

Transgender Identities, Intimate Relationships and Practices of Care

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Contents

Acknowledgements		i
Abstract		ii
Introduction		1
Part 1	Analytical and Theoretical Approaches	
Chapter 1	Theorising Transgender	12
Chapter 2	Analysing Care and Intimacy	59
Chapter 3	The Methodology of the Research	84
Part 2	Practices of Identity	
Chapter 4	Transgender Identities and Experiences	108
Chapter 5	Gender Identities and Feminism	158
Chapter 6	Sexual Identities	178
Part 3	Practices of Intimacy and Care	
Chapter 7	Partnering and Parenting Relationships	208
Chapter 8	Kinship and Friendship	239
Chapter 9	Transgender Care Networks	257
Chapter 10	Conclusions	275
Bibliography		283
Appendix 1		294
Appendix 2		297

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Introduction

Situating the Research

This thesis explores a range of gender identities, which fall under the broad umbrella of 'transgender'. The term transgender relates to a diversity of practices that call into question traditional ways of seeing gender and its relationship with sex and sexuality. Used broadly, the concept of transgender is extensive in its address; incorporating practices and identities such as transvestism, transsexuality, intersex, gender queer, female and male drag, cross-dressing and some butch/femme practices. Transgender may refer to individuals who have undergone hormone treatment or surgery to reconstruct their bodies, or to those who cross gender in ways which are less permanent. Transgender has also been referred to as 'gender blending', 'gender mixing', 'gender fucking' and 'gender crossing' (Ekins and King, 1996). In this thesis 'transgender' is used as an umbrella term to denote a diversity of practices which involve embodied movements across, between, or beyond the binary categories of male and female. Thus I use the term 'transgender' to refer to transsexual identities and practices, and those which are articulated from a variety of other (trans) gender positions.¹

In recent years, transgender has emerged as a subject of increasing social and cultural interest. During the four- year course of this research², several television documentaries³ and numerous journalistic pieces have focused upon the experiences of trans people; transgender characters have appeared in mainstream films⁴, and cross-dressing performers such as Eddie Izzard, Lilly Savage and RuPaul continue to draw large

¹ It is important to note that 'transgender' is a contested concept. The term was first developed to articulate the identities of gender diverse people who chose not to have gender reconstructive surgery. However, increasing numbers of transsexuals prefer the term 'transgender' as transsexuality concerns gender rather than sexuality (Monro, 2004). Additionally, many trans people disassociate themselves from the term 'transsexual' due to its conception as a medical concept. Other transsexuals, however, dislike the term; believing that it is too broad and problematically incorporates a range of dissimilar trans identity positions.

² The research was conducted between 2000 and 2004.

³ Examples of recent UK television documentaries are *Sex-Change Children* (Horizon, BBC2, 2001), *The Brandon Teena Story* (Channel 4, 2002) and *Changing Sex* (Channel 4, 2004)

⁴ Examples of recent films about transgender, or featuring trans people, include *All About My Mother*, *Boys Don't Cry*, *Tootsie*, *Different for Girls*, *Southern Comfort* and *Flawless*.

audiences. The most recent and wide reaching cultural representation of transgender arose from the reality television show *Big Brother 5*, whose housemate and winner was twenty-seven year old trans woman Nadia Almada. Nadia emerged from the *Big Brother* house with four million votes, which represented seventy four percent of the total vote. In and out of the house, Nadia has received extensive television and newspaper coverage, leading *Observer* columnist Barbara Ellen to comment that:

The triumph of a Portuguese transgender woman in the nation's greatest unofficial popularity contest threw up important questions about Britain today. Are attitudes shifting? Is there a greater tolerance and broadmindedness, at least among the nation's youth? Or is it unwise to attach too much sociological significance to a moment floating out from reality television's own bubble machine, perhaps doomed to pop and splatter as it hit genuine reality?

(Ellen, 2004)

For Christine Burns, of transgender political lobbying group and educational organisation *Press for Change*, Nadia has emerged as an unlikely role model: 'I never in my wildest dreams imagined that after all these years it would be a big-breasted golden-hearted Portuguese nicotine junkie who really turned people's ideas about us upside down' (Burns, 2004). Similarly, Lynne Jones, MP and Chair of the *Parliamentary Forum on Transsexualism* says: 'The Big Brother result indicates people haven't got the kind of prejudices that would in the past have prevented them voting for a transsexual housemate. They're just voting for her as a woman in her own right. The fact of her being transsexual is not important' (Jones, 2004).

Shifting attitudes towards trans people are also evident through recent legislative changes brought by the *Gender Recognition Act (GRA)*. The GRA marks a key shift in attitudes towards trans people, representing the civil recognition of gender transition through enabling the change of birth certificates and enabling trans people to marry in their

acquired gender. Whilst not wishing to discount the continued existence of transphobia⁵, these cultural and legislative developments suggest that gender diversity is acquiring visibility in contemporary society. Such developments mark transgender as an important and timely area of sociological study.

Research Focus

This thesis is an empirical sociological study, which examines the personal and social experiences of transgender in relation to the formation of individual and collective identities, intimate relationships, and individual and collective practices of care. The thesis addresses three central research questions:

- 1 What are the similarities and the differences between and within individual and collective identities that fall within the broad category of 'transgender'?
- 2 How does gender transition⁶ impact upon partnering and parenting relationships, family and kinship bonds, and friendships?
- 3 How do collective meanings and practices of care operate within transgender support groups?

The study addresses both Male to Female (MtF) and Female to Male (FtM) transgender practices, and includes people who identify as transsexual, as well individuals who articulate other fluctuating gender identities. Thus the study addresses a range of transgender positions, which differ in degrees of temporality. Findings show that many trans people consciously explore the possibilities of creating embodied practices that subvert dominant codes of gender categorisation and sexual classification. Furthermore, many of these individuals move beyond those constraints of traditional ways of thinking about transsexualism, which have been expressed in terms of the discovery of a hidden,

⁵ 'Transphobia' is prejudice or discrimination against trans people. This can include harassment, violence and the restriction of medical, legal and civil rights.

⁶ In using the term 'transition' I am referring to a move between or across the gender categories of male or female. This may be a temporary shift (i.e. through cross-dressing) or a more permanent shift (i.e. through the use of hormone therapy or surgical reconstruction).

essential self. In contrast, findings show that some transgender identity positions offer the possibility of transgressing the fixed binary categories of male and female to different degrees and with varying levels of permanence. Findings suggest that transgender communities are raising new questions around the construction of the embodied individual and pose a challenge to traditional feminist, and lesbian and gay discourse. The debate within transgender studies⁷ around how identities are formed and the extent to which we are able to re-create our own identities, goes to the heart of contemporary sociological investigations into gender and sexual identity and is significant for questions of embodied, social and personal identity. This thesis aims to contribute to these lines of inquiry.

Findings show that while some contemporary transgender identity positions can be related to postmodern analyses of gender fluidity and correspond with the deconstructive narratives of queer theory, other transgender narratives articulate embodied practices which conflict with ideas of gender mutability. The complexities within these divergent subjectivities are under-researched within sociological studies of identity, and are largely invisible in analyses of intimate social practices and within studies of social and collective movements. By conducting in-depth interviews with a diversity of trans people (see Chapter 3: *The Methodology of the Research*) this research aims to pay attention to a diversity of transgender experiences and identity positions.

Although several empirical studies of transgender have been carried out outside of the UK, and particularly in the US (Devor, 1997, 1998; Gagne et al, 1997, 1998; Bolin, 1998; Griggs, 1998; Cromwell, 1999; Broad 2002), few of these are located within the discipline of sociology⁸, most being anthropological studies. In the UK there has been scant social scientific empirical research on transgender. While Monro's (2003, 2004, forthcoming) work is an exception to the scarcity of empirical studies of transgender in

⁷Trans Studies is an interdisciplinary field of study, which developed in the mid- to- late 1990s and is largely based in the US. Stryker writes that trans studies 'promises to offer important new insights into such fundamental questions as what bodies mean or what constitutes human personhood' (Stryker, 1998:155).

⁸The exceptions are Devor's (1997,1998) and Broad's (2004) sociological studies on transgender.

the UK, her focus on transgender politics differs substantially from my research on transgender practices of identity, intimacy and care. This research represents the first UK sociological study to focus upon the personal and social experiences of transgender. Moreover, my research is the first empirical study of transgender practices of intimacy and care.

Whilst there has been a steady growth of sociological work on the shifting meanings and practices of intimacy and care, a literature search for this thesis revealed a dearth of studies, or indeed references to, the nature of intimacy and care within transgender networks and communities. Recent work (Weeks, 1995; Carabine, 1996; Dunne, 1999; Weeks et al, 2001; Roseneil, 2002, 2003) has challenged the heteronormative assumptions within studies of intimacy and care by examining intimate and caring practices within lesbian and gay communities, families and friendship networks. However, transgender lives and experiences remain absent from this framework, which rests on a naturalised binary gender model that recognises only male or female gender categories. In accounting for gender diversity, this research aims to contribute to the body of work on non-normative practices of intimacy and care.

As transgender activists insist upon social and political recognition, transgender issues are coming to be acknowledged within social and cultural theory, however, social policy has yet to take account of the specificities of transgender experiences and needs. Likewise, literature on sexual citizenship (Plummer, 1995; 2000; 2003; Richardson, 2000; Weeks et al, 2001) brings new questions to citizenship debates, yet the place of trans people as gendered or sexual citizens remains neglected. By exploring a diversity of transgender identities and in addressing the areas of intimacy and care within a transgender context, the research aims to contribute to understandings of a marginalised community.

The research is linked to the ESRC project *Care, Values and the Future of Welfare* (CAVA)⁹, which is a five-year study into changes in parenting and partnering and the future policy implications of these. My thesis fits with the aims of CAVA through its study of the impact of gender transition upon partnering and parenting relationships, kinship and friendship networks, and its focus upon collective values and practices of care within transgender support groups. The research reflects the importance I place on individual and collective agency, which corresponds with CAVA's examination of social change as articulated through shifts in family life and intimate relationships, and links with the theoretical approach of CAVA, which emphasises both individual and collective agency.

The research arises out of a continuous engagement with contemporary social and cultural theory, and is developed from a particular interest in gender and sexuality studies. In examining the ways in which transgender identities are subjectively understood and lived out in the 'everyday' on both an individual and a collective level, the research seeks to contribute to studies of shifting gender and sexual identities. Additionally, the research aims to contribute to the growing field of published literature within transgender studies by developing a greater knowledge of the diversities of transgender experience.

⁹ The ESRC research project *Care, Values and the Future of Welfare* was carried out at the University of Leeds between 1999 and 2004.

The Theoretical Location of the Thesis

Transgender raises questions about the formation of gender identities, and the extent to which we can shape and re-shape individual and collective gender identities. These matters are central to debates around contemporary gender and sexual identities and the materiality of the body within feminism, lesbian and gay theory, queer theory and transgender studies. Over the last decade, a divergent range of transgender identities have been articulated by individuals and groups who are moving away from the identity of transsexualism, which has existed as the dominant identity category for transgender individuals. Although some writers continue to articulate a transsexual narrative (Prosser, 1998), others are working to reshape the meanings of transgender and, in doing so, are problematising normative taxonomies of gender and sexuality (Stone, 1991; Bornstein, 1994; Halberstam, 1998). Influenced by the deconstructive narratives of poststructuralism, queer theory and pluralist strands of feminism, the pertinent question within transgender discourse has become what is the 'right' body? (Halberstam, 1998).

Theoretically the thesis explores questions of gender and sexual identity formation and categorisation in order to examine the challenge transgender theory brings to feminism, gay and lesbian theory, and queer theory. The thesis evaluates the strengths and limitations of these theoretical fields in relation to transgendered embodied practices, and considers their relevance to the theorisation of shifting forms of gendered identities. I explore the ways in which these shifts feed into wider theoretical debates around the meanings of gender, sexuality and embodiment, and consider the challenges transgender projects bring to current discourses around gender and sexual identities by engaging with existing academic debates around the concepts of 'performativity' (Butler, 1990) and 'reflexivity' (Giddens, 1992; Beck, 1994). In addressing the formation of collective identities, I examine the relationship between transgender communities and the history and contemporary organisation of lesbian and gay activism, queer politics and feminism.

My work is influenced by social theories of identity (Giddens, 1991, 1992; Beck 1992; Bauman, 1996), which are concerned with the historical development of self-identity.

However, I also engage directly with poststructuralist cultural theory (Weedon, 1987; Butler, 1991, 1993), which seeks to problematise and deconstruct identity categories. Over the last decade the influence of poststructuralism upon queer theory has led to a critique of the binary construction of identity categories and the theorisation of such hierarchical dualities as volatile. Butler's (1990, 1993) work for example, facilitates an analysis of how power is reproduced through binary gender identity formations, and enables an understanding of the means by which normative discourses and practices may be resisted. Poststructuralist and queer approaches have a tendency, though, to concentrate upon fluctuating identities and thus omit identities which may be subjectively articulated as somewhat determined (Epstein, 1990). With the aim of building on the strengths and overcoming the weaknesses of a queer approach to identity, I work with a model of identity which recognises the complex and processual nature of identity formation, and is attentive to the multiple and fluid elements within identity positions, whilst also remaining aware of subjective accounts that suggest a more determined experience of identity. A key theoretical aim of the thesis then, is to bridge the gap between social theories and post-structuralist accounts of gender identity formation. From a base in empirical sociology, which utilises substantive data, I draw on and contribute to these different theoretical traditions. Here I have been influenced by calls for a queer sociology (Seidman, 1996; Roseneil, 1999, 2000), which proposes that:

A queer sociological perspective would bring queer theory's interrogation of identity categories into dialogue with a sociological concern to theorize and historicize social change. (Roseneil, 2000)

Queer sociology examines how power is discursively and materially produced and resisted at a macro level, alongside analysing subjective experience at a micro level. Such a theoretical approach may be used to overcome the disparities between social theories of identity and poststructuralism by signalling a 'transformative project of social theory, in which theory functions as an agent of change in the everyday world' (Namaste, 2000: 33). In exploring transgender practices of identity, intimacy and care from within a queer sociological framework, the thesis aims to highlight the nuances and complexities

of 'transgender' as they are experienced and understood on both an individual and collective level within contemporary society.

Complementing the interdisciplinarity of queer sociology, this research comes out of two bodies of work. First, sociological work which explores non-normative practices of intimacy and care in the UK (Weeks, 1995; Carabine, 1996; Dunne, 1999; Weeks et al, 2001; Roseneil, 2000, 2002, 2003) and, second, transgender studies, which is largely US based and non-sociological. In adopting a queer sociological approach to transgender practices of identity, intimacy and care, my aim is to incorporate gender diversity into studies of non-normative practices of intimacy and care, and to bring a social analysis to transgender theory.

Chapter Outline

The thesis is structured into three parts:

- Part 1 *Analytical and Theoretical Approaches* includes chapters 1 -3:

In Chapter 1 *Theorising Transgender* I review key theoretical approaches to transgender and locate the thesis within these disciplinary and sub-disciplinary fields. In Chapter 2 *Analysing Care and Intimacy* I review key theoretical approaches to care and intimacy, and explore how the thesis connects to this area of work. In Chapter 3 *The Methodology of the Research* I outline the specific methods and research concerns of the thesis.

- Part 2 *Practices of Identity* includes chapters 4-6:

In Chapter 4 *Transgender Identities and Experiences* I explore the construction of transgender identities. I first address how participants understand and experience gender in childhood. I then move on to explore the formation of transgender identities. The next section considers the place of 'significant moments' within narratives of transgender identity formation. I then consider the notion of the 'wrong body' within the contexts of

medical discourse and practices, and in relation to subjective understandings of embodiment. Next, the theme of embodiment is developed to explore the impact of bodily changes upon identity. The following section considers the relevance of analysing transgender identity positions as gender performances and looks at discourses around gender authenticity. The final part of the chapter explores the ways in which transgender identities are linguistically articulated to produce distinct identity positions.

In Chapter 5 *Gender Identities and Feminism* I consider participants' narratives of (trans) gender identity. First I explore the similarities and differences between and within gendered identity positions. Subsequent sections of the chapter consider the relationship between transgender and feminism, and look at the ways in which gender politics are variously articulated by trans male and trans female participants.

In Chapter 6 *Sexual Identities* I address the relationship between gender transition and sexual desire, identity and practice. The first section looks at how sexuality is located as a fluid process within participants' narratives. Second, I examine the ways in which sexual desire, identity and practice are subjectively articulated as stable factors, and consider the links between sexuality and gendered experiences of embodiment. The final section of the chapter moves on to address the relationship between transgender and lesbian and gay communities, and considers the links between transgender and queer theory and activism by examining the commonalities and contradictions between different transgender and queer communities.

- Part 3 *Practices of Intimacy* includes chapters 7-9:

In Chapter 7 *Partnering and Parenting Relationships* I consider the impact of transition upon partnering and parenting relationships. The first section explores the narratives of participants who have maintained intimate relationships through and after transition, and looks at continuities and changes within these relationships. The next section looks at the experiences of participants whose relationships have broken down through transition and considers the formation of new relationships following transition. The final part of

the chapter addresses the narratives of trans people who are parents to explore how transition impacts upon parenting relationships.

In Chapter 8 *Kinship and Friendship* I explore the ways in which transition impacts upon relationships with family members and friends. The first section considers the process of gender transition within the context of familial relationships. I then move on to look at the role of friendship within participants' narratives of gender transition. The final section of the chapter examines the notion of 'friends as family' within these narratives.

In Chapter 9 *Transgender Care Networks* I address the practices of care within transgender support groups. I first look at the specific practices of care transgender support groups provide. Second, I explore the significance of support groups in relation to the notion of shared experience, and look at the values that matter to participants in relation to the giving and receiving of care within support groups. I then move on to consider the extent to which transgender support groups fill a care gap in professional care. Finally, I consider the complexities of involvement in support groups in relation to moving beyond a transgender identity.

Chapter 1: Theorising Transgender

Introduction

This chapter explores how the study of transgender has been treated in different theoretical approaches, in order to harness the strengths and weaknesses of a range of perspectives on transgender, and to position my own analytical approach within these bodies of work. I begin this review of theoretical approaches to transgender by engaging with medical models of transvestism and transsexuality. Whilst transgender practices themselves stretch infinitely back in time, the study of transgender within medical discourse is relatively recent, extending over around 100 years (Califia, 1997). Medical perspectives on transgender have, however, come to occupy a dominant position which has significantly affected how transgender is viewed and experienced within contemporary western society. Thus Ekins and King argue:

[...] medical perspectives stand out as the culturally major lens through which gender blending may be viewed in our society. Other perspectives must take medical perspectives into account whether they ultimately incorporate, extend or reject them. (Ekins and King, 1996:75)

The following sections are organised around critiques of medical models of transgender brought by varied strands of social and cultural theory. First I consider ethnomethodology, which provided an initial critique of medical perspectives on transgender practices. Ethnomethodological studies importantly located gender at the level of the social, and analysed how 'common sense' methods of understanding gender are acted out in everyday exchanges. Nevertheless, this approach firmly emphasises a binary model of gender, and assumes that all individuals fall within either a male or a female gender category. In the next two sections of the chapter I examine how a medical approach to transgender has been critiqued through lesbian and gay studies and radical feminist writing. Here medical discourse is positioned in relation to heterosexist and patriarchal oppression. However, as I will explore, many lesbian and gay writers and

feminist theorists have effectively reinforced the positioning of the transgender individual as 'outsider'. Next I consider the ways in which other feminist writers have attempted to develop perspectives on gender and sexuality which move away from positioning transgender practitioners as deviant. Yet the limitations of feminism linger for a progressive understanding of transgender. As Monro argues: 'Findings indicate that any form of feminism is problematic as a basis for analysing trans in that its locus rests on male–female categorisation' (Monro, 2000:36). This critique can also be applied to lesbian and gay theory.

Poststructuralist and postmodernist feminist work and queer theory are more helpful for developing a contemporary understanding of transgender. The following part of the chapter explores how 'identity' as an aspect of a unified essential subject, is deconstructed through these bodies of thought, which attempt to move beyond the fixed binary models imposed within normative taxonomies of gender and sexuality. Further, these perspectives work to subvert categories of sexuality which inextricably tie sex to gender. I then move on to consider how the lack of attention to subjectivity within poststructuralism and queer theory is problematic for a grounded theorising of transgender. The final section of this chapter considers the different theoretical positions within the developing interdisciplinary field of transgender studies

The Medical Construction of Transsexuality

In the nineteenth hundreds, transgender practices became incorporated into what Foucault (1978) conceptualises as the medicalisation of the sexually 'peculiar'. Medical studies initially classified transvestism around 1910 and later transsexuality in 1950 (King, 1996). Before this, transgender had been discussed as a fetishistic practice and through the terms 'sexual inversion' or 'contrary sexual feeling' used to describe homosexuality (King, 1996:80). Once the practices of transvestism and transsexuality had been conceptualised and separated from homosexuality, transgender was pathologised through medical discourse. Medical intervention was both diagnostic and curative. Sexual historians (Weeks, 1977, Foucault, 1978) have illustrated how medicine began to take an

increasingly dominant role in the construction of ideas and attitudes around sexuality during the nineteenth century. Central to the medical profession's burgeoning interest in matters sexual was the attempt to classify all acts of non-procreative sex. Alongside homosexuality, practices, which we may now discuss as transgendered, were classified as separate categories of sexual behaviour. This is not to locate transgender practices themselves as developing during this period. A complete history of transgender is beyond the scope of my work; however studies have dated the existence of transgender practices back to the Middle Ages (Feinberg, 1996). In their various guises then, these practices stretch well back in time. What is significant about our starting point is that during the early years of the nineteenth century, the practices of transgender became specifically classified and conceptualised. Thus the naming of transgender practices during the first half of the nineteenth century produced distinct ways of thinking about transgender individuals.

The conceptualisation of the transvestite, and later the transsexual, was established through the separation of transvestism from homosexuality. This development is evident in the work of early sexologists Hirschfeld (1910) and, later, Ellis (1938). In attempting to make homosexuality more socially acceptable, these writers defined homosexuality in relation to hormone balance. Linking homosexual practices to sex glands and hormones, Hirschfeld for example, sought to shift the dominant medical and legal consensus of homosexuality as a 'natural' aberration. Hirschfeld's study *Transvestites* (1910) was seminal in distinctly classifying the practice of cross-dressing. He defined transvestism as 'the impulse to assume the external garb of a sex which is not apparently that of the subject as indicated by the sexual organs' (Hirschfeld cited in King, 1996:82). The term transvestite was coined and transgender practices were set apart from homosexuality for the first time. Ellis further separated transgender practices from homosexuality by arguing against the prevalent correlation of same-sex desire and cross-dressing. The work of Hirschfeld and Ellis had two important consequences. First, transsexuality was disassociated from homosexuality and second, transsexuality became separated from transvestism.

Although dominant medical and psychiatric discourse was slow to acknowledge transvestism, transvestite practices were gradually viewed as established ‘perversions’. Following the conceptualisation of transvestism, curative practices developed which laid the ground for what became to be known as ‘sex–change’ operations, or latterly as ‘sex - reassignment’ procedures. In his work during the 1950s, the medical practitioner and campaigner for sexual reform, Benjamin controversially argued for the acceptance of ‘sex-change’ surgery within medical practice by distinguishing between transvestism and transsexuality:

Transvestism [...] is the desire of a certain group of men to dress as women or of women to dress as men. It can be powerful and overwhelming, even to the point of wanting to belong to the other sex and correct nature’s anatomical ‘error’. For such cases the term transsexual seems appropriate.

(Benjamin cited in King, 1996:86)

The classification of transsexuality re-positioned transvestism as a less significant pursuit, while the transsexual became the deviant proper. According to Benjamin, the biological deficiencies which may result in homosexuality or transvestism, were also responsible for the transsexual ‘condition’: ‘if the soma is healthy and normal no severe case of transsexualism, transvestism or homosexuality is likely to develop [...]’ (1953:13).

King’s (1996) case studies of Roberta Cowell and George Jamieson illustrate the different medical attitudes towards transsexual individuals who enquired about surgery in 1950s Britain. Cowell, who was 34 years old and from an upper class background, had been taking female hormones for three years when she found a plastic surgeon who agreed to construct her vagina. In contrast, Jamieson, whose identity would later change to April Ashley, was 18 and from a working class area of Liverpool. She received hospital psychiatric treatment and moved abroad for surgery that was denied in Britain. Access to reconstructive surgery during this time then, was highly dependent upon social class and social connections. Whilst genital surgery did take place in the 1950s, it was

unusual and most surgeons refused to perform these operations, leaving 'treatment' to the field of psychiatry. The few cases of surgery that did take place were theoretically explained through the cloudy notion of 'intersex':

Put simply (although these ideas were rarely expressed in a very sophisticated fashion), behaviour patterns or personality characteristics were seen to be dichotomised by sex in as clear cut a manner as the gonads, genital organs or other physical characteristics were supposed to be. Hence a 'male' personality with a 'female' body was as much an intersex mixture as breasts and a penis. Surgical and hormonal intervention in the case of transvestites, as in other intersex cases, was then seen to be concerned with restoring a natural harmony between the various (physical and psychical) sexual characteristics.

(King, 1996:90)

As access to surgical procedures became more readily accessible during the 1960s, the term 'transsexual' became restricted to individuals undergoing surgery, while the concept of transvestism was increasingly related to practices of cross-dressing. This period also witnessed the growth of American research into practices of transvestism and transsexuality.

Benjamin's *Transsexual Phenomenon* (1966), Stoller's *Sex Reassignment* (1968) and Green and Money's *Transsexualism and Sex Reassignment* (1969) are the most notable of the studies to emerge during the 1960s. This body of work introduced the notion of gender into discourses of transsexuality and significantly, gender came to be recognised independently of sex. As King explains:

Thus, it was no longer necessary to claim a biological cause of transsexualism in order to legitimise changing sex. If gender is immutable, even though psychologically produced, and if harmony between sex and gender is a precondition of psychic comfort and social acceptability, it 'makes sense' to achieve harmony by altering the body'. (King, 1996:94)

The theoretical shifts that accompanied the increasing acceptance of reconstructive surgery effectively strengthened the role of the medical practitioner. Benjamin argued that if surgery were refused, transsexuals would revert to self-mutilation or suicide, while Money argued that medical opinion should dictate public policy and legislation on transsexualism. It was believed that surgery enabled the 'true' self to emerge. Most practitioners aligned with psychological narratives which emphasised dysfunctional socialisation as the cause of this 'condition'.

