should blend into society rather than challenge it. It is in this context that transsexuality came to stand for not only

body modification over non-modification, but also gender normativity over gender subversion and assimilation into the new gender role over its denaturalization. Today, many who could be classified as transsexual based on their diagnosis and/or pursuit of body-changing medical technology nevertheless make use of *transgender* or simply *trans* as their preferred identity label.

Despite the cultural shift toward transgender, both as a terminological choice and as a distinctive subjectivity, research on transsexuality remains a significant force in the framing of academic work on trans issues. As might be expected based on the intellectual history detailed above, one line of inquiry in this body of work consists of medical research on the physiological processes of transsexual transition. However, a more recent humanistic and social scientific literature aims to recuperate transsexuality by virtue of its connection to sexed embodiment. Indeed, the theorization of the gendered body has become one of the primary projects of transgender studies as an interdisciplinary field. In this work, strictly medico-scientific notions about embodiment are discarded in favor of psychosocial, poststructuralist, and culturally contingent understandings of the body. Ultimately, however, scholars of transgender studies have expressed skepticism of purely discursive theories of sex associated with queer theory, and instead aim to blend poststructuralist and materialist approaches to embodiment that allow for a recognition of the importance trans people themselves place on corporeality as well as the ways trans bodies are a site of regulation and surveillance in transphobic cultural and institutional contexts.

SEE ALSO: Embodiment and the Phenomenological Tradition; Intersexuality; Queer Theory; Sex Reassignment Surgery; Transgender Movements in International

Perspective; Transgender Movements in the United States; Transgender Politics

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