Benjamin and Money were instrumental in the development of the concept of 'gender dysphoria', which from the 1970s began to replace the term 'transsexual' in medical writing. Gender dysphoria suggests that those seeking hormone therapy or surgery have been born, and so are living, in the 'wrong' body. Some practitioners and commentators (Fisk, 1973; Bockting and Coleman, 1987) argued that this term had greater scope as it could also be applied to individuals who fell outside of the traditional defining characteristics of transsexualism and thus allow for a more nuanced understanding of transgender. King, however, suggests that we can read less altruistic motives into the medical establishment's acceptance of the concept of 'gender dysphoria':

Gender dysphoria widens the area of expertise of interest of the practitioner. No longer is he or she concerned only with a special type of person, the transsexual, but all who suffer from gender dysphoria and potentially this includes not only transsexuals, transvestites and homosexuals but also those who are physically intersexual and indeed, possibly all of us suffer from it in a mild form.

(King, 1996:97)

By the late 1970s surgical procedures had become the orthodox method of 'treatment' (Cromwell, 1999). Yet these shifts did not alter the dominant perceptions of transgender as pathological, as trans theorist Cromwell personally discovered when he investigated the possibility of hormone therapy and surgery:

The research was to point out my error regarding the possibility of getting hormones and having surgery unless I was willing to admit to a diseased mind (psychosis, neurosis, schizophrenia, and delusions as well as perversion, bouts of depression, and paranoia) and submit to surgical mutilation. (Cromwell, 1999:4)

Thus contemporary medical perspectives continue along much the same lines as Benjamin's original explanations in the 1950s, as the 1996 report for the *Parliamentary Forum on Transsexualism* illustrates:

The weight of current scientific evidence suggests a biologically based, multifactoral aetiology for transsexualism. Most recently, for example, a study identified a region in the hypothalamus of the brain which is markedly smaller in women than in men. The brains of transsexual women examined in this study show a similar brain development to that of other women.

(Transsexualism: The Current Medical Viewpoint, 1996)

Moreover, the report positions hormone therapy and surgical reconstruction as *the* effective model of 'treatment', making no mention of the ways in which surgical procedures had been problematically employed. Early instances of reconstructive surgery were problematic on several levels. First, the initial motive of the surgeons, psychiatrists and psychologists is dubious. As Billings and Urban's (1996) research on gender reassignment practices show, these 'patients' represented a rich source of surgical experimentation:

Robert Stoller referred to transsexuals as 'natural experiments' offering a 'key stone for understanding the development of masculinity and femininity in all people'. Surgeons, too, were interested in sharpening their skills. Several told us in interviews that they regard sex – change surgery as a technical *tour de force* which they undertook initially to prove to themselves that there was nothing they were incapable of performing. Plastic surgeons, especially, found sex–change

surgery strategically important for expanding their disciplinary jurisdiction.
(Billings and Urban, 1996:103)

The development of reconstructive surgery therefore was ethically questionable. Second, market forces greatly influenced surgical procedures as gender reassignment surgery was viewed by the medical profession to be highly profitable. Studies have also questioned the ability of the medical professionals to prepare clients for the experience of the surgery itself and for post-operative life in general (Billings and Urban, 1996). The promotion of reconstructive surgery for research purposes or financial gain thus created a murky arena in which the client was frequently at a disadvantage. Consequently, Green (1969) formulated guidelines for fellow psychiatrists, which attempted to sustain a more responsible system of care. Green proposed that clients be provided with more detailed information of the effects and limitations of hormones and surgery, and argued for more comprehensive care before, during and after surgery. Green also presented a rare account of non-heterosexual transgender identities in describing an MtF transsexual who became a lesbian. In the main though, medical and psychiatric practitioners found the issue of transgender sexualities hard to comprehend. Transgender clients were believed to have highly problematic relationships with their bodies and sexual identities: 'disgusted by their genitals, transsexuals masturbate rarely and indulge less in sexual relationships with others' (Stoller cited in Cromwell, 1999: 131). Medical thinking assumed that a heterosexual identity would automatically follow surgery. People whose sexual identities fell outside of a heteronormative framework were generally denied access to surgical procedures (Cromwell, 1999). Following surgery, people were encouraged to erase their pre-operative identity and to carve out an entirely new identity. Medical professionals recommended they move to new locations, adopt new names and invent a past history in line with their new gender. They were advised to keep their transition a secret, even to future partners and close friends, and to avoid contact with other transsexual people so as not to draw attention to themselves (Cromwell, 1999).

The development of gender identity clinics in the 1970s was an attempt by some medical practitioners to break away from mainstream medical practice and to adopt a more

sensitive system of care however, the concept of gender dysphoria has remained as the key classificatory term within medical discourse and practice.

The concept of gender dysphoria and its connection with the advancement of reconstructive surgery is theoretically problematic in its perpetuation of a binary model of gender and sexuality, which is unable to account for practices and experiences of gender diversity. Though later medical insights represent a more complex understanding of transgender practices than were offered within founding medical perspectives, there remain serious problems in the correlation of transgender and biological or psychological pathology. As the following sections outline, the social and political implications of a biological disposition within contemporary medical discourse and practice has been variously critiqued by social theory.

Ethnomethodology and the Social Life of Gender

Led by American sociologist Garfinkel, ethnomethodology was concerned with ‘common sense’ knowledge of everyday life. Its premise was that the discipline's focus on the over-riding social structures within traditional sociology failed to recognise the meanings and actions of individuals. Subsequently, within ethnomethodological studies, the individual was credited with the agency to make sense of their own interactions and activities. The impact of ethnomethodology can be seen in poststructuralist deconstructions of everyday texts, and the emphasis on ‘the things that we do’ has influenced the conceptualisation of ‘the reflexive project of the self’¹ (Giddens, 1991). Ethnomethodology was an important development in relation to this study, in that it illustrated how conventional sociology took for granted many central aspects of the existing social order, including gender. Its decoding of social concepts and theoretical classifications addressed normative assumptions of gender and rather than being positioned as a universal and unconstrained concept, gender was located at the social level of individual understanding and activity. The prevalent medical use of the term

¹ Giddens (1991) proposes that de-traditionalisation in the modern world leads people to draw on their own experiences to shape new norms, values and life styles.

‘gender dysphoria’ and its theoretical underpinnings which point to a ‘true’ gendered identity can thus be critiqued through the ethnomethodological work of Garfinkel (1967) and Kessler and McKenna (1978). Their studies illustrated how medical discourse around reconstructive surgery reinforced dominant notions of gender. As such these reflections represent an early critique of medical perspectives on transgender.

Garfinkel’s study *Passing and the Managed Achievement of Sex Status in an “Intersexed” Person* (1967), written in collaboration with American psychiatrist Stoller, sought to examine how intersex people articulate their chosen gender within the constraints of societal and medical gendered discourses. Garfinkel employs the phrase ‘passing’ to refer to the ways in which these individuals achieved status and recognition in their elected gender. In his widely published case study of Agnes, a woman born with female and male genitalia, Garfinkel shows how gender is managed in everyday life by detailing the ways in which Agnes’ speech and behaviour brings to light to the unspoken ‘rules’ of gender. This study led Garfinkel to reflect upon the many ways in which gender ‘rules’ impact upon intersex people:

The experiences of these intersexed persons permits an appreciation of these background relevances that are otherwise easily overlooked or difficult to grasp because of their routinized character and because they are so embedded in a background of relevances that are simply “there” and taken for granted.

(Garfinkel, 1967: 16)

Garfinkel’s deliberations seem all too obvious from a contemporary reading which, as a result of feminist work, has a developed and multi-faceted analysis of the influences and constraints of gender. At the time, however, the concept of gender was largely unnoticed within dominant medical discourse and academic thought in general. Garfinkel’s work is littered with biologically determined phrases such as ‘*normally sexed*’ and ‘*natural entities of male and female*’ and relies heavily upon archetypal notions of masculinity and femininity. Indeed this study is almost obsessive in its observations of Agnes’ femininity. Additionally the concepts of gender and sexuality are assumed to be

correspondent. Garfinkel, however, critiques the pathological assumptions of medical and psychiatric thought which discussed transgressive gendered identities as '[...] a very rare occurrence. These people are after all freaks of nature' (anonymous American leading psychiatrist cited in Garfinkel, 1967: 24). His study showed how Agnes exercised agency in her chosen gender, and resisted and managed social and medical stigmatisation. In this way, Garfinkel challenges the medical model which rarely offered a voice to transgender individuals. Further, he attempts to move beyond a fixed 'diagnosis' to resist a single analysis of Agnes' experiences.

Today there appear to be many theoretical loopholes in Garfinkel's socio-psychological account of Agnes' transition. The descriptive narrative frequently denotes the gendered 'other' and Garfinkel's voice is one of academic authority, while Agnes is very much his 'subject'. The normative remains intact and Agnes' 'passing', it is suggested, befits her 'condition'. Garfinkel can envisage only the two genders of male and female. The significance of this work for my purposes however, was that it moved beyond a purely medical model by bringing the concept of gender into analyses of non-normative bodies.

Kessler and McKenna built on Garfinkel's work to assert that all aspects of gender are socially constructed. The social construction of gender behaviour was by this time largely recognised within social science. Yet it was still generally assumed that 'sex' was a fixed biological determinant. In *Gender: An Ethnomethodological Approach*, Kessler and McKenna (1978) argue that biology was as equally constructed as social behaviour. Thus they distinguish between bodily parts (chromosomes, gonads and genitals) and the social characteristics of masculinity and femininity. Whilst bodily parts were biological, they suggested that viewing them as essentially male or female was a socially and culturally constructed process. This important theoretical development drew attention to gendered embodiment and deconstructed the ways in which 'sex' and 'gender' were collapsed in academic discourse. However, like Garfinkel, Kessler and McKenna took it for granted that there were only two possible genders. More recently though, Kessler (2000) has illustrated how medical and surgical procedures work to actually construct a binary sex model in the case of intersex children.

For Kessler and McKenna, transsexuals ‘exemplified the social construction of gender’ (2000:2). They stated that gender attribution was directly linked to appearance:

The primacy of gender attribution benefits transsexuals if they make a credible gender presentation because other people will interpret contradictory information (like gender on a driver’s licence) as a clerical error rather than as evidence of the person’s intent to deceive. (Kessler and McKenna, 1978:3)

Here gender attribution is directly related to ‘passing’. In retrospect these sentiments seem overly optimistic and the writers could not have foreseen the political debates over transgender within lesbian and gay and feminist movements, which, as later sections of the chapter show, were certainly not as liberally guided as Kessler and McKenna’s projections.

Ethnomethodological studies of gender located gender within a social framework of everyday meaning and interpretation to illustrate how the concept is dependent upon subjective meaning and social construction. However, ethnomethodology is problematic for a queer sociological understanding of transgender due to its reliance upon a bipolar model of gender. Although the possibility of moving between the categories of gender is raised, it is only possible to move from female-to-male or from male-to-female within this analysis. Kessler and McKenna have recently re-examined their work in light of contemporary varied transgender practices and identities:

What we did not consider 25 years ago was the possibility that someone might not want to make a credible gender presentation-might not want to be seen as clearly either male or female. It did not even occur to us that within 20 years there would be some people who would want to confront others with the contradictions between their gender presentation and other “facts” such as their genitals or gender history. In other words, we did not address what has come to be called “transgender.” Transgender was neither a concept nor a term 25 years ago. Transsexual was radical enough. (Kessler and McKenna, 1997)

Ethnomethodology provided an important critique of the deviant positioning of transgender individuals within dominant medical frameworks. Further, it recognised the social construction of gender and was attentive to the subjective understanding and negotiation of gender norms. However, ethnomethodological studies have yet to take account of the diversity of contemporary transgender positions and thus, as Kessler and McKenna (2000) recognise, studies of gender diversity from an ethnomethodological perspective are theoretically limited today.

Gay Histories and Anthropology

Gay historians and activists have frequently adopted an anthropological approach to transgender. Studies during the 1960s and 1970s focused their gaze on non-western transgender practices, which were interpreted as personifications of homosexuality. In his study *Gay American History* Katz (1976) for example, devotes a chapter to the history of the Native American berdache², which he entitles *Native Americans/Gay Americans 1528 – 1976*. Like Katz, Roscoe (1988) positions the berdache as gay men. These studies had the political motive of granting gay men a visible history by countering the absence of writings on early gay experience. They aimed to provide a positive model by showing that in contrast to western society, other cultures incorporated gay men as equal and established members of their communities. However understandable this aim, this body of work has negated the distinct histories of transgender people by assimilating transgender practices into a homosexual narrative. The positioning of the berdache as gay forefathers was perpetuated through Walter Williams' study *The Spirit of the Flesh* (1986) in which the berdache are employed as an illustration of the cultural acceptance of same-sex practices.

In contrast to Katz (1976) and Williams (1986), Whitehead (1981) provides an alternative reading of the berdache in which she suggests that this culture represents a specific Native American experience of transsexuality. Whitehead's juxtaposition of

² The berdache cross-dressed and took on a range of gender roles normatively associated with women. Berdache members also had sexual relationships with other men.

transsexualism and berdache culture is problematic in that, as Williams notes (1986), transsexuality is largely a western concept. However, Williams' supposition that the berdache are gay men rather than transgender individuals is equally questionable in terms of a manipulation of western systems of classification. As more contemporary accounts have suggested (Califia, 1997), it is highly probable that cultures such as the berdache represented neither same-sex nor transgender practices, but instead demonstrate the existence of an alternative gender or sexual grouping within an indigenous culture of which there is no western equivalent.

Gutierrez' insights into the berdache portray a life that is far removed from the romantic narratives of Katz, Williams and Roscoe. His essay *Must We Deracinate Indians to Find Gay Roots?* (1989) challenges the appropriation of the berdache within gay ethnography. Rather than symbolising the cultural acceptance of same-sex desire, Gutierrez maintains that the life of the berdache was one of social subjugation and punishment. The berdache, he proposes, fulfilled:

[T]hat social arrangement whereby a man or group of men press another male into impersonating a female, forcing him to perform work generally associated with women, offering passive sexual service to men, and donning women's clothes [...] Berdache status was one principally ascribed to defeated enemies. Among the initial insults and humiliations inflicted on prisoners of war were homosexual rape, castration, the wearing of women's clothes, and performing 'women's work'.

(Gutierrez, cited in Califia, 1997:143)

Gay historical and anthropological studies largely focused upon what can be loosely termed male-to-female practices, although Katz (1976) was one of the few writers to discuss female-to-male transgender expressions. Paralleling the fixing of a gay identity onto gender transgressive Native American born men, Katz positions expressions of masculinity in Native American born women as symbolising a lesbian identity. His discussion of 'passing women' portrays these gender-crossing women as active lesbian feminists and again problematically translates a western experience onto a local culture:

The women whose lives are documented here worked and dressed and lived in what were customarily the occupations and styles of men. Most actually passed as men; the evidence suggests they were also attracted to and had sexual and emotional relations with other women. They both passed as men and passed beyond the restricted traditional roles of women [...] Despite their masculine masquerade, the females considered here can be understood not as imitation men, but as real women, women who refused to accept the traditional, socially assigned fate of their sex, women whose particular revolt took the form of passing as men [...] [T]hese passing women can only be understood within the framework of a feminist analysis. (Katz, cited in Califia, 1997:150)

The relationship between 'sex'³, gender and sexuality has been collapsed in medical models of transgender and through many gay and lesbian historical and anthropological studies. Medical practitioners and associated professionals largely assumed (and to a great extent still do) that once an individual's biological 'sex' and gender has been reconstructed, their sexuality will heterosexually benefit their acquired gender; the MtF will assume a female heterosexual identity, and the FtM will function as a heterosexual male. Thus a medical perspective lies firmly within a hetero-normative framework. On the other hand, gay historical and anthropological writing has largely neglected the distinct experiences of gender diverse men and women by assimilating gender diversity into a lesbian and gay narrative. Recent work on non-western practices of gender diversity, however, can be seen to be moving away from these tendencies. Kulik's research into the travesti in Brazil (1999), for example, offers a specifically localised analysis of the complex ways in which the travesti understand gender and sexuality, while Elliot and Roen's (1998) study of transgender practices in New Zealand looks at how trans people situate their own experiences of gender in relation to psycho-medical discourses. Moreover, Towle and Morgan (2002) have recently critiqued the use of 'third gender' in

³ Here I am referring to the use of 'sex' as a biological marker of gender difference, however, the binary relationship between 'sex' and 'gender' is far from straightforward and the binary relationship between sex/gender is problematised by challenges to the assumption that there exist only two sexes. See the work of Butler (1990), Fausto-Sterling (1993), Oudshoorn (1994), Hird (2004) for a critical review of the sex/gender binary.

American anthropological writing, stating that: 'we join an increasing number of anthropologists who caution against using caricatures of other cultures [...]. The "third" gender concept encourages Westerners to make poorly informed assumptions about the meaning and significance of gender dynamics in non-Western societies' (Towle and Morgan, 2002: 490).

Over the last decade, transgender writers have begun to articulate their own histories and contemporary narratives. This body of work, which will be subsequently addressed in relation to transgender studies, challenges the assumption that transgender can be simply equated with same-sex practices and presents a more nuanced account of transgender sexual identities. This work addresses a diversity of (trans) gender experience; such as male and female practices of cross-dressing and drag, which have remained absent in most traditional accounts of transgender, which largely focus upon transsexualism.

Through the 1970s a small number of transvestite and transsexual organisations developed in Britain, America and Australia. The collective organisation of lesbians and gay men heralded by the emergence of the Gay Liberation Front in the late 1970s initiated a political critique of the individualisation of transgender. Lesbian and gay organisations argued that the individual experiences of transgender were politically significant and transvestite and transsexual groups were criticised for their political apathy:

These organisations were attacked for their failure to engage openly in sexual politics; for their low-profile 'closed closet' form; for their support for conventional norms and structures such as marriage and the family as well as traditional sexual stereotypes exemplified in the image of women portrayed by members and in their publications; and for their attempts to normalise transvestism by excluding from or denying the presence within their membership of, for example, transsexuals, homosexuals or fetishists. (Ekins and King, 1997)

In response to this critique, Brake located transgender practices as inextricably radical and trans people as ‘revolutionaries who publicly challenge the notion of ascribed gender’ (1976:188). Rather than targeting trans people, he argued that criticism should be levelled at the medical profession’s pathologisation of transsexuality. In reply to feminist assertions that transvestites and transsexuals reinforce stereotypical images of women through their dress and behaviour, Brake again apportioned blame to the medical profession: ‘the transsexual is coerced into passing as a programmed woman, with the dignity befitting a lady’ (1976: 191). His intervention symbolised an early call for the inclusion of transgender people within radical gay politics:

The only way that the tyrannous (sic) dictates of ascribed gender can be challenged is for the women’s movement and Gay Liberation to recruit and demystify their oppressed transvestite and transsexual brothers and sisters, whilst developing sensitivity to each others problems. (Brake, 1976: 191)

Likewise Rubin (1992) appeals for a greater tolerance of transgender people within lesbian and gay communities. She suggests a common history, though not identity, between lesbians, gay men and transgender people, and challenges the divisive politics of lesbian and gay activism. Feinberg (1996) also argues for a coalition politics in support of transgender civil rights. Rubin and Feinberg stress the specificities of transgender experience whilst arguing for alliances between lesbians, gay men and a diversity of transgender identity positions. Their position is significant for my research project, which explores areas of similarity and difference between transgender and non-heterosexual identities and communities.

Attacking Transgender: A Radical Feminist Perspective

While activists such as Brake developed important critiques of medical perspectives on transgender, the theoretical notion of gender itself largely remained unchallenged by early lesbian and gay theory. Central to the theoretical work accompanying second-

wave feminism, however, was a radical critique of gender roles, which was to have a significant impact on discourses surrounding transgender.

Second wave feminism was one of the first academic fields to respond to the growing public awareness of modern Western transgender practices which began in the 1950s (Hird, 2002). Transgender raises key questions concerning the epistemological status and the ontology of 'sex' and 'gender'. Additionally transgender problematises the relationships between these categories to evoke complex questions about the construction, deconstruction and on-going reconstruction of both gender and sexual taxonomies. These issues have long been central to feminist thought. On a theoretical, political and cultural level, however, feminism has been largely hostile to transgender practices (Raymond, 1980, 1994; Jeffreys, 1997; Greer, 1999; Bindel, 2003, 2004). Trans women have been seen to reinforce a stereotypical model of uber femininity, while trans men have been located as renegades seeking to acquire male power and privilege. In 1998 Whittle posed the following question: 'how can feminism accept men with women's bodies (or is that women with men's bodies)?' (1998:2). Six years on Whittle's questions remain central to feminist debates and the controversial relationship between transgender and feminism prevails.

The publication of Raymond's book *The Transsexual Empire* (1980) established a radical feminist perspective on transgender that was to significantly affect the dominant feminist position for successive decades. Raymond locates transsexuality as a patriarchal characteristic and the medical system as an agent of patriarchal oppression. In Raymond's view, the medical establishment was instrumental in the very creation of transsexualism through its acceptance of reconstructive surgery in the 1950s. In locating the conception of transsexuality as recently as the 1950s however, Raymond displays a startling level of ahistoricism. As I have noted, medical discourse on transsexuality emerged out of the work of Hirschfeld and Ellis at the start of the 20th Century and was theoretically developed by the 1950s. Moreover, while Raymond's criticisms of dominant medical attitudes towards transsexuality may be pertinent, her argument does

not take account of the more recent development of gender identity clinics that aimed to offer a more progressive outlook on transsexuality:

The fact of the matter is that gender identity clinics are not regarded with favour by most of the medical patriarchy. They were established and exist in spite of opposition of the most respectable elements of the medical profession.

(Riddell, 1996:178)

Raymond's thinking is concurrent with her biological approach, through which 'sex' is chromosomally dependent and thus secured at birth. From this perspective, 'gender' is seen as the coherent expression of biological sex. Thus the categories of sex and gender are co-dependently positioned. Raymond positions transsexuality as a genetic male practice fashioned by a patriarchal medical system to construct servile women. Raymond's argument is absolute; trans women are not, nor can they ever be, 'real' women:

It is biologically impossible to change *chromosomal* sex. If chromosomal sex is taken to be the fundamental basis for maleness and femaleness, the man who undergoes sex conversion is *not* female.

(Raymond, 1980:10)

Raymond's biological essentialism fractures, however, through her frequent recourse to gender role socialisation. Alongside arguing that trans women cannot be 'authentic' women due to their chromosomal balance, she states that they cannot be acknowledged as women due to a lack of female socialisation:

We know that we are women who are born with female chromosomes and anatomy, and that whether or not we are socialised to be so-called normal women, patriarchy has treated and will treat us like women. Transsexuals have not had this same history.

(Raymond, 1980:114)

Raymond argues that although 'sex' cannot be effectively altered, gender-identity clinics have fabricated this possibility by affecting chromosomal altered states. The act of reconstruction is seen as degrading to genetic women: 'all transsexuals rape women's bodies by reducing the real female form to an artifact (sic), appropriating this body for themselves' (1980:104). Her fiercest criticisms however, are directed at trans women who identify as feminist and/ or as lesbian:

The transsexually constructed lesbian–feminist may have renounced femininity but not masculinity and masculinist behaviour (despite deceptive appearances). It is significant that transsexually constructed lesbian–feminists have inserted themselves into positions of importance and/or performance in the feminist community. (Raymond, 1980:10)

This analysis presents a restrictive model of gender, which negates expressions of masculinity within lesbian and/ or feminist identity positions. Her antipathy towards transsexualism is made clear towards the end of her book: 'I contend that the problem of transsexualism would be best served by morally mandating it out of existence' (Raymond, 1980:178).

Raymond's book was widely read and affected the dominant feminist perspective on transsexuality throughout the 1980s in both the US and Britain. Riddell (1997) thus documents how transgender feminists and/or lesbians were frequently excluded from feminist and lesbian communities, and argues that Raymond's work had personally and politically damaging consequences:

My living space is threatened by this book. Although I have had to challenge its attacks on transsexual women, its dogmatic approach and its denial that female experience is our basic starting point are a danger signal of trends emerging in the whole women's movement. (Riddell, cited in Ekins and King, 1997:189)

Stone's essay *The Empire Strikes Back: A Posttranssexual Manifesto* (1991) was written in reply to Raymond's thesis. Stone asserts that:

Though *Empire* represented a specific moment in feminist analysis and prefigured the appropriation of liberal political language by the 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. (Stone, 1991:283)

In 1994 *The Transsexual Empire* was republished. This update can be read as a response to the developing field of transgender studies and transgender activism:

Things are more complex, and a plethora of terms such as 'transgendered', 're-gendered', 'gender-blending', 'gender bending', 'gender fucking' and 'transhomosexuality' have been added to the lexicon of so – called 'gender dissonant behaviour. (Raymond, 1994: xxv)

The decade-and-half between the publications witnessed considerable shifts both in relation to the lived experiences of transgender people and in terms of theoretical discourse, much of which was being developed by trans academics themselves. Significantly this period saw the increased visibility and activism of trans men. Nevertheless, Raymond simply repeats her earlier denouncement of trans men as 'the tokens that save face for the transsexual empire' (1994: xxv).

In *Transgender Activism: A Lesbian Feminist Perspective*, Jeffreys (1997) offers explicit support for Raymond's position, which subsequently refuels the feminist attack on transgender. Like Raymond, Jeffreys positions transgender practices as anti-feminist: 'Transsexualism opposes feminism by maintaining and reinforcing false and constructed notions of correct femininity and masculinity' (1997:57). Jeffreys' point of focus is trans masculinity. She cautions that it is 'now imperative for lesbian communities to pay attention' (Jeffreys, 1997:57) and continues:

The spectacle of lesbians as freaks who really want to be men has returned with renewed vigour from the sexological literature of the 1950s to haunt popular women's magazines and lesbian literature today. Since the identity of 'transsexual' seems to be learned from such sources then we can expect a proliferation of these very damaging practices amongst lesbians.

(Jeffreys: 1997:68)

Much of Jeffreys' textual analysis focuses upon trans male autobiography. She shows how traditional autobiographical accounts highlighted bodily dissatisfaction although, as she notes, this element is less prominent within contemporary trans male narratives. In her reading of reflections of embodied discomfort as 'the hatred of femaleness, not surprising in a woman-hating culture [...] '(Jeffreys: 1997:68), Jeffreys is willing to accept the deliberations on negative body image within these earlier memoirs. What alarms her is the self-determination and embodied assurance of today's trans men. Employing a simple causal framework, Jeffreys argues that positive male trans narratives work to discursively construct trans male practices. Alongside patriarchy and medical technology and discourse, autobiographical writing and popular literature is now situated as a constructive device. Her article cites Nataf's narrative of his pre-transition identity as a butch dyke, which he articulates as:

A very effective strategy for coping with my gender dysphoria before I was able to believe that I could live as a transgendered person. What had been missing for all those years was to see representations of transgender people, especially FtMs, and to hear their stories. (Nataf, 1996:26)

Jeffreys' reading of Nataf proposes that he would have continued to live as a lesbian had he not come across the trans culture within which he writes. As Raymond rejects the female identities of trans women by moving away from biological determinism to emphasise the role of socialisation as a determinate of gender, Jeffreys' examination of Nataf's narrative applies a Foucauldian model of discursive formation to conflict with her wider socio-biological framework.

A central theme within Jeffreys' essay is that gender reconstructive surgery is a self-violating practice: 'the mutilation of healthy bodies and the subjection of such bodies to dangerous and life threatening continuing treatment violates such peoples. Moreover, transgender people who do not undergo surgical procedures practice 'symbolic mutilation (Jeffreys: 1997:62). However, Jeffreys' fails to acknowledge the ways in which transgender people themselves have critiqued medical discourse and reject surgery.

In an analysis which collapses the complexities of transgender into a question of sexuality, she denies agency to the individuals who choose a surgical route:

The men who choose the self-mutilation of transsexualism come from two degraded categories, those who feel unable to love men in the bodies of men and transsex to become 'heterosexual' men and those who continue to love women and call themselves 'lesbians' after the operation. (Jeffreys, 1997:61)

In her conceptualisation of trans female heterosexuality as internalised homophobia, Jeffreys is unable to account for the ways in which trans women may desire men as heterosexual women. Likewise, she fails to take account of the lesbian desires of trans women. In denying the self-gender identities of trans women, Jeffreys understanding of trans sexuality is then, fundamentally flawed through its negation of the role of gendered embodiment within sexual identity. Paradoxically, Jeffreys offers a similar socio-sexual diagnosis to that of the medical profession, which she critiques. Here, however, it is not dysfunctional familial socialisation that is brought to bear, but rather, 'men's abuse of women' (1997:61). Her pathologising of transgender people is thus complicit with the medical model she claims to condemn.

As surgical procedures become more accessible, Jeffreys' aim is to restrict surgery and hormone therapy. Raymond and Jeffreys thus have the same goals; while Raymond wants to 'morally mandate transsexuals out of existence' (Raymond, 1994:xxv), Jeffreys suggests medically mandating transgender out of existence: 'classifying transsexualism as a human rights violation would be a step towards making surgery

illegal.' (Jeffreys, 1997:71). Ironically then, as gender identity clinics were attempting to develop more sensitive approaches to transgendered clients, radical feminist theory served to reinforce the positioning of trans men and women as deviant outsiders. Raymond and Jeffreys' approaches to transgender are important to this study as they exemplify how a gender binary understanding is unable to incorporate transgender into feminist theory and politics. Other feminist writers in both in US (Szasz, 1990; Hausman, 1995) and in the UK (Wilton, 2000) have reflected Raymond and Jeffreys' critique of gender reassignment surgery. Wilton (2000) also reflects Raymond and Jeffreys' position in rejecting the female gender identity of trans women. Thus in her discussions of transsexualism, Wilton (2000) denies the self- gender identities of trans women by using male pronouns. As Hird (2002) points out, however, these feminist critiques are restricted to debates around gender authenticity, which is foregrounded by the notion of 'sex' as real. Additionally, whilst critiquing 'medical discourse', Wilton unproblematically describes transsexual people as 'gender dysphoric'. These two linguistic strategies thus undermine her critique of the medicalisation of transsexuality by reflecting the linguistic tactics of that which she purports to critique. Moreover, as Hird argues: '[...] Wilton appears to endorse a long-standing tradition within some psychotherapeutic communities, feminist theory and the public, of denying transsexual people the right to define their own subjectivity' (Hird: 2002: 340).

Reconfiguring 'Sex' and 'Gender': Plural Feminist Analyses

Despite the previous discussion, I do not wish to position radical feminism as *the* analytical framework of the 1980s and 1990s. During the 1990s, other feminist, queer and transgender academics were developing fierce critiques of an essentialist approach, and developing varied theoretical models of gender and sexuality. Indeed it is no coincidence that feminist calls for caution around the ownership of gendered and sexual identities were frequently raised in the late 1980s and throughout the 1990s. Here the divisive rhetoric of radical feminism can be seen to give way to a more considered enquiry into the questions transgender raises for the non-trans who 'came of age' during this politically high charged era. On the ground, non-normative gender and sexual

identities such as S/M, butch dyke, lesbian boy, drag butch and drag king initiated by lesbian sub-cultures, were influential on the unfolding of feminist perspectives that attempted to move away from the positioning of transgender as suspect.

Alongside the lived experiences of queer communities, academic feminists were beginning to argue for a politics of sexual diversity through theorising gender and sexuality as distinct although overlapping categories. Significantly for this project, Vance argues that a feminist account of sexuality has to be able to recognise and include difference: 'to ignore the potential for variation is to inadvertently place women outside of culture [...]' (1989:15). For Vance, the recognition of difference relies on examining the meanings given to sexual symbols (for example, images, practices or performances) within sexual subcultures and realising that these meanings are often different from dominant ways of seeing. This perspective enables us to consider a range of transgender sexualities in terms of their commonalities, specificities and differences, both in relation to dominant culture and to each other. Vance shows how feminist thinking has developed its own version of a good sex/bad sex hierarchy and illustrates how the characteristics of each band change. Thus within second-wave lesbian feminist thinking, lesbianism and heterosexuality can be seen to swap positions within the 'sexual hierarchy' as heterosexual practices were positioned as a site of oppression (Rich, 1979; MacKinnon, 1982; Dworkin, 1987; Jeffreys, 1997). Likewise on a broader cultural level, lesbianism has emerged from cultural invisibility to be offered as a sexual possibility for the chic modern woman. In similar ways, transgender practices may be acquiring their own cultural renaissance. Hence at the time of writing, transgender is the subject of frequent television documentaries, trans characters are represented in several mainstream films, prime-time British television includes a transgender character in a mainstream soap opera (*Coronation Street*), and a trans woman appeared as the winner of *Big Brother* 2004. This is not to over-prioritise the political significance of such cultural representations, and indeed in their infancy such representations move barely beyond stereotypes. However, I would suggest that cultural representations can give an indication of how minority gender and sexual identities are able to move to some degree beyond their marginalised status.

Hollibaugh (1989) and Rubin's (1989) work is also important for this study. Hollibaugh (1989) argues for a feminist analysis of sexuality that embraces difference by examining how sexual desires and pleasures are socially and culturally constructed. Hollibaugh suggests that alongside analysing sexuality as an academic issue, we consider the 'lived' embodied experiences of sex to examine the meanings of sexual desire and practice. Rubin moves beyond the call for the recognition of sexual difference to make an explicit demand to 'denounce erotic injustice and sexual oppression' (1989:275). Significantly Rubin shows how the influences of medicine, psychiatry and psychology have encouraged a discourse which individualises sexuality:

These fields classify sex as the property of individuals. It may reside in their hormones or their psyches. It may be constructed as physiological or psychological. But within these ethnoscientific categories, sexuality has no history and no significant social determinants. (Rubin, 1989:276)

Following Foucault, Rubin illustrates how sexuality is intertwined with historical moments and social systems. Alongside sexual essentialism, Rubin identifies a series of additional constraints on a radical politics of sexuality, including 'the hierarchical valuation of sex acts' (Rubin, 1989:278). Here she draws attention to the ways in which certain sexual practices, such as heterosexual marriage and reproduction, are privileged above others. Her sliding scale of sexual acceptance positions cohabiting heterosexuals at the higher end, closely followed by other heterosexuals. Gay men and lesbians in long-term partnerships are above promiscuous gay men and lesbians, who in turn, are just above the lowest groups within the sexual hierarchy: 'transsexuals, transvestites, fetishists, sadomasochists, sex workers such as prostitutes and porn models, and the lowest of all, those whose eroticism transgresses generational boundaries' (Rubin, 1989:278). Rubin argues that a sexual hierarchy rewards those at the top with 'certified mental health, respectability, legality, social and physical mobility, institutional support, and material benefits' (Rubin, 1989:279). Conversely, those at the bottom of the scale are 'subjected to a presumption of mental illness, disputability, criminality, restricted social and physical mobility, loss of institutional support, and economic sanctions' (Rubin,

1989:278). Rubin's description of the social ordering of sexual practices does not take into account the ways in which marginalised sexual cultures adopt their own systems of values and means of support. However it importantly draws attention to the ways in which sexual practice has become a matter of social, political and legal franchise or to the contrary, disenfranchisement.

Rubin links the hierarchy of sex acts to a western system of 'sexual stratification' (Rubin, 1989:278). She acknowledges the ways in which feminism has critiqued the systems of gender, class, and racial and ethnic stratification, although states that feminist thought has failed to challenge sexual stratification. Rubin details how the state controls sexual behaviour and practices thorough the criminalisation of certain sex acts, such as 'underage' sex or prostitution. Similarly, we can see how transgender practices, whether homosexual or heterosexual, are constrained and penalised through these processes as legal constraints impact upon the citizenship rights of transgender people.

From her premise that sexuality is as much a political as a social issue, Rubin highlights the ways in which feminism has failed to address 'sexual' discrimination. She questions the extent to which feminism is able to develop a theory of sexuality which takes account of the breadth of sexual inequalities; political, social, cultural, legal, economic and ideological. Like Vance, Rubin identifies feminism's conceptual fusion of sex and gender as being inherently problematic. In questioning 'the idea that a theory of sexuality may be derived directly out of a theory of gender' (Rubin, 1989:307) she illustrates how it is important to understand 'sex' in terms of sexuality (desire, fantasy, and practice) as well as in relation to gender. For Rubin, then, a political theory of sexuality can only be attained within an ideological framework that distinguishes between the categories of sex and gender.

In this section I have aimed to take the spotlight away from radical feminism in order to show how other theoretical approaches to gender and sexuality developed during the 1980s. Taking these developments into account, it nevertheless is necessary to avoid a review of radical feminism which locates it as a fringe perspective. Rather, it is important

to recall that during the 1980s and early 1990s, radical feminist theory held widespread popular appeal within feminist and lesbian politics. As radical feminism infused cultural battles around sexuality, debates around sexual imagery and practice dominated second wave feminist and lesbian concerns. Significantly trans men and women frequently became the focus of contestations around exclusion and community belonging. Transgender practices trouble the authenticity of biological 'sex' and raise key questions about the construction and ownership of gender identities. A radical feminist response to these complexities has been to reinforce a gender and sexual binary model in order to regulate gendered belonging. Moreover, in recent years a radical feminist critique of transgender can be seen to have moved beyond those who directly identify as radical feminists and into a mainstream feminist agenda.⁴ What is clear is that transgender practices trouble a unified concept of gender and thus bring significant questions to feminist theories and politics of identity. As Feinberg states:

The development of the trans movement has raised a vital question that's being discussed in women's communities all over the country. How is woman defined? The answer we give may determine the course of women's liberation for decades to come. (Feinberg, 1996:109)

In this account then, I am not suggesting a linear model of radical thought. Rather, feminist debates around sexuality continue to be as diverse today as they have been over the past three or more decades. Writers such as Vance (1989) and Rubin (1989) attract criticism from other feminists with quite different perspectives on sexuality. Glick for example presents 'a critique of those contemporary pro-sex and queer theories that encourage us, as feminists and sexual minorities, to fuck ourselves to freedom' (Glick, 2000:19). She argues that Rubin lacks an understanding of material inequality: 'the

⁴ In 1997 for example, Germaine Greer, as a member of the governing body of all female Newham College at Cambridge University publicly objected to a trans woman being admitted as a Fellow. Greer has also distanced trans women from feminism in her book *The Whole Woman* (1999). Additionally feminist activist Julie Bindel has mirrored Raymond (1980, 1990) and Jeffreys' (1997) arguments about transgender in writing for *The Telegraph* (2003) and *The Guardian* (2004).

theory and logic of the pro-sexuality movement has been shaped by this identitarian logic, which is invested in politicizing self – exploration, lifestyle, and consumption as radical acts’ (Glick, 2000: 31) and asks:

Why does the pro-sexuality movement need to make claims about the way transgressive identities and sexualities-divorced from institutionalized power relations-function as political practices that work toward social change? What political agenda is advanced by these strategies? (Glick, 2000:30)

Rubin’s account of systems of sexual stratification, though, clearly places sexuality within ‘institutionalized power relations’ and thus presents a firm political critique that analyses structural and material inequalities amongst others. Glick infers that Rubin proposes a politics of sexuality over and above a feminist politics, however, as Rubin makes clear, one does not have to stand against the other:

In the long run, feminism’s critique of gender hierarchy must be incorporated into a radical theory of sex, and the critique of sexual oppression should enrich feminism. But an autonomous theory and politics specific to sexuality must be developed. (Rubin, 1989:309)

Although the work of pluralist feminists such as Vance (1989), Rubin (1989) and Hollibaugh (1989) did not explicitly address transgender practices, it provides a model for a more nuanced understanding of transgender identities, in which erotic desire does not automatically fit preconceived binary identities of either gender (man/woman) or sexuality (homo/hetero). Here we can see the ways in which a feminist framework can be used to theorise divergent gendered identities and expressions that are unfixed to the ‘sexed’ body. This approach allows for the frictions between self-gender identity and bodily appearance; as exemplified by those who identify as gender queer, and who reject surgery, or by people who do not have access to the surgery and/or hormone therapy they desire.

Poststructuralist and Postmodern Feminisms

A central premise of poststructuralism is that discourse constructs meaning. Poststructuralist feminist analyses thus take the discursive formations of gender and sexuality as their starting point. In *Gender Trouble* Butler (1990) draws on Foucault to illustrate how discursive practices create analytical problems within themselves. Adopting Foucault's 'genealogical analysis' (Foucault, 1977:142) Butler shows how the binary categories of 'sex' and 'gender' have restricted feminist understandings. She argues that the ways in which feminists and social scientists in general, have understood 'sex' as constituting the biological male or female body and 'gender' as referring to the social meanings attached to such bodies, has disabled the more effective understanding of gender as distinct from sex:

The presumption of a binary gender system implicitly retains the belief in a mimetic relation of gender to sex whereby gender mirrors sex or is otherwise restricted by it. When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that *man* and *masculine* might just as easily signify a female body as a male one, and *woman* and *feminine* a male body as easily as a female one.

(Butler, 1990:6, italics in original)

An understanding of gender as separate from sex thus holds the potential for a greater diversity of masculinities and femininities. These ideas can be incorporated into a contemporary understanding of transgender that allows for a multiplicity of gendered identities and expressions which are unfixed to the 'sexed' body. Further, Butler argues that we should be wary of seeing 'sex' as a purely biological characteristic. Rather sex is as socially and culturally a determined term as is gender. Butler's thesis is that the dominant way of understanding sex and gender as corresponding characteristics is reinforced through the privileging of heterosexuality. Thus heteronormativity maintains a gender binary model:

Gender can denote a *unity* of experience, of sex, of gender, and desire, only when sex can be understood in some way to necessitate gender- where gender is a psychic and/or cultural designation of the self - and desire – where desire is heterosexual and therefore differentiates itself through an oppositional relation to the other gender it desires. (Butler, 1990:22)

She develops the concept of performativity to address the ways in which the rules of gender are compulsively and repetitively acted out to reinforce naturality: ‘There is no gender behind the expressions of gender [...] identity is performatively constituted by the very “expressions” that are said to be its results: (Butler, 1990:25). The practices of cross-dressing and drag are employed as examples of how the naturalisation of gender can be challenged through parody:

The performance of drag plays upon the distinction between the anatomy of the performer and the gender that is being performed. But we are actually in the presence of contingent dimensions of significant corporeality: anatomical sex, gender identity, and gender performance. If the anatomy of the former is already distinct from the gender of the performer, and both of those are distinct from the gender of the performance, then the performance suggests a dissonance not only between sex and performance, but sex and gender, and gender and performance. (Butler, 1990:137)

Trans theorist Prosser (1998) argues that Butler’s focus on drag as transformative gender politics presents a selective analysis of transgender. This argument will be addressed in the final section of this chapter in relation to transgender theory. More generally it has been argued that her analysis of performativity neglects the role of embodiment within gendered experiences and expressions. Subsequently, in her later work (1993), she argues that gender can be seen to symbolically regulate embodied practices.

Alongside poststructuralism, the influence of postmodernism on strands of feminist thinking during the 1990s led to an explicit engagement with transgender. As Wright

illustrates, postmodernist approaches have emphasised difference as a requisite theoretical tool for the development of feminist theory:

Postmodernist theory provides feminism with an additional framework, enabling it to articulate the diversity and contradictions that spring up not only between various positions but also within various positions. (Wright, 1997:179)

This model is useful for an analysis of transgender in that it allows us to go beyond the prevailing notion of transgender people as a homogenous group and provides room for the recognition of distinct transgender identities. Thus a postmodern framework may be employed to depart from the concept of a unitary transgender identity to recognise that difference cuts across and between a diversity of transgender subjectivities. This can be used, for example, to enable the increased visibility of trans men; not only through analysing the specificities of trans male experiences in relation to trans female, but also by exploring particular subject positions *within* trans masculinity.

Many feminist scholars are sceptical about the cultural turn to difference within postmodernist theory, arguing that such a framework is at odds with a feminist analysis. Benhabib, for example, argues that:

The postmodern position(s) thought through to their conclusions may not only eliminate the specificity of feminist theory but place into question the very emancipatory ideals of the women's movements altogether.

(Benhabib, 1994:78-79)

From this perspective, postmodernism appears to conflict with a politics of identity which is seen as central to a feminist framework. Postmodernist theory has also been critiqued for its lack of material analysis. Walby (1992), for example, argues that postmodernism fails to take account of the structural forces that affect lived experiences. Flax's (1997) work is useful here in linking common themes between feminist analyses of gender relations and postmodernism. For Flax, feminism's denaturalization of the

construction of gender relations is akin to the postmodern project of theoretical deconstruction, although she proposes that it is necessary for feminism to extend its deconstructive analysis in order to think more carefully about the relationship between biology, sex, gender and nature. Thus feminism needs to move beyond theorising gender as oppositional, and towards an understanding of gender as a 'social relation' (Flax, 1997: 177) to enable a more complete analysis of difference: the 'varieties and limitations of different women's (or men's) powers and oppressions within particular societies' (Flax, 1997:177). While the articulation of women's experiences is of continued importance, Flax believes that such accounts are invariably partial, since 'none of us can speak for 'woman' because no such person exists except within a specific set of (already gendered) relations-to 'man' and to many concrete and different women' (Flax, 1997:178). Rather, the way forward lies in the recognition of difference and in the acceptance of multiple and contradictory experiences. Flax's sentiments are important to this study in relation to the question transgender poses to the categories of 'man' and 'woman'. In discussing the ambivalent relationship between feminism and postmodernism, Waugh suggests that the problematic relates to a 'nostalgia for the ideal autonomous self' (Waugh, 1997:208). This yearning is however, paradoxical in its nature and is particularly incongruous for women:

Autonomy has been a powerful concept in philosophical and aesthetic writing, but even as they ascribe to this theory most people know it cannot be lived in this ideal form. Certainly few women have attempted to live it, because women have been more or less excluded from its applications. They have developed alternative models of self-identity. A problem for feminists relating to postmodernism, is that they are highly unlikely to bear this sort of history or to the ideal autonomous self central to the discourses of modernity. (Waugh, 1997:208)

Waugh proposes then, that the distinct relationships of men (insiders) and women (outsiders) to modernism work to influence their relationship with postmodernism. Rather than viewing postmodernism as wholly divergent from feminism, however, Waugh, like Flax, traces the common ground between the two theoretical projects: 'Both

have assaulted aesthetic or philosophical notions of identity as pure autonomous essence (Waugh, 1997:208). Moreover, she proposes that feminism's subjectivity, or 'identification of the self' (Waugh, 1997:209), has much to bring to postmodern deconstructions of identity.

Poststructuralist and postmodern analyses have been critiqued for their utilisation of transgender as an ethereal act of gender deconstruction. Though MacDonald (1998) acknowledges that postmodernism's recognition of difference is preferable to the hostility of gender and sexual diversity within much traditional feminist thinking, she argues that this work has a tendency to ignore the specific subject positions under analysis:

In its promotion of transgender identity as a transcendence of identity, postmodern theory assimilates transgender to its own intellectual project through presenting transgendered experiences as chimera, play, performance or strategy. It does so at the expense of investigating the actual lives, political demands, or feelings expressed by transgendered people of having an identity that is often experienced as "authentic" or "integral" and that it is considered to be neither "chosen" originally nor "performed" strategically. (MacDonald, 1998:4)

MacDonald's critique highlights the fissure between the theoretical positioning of transgender as a subversive act of gender transgression and the subjectivities of those transgender people who articulate notions of authentic (trans) gendered identities. She argues that postmodernism's celebration of difference thus needs to be accompanied by an analysis of the specific experiences of difference: 'to postmodern theory, transgender argues, then, for the reality of difference, and the need to investigate the social structures which enforce sex/gender incongruity and stability at every level' (MacDonald, 1998:10). MacDonald's argument is key for a queer sociological model of transgender, and thus for the theoretical approach of this research, which seeks to bring a social analysis to the study of gender diversity.

One of the key problems in addressing the extent to which feminism and postmodernism are compatible lies in the absence of a clear definition of the latter. The interdisciplinary application of the term has utilised a broad range of meanings and a diversity of theoretical positions. Subsequently, many debates around postmodernism are linguistically framed around the meanings of the concept itself. These linguistic discussions are beyond the scope of this thesis, however, I propose that it is Waugh (1997) and Flax's (1997) interpretations of postmodernism that are most useful to an understanding of transgender. It is through such models that we are able to analyse the differences within and between transgender cultures and identity positions without losing sight of subjective and embodied experiences.

Queering Identity Categories

Queer theory sustains poststructuralist and postmodern deconstructions of identity categories and positions gender and sexual identities as fluid and non-affirmative, thus representing a radical departure from all essentialising tendencies. Queer theorists have argued that traditional lesbian and gay theory and politics have been exclusive in their attitudes towards those whose identities fall outside of that which is deemed to be correct or fitting. In contrast, queer theory has positively embraced difference and has argued against the representation of identity categories as authentic. Confronting the naturalisation of sexuality has meant challenging the habitual status of heterosexuality, or as Whittle puts it: '[...] the hegemonic centrism of heterosexism...is being challenged to justify itself or to 'get out of the kitchen'' (Whittle, 1997:202). In viewing all gendered or sexual identities as socially constructed, queer theory aims to dissolve the naturalisation and pathologisation of minority identities. As Hedges has remarked, from a queer perspective 'characters may prove interesting precisely because they parody or disrupt received identities, or reveal the contingencies of any identity' (Hedges, 1997:2). However, as Seidman notes, queer theory's rebuttal of identity may paradoxically lead to a negation of difference:

This very refusal to anchor experience in identifications ends up, ironically, denying differences by either submerging them in an undifferentiated oppositional mass or by blocking the development of individual and social differences through the disciplining compulsory imperative to remain undifferentiated.

(Seidman, 1993:133)

As with poststructuralist and postmodern analyses then, queer theory presents the dilemma of how to deconstruct identity categories and positively account for difference, without losing sight of the subjective experiences that constitute difference.

As I discussed in the last section, poststructuralist and postmodern work has celebrated some transgender practices for their gender parody, which are seen to radically deconstruct traditional gender and sexual categories. Likewise, from within a queer framework, certain transgender cultures are seen to rupture existing gender and sexual identities. Although not explicitly aligned with queer theory, Garber's work is synonymous with this approach to transgender. Garber's wide ranging literary and cultural analysis illustrates the paradox of western culture's twentieth century attitude towards transvestism, which dually represents an obsession with, and a pathologisation of, transgender. The transvestite represents a 'category crisis,' by 'disrupting and calling attention to cultural, social, or aesthetic 'dissonances'' (Garber, 1992:16) and thus is seen to challenge the notion of a fixed or coherent identity. For Garber, transvestism is a '*space of possibility structuring and confounding culture*: the disruptive element that intervenes, not just a category crisis of male and female, but a crisis of category itself' (Garber, 1992:17, italics in original). Transgender practices are therefore embraced as a deconstructive tool.

Queer approaches to transgender may be critiqued for negating the material contours of transgender and specifically transsexual lives. In her aptly titled essay *Tragic Misreadings: Queer Theory's Erasure of Transgender Subjectivity*, Namaste argues that Garber views the transvestite solely in terms of performance. In doing so, she 'reduces the transvestite to a mere tropological figure, a textual and rhetorical device which points

to the crisis of category and the category of crisis' (Namaste, 1996:189). This, Namaste believes, has 'undermined the possibility of "transvestite" as a viable identity in and of itself' (Namaste, 1996:89).

Queer theory offers valuable insights into the ways in which *some* transgender cultures radically challenge normative taxonomies of gender and sexuality and provides a contemporary vision of deconstructed genders and sexualities. However, employed in isolation, this theoretical model may be limited due to its negation of lived experience and can be seen to leave non-performance related transgender identities unaccounted for. Moreover, there remains a lack of sociological work within queer theory, which is dominated by cultural approaches from within the field of humanities. The limitations of a queer approach to transgender are also apparent in the failure to account for the conflicting and competing claims around gendered authenticity which I will subsequently draw out in *Gender Identities and Feminism* (Chapter 5).

McNay's (2000) use of Bourdieu's concept of habitus is a useful way of working through the possibilities of a queer social analysis of transgender. 'Habitus' denotes the ways in which gendered norms are both internalised and negotiated through bodily practices or styles. The body is thus a signifier of embedded normative practices and of individual agency. McNay's intervention locates the gendered body within social structures whilst also allowing for change across time. Embodied experiences can thus be theorised as significant though not determinate. The limitations of a queer approach to transgender may also be overcome within a queer sociology (Seidman, 1996; Roseneil, 1999, 2000), which shares many of the characteristics of Namaste's (2000) framework for a poststructuralist sociology. As I will explore further in Chapter 2, a grounded queer approach would enable recognition of difference, whilst also exploring lived experiences and competing narratives of difference. Such an approach would additionally develop postmodernist approaches to gender by grounding deconstructionist analyses of gender plurality within a sociological framework.

Transgender Studies

Over the last decade a number of transgender writers have articulated their personal gender trajectories and have engaged with the theoretical debates of feminism, postmodernism and queer theory, as well as providing an explicit critique of medical discourse. The burgeoning area of transgender studies brings different meanings to the term 'transgender' and reflects a diversity of theoretical positions. Transgender studies additionally incorporates a body of work which is autobiographical in its style and content, and includes political commentary that is aligned with transgender community activism. In common with much feminist work, there is no strict demarcation between these areas within transgender studies, leading many writers to move between the theoretical, the autobiographical and the structurally political, thus bringing subjectivity and social and political comment to theoretical engagement.

Stone (1991) engages directly with medical constructions of transgender by challenging the conceptualisation of transgender as characteristic of living within the 'wrong' body. As I discussed in the first section of this chapter, the idea that transgender people have been born into an incorrect body is synonymous with medical models of transgender and representative of many social and psychological accounts. The notion of the 'wrong' body also figures large in transgender autobiographical writing. The issue provokes fierce debate within transgender communities and accounts for substantial theoretical comment within transgender studies. Indeed, the question of the 'wrong body' can be seen to provide the theoretical framework through which meanings of transgender are presently contested. In her discussion of MtF autobiography, Stone shows how accounts of the 'wrong body' lie at the heart of many personal accounts of transition:

They go from being unambiguous men, albeit unhappy men, to unambiguous women. There is no territory between. Further, each constructs a specific narrative moment when their personal sexual identification changes from male to female. This moment is the moment of neocolporraphy- that is, of gender reassignment or "sex change surgery".

(Stone, 1991:286)

Corresponding with medical discourse, this transition story focuses upon the idea of the ‘wrong body’ as a vehicle in which the essential self is trapped. Surgical ‘correction’ is subsequently seen as the means through which the authentic gender is released. Such an account is oppositional to poststructuralist, postmodern and queer theory’s social constructionist framework in which all gender and sexual identities are denaturalised and notions of authenticity deconstructed. Much debate within transgender studies has been concerned with addressing the contradictions between a deconstructionist analysis of transgender and the representations of fixed identities articulated in many transgender autobiographies.

Prosser’s book *Second Skins: The Body Narratives of Transsexuality* (1998) can be read as a deliberation on the contradictions between transgender narratives of authenticity and queer theory’s destabilisation of identity as a categorising device. Prosser contends that queer theory has bypassed the importance of embodiment for transgender people and negates subjective transgender narratives: ‘queer studies has made the transgender subject, the subject who crosses gender boundaries, a key queer trope’ (Prosser, 1998:5). He argues that Butler, in particular, presents a selective reading of transgender by emphasising certain transgender practices at the expense of others:

The transgendered subject has typically had centre stage over the transsexual: whether s/he is transvestite, drag queen, or butch woman, queer theory’s approbation has been directed towards the subject who crosses the lines of gender, not those of sex. (Prosser, 1998:6)

Thus Prosser draws a distinction between transsexuals who search for a gendered ‘home’ and those who live on the ‘borderlands’ between genders. As such, Prosser follows Ruben (1996) and Felski (1996) in proposing a distinction between the transgenderist and the transsexual to avoid the ‘universalizing of trans’ (Prosser, 1998:201). Whilst it is crucial to theorise the subjective differences under the umbrella of transgender, I would suggest that such a distinction is problematic in that it may simply turn the tables of

negation. In viewing transsexuality as representative of the 'authentic' experience, the transgenderist is positioned as an almost frivolous postmodern player.

A key question for Prosser is how to theorise sex, gender and identity in the light of continued transsexual demand for reconstructive surgery, and it is to these ends that he draws attention to transsexual embodiment: 'Transsexuality reveals the extent to which embodiment forms an essential base to subjectivity [...]' (Prosser, 1998:7). He suggests that the 'wrong body' narrative reflects a genuine transsexual emotion, which he discusses as the desire for an embodied 'home':

My contention is that transsexuals continue to deploy the image of wrong embodiment because *being trapped in the wrong body is simply what transsexuality feels like*. If the goal of transsexual transition is to align the feeling of gendered embodiment with material body, body image- which we might be tempted to align with the imaginary- clearly already has a material force for transsexuals. The image of being trapped in the wrong body conveys this force. It suggests how body image is radically split off from the material body in the first place, how body image can feel sufficiently substantial as to persuade the transsexual to alter his or her body to conform to it. The image of wrong embodiment describes most effectively the experience of pre- transition (dis)embodiment: the feeling of a sexed body dysphoria profoundly and subjectively experienced. (Prosser, 1998:69, my italics)

As Halberstam (1998) and Heyes (2000) point out, however, it is not only transsexuals who express disharmony between the imagined and the material body. Thus Prosser does not account for why such dissonances occur and his analysis fails to address the historical and political contexts in which such experiences appear (Heyes, 2000). Stone's work can be drawn upon to provide some explanations to these questions. Stone contextualises autobiographical narratives of essentialism within medical discourse. She shows how early gender identity clinics used Benjamin's *The Transsexual Phenomenon*

(1966) as a rule book for assessing who was eligible for surgery. Moreover, transsexual clients were using the same piece of literature as a rule book to get surgery:

It took a surprisingly long time-several years-for researchers to realize that the reason the candidate's behaviour profiles matched Benjamin's so well was that the candidates, too, had been reading Benjamin's book, which was passed from hand to hand within the transsexual community, and they were only too happy to provide the behaviour that led to acceptance for surgery. (Stone, 1991:291)

Central to Benjamin's diagnosis of gender dysphoria was the experience of living in the 'wrong body'. Clients were acutely aware of this criterion, which they reiterated to obtain surgery. As Stone remarks:

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? (Stone, 1991: 291)

The 'wrong body' narrative may consequently be seen to be medically constructed and internalised as a means to an end:

The idea has been imposed upon transpeople by those who control access to medical technologies and have controlled discourses about transpeople. Some individuals may believe or come to believe that they are in the wrong body or at least use language that imparts the same meaning [...]

(Cromwell, 1999:104)

Stone proceeds to argue this narrative has led to the invisibility of transsexualism:

The highest purpose of the transsexual is to erase him/her, to fade into the "normal" as soon as possible...What is gained is acceptability in society. What is

lost is the ability to authentically represent the complexities and ambiguities of lived experience [...] (Stone, 1991: 295)

She proposes that analyses of transgender move away from the 'wrong body' paradigm in order to negotiate 'the troubling and productive multiple permeabilities of boundary and subject positions that intertextuality implies' (Stone, 1991:297). Additionally Cromwell (1999) suggests that the medical and psychological focus upon the 'wrong body' has led many transgender people to believe that genital surgery is a necessity. Such critiques accordingly represent a direct challenge to medical models of transgender.

Halberstam provides a further critique of the 'wrong body' diagnosis by asking 'who, we might ask, can afford to dream of a right body? Who believes that such a body exists?' (1998:154). In contrast to Prosser's suggestion that transsexual identities constitute an authentic transgender experience, Halberstam shifts the focus away from debates within transgender studies about whom or what constitutes the 'real' transgender subject:

Many bodies are gender strange to some degree or another, and it is time to complicate on the one hand the transsexual models that assign gender deviance only to transsexual bodies and gender normativity to all other bodies, and on the other hand the hetero-normative models that see transsexuality as the solution to gender deviance and homosexuality as a pathological perversion.

(Halberstam, 1998:154-155)

She argues that Prosser's analysis of transsexualism depends upon a strict demarcation of gender: 'it relies on a belief in the two territories of male and female, divided by a flesh border and crossed between surgery and endocrinology' (Halberstam, 1998:164). Prosser's focus upon transsexual narratives of the 'wrong body' may consequently be critiqued for implying that all transsexual narratives are alike and moreover, for denying instances of gender dysphoria within other subject positions (trans and non-trans). His emphasis may work against the interests of transsexuals by further pathologising their

‘condition’ through reinstating the dual categories of ‘wrong’ (trans) and ‘right’ (non-trans) bodies.

Halberstam draws upon post-colonial work to critique Prosser’s location of transgender/transsexual identities as either at ‘home’ or on the ‘borders’. Rather, ‘some bodies are never at home, some bodies cannot simply cross from A to B, some bodies recognize and live with the inherent instability of identity’ (Halberstam, 1998:164). Post-colonial work on migration has frequently discussed the notion of ‘home’ in terms of the exclusion of others. In this respect, Halberstam states that ‘the journey home for the transsexual may come at the expense of a recognition that others are permanently dislocated’ (Halberstam, 1998:171). This argument may also be applied to recent work which theorises transgender practices in relation to gender migration. King, for example, moves beyond using migration as a metaphor for transgender practices and suggests that gender migration be employed literally within sociological studies of transgender: ‘migration is more than a convenient and apt metaphor- it is a concept which, if taken literally, enables sociology to get a grasp of the micro and macro social process involved in ‘changing sex’ (King, 2003: 187). While King makes a range of interesting comparisons between the experiences of geographical migration and gender reassignment, he skirts over the diversities and disparities within transgender trajectories.

In contrast to analyses of transgender as migration, Halberstam argues for a politics of transgender mobility that is specific in its analysis and which takes account of a number of variables:

Who, in other words, can afford transition, whether that transition be a move from female to male, a journey across the border and back, a holiday in the sun, a trip to the moon, a passage to a new body, a one way ticket to white manhood? Who, on the other hand, can afford to stay at home, who can afford to make a new home, build a new home, move homes, have no home, leave home? Who can afford metaphors? (Halberstam, 1998:164)

Metaphors of migration are also unsuccessful in accounting for embodied identities which are consciously constructed on the borderlands of gender. Bornstein (1994) for example, blows apart any categorisation of sex as defined by biological genitalia and articulates a diversity of (trans) gendered bodies which are peripherally located against the comfort of a gendered home:

Most folks would define a man by the presence of a penis or some form of penis. Some would define a woman by the presence of a vagina or some form of vagina. It's not that simple though. I know several women in San Francisco who have penises. Many wonderful men in my life have vaginas. And there are quite a few people whose genitals fall somewhere between penises and vaginas. What are *they*?
 (Bornstein, 1994: 56-57, italics in original)

Bornstein's clearly employs queer theory's deconstruction of identity categories: 'I know I'm not a man-about that much I'm very clear, and I've come to the conclusion that I'm probably not a woman either, at least not according to a lot of people's rules on this sort of thing' (Bornstein, 1994:8) and reflects poststructuralist and postmodern notions of agency driven gender fluidity: 'When I get too tired of not having an identity I take one on.' (Bornstein, 1994:39). Bornstein thus articulates herself not in the 'wrong body', nor as belonging to a 'third sex', but as a 'gender outlaw'.

A postmodern mix of critical analysis, political critique and autobiography is also employed by Nataf (1996) and Feinberg (1996) to articulate a range of FtM gender and sexual identities. Although Nataf explores gender as a performative concept, he does so by drawing on a range of trans lesbian subjective experiences of the expression and interpretation of gender. In Feinberg's work, the author is placed at the centre of the narrative as the analytical investigation of transgender histories frequently links with Feinberg's explorations of hir⁵ gender trajectory. Feinberg's later work (1998) vocalises a diversity of (trans) gender and sexual identities and calls for an inclusive trans politics which is able to dually celebrate and specify difference. Significantly Feinberg

⁵ Feinberg uses the pronoun 'hir' to denote gender diversity.

incorporates the structures of age, class and ethnicity, as well as gender and sexuality, into his discussion of transgender identities and thus paves the way for a material and social analysis of transgender.

This latter selection of work draws on poststructuralist and postmodernist deconstructions of binary gender categories, and reflects queer theory's celebration of gender and sexual difference. Moreover, this body of work presents a reflexive social account of gender diversity. Within the emerging field of transgender studies are divergent and contesting meanings of gendered and sexual, social and embodied, identities. This field employs a range of narrative and analytical traditions; autobiography, historical, literary and cultural criticism, social and political analysis and the theoretical fields of feminism, poststructuralism, postmodernism and queer theory. To feminism, transgender studies offers the challenge of theorising diversity and analysing difference. To poststructuralist, postmodern and queer theory, transgender studies articulates the importance of a grounded theory that not only celebrates the deconstruction of normative identity categories and the emergence of difference, but which pays closer attention to the lived experiences of multiple subjective positions.

Conclusion

In reviewing key theoretical approaches to transgender, my purpose in this chapter has been to situate the theoretical approach of the thesis in order to show how my work contributes to and develops theoretical understandings of transgender.

While more recent medical understandings and practices of transgender represent a more complex insight into transgender practices than was offered by founding medical perspectives and practices, for a queer sociological approach to transgender, there remain significant problems with a medical approach which continues to correlate trans practices and biological or psychological pathology. Moreover, in the main, a medical approach continues to work from a heteronormative framework, the premise being that gender is heterosexually practised so that post-surgery a trans man will perform as a heterosexual

male and a trans woman as a heterosexual female. This approach is unable to take account of the complexities of non-heterosexual trans sexualities. Moreover, through its continued focus upon surgical 'treatment', a medical model of transgender fails to account for the gender diverse subjectivities of trans people who reject medical interventions.

The chapter moved on to discuss a range of ways in which social theory has critiqued a medical approach to transgender. Ethnomethodology offers valuable early insights into the ways in which gender is socially produced and practised, and presents a significant challenge to the deviant positioning of transgender. However, from a queer sociological perspective, early ethnomethodological studies of transgender problematically assume a heteronormative analysis which collapses the categories of gender and sexuality, and is unable to account for the contemporary diversity of transgender identity positions.

The chapter next discussed approaches to transgender from within gay studies. While this work moves beyond the heteronormative focus of previous approaches to transgender, its anthropological gaze is largely problematic through its translation of western gender and sexual classificatory systems onto non-western cultures. Moreover, its focus upon non-western practices of gender diversity means that this body of work is limited for a study of transgender which is located within the UK.

The chapter then moved onto to address feminist approaches to transgender. Radical feminist approaches to transgender are highly problematic for a queer sociological approach. Radical feminist critiques of transgender reproduce a binary model of gender, which rests on a biological understanding of sex as fixed from birth. This approach refutes the self-identified genders of trans people and offers a selective reading of transgender which states that trans men and women reproduce gender norms. Such a perspective is thus unable to incorporate transgender into feminist theory and politics.

Pluralist feminist analyses are important for this study as they offer a framework of sexuality which is able to embrace non-normative identities and practices. From this juncture, it is possible to theorise divergent gender expressions as unfixed to the 'sexed'

body. Poststructuralist and postmodern feminisms, and queer approaches to transgender are also relevant for this study in their understanding of gender as distinct from sex. These approaches can be incorporated into a queer sociological approach to transgender which accounts for multiple gender expressions. However, the tendency to focus upon fluctuating and fluidly performed expressions of gender difference within these bodies of work, raises problems for a queer sociological approach to transgender, which needs to be aware of (trans) gender identities that are subjectively positioned as neither fluctuating nor fluid, but rather as corporally experienced. Flax (1997) and MacDonald's (1998) emphasis upon gender as socially relational, as well as performatively constructed, is key to overcoming the theoretical problems within deconstructionist perspectives. Along similar lines, work from within transgender studies valuably stresses the importance of developing a social theory of gender diversity that is able to account for a diversity of (trans) gendered expressions and identity positions. It is this latter body of work, and in particular, MacDonald's (1998) framework for a grounded deconstructionist theory, that I hold as significant for this study. Thus, it is MacDonald's injunction to both deconstruct and specify gender difference that I wish to carry forward in developing a queer sociological approach to transgender.

Chapter 2: Analysing Care and Intimacy

Introduction

In this chapter I seek to relate my research to work around the practices and meanings of care and intimacy. This is a selective discussion of this body of literature, which is unable to address this extensive field in its entirety. For example, I will not include early feminist work that focused upon the role of women within the family; theorising the capitalist and/or patriarchal family as an agent of women's oppression (Wilson, 1977; McIntosh, 1978). Although this work relates to the arena of care in its analysis of women's role within the family, its broader premise of theorising the family from a Marxist-feminist perspective is beyond the scope of this piece. Likewise, I will not examine the recent wide-ranging body of studies into changing family practices, which have illustrated shifting gender roles and suggested an increased fluidity of identities within contemporary families (Irwin, 1999; Morgan, 1999; Smart and Neale, 1999). Rather my limited aim here is to map the key shifts in thinking around practices of care and intimacy in order to examine how my research on transgender identities, intimate relationships and practices of care, is located within this body of work. The bodies of work discussed in this chapter then, have been selected due to the various ways in which they challenge notions of gender essentialism and/or heteronormative understandings of care and intimacy. In particular I wish to explore how, by moving beyond the restrictions of a binary gender model, my research may contribute to studies which challenge a heteronormative analysis of care and intimacy. Moreover, this research brings a new study of an under-researched social group to the analysis of partnering and parenting practices.

My understanding of 'care' follows that of the ESRC research project *Care, Values and the Future of Welfare* (CAVA), which defines 'care' as: the [...] day-to-day activities which are so central to the sustaining of family lives and personal relationships-helping, tending, looking out for, thinking about, talking, sharing, and offering a shoulder to cry on' (Williams, 2004:17). Moreover, I share with CAVA an understanding of the concept

of 'care' as practised on both an individual and collective level. My use of the concept of 'care' in this research then, goes beyond a political understanding of care as related to welfare policy, to explore care as a practice of every-day support. In discussing 'intimacy' and 'intimate relationships', I refer to close, caring personal relationships which are both sexually (partners and lovers) and non-sexually (friendships) experienced and practised.

The first part of the chapter examines how early feminist work on care challenged the idea that unpaid caring work was a 'natural' female role through which the carer demonstrated her love for, and commitment to, her family. Rather, from a feminist perspective, care came to be analysed as an integral feature of women's exploitation (Finch and Grove, 1984; Finch, 1989). Second, I chart the ways in which feminist work has challenged this over-arching analysis by examining the subjective meanings of care for women (Graham, 1983 and 1990; Ungerson, 1987). Other work, particularly by those writing on disability, race and sexuality, has shown how women are also the receivers as well as the providers of care, and has stressed how the subjective meanings of care for women are diverse and non-universal (Begum 1990; Carabine, 1996).

Third, I address work which explores non-heterosexual practices of intimacy (Weston, 1991; Weeks, 1995; Dunne, 1999; Weeks et al, 2001). This section also considers work which examines concepts of care through the themes of intimacy and friendship (Giddens, 1992; Nardi, 1992; Weeks, 1995; Jamieson, 1998; Roseneil, 2000, 2002, 2003).

The final section examines how transgender identities and intimate relationships are neglected within existing analyses of care and intimacy. Although recent work has begun to explore the role of care and intimacy within same-sex relationships and gay and lesbian communities, practices of care and intimacy within transgender relationships and communities remains absent from the current framework of analysis. Here I address a recent study carried out by a transgender organisation to examine the role of care within

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a transgender context, and look at how debates around citizenship speak to transgender practices of care and intimacy.

Early Feminist Analyses of Care

Feminist work on care initiated a critique of social policy on community care in the late 1970s and early 1980s. Finch and Groves (1980), in particular, questioned the assumption within community care policy that unpaid caring work (i.e. for disabled people or the elderly) represented a 'natural' female role within the family. They argued that the normative underpinnings of community care policy, which saw unpaid care work as a 'labour of love' (Finch and Groves, 1980), reinforced women's economic inequality by restricting their availability for paid work. Their work also highlighted how such 'silent work' went unrecognised by policy makers. Feminist analyses of care during the early 1980s thus focused upon gender divisions within the family, which were seen to structure and determine relationships of caring (Williams, 2000). Finch and Groves' (1980) work exemplified the feminist approach to care at this time; through which unpaid care work was seen as a key facet of women's exploitation. In examining care work in relation to equal opportunities, Finch proffered a highly controversial solution to the question of unpaid care work. Rejecting proposals to pay carers, Finch argued that payment of carers reinforced the idea that caring was an intrinsically female role, and that payment was likely to be low and thus would further women's economic inequality. Rather, Finch suggested a 'residential route'. The crux of Finch's proposal was the movement of care work from the unpaid private arena of the community or family, into the domain of paid work within the public sector: 'The residential route *is* the only one which ultimately will offer us a way out the impasse of caring' (Finch, 1980:16). She suggested that such a move would bring greater security of working conditions and higher levels of pay for female carers, and would ensure the recognition of female care work.

Finch's proposal provoked strong criticism from other feminist scholars, particularly those working within the field of disability. In her reply to Finch, Morris resisted the

residential route of care by emphasising the benefits of community care: 'As individuals and through our organisations we have put our energies into achieving a better quality of life *within* the community' (Morris, 1993:156). Morris argued that Finch's premise rested on a false assumption that the relationship between women and care was primarily one of care-giving and not of care-receiving. In ignoring the experiences of female care-receivers, Morris believed that Finch's position discriminated against the needs of disabled women: 'When Finch and others are assessing what policies would be acceptable to 'us' she means what policies would be acceptable to non-disabled feminists' (Morris, 1993:157). Thus Morris located Finch's work as part of a dominant feminist analysis which took as its subject young, able-bodied women and as such, marginalised the experiences of those with different needs. Similarly Begum (1990) has emphasised how the issue of community care for care-receivers is a more complex than early models suggested.

As the unified category of 'woman' came unstuck within the broader politics and theories of feminism, so challenges were brought to bear on feminist writing on care. Traditional feminist analyses were seen to neglect the experiences of diversity. Graham argued that the inclusive use of the category of 'woman' clouded a feminist analysis: 'As a result, some relationships and experiences find a secure place within feminist research, while others are left on the margins of analysis' (Graham, 1990:127). Carabine's (1996) critique of the early body of feminist work within social policy addresses how the homogenous category of woman marginalised lesbian experiences of care. Likewise, Graham argues that the predominant focus on gender divisions within the family prioritised the heterosexual family within feminist research: 'because, definitions of cohabitation, like definitions of marital status, only pick up on women's domestic relationships with men, sexuality is a dimension of difference which goes unrecorded in most surveys' (Graham, 1990:6). These developments within feminist social policy led to a methodological shift as a broader range of subjective experiences of care became incorporated into research frameworks. Thus, rather than gender being viewed as an overriding structure which determined female experiences of caring, feminist work on care became localised and increasingly attentive to difference.

Recognising Difference

This recognition of a diversity of care experiences led to a broader analysis of the meaning of care for women. Rather than positioning caring as a negative feature of women's lives, Graham (1993) argued that caring may be an arena through which women gain social acceptance and a sense of belonging. Ungerson's (1987) research also pointed to the divergent experiences of caring: showing that while the feminist analysis of caring as exploitative labour resonated with some of her respondents, others located their role as carers as a source of fulfilment. Her study also addressed the experiences of male carers; fracturing the assumption that caring was an essentially female role. The hidden experiences of male carers were also taken up by Arber and Gilbert (1993).

Developments in feminist analyses of care were further reflected in studies examining the role of care in relation to race and ethnicity, class, and sexuality. Gunaratnam's (1993) ethnographic study of Asian carers in Britain shows that care issues were not perceived as an isolated nor necessarily problematic dimension within family life. Rather, her respondents positioned factors such as housing, working conditions and racism as more problematic than care issues. Bhalla and Blakemore's (1981) research also examines the specific relationship between ethnicity and care; illustrating that significant numbers of elderly Asians and Afro-Caribbean's live without family members due to tighter immigration controls and poor employment opportunities in Britain. Graham's (1990) work examines social divisions affecting experiences of caring by emphasising the long-standing tradition of working-class women working as paid carers for middle-class families. She suggests that this pattern of care work limits the extent to which the care workers are able to give care within their own families.

Other feminist approaches to care addressed the themes of ethics and morality. Through challenges to the theorisation of care as exploitative, care became to be discussed as symbolic of a feminine 'ethic' or 'morality'. Thus Noddings (1983) spoke of care as a 'feminine ethic' and Gilligan (1982) positioned female care work within a moral framework. In contrast, Tronto (1993) suggests that a female sensibility for caring might be less connected to an essential ethic and more a direct result of women's subjugation:

'Another way to see caring is to see it as an ethic most appropriate for those in a subordinate social position' (Tronto, 1993:110). While for Noddings a 'feminine ethic' of care was characterised by 'attentiveness', Tronto talks of 'deferential mannerisms' which are adopted as a survival mechanism by powerless groups in society' (Tronto, 1993:110). She proposes that replacing the morality model with a feminist ethics of care would depart from an analysis which locates caring as a naturalised feminine characteristic. For Tronto, a feminist ethics of care enables an examination of the meanings attached to care within an analysis which restructures the broader social and political institutions under which care operates.

Ungerson (1993) and more recently Sevenhuisjen (1998) have examined care in relation to citizenship. For Ungerson, the private domain of care sits uneasily with the public realm of citizenship. She argues that the public rights of citizenship are difficult to operate and enforce within the domestic domain, and that carers and the cared for have common interests which should be backed by a framework of rights. Sevenhuisjen goes further and links the notion of citizenship directly to the experiences of care. She argues that a notion of citizenship is key to care as it is through the site of care that we learn the civic qualities of responsibility, tolerance and the recognition of difference.

The work considered in this section represented a move in feminist analyses of care towards the divergent experiences of female (and male) care-givers and receivers. Williams (1999) discusses these developments in relation to 'old' and 'new' paradigms. The early feminist stress on gender divisions as determinate of relations and experiences of care, fit with an old paradigm, which Williams defines as 'the older concerns about the influence of structural inequalities upon peoples behaviour and needs.' (Williams, 1999:18). Conversely, later studies on care can be seen to lie within the latter paradigm which sees the 'users of welfare as creative active human agents' (William's 1999:18). However Williams cautions against the tendency within welfare theory to exaggerate these paradigm shifts. Instead she proposes that welfare research move between the two dichotomies to pay attention to structural inequalities, and to recognise difference in and amongst the categories of social class, race and ethnicity, disability, age and sexuality.

Williams suggests that such a methodology enables 'the conceptual links between the agency of individuals and the material and social conditions in which they live' (Williams, 1999:19).

In order to test how far welfare research has bridged the two paradigms, Williams conducted a literature review using the themes of stress, coping strategies and social support. Her findings indicate that much of the recent literature influenced by the 'old' paradigm, which Williams terms 'division-led' research, continues to be underpinned by normative assumptions that focus upon gender and class as largely uniform categories. Further, she found that within this area of research the categories of race, age, disability and sexuality are ignored. Work which corresponded with the 'new' paradigm, defined by Williams as 'difference-focused' research, was found to lack insight into the relationship between social inequality and daily experiences. Additionally, both sets of literature were found to focus mainly upon gender and class. In particular, sexuality was negated in both research frameworks, leading Williams to argue that 'this reflects an uncritical assumption within the literature of the universality and desirability of heterosexual-family-network systems' (Williams, 1999:19). Despite the aforementioned developments then, the majority of work on care has recently been found to be lacking in its analysis of the specificities of difference, particularly in relation to the ways in which sexuality impacts upon the practices and meanings of care.

Carabine (1993) has also questioned the heteronormative assumptions of social policy by illustrating how the discipline has been slow to theorise the relationship between sexuality and social policy. Whilst sexuality has been a key policy area (for example, around HIV/AIDS, the age of consent and sex education), Carabine points to the scarcity of theoretical analysis of sexuality within social policy: 'Sexuality has, in general, failed to be awarded any analytical power within the discipline of social policy' (Carabine, 1993:32). She identifies three reasons for the failure of social policy to incorporate sexuality into its theoretical framework. First, she points to the influence of a dominant discourse of sexuality which continues to naturalise heterosexuality. Second, she traces the historical development of social policy as a discipline that has largely remained

constrained by the public/ private divide. Here sexuality was seen to fall within the private sphere of intimacy and personal relations, and as such, remained external to the public realm of social policy analysis which concerned itself with the state and welfare provision. Third she argues that the analysis of sexuality has been marginalised due to an 'implicit consensus about what constitutes the real issues of social policy and welfare' (Carabine, 1993:34). Hence sexuality has been largely considered to be a frivolous subject that lacks academic import.

The subsequent failure of social policy to recognise the significance of sexuality is seen to reproduce dominant discourses which reinforce traditional ideas about the family and the role of women. As heterosexuality and traditional gender roles are normalised, other familial forms and social networks remain on the borderlines. Carabine further argues that attentiveness towards sexuality is required to dispel dominant assumptions about care: 'first, that caring takes place only within normal families and, second that only heterosexuals care' (Carabine, 1993:32-33). She thus proposes that the integration of sexuality within social policy is central to a broader framework of analysis which recognises the diversity of caring practices existing outside of heterosexual practices of parenting and partnering.

Though Carabine critiques earlier feminist research for neglecting the role of sexuality, she points to recent feminist literature within social policy which has turned to sexuality. In addition to feminist work addressing policies around sexuality, two further categories of feminist work on sexuality are identified. First, sexuality is analysed as an 'aspect of difference' (Carabine, 1993:49) whereby lesbians are seen to have distinct needs and experiences. However, as Carabine suggests, such an analysis has a tendency to universalise lesbian experience and divorce sexual identity from other forms of identity formation. Second, sexuality is used as an analytical category. Whilst welcoming the inclusion of sexuality in these areas, Carabine echoes Williams' (1992) note of caution against incorporating sexuality as just another variable alongside race, class and gender:

The acknowledgement of difference, whether as in different needs or experiences, is not the same as viewing social policy through the lens of sexuality to show its impact on all women, heterosexual as well as lesbian, differentiated by class, disability, age, and 'race'; that is, to treat sexuality as an analytical category/framework/logic similar and inter-related to, but also different from, 'race' gender and class.' (Carabine, 1993:54)

She proposes that such a development would not only ensure that social policy examines sexuality, but that it would enable the concept of sexuality to illuminate the ways in which social policy itself constructs sexuality. Likewise, Dunne's aim in researching lesbian experiences of work and family life is to 'counter a tendency in academic feminism to treat lesbian experience as 'other' or 'different'' (1997: 1). Dunne thus suggests that the significance of researching non-heterosexual social practices is that it brings a greater level of understanding of the organisation of sexuality per se. Similarly, I propose that researching social experiences of transgender enables a richer understanding of the construction and experiences of the category of gender itself.

Non- Heterosexual Practices of Care

The literature search for this chapter has found that research into the role of care within non-heterosexual families and social networks is limited to work by a small selection of writers, many of whom are based in the US. Much of the research to explore non-heterosexual practices of care draws upon the role of care within gay male relationships and friendship networks within the specific context of HIV/AIDS. Patton's (1990) study in the States shows how the privatisation of care has led to unregulated practices of care for people living with HIV/AIDS. Weeks speaks of a 'new altruism' whereby the 'immune (often well-meaning middle-class women in a passable revival of nineteenth-century philanthropic intention) have sometimes taken responsibility for caring for the 'vulnerable' (Weeks, 1995:179). More positively, Weeks recounts how an 'ethic of love' is embedded in practices of care for and by people living with HIV/AIDS. Significantly, the correlation of care and femaleness is thus fractured by accounts of new practices of

care developed within gay communities as a response to HIV/AIDS: 'Gay men organized from the beginning into groups devoted, of necessity, to an ethic of caring for one another' (Adam, 1992:178). Thus Adam discusses a cultural shift in male intimacy in the US as large numbers of men took on an extensive range of caring duties:

Care, organized by community-based AIDS groups, includes a wide range of professional services, from counselling and legal assistance to food banks and therapeutic support, but it is also of the most mundane sort: running errands, house sitting, cat feeding, being there, nursing and all the realm of domestic labour. Yet it is this most unglamorous and 'un-masculine' work which meets very real needs (Adam, 1992: 81).

Weeks et al (2001) also document the role of care within the context of HIV/ AIDS. Whilst remaining cautious about the over-arching use of 'community', their study illustrates how a range of practices of care were developed by specific communities affected by the HIV/AIDS epidemic. The lack of response in the early stages of the epidemic has been well documented (Altman, 1993; Berridge, 1993; Weeks, 1993). Insufficient government funding and support, and the deficit action of the public health service and wider population, resulted in the marginalisation of certain communities who were affected by HIV/AIDS. Consequently 'ostracised groups of black people, women and haemophiliacs, as well as gay men, developed distinct practices of care, which fit with the notion of community as a site of identity and resistance' (Weeks et al, 2001:90). These distinct practices of care developed through a range of voluntary organisations, help and information lines and self-help groups on a local and national level. As I will subsequently show in *Transgender Care Networks* (Chapter 9), transgender organisations and support groups have also developed methods of care which are lacking outside of the transgender community. Without denying the significance and necessity of the practices of resistance developed within communities affected by HIV/AIDS, Weeks et al (2001) importantly argue that practices of care within a strong voluntary sector need the additional backing of the state. We can add onto this demand the need for greater government recognition of transgender community care organisations.

Outside of the context of HIV/AIDS, studies exploring the role of care within non-heterosexual practices of partnering and parenting are scant. Although not explicitly concerned with care, Dunne's (1999) UK research into lesbian experiences of work and family life raises some relevant issues for this study around the greater levels of equality in divisions of domestic labour and child-care within 'families of choice' (Weston, 1991; Weeks, et al, 2001). Likewise, Weston's (1991) research into lesbian and gay family life in the US emphasises agency and equality within families of choice. The most comprehensive study to speak about the role of care within non-heterosexual patterns of partnering and parenting in the UK is provided by Weeks et al (2001). Like Dunne (1999) the authors argue that developments in non-heterosexual patterns of intimacy are linked to wider changes in society, and that understanding the social organisation of families of choice enables a greater understanding of changes within the family and intimate relationships in general. Drawn from empirical research into same-sex intimate relationships, the study shows a diversity of 'life experiments' underway. The findings support Dunne's assertion that same-sex intimate and parenting relationships hold greater possibilities of equality in the organisation of domestic life, employment and child-care. Likewise, the potential within same-sex relationships for emotional support, honesty and agency in creating new patterns of intimacy are supported by the majority of respondents: ' [...] emerging non-heterosexual ways of being can be seen as indices of something new: positive and creative responses to social and cultural change, which are genuine 'experiments in living'' (Weeks et al, 2001: 5). The findings suggest that care is central to the concept of commitment and the negotiation of responsibilities. Thus their respondents often talked about 'care' when discussing their relationships and home lives:

For many people living together, the doing of non-heterosexuality (and doing gender differently) can mean the conscious endeavour to create an ambience of care. . . .
(Weeks et al, 2001:101)

Moreover, men as well as women stressed an ideal of care within their relationships and family life, with male respondents articulating an equal sense of caring responsibilities. Friendship networks were found to be of great importance in times of illness and for

older respondents, and these 'informal' practices of care were valued above traditional caring institutions. Finally, traditional caring institutions were viewed unfavourably and were seen to limit personal and collective agency. Data on care and intimacy from this research, which will be discussed further in previous chapters (Chapters 7, 8 and 9), also shows that friendship networks and 'informal' care sites within transgender communities are valued above traditional caring institutions.

It has been widely suggested that intimacy has become a site of social transformation within modern society (Giddens, 1992; Beck-Gernsheim; 1995, Beck, 1999; Weeks et al, 2001; Roseneil, 2000, 2002, 2003). Intimacy is seen to acquire new meanings and an increased importance both personally and socially. For Giddens (1992) an 'ideal of intimacy' is personified by the desire for a 'pure relationship' which represents an increased level of emotional and sexual democracy, with the stress on choice and trust. An important feature of the pure relationship arises from what Giddens terms 'plastic sexuality', where sexuality attains distinct signification as it becomes liberated from reproduction. Although Giddens sees such shifts as taking place within heterosexual relationships, he suggests that lesbians and gay men have long been practitioners of the 'pure relationship'. While Jamieson (1999) warns against over-stating the extent of the pure relationship; stressing how structural inequalities continue to hamper its existence, she too concedes that same-sex relationships offer its greatest potential. Although inequalities obviously exist within same-sex relationships and abuses of power undoubtedly occur; as, for example, Taylor and Chandler (1995) show in their examination of violence within lesbian and gay relationships, research findings on same-sex partnerships show that equality and autonomy are seen as necessary features within intimate relationships, and the notion of care is held central. As I will subsequently discuss (Chapters 7 and 8), many participants within this research also stress the importance of equality within their intimate relations.

Transformations within the realm of intimacy have also been drawn upon to analyse the role of friendship within non-heterosexual practices of care. Various studies have shown that for many lesbians and gay men, friends are granted equal levels of importance as

family members (Altman, 1982; Rubin, 1985, 1986; Nardi, 1992; Weeks, 1995; Weston, 1999; Weeks et al, 2001; Roseneil, 2000, 2002, 2003). Indeed, in many instances, friends are viewed *as* family and take on many of the roles provided within heterosexual families (Nardi, 1992). Nardi links this to limited or absent approval of their intimate relationships from families of origin, which lead lesbians and gay men to look to friendship networks for social, emotional and practical support. Thus one of the significant themes to emerge from studies of same-sex patterns of care, is the importance of friendship networks. Drawing on gay men's experiences of AIDS, Nardi (1992) shows how the role of friendship becomes increasingly prominent in times of illness. Likewise, Weeks et al (2001) suggest that for gay and men and lesbians, friendship networks are crucial providers of care.

Weeks et al suggest that the role of friendship in the lives of lesbians and gay men is intrinsically connected to the significance placed on the role of intimate relationships: '[...] the prevalence of the friendship ethic provides some of the necessary conditions for greater intimacy' (Weeks et al, 2001:120). In this way, friendship is held to be equally as important as sexual attraction or desire within a successful partnership. Further, the continuum of friendship and sexual desire within a long-term partnership was seen to be fluid and interchanging across time and circumstance.

Weeks et al state that their findings give support to Blumstein and Schwartz's (1983) argument that compared to heterosexuals, lesbians and gay men are much more likely to want both friendship and romantic love in a partner:

We would argue that the egalitarian ideals of same sex relationships dissolve some of the boundaries between friendships and sexual/ emotional commitments, making possible forms of intimacy that are difficult to attain among most heterosexual couples. (Weeks et al, 2001:120)

Roseneil (2000, 2002) suggests that the desire for a pure relationship is also increasingly witnessed within hetero relations. This reflects the workings of 'queer tendencies' within

postmodern society which, in turn, are problematising the traditional hetero/homosexual binary. For Roseneil (2000), a key mover here is the increasing importance of friendship across the hetero/homosexual divide. She identifies a number of social changes to have contributed to the increased importance of friendship in contemporary society: increased geographical mobility, higher divorce rates, the decline in marriage and increasing later marriage, more births outside of marriage, higher numbers of women choosing not to have children, an increase in single person households and higher numbers of people who are living outside of the heterosexual nuclear family. Roseneil cites supporting evidence from the 'British Household Panel Study', which shows that divorcees are more likely to see a close friend during the week than are married couples and the 'British Social Attitudes Report', which documents that people living without relatives are more likely to have seen their closest friend in the past week than a relative. Data on friendship from this research (Chapter 8) also shows that friends are central to the lives of participants. Corresponding with Nardi's (1992) emphasis upon the role of friendship for lesbians and gay men in the absence of familial support, friends can also be seen to take the role of family for participants in this research, as kinship ties are often disturbed or broken through transition.

Central to the work on non-heterosexual patterns of partnering, parenting and friendship networks is the emphasis placed on emotional agency. Here active choice is central to social relationships. Writing about lesbian and gay kinship networks, Sandell (1994) points to the queering of emotional boundaries within such extended kinship patterns. She suggests that these affective relationships reflect fluidity in the demarcation of friends and lovers. This point has also been made by Weeks et al (2001) and Roseneil (2000, 2002). Additionally, the body of work on non-heterosexual relationships supports the assertion that individualisation and detraditionalisation in modern society has led to greater levels of reflexivity (Giddens, 1991; Beck 2000; Weeks et al, 2001). Weston's (1991) research into lesbian and gay families, for example, shows how the notion of 'choice' was articulated by many of her respondents when discussing their kinship networks. The conscious process of choosing kinship networks also runs through the subject narratives in the study by Weeks et al (2001). Whilst the degree of individual

and collective agency is undeniably uneven and subject to structural constraints (Jamieson, 1999), there is considerable evidence of heightened degrees of agency within the creation of equitable and caring social networks. Moreover, unless such accounts are simply reduced to narratives of ‘difference’, the creative shifts in same-sex patterns of partnering, parenting and friendship networks can shed light upon the changing role of care and intimacy within wider society. As Weeks et al propose:

If the traditional family is indeed in crisis, then the experience of those who have often been forced to live outside its walls can tell us something important about new challenges and new possibilities. (Weeks et al, 2001:27)

Weston’s premise that gay kinship ideologies have ‘transformed, rather than copied, existing kinship networks’ (Weston cited in Sandell, 1994) is relevant here, as is Roseneil’s assertion that the heterosexual/homosexual binary is increasingly fragile within contemporary society (2000, 2002). Likewise, Weeks et al point to an ‘increasing flexibility’ and ‘moral fluency’ in intimate life, which stretches across the heterosexual-homosexual divide’ (Weeks et al, 2001:20). Consequently, there is much to suggest that transformations of intimacy are actively at work within heterosexual patterns of partnering and parenting, and that friendship networks are also beginning to play a significant role in practices of care within heterosexual social arrangements. As Sandell argues, these developments hold significant social and political possibilities:

By emphasising the social aspects of queer identities, there is a greater potential for gays and lesbians to make alliances with, and draw attention to, the large numbers of people living in non-traditional family groupings. This would mean building upon a sense of queer community that is not only based on sexual identities, but on social ties, thus facilitating connections with other communities.

(Sandell, 1994)

Transgender and Practices of Care and Citizenship

Sandell's (1994) premise of adopting a queer analysis which moves beyond identity politics in order to forge connections with other communities who are creating distinct kin and friendship networks, is important for this study in relation to the incorporation of transgender communities in analyses of care. A literature search reveals a dearth of research on the nature of intimacy and practices of care within transgender communities. Work previously discussed in this chapter illustrates how challenges have been brought to the heteronormativity of traditional care research through studies of distinct practices and meanings of care within lesbian and gay communities, family and friendship networks. However, transgender lives and experiences remain absent from this analytical framework which rests on an uninformative and naturalised binary gender model that recognises only male or female gender categories. Thus feminist analyses of care and studies of same-sex intimacy have yet to take account of the specificities of transgender.

The most comprehensive study of care within the transgender community comes from a recent survey by Johnson (2001) entitled *Residential and Community Care of Transgendered People* undertaken for the transgender support group 'The Beaumont Trust'. Her findings show that community care for elderly, ill and disabled trans people is undertaken in the most part within the 'social circle that exists around the care receiver' (Johnson, 2001). A key theme to emerge from the survey is the problem of isolation:

'Discrimination, fear of exposure, the breakdown of family relationships (not only in relationships and marriage, but also with parents, extended family and children) and geographical distance (due to the person moving away after transition) mean that isolation remains a key problem in many trans peoples lives.

(Johnson, 2001)

Thus Johnson emphasises the need for care workers in a residential environment to contact transgender support services for information about support networks. Overall, the report stresses a severe dissatisfaction with community methods of care outside of the trans community (Johnson, 2001). A further problem identified with community care services for transgender people is the risk of care workers exposing the transgender status of clients who wish to keep this undisclosed from friends, neighbours or family members. Residential care raises additional issues for transgender people, particularly those who have resisted or been denied surgery:

If a transgender person has lived most of their life dressed in clothes usually attributed to the (birth) opposite gender, but have not, or did not wish to have complete reassignment surgery (sex-change), the home which is chosen may not wish to risk upsetting the families of residents (for whom they are equally responsible for) by accepting a transgendered person as a resident.

(Johnson, 2001)

Consequently she discusses the importance of education and training about transgender issues, and the need for support from transgender organisations, for all carers of transgender people. Importantly Johnson emphasises the need to see transgender people who are care-recipients as active agents:

Transgendered people could have fought (in one way or another) all their lives for rights, justice and medical care. Rather than being 'passive' in old age they are more likely to be 'activists'.

(Johnson, 2001)

In conclusion, the report draws on work from the disability movement to illustrate commonalities and differences within transgender communities, and warns against generalising the care needs of transgender people. This report indicates that transgender communities identify care as a key area of importance. One of the major objectives of transgender organisations is to provide practical support and care for transgender people; for example through contact networks, self-help and voluntary organisations and

information lines. Such services remain, however, largely voluntary funded by transgender organisations and individuals themselves. The care experiences and needs of transgender people remain marginalised, and the issue of public funding for transgender people as a community of care providers and recipients is not addressed within social policy. Conversely, welfare policy makers and practitioners remain unaware of the distinct care needs of transgender people.

As I will explore in the final chapter *Transgender Care Networks* (Chapter 9), findings from this research suggest that transgender communities have developed practices of care and support which correspond with the agency enacted by communities initially affected by the HIV/AIDS epidemic. Likewise, the significance of friendship networks for participants in this study corresponds with the importance placed upon friendship within lesbian and gay families of choice (Altman, 1982; Rubin, 1985, 1986; Nardi, 1992; Weeks, 1995; Weston, 1999; Weeks et al, 2001; Roseneil, 2000, 2002, 2003). In making this comparison, however, I do not wish to conflate the identities of lesbians, gay men and transgender people. Nor am I suggesting any unitary characteristics of care for either group. Indeed, such comparisons could equally be drawn between transgender communities and a number of previously marginalised groups who, due to social exclusion and a lack of resources, have found it necessary to build their own social networks and practices of care. When discussing care issues for transgender people, it is necessary to reflect upon the experiences of individuals who though connected through the broad category of 'transgender', occupy various other distinct identity positions.

Weeks et al propose that recent social movements, particularly feminism and the lesbian and gay movement, are characterised by moments of transgression and claims to intimate citizenship. Transgression is defined as: ' [...] the constant invention and reinvention of new senses of the self, and new challenges to the inherited institutions and traditions that hitherto had excluded these new subjects' (Weeks et al, 2001 91). The moment of transgression is subsequently accompanied by a claim to citizenship: '[... the claim to equal protection of the law, to equal rights in employment, parenting, social status,

access to welfare provision, and partnership rights and same sex marriage' (Weeks et al. 2001:91).

This moment of citizenship mirrors the goals of many transgender organisations in terms of their demands for legal protection, employment and welfare rights, and partnership recognition, as well as the right to social and legal recognition of gender of choice. Weeks et al state that '... without the claim to full citizenship, difference can never be fully validated' (Weeks et al, 2001:91). Here citizenship is defined as '...belonging, and the nexus of rights and responsibilities which entitle the individual to be included within the polity' (Weeks et al, 2001:91). If Weeks et al are suggesting that such a moment is conceived out of a desire for inclusion, then we have to also bring a more radical voice into the framework. What remain downplayed here are the voices within social movements who place more import on the moment of transgression than the claim to citizenship. From this perspective, the wisdom of soliciting political validation is questioned. Such a position preserves the celebration of difference and questions the merits of normativity. Radical gender and sexual movements such as *Queer Nation* or *Transsexual Menace* in the US, act as a cautionary reminder of the dangers of a whole-hearted liberal approach. Hence those who remain too 'different' frequently become to be seen as too 'difficult' and are further marginalised. In discussing a moment of citizenship then, it must not be forgotten that most recent social movements are divided on questions around the desirability of citizenship as a political goal. Rather, groups such as *Queer Nation* and *Transsexual Menace* firmly believe that such a route inevitably leads to the subjugation of difference and transgression. This debate is apparent within transgender communities on the question of 'passing'; while some trans people see passing as a prerequisite of social acceptance and inclusion, others argue against assimilating into an incomprehensible binary gender system (Stone, 1991; Feinberg, 1992, 1999; Bornstein, 1994).

Legislative changes brought by the recent *Gender Recognition Act* (GRA), which received Royal Assent in July 2004, provide a timely illustration of the complexities of citizenship claims for transgender people. The GRA marks a radical shift in social and

legal attitudes towards transgender people, representing the civil recognition of gender transition through enabling the change of birth certificates and allowing transgender people to marry in their acquired gender. However, there are problems in the legislation which relate specifically to practices of care and intimacy, since existing marriages (e.g. marriages before transition) have to be annulled before a change of birth certificate is permitted. I will use the case of one research participant, Bernadette, to illustrate. Bernadette, who is in her seventies, transitioned from male-to-female fifteen years ago and remains married to her wife of forty plus years. The GRA means that Bernadette now has to choose between civil and legal recognition as female, and her long-standing marriage. One option is for Bernadette and her wife to divorce and register for a same-sex civil partnership, however, since neither Bernadette nor her wife consider themselves to be in a lesbian relationship this is problematic.

The GRA followed parliamentary lobbying by the transgender campaigning group *Press for Change* (Pfc) and Pfc have been instrumental in drafting the bill and advising parliament through the bill's various readings. Pfc lobbied to overturn the requirement that married transgender people annul their marriages before getting a full Gender Recognition Certificate, but lost. McNab, Vice-President of Pfc thus summaries the outcome:

We were left with the consequences of the government's coldly symmetrical logic: that marriage was for opposite-sex couples, and civil partnerships for same-sex couples, with no exception even for the hundred or so couples about to move from one category to the other. A harsh logic, requiring people to change their legal relationship just for logical neatness [...]. (McNab: 2004)

The government defended the annulment of existing marriages clause in the GRA on the basis that it was fair to married people because civil partnerships would be available. The *Civil Partnership Bill* (CPB), which, at the time of writing, is being debated in the Lords, proposes to extend the rights and responsibilities of heterosexual marriage to same-sex couples. In June 2004 the Lords proposed an amendment to the CPB to allow cohabiting

relatives the right to register for civil partnerships. McNab discusses the complexities of the amendment:

This measure had the support of a strange coalition of interests- an unholy alliance, even. On one hand, some LGB campaigners wanted a less exclusive form of civil partnership, one which did not presume a relationship based on sex and which did not immediately identify the partners as gay, and for gay couples to be allowed to marry. On the other hand, some socially conservative peers oppose any measure which would help gay and lesbian people, so leapt at an opportunity to dilute the bill, and make life difficult for the government. Part of their attraction to this measure lay in its ability to allow some families to bypass inheritance tax, which has never been popular among the wealthy. So here they had a nice wheeze: one which hijacked a piece of equality legislation, they disliked, and turned it into a handy loophole for the rich [...].

(McNab: 2004)

The amendment to the CPB then, has been brought by two divergent interests groups. For the lesbian and gay campaigners who support the amendment, the change to the bill represents the radical de-coupling of sex and partnership, which paves the way for the recognition of non-sexual intimate relationships such as friendship and caring relationships. Lock, of the *Coalition for Marriage Equality*, thus states:

We welcome the extension of rights and protections to carers, despite the Lord's homophobic motives and wrecking intentions [...] The Bill should be further amended to recognise all domestic relationships; not just same-sex couples and carers, but unmarried heterosexual partners too. (quoted by Tatchell: 2004)

Government opposition to the amendment, on the grounds that it is not feasible to broaden the CPB, is supported by the Liberal Democrats and by lesbian and gay lobbying group *Stonewall*, who argue that:

The status of carers and those in non-sexual relationships needs attention - but this bill isn't the place to do it. This is a bill to give equality to gay and lesbian couples, not a measure to radically restructure the family.

(quoted by McNab: 2004)

However, for other lesbian and gay campaigning groups such as the *Coalition for Marriage Equality* and *Outrage*, the un-amended bill represents a:

[...] system of sexual apartheid, where there is one law for heterosexuals and another for lesbians and gays. It perpetuates and extends inequality. The homophobia of marriage law is compounded by the heterophobia of civil partnerships.

(Tatchell: 2004)

Richardson (2004¹) has also recently argued against a whole-hearted celebration of civil partnerships for lesbians and gay men.

While the *Coalition for Marriage Equality* has recently renewed its calls for gay marriage as it is available to heterosexual couples, *Outrage* supports broadening the bill to grant legal recognition to a broad spectrum of intimate and caring relationships:

The Australian State of Tasmania has already set a precedent with its Relationships Act 2003. This pioneering legislation offers a ready-made legislative template, which could be adapted relatively easily by our own parliament. Successful and popular, it grants legal rights to all relationships of mutual devotion and support; including gay couples, carers and unmarried heterosexual partners. The philosophical basis of the Tasmanian law is that close, caring relationships- whether conjugal or non-conjugal- are good for the people involved and are socially beneficial.

(Tatchell: 2004)

¹ This point was made by Richardson in her paper 'Troubling Heterosexuality: Passing in Normalcy' presented at the 'Pleasure and Danger Revisited' Conference at the University of Cardiff in July 2004.

A framework of rights such as that proposed by Tatchell (2004) would represent a fundamental shift in policy, whereby rights and recognition are given to a diversity of caring relationships. As Williams (2004) suggests, the processes involved in creating civil partnerships has 'forced the articulation of what defines a 'partnership' and the nature of its commitment' (Williams, 2004:37).

If passed, the amended CPB could bring significant benefits for transgender people. First, those in existing marriages and others in heterosexual partnerships could register for civil partnerships without having to do so as a same-sex couple. Second the relationships of lesbian and gay trans people would be recognised. Third, trans people would be able to register a significant caring relationship as a partnership. As well as bringing social recognition of a range of caring relationships, the benefits, as for non-trans people registering for civil partnerships, would include parental responsibility and housing and financial rights for both partners. This policy could thus be incorporated into what Williams conceptualises as a 'political ethic of care' (Williams, 2004: 75), of which one tenet would be 'protecting diversity from inequality' (Williams, 2004: 75). Drawing on the work of the ESRC research project *Care, Values and the Future of Welfare* (CAVA), Williams states that 'our findings reveal that moves to recognise diversity may sometimes expose or reinforce inequality' (Williams, 2004:82). Similarly, Richardson (2004) has argued that social change sought through the notion of 'citizenship' has tended to emphasise 'sameness' rather than equality of 'difference'.

Moreover, traditional definitions of, and requirements to, citizenship have often neglected the complex features of gender and sexuality (Richardson, 2000). The concept of 'intimate' citizenship (Plummer, 1995; Weeks, 1995, 1998; Weeks et al, 2001) provides a framework for discussing rights and responsibilities emerging from the diversification of intimate life. Plummer defines intimate citizenship as:

[...] a cluster of emerging concerns over the rights to choose what we do with our bodies, our feelings, our identities, our relationships, our eroticisms and our representations. (Plummer, 1995: 17)

For Weeks, intimate citizenship relates to 'those matters which relate to our most intimate desires, pleasures and ways of being in the world' (Weeks, 1995: 121). For Weeks (1995) broadening the notion of citizenship, would enable the recognition of difference. Moreover, Weeks et al (2001) suggest that concept of 'intimate citizenship' offers a theoretical framework which problematises the dichotomy of the public and private:

Today, it is commonplace for those belonging to sexual minorities to define themselves both in terms of personal and collective identities by their sexual attributes, and to claim recognition, rights and respect as a consequence.

The idea of sexual or intimate citizenship alerts us to new concerns, hitherto marginalised in public discourse: with the body, its possibilities, needs and pleasures; with sexualised identities; and with relational rights.

(Weeks et al, 2001: 197)

Here we can conceptualise intimate citizenship as a transformative project, which seeks to include those areas of social life which have been previously excluded from the notion of citizenship due to their perceived status as 'private' rather than 'public' issues. Similarly the notion of an 'ethic of care', which '[...] recognises that care is universal and that it emphasises interdependency, acknowledges vulnerability, and encourages trust and tolerance [...]' (Williams, 2004:10), bridges the public/private divide. Both the concepts of intimate citizenship and an ethic of care are important for this study as they stress the recognition and validation of difference. Thus in seeking to 'protect [ing] diversity from inequalities' (Williams, 2004:10), an ethic of care can be usefully applied to take account of non-normative gendered practices of care and intimacy, while a model of intimate citizenship offers a framework that can be utilised to incorporate the marginalised rights based claims and 'everyday experiments' (Weeks, 1995; 2001) of transgender communities.

Conclusion

The body of work discussed in this chapter addresses the concepts and practices of care and intimacy. In different ways, this work has attempted to move beyond gendered essentialism and heteronormativity. Recent work around practices of care stress the importance of understanding care as holding divergent meanings, which operate in different contexts and sites, and which involve social relations of power. Analyses of contemporary family practices and intimacy have significantly broadened understandings of the characteristics and experiences of social life by emphasising the creative affective practices of same-sex relationships and families of choice, and focusing attention on the significance of friendship.

To fully address the diversities of gender and sexuality, and to enable a greater understanding of the breadth of caring and intimate practices however, this body of work has to also be attentive to the meanings and experiences transgender people bring to care and intimacy. To this end, transgender practices of care and intimacy may be considered within the dynamic of families of choice. This would enable a move away from the theorisation of transgender as a medical issue and bring it into the public realm. As subsequent chapters will show, in moving across, between or beyond the boundaries of a binary gender system and frequently the hetero /homo divide, transgender narratives articulate a range of non-normative individual and collective practices of identity, intimacy and care. Future analyses of care and intimacy thus need to take account of these intimate citizens.

Chapter 3: The Methodology of the Research

Epistemological and Analytical Approach

This research is developed from a constructionist perspective, which acknowledges that the social world is actively produced through everyday experiences, understandings and practices. This perspective accounts for a multiplicity of realities and focuses upon subjective experiences as important sources of evidence. Denzin and Lincoln (1998) argue that a 'crisis of representation' in qualitative sociological research occurred during the 1980s, through which constructionist research methods challenged the role of the researcher as objective and neutral. Rather, the researcher became reflexively situated researcher within her/his work. I am aware that my own theoretical concerns¹ have guided both the research design and its process, and acknowledge that detached objectivity is impossible to attain (Geertz, 1998). Thus my role as a researcher is located within the data itself, as well as within data generation and interpretation (Mason, 1996). As a recognition of maintaining 'active reflexivity' (Mason, 1996) throughout the research process, throughout the fieldwork I kept a reflective diary, which recorded my interaction with participants, changes in preconceived ideas and shifts in my theoretical approach following data collection and analysis.

My research strategy followed an 'abductive' logic, for which Blaikie suggests 'the starting – point is the social world of the social actors being investigated: their construction of reality, their way of conceptualizing and giving meaning to the social world, their tacit knowledge' (Blaikie, 2000:25). I have sought to construct theory by describing the social meanings and practices of transgender as articulated by the participants themselves. In this way, I conceptualised 'everyday' activities and meanings to form the basis of my understanding of the key research themes: the construction of

¹ My theoretical concerns reflect a long-standing engagement with contemporary social and cultural theory, and are developed from a particular interest in studies of gender, sexuality and the body.

transgender identities, the impact of gender transition upon intimate relationships, and individual and collective practices of care.

Interviews were used as the means through which to explore the social world of participants. Primary data was collected by asking individuals or group members to 'report either on their own or other people's activities, attitudes and motives, or on social processes and institutionalized practices' (Blaikie, 2000:25). I used a two-stage narrative interview strategy to enable detailed discussion of the research themes and to allow complexities to develop. Rather than approaching the interview method as a means to a 'fixed' text which reveals 'real' or 'true' meaning, I followed Plummer (1995) in viewing narratives as socially constructed and socio-historically specific. I was influenced by the mode and ethics of Hollway and Jefferson's² 'narrative approach' in which 'the researcher's responsibility is to be a good listener and the interviewee is a story-teller rather than a respondent' (2000:31). A narrative approach enables a move away from a rigid 'question and answer' style of interview and allows the interviewer to flexibly respond to the narrator. One of the central characteristics of the narrative interview is that questions are open-ended so that 'stories' may be told. The researcher does not intervene until the respondent stops talking and then asks further questions to follow up on the developing themes. In fusing the approaches of Plummer (1995) and Hollway and Jefferson (2000), I aimed to pay heed to 'the social and historical conditions that facilitate the making and hearing of stories' (Plummer, 1995:45), and to recognise 'the uniqueness of individuals' (Hollway and Jefferson, 2000:14).

Plummer (1995) stresses the importance of considering the social and historical conditions that construct both the making and the hearing of stories. In this way, stories are seen as a social phenomena (Plummer, 1995). My ontological assumption then, is that the social world is constructed through the actions of social actors and arises out of their negotiated understandings of the meanings of these actions; both of which are firmly located within a broader socio-political framework. Subsequently, my

² However, unlike Hollway and Jefferson (2000) I was not concerned with eliciting the unconscious in the narrative.

epistemological position is that knowledge should, in the first instance, be derived from accounts of everyday actions and meanings. In turn, this is re-presented into socially scientific language and conceptualised to generate theory. Thus epistemologically I am arguing for the status of experience. Nevertheless, I am aware of the challenge to a universal, essentialist application of experience as brought by feminists and poststructuralists (Scott, 1992) and thus acknowledge that experience is always discursively produced and culturally and historically specific (Scott, 1992). However, while understanding the experiences of research participants as discursively situated, I also acknowledged the ways in which research participants, as social actors, produce discourse in ways that '[...] either reconstruct experience or make knowable experience which had hitherto been unknowable' (Roseneil, 1996: 88-89).

Research Design

The overall concern of the research is to explore how transgender individuals articulate their own identities, and how gender transition impacts upon the formation of intimate relationships and practices of care. The research was designed around three key themes. First, I considered the meanings of 'transgender' for a diversity of individuals. Second, I examined the impact of gender transition upon intimate relationships. Third, I explored individual and collective practices of care within transgender communities

The interview questions were developed following the formulation of the three research themes. Questions were built around these themes to enable more detailed analysis. For example, in relation to the first theme 'transgender identities', I explored how a diversity of individuals articulated their identities (i.e. by asking what terms they used and why these terms were used rather than others). In terms of the second theme 'intimate relationships', I examined the impact of gender transition upon participants' relationships with their family and friendship networks (i.e. by asking how family members had reacted to their decision to transition). Finally, in addressing the third theme 'practices of care', I considered the role of transgender community and self-help groups to explore the extent to which the social marginalisation of transgender cultures has given rise to

particular practices of care and methods of self-help activism (i.e. by asking whether self-help groups prevented isolation).

My research questions encompassed different lines of enquiry, which included mechanical, comparative and causal questions. For example, mechanical questions were used to generate data on how practices of care operate within transgender community organisations, comparative questions generated data to explore the similarities and differences in transgender experiences, and causal questions enabled the generation of data on more theoretical questions surrounding the development of particular transgender communities and identities. However, there was much overlap between how these lines of enquiry were employed within the three themes.

Access to Participants

The research generated primary data through two-stage in-depth interviews. Communication was first established with transgender community, self-help and campaigning groups. A range of transgender organisations publish regular newsletters and/or journals and agreed to carry an outline of my research and a call for potential participants. Further access to sources came from placing requests for participants on transgender websites. I additionally had two personal contacts who put me in contact with other people. I also made contact with academics working within transgender studies. Over a period of several months prior to interviewing, I visited a range of transgender spaces such as self-help groups, social events, workshops and community meetings. Through this process I aimed to make contact with potential participants and to observe the ethos and activities of organisations and social groups. This allowed me to develop more nuanced understandings of individual and community practices, languages and attitudes, and to deepen my level of acceptance amongst those I wished to interview. Contacts made with organisations provided access to social events, workshops and meetings. I also made use of transgender internet discussion forums to talk about the research. Two people I communicated with at this stage questioned whether as a non-trans person I would be able to access research participants due to their suspicion of non-

transgender researchers conducting research on transgender, however, this proved to be unproblematic as I subsequently discuss.

Sampling and Selection

I used a range of sampling strategies in order to maximise my ability to document diversities and to identify important common practices amongst transgender people. Snowballing techniques were employed to broaden the pool of potential participants, and I adopted an opportunistic approach throughout the research, which enabled me to follow any new leads that arose. In this way, individuals frequently suggested other possible participants from their friendship networks or community groups. My sampling strategy attempted to include diversity (for example in terms of gender, age, and sexuality) though it did not seek to be directly representative. My overall approach can be considered a method of purposive or judgmental sampling, as there was no way of identifying the whole population of transgender people. I had to make judgements about which participants were the most appropriate in relation to my theoretical considerations. This approach also enabled me to make decisions progressively in terms of following up new leads and allowed greater flexibility in developing theory as it emerged (Glasser and Strauss, 1967). The variables used were theoretically guided and used to highlight both commonalities and differences. Thus I employed the variables of gender, age and sexuality, for example, to examine whether the social organization of transgender is affected by these conventional systems of classification (i.e. do experiences of transgender differ in terms of the gender, age and sexuality of the individual?) However, I included further variables to allow me to encapsulate a relevant range of characteristics in relation to the wider community (Mason, 1996). These variables included a range of stages or 'careers' (King, 1996) in sex/gender shifts to include people at different stages of transition, and to include people who use hormone therapy and/or a range of surgical modifications and those who reject such interventions. Additional variables included parenting status, relationship status (single or partnered) and involvement/activism in transgender communities and politics. A final variable of geographical locality was added to enable comparison of people who lived in urban and rural locations. I selected

people from a diversity of occupations and used 'occupation' to 'stand in' for the concept of social class³. The variable of 'race' was included in my sample, although all the research participants interviewed are white (see 'Problems and Limitations of the Research', Page 98). Although the sampling strategy aimed to address diversity, I did not seek to, and could not, statistically represent a population.

The level of response to requests for participants was significantly higher than the number of people I could practically interview. Following responses to the requests for participants, I sent out a 'participant information sheet' (see Appendix 1). On this sheet I asked for biographical information as related to a range of key variables and included an optional blank sheet for people to give further information about themselves, which many used, often adding additional sheets. Using the sampling strategy outlined, I selected thirty individuals to interview.

The Sample

I interviewed thirteen trans men, thirteen trans women and four people who describe themselves as bi-gendered. The age range of the sample was from twenty five to seventy one years old.

Age of Participants

Age Range	Number of Participants
25 - 34	7
35 - 44	12
45 - 54	6
55 - 64	3
65+	2

³ This was done through a recognition of the complexities and contested understanding of 'class' (Crompton, 1998).

Fourteen members of the sample group identified as heterosexual, ten as bisexual, four as lesbian, one as gay and one as queer. Eighteen participants were in relationships, while twelve were single. Three members of the sample group remained married to their pre-transition partners. Seven participants were parents. A little under half of the sample lived in rural towns or villages, while just over half lived in urban cities. While the occupations of participants is mixed, the sample includes a significant number of participants who are/were employed in professional occupations, and several who work within creative industries as writers, musicians and artists, thus suggesting a higher representation of middle class participants than working class. All of the participants are residents of the United Kingdom. Data about the research participants is provided in tabular form below and pen portraits of participants are provided at the end of this chapter.

Research Participants

Name	Age	Gender ⁴	Sexuality ⁵	Partnered	Married ⁶	Parent	Occupation
Amanda	45	MtF	B	Y	N	N	Security Office
Amelia	47	MtF	H	Y	N	N	Writer
Anna	28	MtF	H	N	N	N	Architect
Bernadette	71	MtF	H	Y	Y	Y (2) (non-dep) ⁷	Retired Physicist

⁴ I have used the terms FtM (female-to-male) and MtF (male-to-female) here to simplify (trans) gender categories for tabular presentation. These categories however, do not do justice to the complexity of (trans) gender identification.

⁵ 'H' means heterosexual, 'B' bisexual, 'Q' queer and 'L' lesbian.

⁶ 'Married' refers to participants who remain married to their pre-transition partner (i.e. the person they were married to before gender transition).

⁷ This is shorthand for 'non-dependent'. I have characterised non-dependent children as those over eighteen years of age.

Cheryl	45	MtF	B	Y	N	Y (2) (dep) ⁸	Craft Technician
Chris	41	FtM	B	N	N	N	Customer Service Advisor
Christine	60	MtF	H	Y	Y	Y (2) (non- dep)	Retired Chartered Accountant
Dan	37	FtM	H	Y	N	Y (1) (dep)	Engineer
Dave	26	FtM	H	Y	N	N	Graphic Designer
David	46	FtM	B	Y	N	N	Voluntary Worker
Del	44	FtM	Q	Y	N	N	Artist
Dionne	40	MtF	B	N	N	N	Bus Driver
Emma	54	MtF	H	Y	Y	N	Company Secretary
Gabrielle	45	MtF	L	Y	N	N	Musician
Georgina	29	MtF	L	N	N	N	Student
Greg	44	FtM	H	Y	N	N	Student
Jackie	39	MtF	B	Y	N	N	Designer
Karen	31	MtF	B	Y	N	N	Nurse
Lee	55	FtM	B	Y	N	N	Student

⁸ This is shorthand for 'dependent'. I have characterised dependent children as those under eighteen years of age.

Lynne	67	MtF	L	N	N	Y (3) (non-dep)	Retired Air Craft Fitter
Melanie	41	Bi-gendered	H	Y	N	Y (1) (dep)	Company Manager
Paul	34	FtM	H	N	N	N	Journalist and Writer
Phillip	42	FtM	G	N	N	N	Student, Care Worker and Sex Worker
Rebecca	55	Bi-gendered	L	N	N	Y(1) (non-dep)	Employment Advisor
Sam	38	Bi-gendered	B	N	N	N	Care Worker
Sophie	32	Bi-gendered	H	N	N	N	Computer Analyst
Steve	38	FtM	H	N	N	N	Care Worker
Svar	41	FtM	B	Y	N	N	Artist
Tony	39	FtM	H	N	N	N	Teacher
William	25	FtM	B	Y	N	N	Advertising Designer

Following the selection of participants, I informed over fifty people that I was unable to interview them due to time constraints. Many of these people, however, said that I could use the information provided on the 'participant information sheet' and additionally sent me emails, links to their personal web sites and written accounts of their experiences of transition. Although these materials were not treated as 'formal' data, they added greatly to my knowledge of transgender experiences.

Data Collection

Data was generated through one-to-one interviews over a period of nine months. My research strategy included interviewing respondents twice with a two-week to one-month gap between first and second interviews. A two-stage interview technique was employed to generate in-depth data. This gave participants the opportunity to follow up on issues that had come to mind following the first interview, and allowed me to listen the tapes and make notes of themes I wished to follow up before re-interviewing. Interview schedules were devised with this strategy in mind (see Appendix 2). The first set of interview questions related to the theme of 'identity' (gender, sexual and community) and was based around seventeen open-ended questions. The second set of interview questions related to the themes of 'intimate relationships' and 'care' and was based around seventeen open-ended questions. In practice, however, it was not possible to interview all participants twice either because of their busy schedules or due to geographical distance. Subsequently, sixteen participants were interviewed twice and thirteen were interviewed once. In the cases where a single interview was conducted, both interview schedules were covered. Interviews took between one and half and three and a half hours, with the single interviews usually taking the longest. Most interviews took around two hours. Interviews usually took place in participants' homes, although on occasions I met with participants elsewhere (a café, a bar and in my home) at their request. Although I had a set of questions to work from, interviews were conversational and flexible. I sought to enable interviewees to tell their stories at their own pace and to talk about the things that mattered to them. Thus some participants would focus in greater depth on some areas than on others, although all themes were covered with each participant. I also asked spontaneous questions as they occurred in light of the individual narratives which were unfolding. At the end of interviews I asked participants if they would like to add anything else and they frequently built on what had been discussed. Subject to agreement with participants, all interviews were recorded.

Participants Reasons for Telling Their Stories

The large response to requests for research participants led me to wonder about people's reasons for wanting to participate. Throughout the interview phase of the research I became increasingly interested in this question and began to ask participants at the end of the interview why they had wanted to be involved. The participants offered two main reasons, with each participant discussing one or both of these. The first and most common factor discussed concerned the social awareness of transgender issues and experiences. When discussing issues of community importance during the interview, the need for greater education was frequently raised. Research such as mine then, was seen to hold potential educational value. Some participants did however, talk about existing published research on transgender which, in their view, had distorted the words and sentiments of those involved. A common topic to arise in interviews was the negative representation of transgender people in the media. Tabloid stories of 'sex swap vicar' and representations of transgender people on chat shows such as 'Jerry Springer' or 'Kilroy' were frequently discussed and strongly critiqued for their misrepresentation. The representation of transgender people (especially in popular media, but also in film, journalism and academic writing) was associated directly with misconceptions of 'who' transgender people 'were', and in turn, was linked to discrimination on both a social (i.e. hostility on the street) and a political (i.e. lack of legal recognition of gender of choice) level. Involvement in the research was frequently articulated as an act of 'speaking out' and of trying to 'put the record straight'. Both of these aspects were connected by participants to dynamics of social and political change. Here we can see an understanding of knowledge as a vehicle for social change. This connects with Plummer's (1995) discussion of story telling as a political process and illustrates how story telling may be used by previously disenfranchised communities to assert their growing strength. In this way, it is significant that the timing of this research coincided with the first major legislative proposals to represent the civil recognition of transgender people; including the changing of birth certificates and the right to marry.⁹ Plummer's model for

⁹ At the start of the research, legislation was in its early stages in the form of the *Gender Recognition Act* (GRA). The GRA was given Royal assent and became the *Gender Recognition Bill* at the final stages of the research in June 2004.

understanding the social construction of story telling incorporates the ‘cultural and historical level’ (1995:35), which denotes the specific historical moment in which a story is told and heard. Plummer argues that ‘many stories are in silence – dormant, awaiting their historical moment’ (Plummer, 1995:35). Perhaps the large response to this research then, can be seen as an indication that the ‘historical moment’ has arrived for some transgender individuals.

The other significant reason that participants gave for their involvement in the research was more personal. Several individuals discussed the process as a way of ‘taking stock’ of their lives. There are parallels here between the interview process and therapeutic processes, though I am not suggesting that participants placed me in the role of therapist. Rather, participants reflexively thought through the research themes and took an active role in their consideration of the questions. Plummer discusses story telling on a personal level as a ‘voyage to explore the self’ (Plummer, 1995:34). What was evident in many participants’ explorations here however, was the way in which they reflexively positioned their ‘self’ as fluid and situated within a particular moment in time. Some said that they valued the interview transcripts as a record of their present thoughts and feelings, which they would keep to remind themselves of their perceptions and feelings at this time. There are links here between the interview process and the use of diaries and journals. What was frequently noticeable in these conversations then, was a reflexive understanding of the ‘self’ as momentarily situated.

Problems and Limitations of the Research

A major concern with a research project of this kind is that the time required to collect and analyse data means that the sample size must be limited. The sample size does not allow for generalisations to a population. So, whilst the variables employed in the sampling strategy lend diversity to the sample, I do not seek to show that my sample is representative of a general transgender population. Rather, I argue that the cultures and communities that are drawn upon remain diverse and heterogeneous to the extent that the issue of representativeness may be deemed to be immaterial in a small-scale study of this

kind. Time limitations also meant that I was unable to interview all the people who were interested in participating in the research. Moreover, there are an unknown number of women and men who have transitioned in Britain who are not connected to transgender communities and do not identify as transgender. Research findings then, do not presume to be representative of transgender people as a whole group. I am aware that the people who contacted me following my requests for research participants are all connected in varying ways to a wider transgender 'community', or at least, subscribe to transgender email mailing lists and/or journals where I placed the requests. This is not the case for many transgender people who sever contact with other transgender people and transgender groups. The voices of the unknown number of such people then are not to be found within this research

A significant question relating to research methods concerns my two-stage interview strategy. While I believe that repeat interviews hold great potential for in-depth data collection and were successful where applied, time constraints of participants or travel considerations meant that repeat interviews were not practically possible for almost half of the sample. Although in these instances both interview schedules were covered in one rather than two interviews and these interviews were longer, this leads to some discrepancy in the data sets of single and two-stage interviews. The participants with whom I conducted two interviews were able to address the questions in greater depth, and data from these participants is more detailed. It was not possible to give the same amount of time to a single interview, as this would have exceeded four hours.

A major limitation of the research is that all the participants were white. I recognised this weakness in the sample during the selection process and purposefully attempted to contact organisations for racially and ethnically diverse transgender people. This proved very difficult and I was only able to secure contact details for one support-group. From this group, one person hesitantly expressed interest in the research and later agreed to be interviewed. However, this person later changed his mind due to fears that his identity may be discovered. 'Informal' discussions with this person and with another member of the support group, highlighted the specific difficulties faced by transgender people from

minority ethnic communities and addressed the complexities between transgender, ethnicity and 'race', which represents a greatly under-researched area (Roan, 1996).

My position as a non-transgender researcher undoubtedly affects the outcome of the research, although it is not possible to know to what extent. Common experiences between researcher and participants have been seen to positively affect the levels of trust in an interview, and thus to significantly impact upon the emerging data (Oakley, 1991; Finch, 1994; Dunne, 1997). Indeed, over the last decade, self-identifying with one's research topic may be seen to have become a prerequisite of 'doing' social science research. A transgender researcher would benefit from an 'insider' position in terms of building trust with potential participants. This could give her/him access to people who might not have replied to my requests for participants, which clearly stated my position as a non-transgender person. A transgender researcher may also have had 'inside' knowledge which might have led her/him to ask different questions. However, I recognise that the research can only be a partial study and thus my non-transgender status (as it affects the research design as well as the research process itself) is built into that partiality. Further, I would argue that all identity positions represent one amongst several identity positions, each of which holds greater or lesser potential for trust or suspicion with others. Two personal contacts were invaluable in providing a 'way in' on occasions where I directly contacted particular participants. Following expressions of interest from requests in journals, newsletters and web sites, I gave people further information about both the research and myself in phone conversations or email correspondence. I was frequently asked for my own 'story' and if not asked, I offered my reasons for wanting to do work on transgender. My past experiences within specific feminist and lesbian communities enabled areas of commonality with several trans male and a couple of trans female participants, and thus acted as a starting point for the development of trust in these instances. Weeks et al (2001) however, importantly caution against overemphasising areas of commonality between respondents and researchers, and follow Edwards (1993) and Song and Parker (1995) in addressing how other differences are always at play. Thus, while my personal and political experiences may have linked me to some participants, they will surely have distanced me from others.

A final aspect to consider in terms of the limitations of the research relates to how the narratives are grounded in a particular moment in time. While this is the case for a wide range of social science research projects which explore feelings, values and experiences, it seemed to me to hold particular resonance for narratives of transition. Moreover, these narratives *of* transition are told whilst *in* transition, although are transitory to different degrees. My final interview question asked ‘do you think transition has an end point?’ Most participants answered that there was not one end point, but rather different closing moments, which in turn, lead to new starting points. In this way, many of the participants would have had different experiences to draw on and probably would have placed greater importance on different events, if I had interviewed them in one month, six months or a year ahead. Viewing this as a problem of longitudinal value however, only arises if research is viewed as offering a fixed, timeless ‘truth’ or if it is deemed to be factual. Rather, this research addresses narratives, rather than ‘facts’ and all narratives are of their moment. As Plummer has argued, the ‘sociological phenomena’ (Plummer, 1995:167) of story telling shows how stories are part of social changes and socio-political discourses. Moreover, the wider themes to arise from the research in terms of considerations for social policy have implications for the future. Thus temporal considerations relate both to the moment of individual narratives of transition and to socio-historical time.

Data Analysis

The analysis of the interview data was on-going from the time of collection to enable an ‘ongoing process of data collection, data analysis and theory construction [...]’ (Blaikie, 2000: 238). I fully transcribed all interviews and began using NVIVO computer software to code the data in relation to the research questions and themes. However, I was not comfortable with this process and felt, to borrow Hollway and Jefferson’s (2000) phrase, that it ‘fragmented’ the data. I felt that using computer software to thematically code the data cut me off from the narratives as a whole and I stopped using this system. Instead I read each interview several times in relation to the research themes and used participant information sheets, fieldwork notes, pen-portraits of participants and the detailed themed notes that I had written up whilst transcribing each interview. I felt that these methods

enabled me to identify common sequences, patterns and discrete differences in the data, whilst keeping the 'bigger picture' in mind. Data was analysed for similarities and differences in relation to the themes determined by my research questions.

Weeks (2004¹⁰) has recently talked about the way in which social concepts are reflected back to researchers by their interviewees. This, Weeks suggests, is representative of the way in which we live 'reflexive lives'. Weeks' point resonates strongly with my research experience. Thus in interviews many participants in this research had knowledge of theoretical concepts and were informed of theoretical debates around transgender. Indeed, several participants had been interviewed by journalists for newspaper articles on gender transition, some had been appeared in television documentaries, while a further two participants had been guests on television chat shows. Moreover, one participant had written a book about his transition, while two others were artists whose focus of work was on transgender. In analysing the data, I became aware that, to a large extent, I had accessed 'rehearsed narratives', which had been constructed and reconstructed through their telling and retelling. These narratives however, were not rehearsed in the same ways and can be broadly understood as following two different strands: 'a medically approved' narrative and a 'queer' narrative. In the former, the focus was on the psychological and embodied manifestations of gender discomfort, which can be conceptualised as transsexual narratives, while the latter stressed gender as a continuum to reject the notion of a gender binary system and can be conceptualised as transgender narratives. Nevertheless, there was not always a strict demarcation between these two narrative strands and, as my data analysis will later explore, transsexual narratives frequently rejected traditional ways of conceptualising transgender as symptomatic of a 'wrong' body experience, while, conversely, transgender narratives often reflected the significance of the material body. I was also aware that the people who wanted to participate in the research were likely to have the most positive stories to tell about gender transition and that people with less positive stories were not as likely to contact me.

¹⁰Weeks made this point in his keynote paper at the *Pleasure and Danger Revisited* conference held at the University of Cardiff in 2004.

Through both the interview and analytical phases of the research then, I approached the data as socially constructed and momentarily situated. However, as Plummer (1995) suggests, rejecting the idea that narratives represent an essential 'truth', may seem to deem individual narratives 'untruths'. Thus I follow Plummer in using Spence's distinction between 'historical truth' and 'narrative truth'. In contrast to the positivist underpinnings of 'historical truth', 'narrative truth' focuses upon 'what people say in the here and now: the work of stories in the living present' (Plummer, 1995: 171).

The question of accuracy was addressed by inviting the respondents to read their interview transcriptions. This allowed participants to validate or correct data and offer further information (Wright, 1998). Apart from the omission of personal details such as partner's names or workplace details, none of the participants wanted to change their transcripts.

Ethical Considerations

Ethical considerations were paramount in this research. I followed Hollway and Jefferson's criteria for social researchers in which 'the ethical principles of honesty, sympathy and respect would be central' (2000:102). However, I was aware that the particularly sensitive nature of researching transgender issues demanded that I remain 'extra aware' of ethical considerations. Transphobia leads to violence, hostility and the loss of jobs, homes and custody of children. Two participants spoke of being 'outed' by tabloid journalists and of the distress such high profile coverage brought. While all participants were open about their transgender identities to some extent (if they had not been they would not have agreed to be involved in this research) this differed in degrees. Many were fully 'out' and were known as trans men or women at work, in their localities, and within their wider family and friendship networks. For others however, this was not the case and they disclosed their trans identities only to close friends. I was aware that if the identities of these participants became known, their involvement in this research could lead to severe difficulties at work, in their localities and with friends and family members.

Hollway and Jefferson state that 'rendering case material anonymous is, as we know, a fundamental guiding ethical principle' (2000:5). Thus confidentiality may be seen to be 'one of the least problematic of the ethical issues (2000:90). Hollway and Jefferson (2000) show how the upsurge of biographical research methods change the sanctity of confidentiality, as detailed biographies of participants bring possibilities of recognition despite the use of pseudonyms. Rather than being unproblematic, the issues of confidentiality and anonymity posed great dilemmas in this research. Alongside the issue of protecting the identities of participants for the reasons discussed above, the question of anonymity and its revered state within research ethics was far from simple. The 'participant information sheet' which I sent out following expressions of interest, asked participants for the name they would like to be known by. On this sheet many people filled in their own names rather than giving a pseudonym. Before starting the interviews I asked each of the participants again which name they wanted to be known by in the research. I explained that quotations from interviews would be used in the thesis, presented in conference papers and published. Again many participants said that they wished to use their own names. I also added that I would be presenting papers at transgender conferences and disseminating findings to transgender community groups, which would include named quotations and thus make them known to people within their own communities. It was clear however, that many participants had a strong wish to use to their own names. This is also evident in other research on transgender, for example, Cromwell's (1999) study in the US, and in research on social movements and political communities more broadly, for example, Roseneil's (1995; 2000) UK study of Greenham Common women's peace camp.

Many of the participants who wanted to use their own names then, spoke about the political process of visibility. Namaste (2000) illustrates a number of ways in which transgender people are rendered socially, culturally and politically invisible. The use of own names was seen as a challenge to such invisibility. Additionally, for those participants who had previously lived in fear of being 'named', making themselves visible was an act of strength and confidence. Subsequently, following the wishes of those participants who wanted to use their own names, I refer to them throughout the

thesis as such. Participants made their own decisions on this issue, with full awareness of the consequences and had strong reasons for their decision. Nevertheless, I am aware that I have forsaken a primary ethical principle by breaching the guidelines set out by the British Sociological Association (1996) related to confidentiality and anonymity. This leaves me open to criticism and some may be of the view that I, as researcher, should have taken it upon myself to protect the identities of all participants despite their own wishes. I would defend my decision however, by emphasising the ethical principle of 'respect'. I believe that I would have negated this principle in disrespecting the wishes of many participants had I referred to them by pseudonyms. Throughout the research then, seventeen participants are referred to by their own names and thirteen by pseudonyms of their choice.

The issue of using participants' own names also raises questions about the restrictions this might place on my ability to carry out critical analysis. There is an assumption that the greater the possibility of participants recognising themselves, the less critical the researcher is in her/his analysis. In other words, the researcher 'holds back' on critical evaluation to protect the feelings of participants. Unless the researcher chooses the pseudonyms for participants without their knowledge however, the issue of own names versus pseudonyms is immaterial. Besides the methodological problems in adopting such an approach, it is highly unlikely that participants would not recognise themselves even if they did not know their research name.

The question of critical analysis is pertinent to empirical studies of identity. On approaching this research, I was aware of the subjective positioning of transgender as characteristic of being born in the 'wrong body', which is particularly apparent within many early autobiographies. Further, I was aware of the criticisms by transgender academics of poststructuralist theory, which focuses upon transgender as representative of gender deconstruction (Felski 1996; Rubin, 1996; Prosser, 1998; Namaste, 2000). These issues raised ethical concerns about critically evaluating identities which may be articulated as innate. Specifically, as a non-transgender researcher was it ethically or theoretically appropriate to apply a constructionist approach to essentialist transgender

subjectivities? O'Connell's (1999) work on lesbian and gay sexualities helpfully shows how the model of identity as socially constructed is not the preserve of academics. O'Connell suggests that identifying as lesbian or gay does not inevitably incur a rejection of identity as a social construction. Similarly, some transgender writers (Stone, 1991; Bornstein, 1994) have emphasised the fluidity of their own identities. Furthermore, most of the participants in this research deconstructed the normative language used to describe transgender identities and reflexively discussed their choice of terminology when articulating their own distinct identities. This is not to say that the majority of participants explicitly rejected biology as aetiology, although a significant number did take this position. The notion of being born in the 'wrong body' however, was largely challenged and located fundamentally as a medical construction. Distinct identity positions were reflexively discussed and participants drew on complex shifts in identity formation. Ultimately, (transgender) identity was far from a taken-for-granted process.

There is a long-standing body of work on ethical research on 'sensitive' topics, and on researching sexuality in particular (Wieringa and Blackwood, 1999). On the ethics of researching transgender, I have been influenced by transgender writers such as Griggs (1998) and Cromwell (1999), who stress the importance of avoiding misrepresentation. The ethical issue of researching transgender issues as a non-transgender person carried the additional concern of misrepresentation. In this respect, I followed the guidelines laid out by Hale (1997) for non-transgender people working on transgender. Specifically, I adopted the following ethical principles throughout the research process:

- Broadly explaining the research project and themes to prospective participants in initial contact and giving them the opportunity to ask questions about the research.
- Being clear in all initial contact about my 'outsider' position as a non-transgender person and adopting an open stance to enable potential participants to ask me 'personal' questions.
- Giving potential participants a period of time to think about their involvement before committing and the opportunity to contact me during this time to ask any further questions.

- Assuring all participants of the freedom to withdraw from participation at any stage.
- Informing participants who wished to be anonymous of the opportunity to adopt pseudonyms.
- Additionally reassuring participants who were concerned about anonymity that details such as workplaces and names of family members or friends would be confidential.
- Briefing participants about the themes of the interviews before interviewing.
- Giving participants the opportunity to read and comment on interview transcriptions as soon as they were completed.
- Adopting a reflexive stance throughout the research process in order to examine my role as a researcher and particularly a non-transgender researcher researching transgender.

In the course of the research, I asked people questions about some of the most intimate and complex aspects of their lives. I anticipated that some participants would find the experience more difficult than others. Sexuality was a key topic and I also asked about bodily changes and issues related to surgery. As 'intimate relationships' was a key research theme, I asked questions about participants' close relationships, which for some, touched on difficult experiences with friends, families, partners and children. At the start of the interviews I reassured people that they did not have to answer questions that they were uncomfortable with, and said that they should tell me at any point if they wanted to stop the interview. These situations did not arise, however, and participants talked about a range of sensitive, difficult and personal issues. On a few occasions participants became upset when talking about family or partnered relationships that had broken down. In their consideration of ethical issues, Hollway and Jefferson discuss the 'avoidance of harm' and argue that '[...] ethical principles tend to treat distress and harm as equivalent problems by theorising the relational context in which distress may be experienced. The conflation of distress and harm tends towards an ethical principle that participants should be left unchanged by their experience of the research (which anyway is impossible)' (Hollway and Jefferson, 2000:87). In instances where people did get upset, I suggested that we move on to another theme or asked if they wished to stop the interview. In all

these cases, participants said that they wished to continue with the interview and significantly, with the particular story that was being told. Thus, like Hollway and Jefferson, I saw the participants as '[...] active co-participants in the relationship within which the interview data are produced' (Hollway and Jefferson, 2000: 87).

Participant Pen Portraits

Amanda is a 45- year- old transsexual woman¹¹. She is white British and lives in a city. She is bisexual and is lives with her girlfriend. She is a security officer for the Metropolitan Police.

Amelia is a 47-year-old woman. She is white European and lives in a town. She is heterosexual and in lives with her boyfriend. She is a historian, researcher and writer.

Anna is a 28- year- old who describes her gender as 'fuzzy'. She is white British and lives in a city. She says that 'there is no word' to describe her sexuality. She is single and shares a flat with a couple she is not close to. She is an architect.

Bernadette is a 73-year- old transsexual woman. She is Celtic and lives in a village. She is heterosexual. She lives with the woman she has been married to for forty years. She has two stepchildren She is a retired physicist and Chairperson of her local council.

Cheryl is a transsexual female. She is white English and lives in a city. She is bisexual and is living temporarily with her girlfriend. She has two children. She is a craft technician.

Chris is a 41-year-old FtM. He is white British and lives in a town. He is bisexual and single. He is a customer service advisor.

Christine is a 60- year-old woman. She is white and lives in a village. She does not want to categorise her sexuality. She lives with the woman she married thirty years ago. She has two children. She is a retired chartered accountant and trustee of a number of charities.

Dan is a 37-year-old year old FtM. He is white British and lives in a town. He is heterosexual and lives with his girlfriend. He has one child. He is a civil engineer.

¹¹ Here I have used the self-gender definitions of participants.

Dave is a 46-year-old-trans man. He is Celtic and lives in a village. He is heterosexual and lives with his female partner. He is a voluntary worker.

David is a 26-year-old man. He is white Scottish and lives in a city. He is heterosexual and lives with his girlfriend. He is a graphic designer.

Del is 44-years old and describes himself as queer or FtM 'depending on who I'm talking to.' He is white American and lives in a city. He is queer/pansexual and is single. He is a photographer and filmmaker.

Dionne is a 40-year-old woman. She is Jewish white European and lives in a town. She is bisexual and is single. She is a bus driver.

Emma is a 54-year-old woman. She is white British and lives in a village. She is heterosexual. She lives with the woman she has been married to for thirty years. She is a company secretary and a support worker.

Gabrielle is a 45-year-old trans woman. She is Anglo-Jewish and lives in a city. She is a trans lesbian and lives with her girlfriend. She is a musician.

Georgina is a twenty-nine-year old trans woman. She is Jewish and lives in a city. She is a lesbian and single. She is a student.

Greg is a 44-year-old man. He is white English and lives in a village. He is heterosexual and lives with his wife who he married in an Anglican service of blessing. He is an artist.

Jackie is a twenty-nine-year old trans woman. She is white British/European and lives in a city. She is bisexual and lives with her boyfriend. She is a designer.

Karen is a 31-year-old woman. She is white British and lives in a city. She is bisexual and lives with the woman she married 3 years ago. She is a nurse.

Lee is a fifty-five-year old trans man. He is white British and lives in a city. He is bisexual and lives with his female partner. He is a student.

Lynne is a 67-year-old trans female. She is white English and lives in a town. She is a lesbian and is single. She has three children. She is a retired aircraft fitter for the Royal Air Force.

Melanie is a 41-year-old woman. She is Scottish and lives in a town. She is heterosexual and lives with her girlfriend. She has one child. She is a company manager.

Rebecca is a 55-year-old bigendered woman. She is white British and lives in a city. She does not believe that there is a word that describes sexuality though the 'object of (her) desire is female'. She is single. She has one child. She is an employment advisor.

Paul is a 34-year-old female to male transsexual. He is white British and lives in a town. He is heterosexual and lives with his girlfriend. He is a writer for a PR Company.

Phillip is a 42-year-old trans man. He is white British and lives in a city. He is gay and single. He is a student, care worker and sex worker.

Sam is 32- years old and is bigendered. S/he is white British and lives in a town. S/he is heterosexual and single. S/he is a computer analyst.

Sophie is a bigendered woman and is 32-years old. She is white British and lives in a city. She is heterosexual and single. She is a computer software designer.

Steve is a 38-year-old FtM. He is white British and lives in a town. He is bisexual and single. He is a care worker.

Svar is a 41 year-old man. He is white British and lives in a city. He is queer/bisexual and lives with his girlfriend. He is a sculptor.

Tony is a 39-year-old man. He is white British and lives in a town. He is heterosexual and is single. He is a teacher.

William is a 25-year-old trans man. He is Jewish and lives in a city. He is bisexual and lives between his girlfriend and his parents. He is an advertising designer.

Chapter 4: Transgender Identities and Experiences

Introduction

Transgender identities are cut through with multiple variables such as gender, sexuality, race and ethnicity, class, age, transitional time span and geographical location. While the next two chapters *Gender Identities and Feminism* (Chapter 5) and *Sexual Identities* (Chapter 6) will focus specifically on gender and sexuality in relation to the construction of transgender identities and subjectivities, this chapter explores how transgender identities are constructed and experienced in relation to a range of additional significant composites. The aim of this chapter then, is to move beyond a universal understanding of the term 'transgender' and to recognise the diversity of trans subjectivities.

First, I consider participants' understandings and experiences of gender identity prior to transition. Second, I explore the formation of transgender identities. Third, I draw upon participants' recollections of 'significant moments' within the process of transgender identity formation. Fourth, I address the notion of the 'wrong body' in relation to medical discourse and practice, and subjective understandings of embodiment. Here I also consider the extent to which participants' narratives may be read as 'rehearsed narratives', which are constructed and reconstructed through repetition and retelling to particular audiences. Fifth, the chapter develops the theme of embodiment to consider the impact of bodily changes upon identity. Sixth, I consider the relevance of analysing transgender identity positions as gender performances and look at discourses around gender authenticity. Finally, I explore the ways in which transgender identities are linguistically articulated to produce distinct identity positions.

Pre-Transition Identities

Whilst recollections of childhood may be read as 'reconstructed biographies' (Gagne et al, 1997), they remain 'materials from which individuals mold current identities and, therefore are valid and significant' (Gagne et al, 1997:486). In recollections of pre-

transition identities, all but one of the people interviewed spoke of transgendered feelings or experiences during childhood or puberty. For some participants these feelings manifested themselves at a very young age. Dave, for example, says:

I'd always just identified as being male, I'd never thought of myself as anything else. It wasn't until I was four years old that my little brother was born. My mum brought him home and apparently, I don't remember this, but apparently the first thing I said was 'that's not fair, he gets to be a boy and I don't'. So I knew there was a difference at four years old between a boy and a girl, but I never thought of myself as a girl. I thought that one day I'd wake up and I'd be a boy and that would be the end of it. I didn't see it as a long-term thing. I remember having arguments with my parents and having tantrums as a child, saying 'I want to be a boy'. I remember on one occasion crying and my mum telling me 'you're not a boy and that's the end of it'. And I don't remember what led up to it. And so I felt there was nothing my parents could do about it so I didn't talk to them about it. I knew who I was but no one could see that. And in my teenage years I grew a chest and it was 'where has this come from?'

(Dave, FtM, Age 26)

Dan also recalls discomfort with the conventions of masculinity as a boy. Dan says:

[...] I had my hair very short. I hated wearing skirts. When I had to wear skirts for school uniform I'd make sure that I did things like wear my father's ties as a rebellious token, something that was my identity because I was different. So conforming in one direction, but not going the whole way. And I used to argue with the teachers at primary school because I wasn't allowed to do woodwork. My parents gave us no gender stereotypes at all. There were three of us and we did everything, we all did the washing up, we basically had the choices we wanted and we played with each other's toys. There wasn't a problem in that direction. My father did a lot of DIY and I was always the one who helped him and so I couldn't understand why at school I couldn't do woodwork and I had

numerous arguments and all they said was 'you can't do it, you're a girl'. [...] But the answer as to why I couldn't do these things was because I was girl, which didn't make any sense at all.

(Dan, FtM, Age 37)

Both Dave and Dan present a narrative in which understandings of the relationships between gender identity and body parts and appearance is arrived at from a young age. While Dave locates tension between assumed gender identity and self-identity in the home, for Dan, this was worked out at school. In Dan's story, clothes are identified as a key signifier of gender identity and his discomfort with gender identity is linked to his hatred of wearing skirts. Moreover, in modifying his school uniform by wearing his father's ties, Dan uses clothes as a means of gender rebellion.

Clothes also appear as a signifier of gender rebellion in the narratives of trans women. A frequent theme to arise in the childhood recollections of trans women is the wearing of female clothes as a child. Dionne for example says:

I know I've always had these feelings from when I was a kid. I used to dress up as a girl, all my life, but always in secret.

(Dionne, MtF, Age 40)

Similarly Lynne says:

People ask me how long I've been a cross-dresser and I say 'for as long as I can remember'. I can't put a figure on it. I'm sure my mum probably knew 'cos her stockings kept getting laddered and her shoes came out.

(Lynne, MtF, Age 67)

Like Dave and Dan, Dionne and Cheryl speak of how, as children, they learnt that clothes are a key cultural indicator of gender. Moreover, dressing in female clothes as a boy can be seen as form of gender resistance through which assumptions around the

intrinsic relationship between biological sex and gendered appearance are challenged. Such a challenge however, is not easy and, in articulating the secrecy of cross-dressing, Dionne and Cheryl show that they were aware of the cultural imperative to perform gender appropriately.

In addition to clothes, toys and activities are key signifiers of gender roles in childhood. Common to the narratives of both trans men and women are childhood recollections of disassociating from perceived gender appropriate toys or activities. Like Dan, Phillip says:

If I look back I never identified with girls when I was a child. And then when I got older, into my teens, my pursuits were quite male. My dad bought me an electric guitar and I had a motorbike. And sometimes people used to think I was a boy and I loved that. I remember looking in the mirror and trying to see what my chest would look like if it was flat.

(Phillip, FtM, Age 42)

Likewise Karen remembers:

As I was going through my younger years I used to identify with females a lot more, I used to have a lot of female friends. I didn't have many male friends, didn't want to play their games and so on. When I got to comprehensive school I tried to be more masculine and to do sports like football and rugby, which I didn't feel very comfortable with but I did them anyway.

(Karen, MtF, Age 31)

Participants' recollections of childhood then, illustrate how gender rules are learnt from a young age in the home and at school. These stories indicate a developing awareness that resistance to ascribed gender identity is socially unacceptable. Consequently, gender rebellion is largely experienced and practiced individually and out of sight of family, friends and teachers. Alienation from culturally determined appropriate gender behavior

is not however an exclusive prerogative of trans biographies. Thus common to both feminist and lesbian life-story narratives is a childhood rejection of stereotypically gendered appearance or activities.

Within trans narratives however, puberty can be seen to be a particularly significant time for disassociation with assigned gender. Thus many participants speak of the occurrence of transgender feelings during puberty and early adulthood. Amanda, for example, says:

Like the old clichés, I didn't feel like the other boys. But it was when puberty came when all the wrong signals came up on the screen so to speak. And then all your hormones are racing and that was a troublesome period that started off massive depressions, clinical depressions. Everyone else was having a great time and I was in and out of the hospital with clinical depression.

(Amanda, MtF, Age 45)

Puberty was also significant for Rebecca:

There were moments when I had confusion about my gender as a child, but it wasn't really until I reached my teens and sexuality or puberty kicked in, and those hormones then really started to stir up the water quite a lot and made me think.

(Rebecca, Bigendered, Age 55)

Although puberty may mark a subjective turning point in relation to an increased awareness of gender discomfort, the social and cultural pressure to live within the gender binary means that many participants worked hard at conforming to their ascribed gender role. Thus, in the following quotations, Karen and Gabrielle speak of how they worked to maintain their ascribed masculine identity. Karen says:

When I was in my teenage years, when I was about 17, I had my first relationship with a girl and that lasted a while. She saw my feminine side and actually tried to

encourage me to put make-up on and stuff like that which I completely refused to do because I was trying to make people think I wasn't that way.

(Karen, MtF, Age 31)

While Gabrielle says:

I was successful at being a young man as far as other people were concerned and I maintained that externally for quite a long time.

(Gabrielle, MtF, Age 45)

Gender management is also evident across the life course. Thus, as I will explore in the next section, gender appearance may be maintained, and appropriate gender behavior practiced, for many years through adulthood.

Coming Out as Transgender

For many participants the social and cultural pressures to conform to ascribed gender identity are experienced as problematic, and for some, can be seen to bring detrimental psychological and physical consequences. Amanda, for example, was in her thirties when gender anxiety came to the fore. Amanda says:

I buried it literally under the floor boards until it stank and when I was thirty eight years old it stank enough that I had to bring the floor boards up and do something about it. And it was becoming like cold sweats, sweating profusely on a cold day. Panic attacks basically. But you knew by that time exactly where it was coming from. You knew because you knew anyway. You knew from the age of puberty that there was an issue.

(Amanda, MtF, Age 45)

Like Amanda, Cheryl speaks of the distress caused by concealing her preferred gender. In Cheryl's case this came to a head when she was in her forties. Cheryl says:

As I've got older it's just felt more and more intense and it reached breaking point last November. I was getting nightmares. There were two sets of clothes on the floor, his and hers and I would want to get up and put hers on to feel right again. It's really as I've got older that it's taken more of a hold. It's been very hard.

(Cheryl, FtM, Age 45)

Although she had crossed-dressed for many years, Lynne was in her fifties when she began the process of gender transition. Lynne says:

I got into a very secret cross-dressing situation, which was really dangerous when I think about it. I mean my livelihood was with the Air Force and by this time I'd got a wife and two kids. It was a stupid thing to do really, looking back on it. You only have to think about attitudes from the military to gay people. And so imagine what would have happened if I'd have said 'I want to be a woman.' So I just kept it myself. Basically I became a workaholic and when that happens your family life suffers and my wife and I drifted apart.

(Lynne, MtF, Age 67)

Here career considerations and family commitments can be seen as reasons for late transition. These themes are also apparent in Bernadette's narrative. Although Bernadette recalls feeling acute gender confusion as a child, she was in her sixties before she decided to begin the process of transition. She says:

[...] By that time I was in my very late fifties and I felt that I had to, before I considered this, complete a bit more of my career, and make sure that things were all right. So at sixty-two I decided that I couldn't really hold out any longer and was put in contact with the appropriate medical authorities, and just over nine years ago, I undertook transition, which was totally successful. It was five lots of surgery. It was uncomfortable, painful, and very awful, but when it was all done, one can't really

fault the procedure in any respect at all. In fact almost everybody round here has forgotten I was any different than I am now.

(Bernadette, MtF, Age 71)

Gabrielle, draws attention to the significance of transitional time span in impacting upon experiences and identities of transition:

In those times, we're going back to late sixties, early seventies, that was when I was at school, there was nothing positive that you could ever read or find about transsexual people or trans issues. It was all sort of drag cabaret type places, in England anyway, or dry medical text books that were basically saying trans people were crazy, or bad, and if they didn't want to be cured they were very bad.

(Gabrielle, MtF, Age 45)

Similarly, Rebecca discusses her experiences within the social and cultural context of the nineteen sixties:

At that time I was acknowledging my body more because of my puberty. And the community and the time in which that happened, which was back in the sixties, well the world was a very different place. And also the smaller town community in which I lived was perhaps less accepting and understanding than it is now. And so I pushed myself a little unwillingly but in a confused state down the male gender role.

(Rebecca, Bigendered, Age 55)

Thus transgender identities and experiences can be seen as constructed within specific social and historical contexts. Certainly, the medical advice given to Bernadette's parents to '[...] make a man of him [...]' contrast with the experiences of younger participants who have benefited from the developing cultural and medical awareness of transgender issues, and changing social attitudes about gender appropriate behavior. In turn, this has

enabled people to transition at a younger age. Anna for example, began the process of gender transition when she was nineteen. She says:

I first felt different when I went to primary school, 'cos you know there were little girls and that's when I first noticed that I was different. Growing up was tough. When I was fourteen that was when I decided that I had to have a sex change, not really understanding why or anything. I remember when I was walking home from school that that was when I decided. And it got worse and worse over the years. [...] And later I went to my doctor and he referred me to a counselor who referred me to another counselor who is a gender specialist and that was when things really began to happen, when I was nineteen.

(Anna, MtF, Age 28)

Dave was in his early twenties when he transitioned. Dave's transitional story also positively contrasts with those of older participants. Dave says:

I made the decision that I'm going to get in touch with a doctor. I was still living at home. I went to the doctor and got myself referred to a psychiatrist. I had a meeting with the psychiatrist who said 'right, we'll start you on treatment'. It was good when my voice started to break. There was no mental change. It was just the changes I had been waiting for a long time. It was just exciting.

(Dave, FtM, Age 26)

For younger participants, social pressures may also be seen to be less severe, leading to less troubled narratives of transition. Thus, in sharp contrast to Bernadette's recollections of childhood, William, who like Anna, transitioned as a teenager, presents a narrative in which gender difference is viewed as a positive attribution:

I always knew something was different and I always liked being different even though maybe I wasn't sure what that was. And I don't know if that is different to some people, but that was quite nice. I've always liked being a bit different. Up

until about thirteen I was boyish, I definitely identified as boy but didn't really talk about it too much and then kind of you know, puberty. I kind of thought I don't want to grow into... Well have girl bits really. Not that I don't want to grow into a girl, I just don't want girl bits. I didn't really feel like a girl anyway. And so I was still definitely identifying as a boy, and just kind of sorting myself out and getting my parents to help me which they did.

(William, FtM, Age 25)

There is a difference then, in the narratives of older and young participants. As well as benefiting from a medical system which, following pressure from transgender organisations, has become more attentive to the demands of trans people; shifts in cultural politics and social attitudes can be seen to have enabled a less hostile climate. In addition to enabling greater levels of self-confidence, these moves can also be seen to have impacted positively upon the social worlds and affective communities, which give shape to self-understanding. As I will explore in the next section, intimate relationships, family and friendships networks are also raised as important sites in relation to significant moments in the decision to begin the process of transition.

Significant Moments

Work and the family are important social institutions that shape our individual lives, yet these frameworks are also central facets through which individuals exercise agency and promote social change. A shift in the established routine of work or family life can thus be seen as a significant theme in many participants' recollections of developing a transgender identity. Tony, for example, connects his decision to begin transition to breaking up with his partner and to having time away from work. He says:

I had known for a long time and I think splitting up with her had a lot to do with it as well. I had a month off work basically with stress and things were going wrong with us. And during that month I decided that I had to do something and I

made an appointment.

(Tony, FtM, Age 40)

For both Amanda and Dionne, the decision to begin transition came about after loosing long-standing jobs. Amanda says:

The thing that changed everything was loosing my job in the print. My job in the print was what kept me going. That never changed. I was there 22 years. And it was after that I knew I had to face this.

(Amanda, FtM, Age 45)

While Dionne says:

I had a big trauma in my life. I was in the motor trade and I lost my job. It was about 1988 and my life was in turmoil and I had time to think about everything and what I wanted. And it developed from then.

(Dionne, MtF, Age 40)

Thus for these participants, ruptures to the key structures of their lives brought gender issues to the fore. Occupation then, can be seen to be a significant factor in participants' decisions about when to transition. Occupation can also be seen to significantly impact upon participants' life experiences through and beyond transition. A significant factor here relates to the different experiences of participants who are self-employed within cultural fields such as art and music, and those who are employed in more traditional occupations. For participants who are employed within manual trades, 'coming out' as transgender to colleagues is often difficult.

Cheryl who works in engineering, for example, has yet to disclose her transgender identity to her work colleagues. In the following section of the interview Cheryl talks of her concerns about the reactions of colleagues:

C I sit there at work and this goes over and over in my mind, if we have a quiet day or night it just goes round and round in my head. I really don't know how some of them are going to take it.

S Are you worried about losing your job?

C I won't lose my job. The worry is that I won't be able to handle the hassle, you've got to have a really strong character for that. I can handle the looks and the smiling, it's the actual physical threat or the worry of the physical threat.

(Cheryl, MtF, Age 45)

Cheryl's fears are born out by the experiences of Amanda, who works as a security officer for a large urban police force. In the following quotation, Amanda discusses how a work colleague disclosed her trans identity to the national press:

They (the tabloid press) did a real number on me. I was betrayed from someone who got into my personnel file. We all know who did it, or near enough who did it, we can't nail the person because they are so well protected. The papers were everywhere, people were sitting outside my home, camera lenses everywhere, knocking up the neighbors, going to my dad's, to where my ex-wife works, they even went to the pharmacy where I get my hormones from. They went everywhere, they knocked on every door. It was horrendous.

(Amanda, MtF, Age 45)

These participants' experiences of coming out at work contrast strongly to those participants who work in more progressive environments, as Del shows in the following section of our interview:

D I used to think 'if I can do it then anybody can do it', but the truth is that not anybody can do it. People aren't all, you know, wired up like me. I'm pretty

fearless and you can't teach somebody to be fearless. So what works for me is not necessarily going to work for somebody else.

S So do you feel that you have more privilege?

D Yeah. I do. I absolutely do. Not privilege that I was born into, but privilege that I have developed through a sporadic education and privilege that comes with having [pause]. Yeah I am privileged. I can live my life as an artist, as a poor artist but I don't have to go out and work in the same kind of ways. I feel like I've paid my dues. I've done that, but I don't have to come into contact with bigoted people in general.

(Del, FtM, Age 44)

Gabrielle, who is a musician, also gives a positive account of transitioning at work:

I officially changed my name and said to the people that were employing me 'I'm ready now, so please call me she' and they were really nice and I kept working in the places that I'd been working. But to be honest I was playing music in bars so it wasn't a big deal.

(Gabrielle, MtF, Age 45)

Significantly, Cheryl and Amanda use the term 'transsexual' to describe their identities, while Del and Gabrielle employ the term 'queer'. Queer subjectivities then, may be seen to be lived out more smoothly in less constraining work environments, which in turn may offer increased potential for less problematic experiences of transition. Moreover, research findings suggest that those participants who are anxious about the reaction of work colleagues seek to adopt normatively feminine or masculine appearances. Thus participants' who are concerned about discrimination at work place more stress on the importance of 'passing' and are more likely to present a medically approved narrative to psychiatrists in order to obtain the hormone therapy and surgical procedures required in

order to 'pass'. In contrast, Del made his queer identity explicit when requesting hormones from a private psychiatrist. Del says:

I was very clear. I did go to [name of psychiatrist] and I was very clear with him that I wasn't a transsexual. And I said I wanted hormones and I would get them one way or another, but I would prefer it if he prescribed them to me. I always said 'this is what I am', but then again, because I have a certain psychology and because of being queer and doing research and coming across a certain way, I will be able to access stuff. I then went to my GP and said I'm talking testosterone and I want you to prescribe it to me and I want health checks, and he said 'I don't know anything about it, I can't take responsibility' I said 'you don't have to take responsibility, just prescribe it for me and refer me' and he did.

(Del, FtM, Age 44)

For some participants the formation of a new intimate relationship is seen as a significant moment which enables self-recognition. Rebecca, for example, discusses how meeting a new partner in her forties enabled her to explore her feelings around gender. Rebecca says:

It wasn't really until maybe eight or ten years ago when my last partner allowed me to explore this in a way in which I never had done before that I actually started looking closer at it and believing that I could move to a gender description that was more congruent with my own feelings.

(Rebecca, Bigendered, Age 55)

Similarly, a significant moment for Karen came through meeting her current partner. She says:

Sam came along and we were equal in our relationship, we gave each other what we wanted and we were friends. At that point in time I wasn't considering

transition but Sam knew and she helped me through it. She encouraged me to be myself whatever the outcome was.

(Karen, MtF, Age 31)

Self-validation may also come from other sources. For Greg, leaving home represented a significant moment, which led to developing self-awareness:

I went to university and that was when I first broke away from parental control which had tried to stop me being who I was. I started reading more into the way I felt. I started reading books and found out that I fitted into the category of transsexual, transgenderism now. So as I read more and more about it I related more to this and I was quite excited that there was a category that I did fit into. I wasn't unique. I wasn't on my own.

(Greg, FtM, Age 44)

In these discussions, the emergence of new milieu through key breaks with past routines of, for example, work, relationship or home, enables a shift in identity. In discussing emerging self-validation, Greg relates to the importance of naming his feelings, which in turn brings the awareness that there are others with the same feelings and experiences.

Significant moments may also be brought about through cultural resources. For Greg, this came about through reading a newspaper article:

I realised that there were other people out there when I was about 15. That I can remember really clearly. My parents used to get the Sunday papers and when I was about 15 there was a whole article about the gender spectrum, specifically about transsexuals. And it was 'This is completely me, I have to have this treatment'.

(Greg, FtM, Age 44)

Amanda, talks of how she connected with a song which had a transgendered theme:

My first contact with anything transgendered was Lola, you know, 'The Kinks', which was around the same time. And a spike came straight out of the radio every time I heard it. I thought 'God, wow'. It was a defining moment when I heard the record for the first time. It was a very wordy record so you tended to listen and that really did send a lot of alarm bells going and that was in the fall of seventies. So that coincided roughly with the time it all kicked in.

(Amanda, MtF, Age 45)

While for Dionne:

It was watching the 'Rocky Horror Show'. I looked the word (transsexual) up and I thought 'that's me. I'm not the only one'. It was a huge relief. I knew then.

(Dionne, MtF, Age 40)

Television was also significant for Dan:

'The Decision' (television documentary about male-to-female gender reassignment) was on television. This would have been 1995. And I cried my whole way through the programme. They had Fred on it and I thought 'that is me, that is just me'. And the programme ended and I managed to make myself a cup of tea before going up to bed and I phoned the help-line (FtM support line).

(Dan, FtM, Age 37)

These discussions point to the significance of cultural resources and representations in self-awareness, which in turn, may link to the role of community in identity formation (Taylor and Whittier, 1992). Thus for many participants self-recognition came about through the knowledge that they were not alone. However, the power of gender normativity meant that for most participants self-validation was not enough, leading the majority to seek legitimization from professional authorities. From their US based study of the coming-out experiences of trans women, Gagne et al argue that 'those whose gender identity and gender presentations fall outside of the binary are stigmatized, ostracized, and socially delegitimized to the extent that they may fail to be socially

recognized' (Gagne, et al, 1997:480). One way of gaining social recognition is through the sanction of the 'expert'. Thus the construction of a trans identity is frequently reliant upon medical discourse and practice, and access to medical intervention. Gagne et al thus state that 'while new identities are emergent, they are created within the constraints of current understandings' (Gagne et al 1997:490). As I discussed in *Theorising Transgender* (Chapter 1), at the heart of medical understanding and practice is the notion of the 'wrong body'. In the following section I develop this theme to examine how transsubjectivities are both constructed through, and practiced in opposition to, medical discourse around the notion of the 'wrong body'.

Medicalisation, The 'Wrong' Body and Rehearsed Narratives

Since the conception of transsexuality in the 1950s, medical studies have affected particular ways about thinking about gender diversity. In turn, this work has determined medical practice. Thus the epistemological power of medical discourse has worked to structure specific aetiologies of transgenderism. The care and 'treatment' of trans people remains guided by the *Harry Benjamin International Gender Dysphoria Association's Standards of Care* (SOC), which medical practitioners in the UK also follow when 'treating' trans people. The current version (2001, Version Six) of the SOC states that its purpose is to articulate this international organization's professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders. Professionals may use this document to understand the parameters within which they may offer assistance to those with these conditions.' (The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders: Version Six, 2001) The SOC state that patients should undergo three months of psychotherapy before taking hormones. They should then live in their desired gender role for at least a year before surgery, a period known as the real life experience (RLE), which the SOC (2001, Version Six) defines as 'the act of fully adopting a new or evolving gender role or gender presentation in everyday life' (The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Version Six, 2001).

My research indicates that typically trans people seek initial medical advice from their GP, who then refers them to a psychiatrist who specialises in 'gender identity disorders'. During consultation, an assessment of 'gender dysphoria' is made. This is assessed through expressions of gender dysphoria. It is at the discretion of the psychiatrist to prescribe hormones or to advise the client's GP to do so.¹ If the client is deemed to be gender dysphoric, the 'real life experience' is implemented whereby the individual must 'prove' her/his preferred gender identification. This is measured through appropriate gender behavior and dress. Once a psychiatrist affirms that the 'real life experience' has been passed successfully, reconstructive surgery is frequently offered to 'treat' gender dysphoria and the client may be placed on a NHS waiting list or referred to a private surgeon. Findings indicate that the time-span from the first visit to a GP to the process of surgical reconstruction can take between nine months² to five years.

Childhood recollections occupy a key role in psychiatric assessments of 'gender dysphoria'. Central to therapeutic diagnosis is the expression of cross-gender identification in childhood. Such expressions may be perceived as a liking for boys toys and games in a girl (and vice versa) or the wearing of girls clothes in a boy (while gender appropriate clothing is less rigid for girls, expressions of disidentification with feminine clothes may suffice as the reverse trend). Thus, as I discussed in *Theorising Transgender* (Chapter 1), in order to gain prescriptions for hormone therapy or to access surgical

¹ However, the way in which the 'Standards of Care' work to limit the autonomy of individual psychiatrists is evident in the current malpractice case brought against Consultant psychiatrist Russell Reid by four senior psychiatrists at Charing Cross hospital. It is alleged that Reid, who has been a long time practitioner in the field and was consulted by many participants in this research, breached standards of care by 'inappropriately prescribing sex-changing hormones to patients and referring them for genital surgery without adequate assessment' (*The Guardian*, Saturday June 19, 2004). In other words, Reid prescribed hormones and recommended surgery at an earlier date than that deemed appropriate by the 'real life test'. Reid now faces a charge of professional misconduct, which is currently being investigated by The General Medical Council. Reid has received support from other practitioners in the field and, significantly, is backed by Britain's main transgender pressure group *Press for Change* (PfC). Christine Burns, from PfC stated 'Dr Reid is highly respected and regarded by the vast majority of transsexual people in the UK' (Quoted in *The Guardian*, Saturday June 19, 2004).

² This was in Scotland.

procedures, trans people need to display these symptomatic 'signs' of 'gender dysphoria'³. It is not surprising then, that childhood recollections of a preference for cars over dolls, or skirts over trousers, figure large in trans narratives.

The phenomenological body is central to transgender subjectivities, which brings a challenge to Descartes' mind/body split. Thus the body is consciously experienced to signpost the 'body-subject' (Merleau-Ponty, 1999). Tony, for example, says:

My head has just always known who I am and my body has just not agreed with it. A lot of people think that what's been changed is your head and I've had to explain to a whole load of people that nothing has changed there at all. My head has not moved from my first realisation as a tomboy, you know, all those occasions as a kid, that has never gone out of my head.

(Tony, FtM, Age 40)

While Greg says:

Even though I was brought up as female I could never associate with anything to do with being female. So there was a sense of being in the wrong body, in the wrong gender.

(Greg, FtM, Age 44)

Yet Greg's narrative does not directly reflect the gender binary framework which drives a 'wrong body' model. Greg continues:

³ For example, in 'diagnosing' FtM clients, the SOC (2001, Version Six) offers the following diagnostic guideline for practitioners 'preoccupation with stereotypic female activities, as shown by a preference for either cross-dressing or simulating female attire, or by an intense desire to participate in the games and pastimes of girls and rejection of stereotypical male toys, games, and activities' SOC (The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Version Six, 2001 @ www.pfc.org.uk/medical/soc2001.htm).

So in that sense there's a polarity, but I suppose what I'm saying is the reality is like two groups of people and an overlap in the middle. Some people identify as not being born into either group, or both groups, but I describe myself as being very clearly in the male group, but held within the female group.

(Greg, FtM, Age 44)

In making apparent the complex relationship between embodiment and gender identification, Greg's narrative resonates with Freud's (1923) notion of 'bodily ego', whereby our sense of 'self' develops through our sense of the body. Grosz (1994) conceptualizes this as a 'psychical map of the body', through which our formation of 'self' involves a psychical image of our body. Moreover, the emphasis upon the body within participants' narratives brings to mind Merleau-Ponty's (1999) argument that subjects are always embodied subjects. For Merleau-Ponty, embodiment is not necessarily a conscious state, but rather is experienced as an inner sense, which influences our bodily actions and responses. This gives way to the 'corporeal schema', (Merleau-Ponty, 1999), whereby the embodied agent is positioned between the subjective and the social world. Merleau-Ponty uses the example of phantom limbs to indicate how body image and bodily actions may be built around body parts, which have been removed. In a reworking of Merleau-Ponty's example of the phantom limb, Prosser (1998) suggests that transsexual people experience surgically constructed body parts as 'real'.

The only participant to straightforwardly articulate the 'wrong body' experience was Cheryl, who, in answer to my question 'how do you describe your gender identity?', replied 'female trapped in a male body.' (Cheryl, MtF, Age 45). Significantly Cheryl had sought medical advice from her GP only four months prior to our interview and was still waiting for her first appointment with a psychiatrist. Epstein's (1995) application of a Foucauldian analysis is useful for understanding the influence of a medical model upon transsubjectivities. Through medical surveillance the 'patient' is viewed as a special type of person and individual experience is lost as the person emerges as a 'medical type' (Epstein, 1995:26). Thus personal accounts are written into medical discourse, which converts 'unclear subjectivity into an interpretable text, which takes precedence over the

fragments of human experience' (Epstein, 1995:29). Power is transferred from the 'speaking subject' to the 'expert' (Sharpe, 2002: 25) to sustain a 'regime of truth' (Foucault, 1980). In this way, medical case studies do not simply 'record', but work to produce knowledge. Moreover, this process acts to construct and regulate transsubjectivity.

It has been widely acknowledged that, in order to gain access to hormone therapy or surgical procedures, trans people frequently reproduce the officially sanctioned aetiology of transsexualism (Green, 1987; Stone, 1991; Hausman, 1995; Bolin, 1998; Cromwell, 1999). Indeed, back in the 1970s, Stoller acknowledged this process, remarking 'Those of us faced with the task of diagnosing transsexualism have an additional burden these days, for most patients requesting 'sex change' are in complete command of the literature and know the answers before the questions are asked (Stoller, 1975:248). Subsequently, medical professionals have suggested that trans people may 'distort their autobiographies (and) tend to be less than honest about their personal histories' (Lothstein quoted in Cromwell, 1999:124). The extent to which trans people research diagnostic guidelines is illustrated in the SOC document, which details the means by which trans people may find 'new gender adaptations', which states that 'both genders' may learn about 'transgender phenomena from studying these Standards of Care, relevant lay and professional literatures about legal rights pertaining to work, relationships, and public cross-dressing' (The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Version Six, 2001). Such complicity with a medical model of transsexualism both supports and, paradoxically, challenges Foucault's (1980) proposition that 'subjects' are produced *through* discourse. Thus while the 'wrong body' hypothesis can be seen as a discourse which produces its 'subject', the self-conscious repetition of the 'wrong body' narrative can be read as an agency driven process, whereby trans people employ knowledge as power.

The notion of the 'wrong body' then, can be conceptualised as a rehearsed narrative, which is consciously repeated as a means to an end. In the following quotation from our interview Gabrielle illustrates how this process may work:

G If you see a doctor for an hour once every three months and they go 'how are you?' and you go 'I'm fine'. And they go 'any issues?' you go 'no'. 'Cos you want what they've got to give you and so you quickly learn the script as people call it, for what you should say and not say. And I think people buy into that, people do say these things that the doctors need to hear to tick off on the form to make you eligible.

S And what are those things?

G 'I'm a woman trapped in a man's body' or 'A man trapped in a woman's body'. 'I've known always', you know, those sort of things, the things that people say.

(Gabrielle, MtF, Age 45)

Gabrielle's narrative connects with Shapiro's argument that:

'One cannot take at face value transsexuals' own accounts of a fixed and unchanging (albeit sex-crossed) gender identity, given the immense pressure on them to produce the kinds of life histories that will get them what they want from the medical-psychiatric establishment'. (Shapiro, quoted in Nataf, 1997:19)

However, rehearsed narratives are not only characteristic of transsexual narratives. Thus Shapiro continues:

To take the problem one step further, the project of autobiographical reconstruction in which transsexuals are engaged, although more focused and motivated from the one that all of us peruse, is not entirely different in kind. We must all repress information that creates problems for culturally canonical narratives of identity and the self, and consistency in gender attribution is very much a part of this. (Shapiro, quoted in Nataf, 1997:19)

Moreover, for many participants in my research, the 'wrong body' narrative was deeply unsatisfactory. Rebecca, for example, illustrates how trans identification is a more complex and nuanced process. Rebecca says:

It's [transition] been a progression. It's never been fixed from the outset and I've never had those overwhelming feelings of being in the wrong body. There's always been fluidity in my feelings.

(Rebecca, Bigendered, Age 55)

In the following quotation Amanda presents an explicit critique of the 'wrong body' narrative and, like Rebecca, suggests that transition is more complex than this metaphor indicates:

The way in which some people talk about being born in the wrong body is such a cliché and to come back to components, we all have a male and a female component. It could have been something in the womb but the jury's out. I don't know, 'cos I'll never find out. I really don't think you can put all that together, I don't know enough about it. All I can tell you is how I feel. So 'wrong body', that's a plumbing job. That's nothing to do with the core person I am, what makes me a person. So no, I don't think I was born in the 'wrong' body. I think I was born in an inappropriate body, but 'wrong' body, well no. So I'm fed up of hearing that stuff now. It's not as simple as 'wrong' body', it doesn't give an adequate answer.

(Amanda, MtF, Age 45)

For these participants then, gender identity formation is a nuanced process, which does not necessarily signify movement across a gender binary.

My research indicates that pressure to conform to a 'wrong body' narrative may also come from within some transgender support groups. Thus Del says:

You go to a support group and you find exactly how to repeat the narrative which was and may still be a necessary step to get the hormones or to get the surgeries. I think it's social pressure, peer pressure. I think it's the dominant narrative within transsexual communities. I think it's more of a pressure from within, 'cos outside they don't really care. I think it's also because there are surgeons who will go to FtM conferences and gatherings, and these conferences make it very easy for the doctors to pedal their wares and to get customers and there's a kind of referral system that goes on.

(Del, FtM, Age 44)

Despite the prevalence and repetition of the 'wrong body' metaphor⁴, my research suggests that the desire to change gender appearance and bodily image is variedly experienced and articulated. Svar, for example, says:

I went sort of medically serious. A while after taking testosterone I started my transition, decided to, when I was thirty-seven years old. Of course it wasn't just a flippant 'oh I must do this', it was quite a big decision. I've never felt like a man trapped inside a woman's body, it wasn't that sort of stereotypical thing with me. My thing was I was very androgynous. I'm hoping that I'm now developing into some recognisable adult gender stereotype, which I am, which is male. But before I was always just so androgynous and I wasn't like really growing up.

(Svar, FtM, Age 41)

Although Svar suggests that the decision to change his body through the use of hormones was not a manifestation of 'wrong body' experience, bodily presentation is nevertheless expressed as central to his gender identity. In the following quotation, Del attempts to work through these complexities:

⁴ The repetition of the 'wrong body' metaphor was recently apparent when, in discussing the history of Nadia Almada, the housemate and winner of reality television show *Big Brother* 2004, presenter Davina MacCall also explained to viewers that Nadia was a 'woman trapped in a man's body' and that her transitional 'moment' was to 'pass' with the housemates who did not know that she was a trans woman.

The wrong body, it's hard 'cos I know people for who that is absolutely true for. And my body was wrong, is wrong. My body was asymmetrical and to an extent still is asymmetrical. I'll always be asymmetrical. I understand this need that people have to be normal, sort of, even though I've never shared it. Maybe once in a while I've thought 'I wonder what it'd be like to be normal?' but mostly I'm glad I'm not. But the wrong body stuff does bother me. I think a lot of it is that our culture is wrong, and if our culture was more accepting of gender diversity, would we need to? You know, if men could wear make up and dresses, and for women if there was no glass ceiling, would it be necessary? The thing is that we have to understand that it is necessary now, for whatever reasons.

(Del, MtF, Age 44)

Like Del, Gabrielle raises the question of whether surgery would be necessary in a society which was accepting of gender diversity:

There is something that people have said, It's what I call the 'desert island syndrome', 'if you were on a desert island and there was no one else to see you, would you still have the operation?' And I've said 'well, I think I would' but I don't know if I'd never seen a woman's body whether I'd still have felt that, who can say? We can't know what it would be like to be brought up in a bubble. But I didn't want to be a phallic woman. I mean, body had quite a lot to do with it otherwise I wouldn't have gone through the system and changed my body.

(Gabrielle, MtF, Age 45)

Thus the demand for surgery may be seen as an outcome of the social and cultural investment in a gender binary system. However, in critiquing the medical construction of 'wrong body', it is important to be mindful of the significance of the material body within trans narratives. In the following section I explore narratives of the body to link to the corporeality of transgender experiences.

Bodily Transformations

Many participants have spoken of the fissure between their gender identity and self-bodily image prior to transition. Dan, for example, speaks of bodily discomfort prior to transition:

I just spent my whole life in front of the mirror thinking 'where's my stubble?' and it was always good for me that my figure was very up and down and I was small on top. But I was always very concerned that I looked as boyish as possible. That's what was important to me. And when I looked in the mirror it was always 'how masculine do I look?'

(Dan, FtM, Age 37)

Like Dan, Phillip makes explicit the relationship between embodiment and gender identity when discussing pre-transition identity:

P I'd be really angry if anyone treated me as a woman. So despite my female stock broker appearance, for want of a better description, if someone came up to me and said or did something; opened the door for me, or ushered me into a seat, or indeed going in a restaurant with a male friend and having him addressed and not me, I would be ready to punch someone. And this sort of thing would be happening a lot and so frequently I'd be getting really angry and I didn't twig what it was really. I think what was happening was that it felt so totally wrong. It felt emasculating, so I would get really angry. And of course no one would understand it because I looked like I was a female.

S But did you not connect that anger to your feminist politics? Did you not make sense of these feelings through your feminism?

P I suppose I did, yeah, 'why should women be treated like that?' But I wasn't a woman, so that's the difference. Because that's not me and it was wrong in that

context, you know, 'I'm not a woman and can't you see?' I didn't have anything outside of myself, it all came from within inside me. And it became an absolutely overwhelming need to do something about it. And I started to look for books and in the back of one book was a phone number and I rang the phone number and I was terrified 'cos I knew what I'd cracked open basically. It was like once I'd let the cat out of the bag it wasn't going to go back in. And I knew what I would have to do 'cos I knew I would never live the rest of my life as a woman.

(Phillip, FtM, Age 42)

It is the intensity of embodied dissonance, which can override the feminist concerns of participants such as Phillip, that lead the majority of participants to modify their bodies through the use of hormones and/or surgical procedures. Thus Greg experienced his pre-transition body as:

A constant reminder that you're not who you want to be. It's very difficult to live with that.

(Greg, FtM, Age 44)

In the following quotation Bernadette discusses her shifting relationship with her body:

Before I transitioned, I had become terrified of mirrors. I couldn't look at myself. I was absolutely horrified looking at myself and this was completely resolved. I had this enormously deep or weak masculine voice, which I found cumbersome to me. These are the things which have changed, and made me feel what I am. They are the external manifestations that balance.

(Bernadette, MtF, Age 71)

For Phillip, taking hormones has reinforced his masculine identity:

Well I've felt a lot more solid. I've put on a stone in weight. Yeah, I feel more male

physically.

(Phillip, FtM, Age 42)

For Dan and Tony, the changes in bodily appearance were a cause for celebration. Dan says:

I remember being out somewhere and having my arm on a fence in the sunlight and just looking round and seeing one really dark hair and I couldn't wait to get back to the office and say 'I've got a hair, look, look'.

(Dan, FtM, Age 37)

While Tony says:

I remember one rehearsal with the company and one morning we were rehearsing I saw a bristle and I spent the rest of the morning telling people to look at this bristle that had occurred, and they all got very bored of it (laugh).

(Tony, FtM, Age 40)

Here bodily transformations can be seen to reconcile self-identity and social identity (Goffman, 1979). Bodily modifications may also bring increased level of safety and emotional ease as bodily appearance and gender identity meet to confer with normative assumptions around the gendered body, as illustrated by Del:

It made my life easier, it made my passage through the city and the world smoother and less dangerous.

(Del, FtM, Age 44)

Body modification through the use of hormones and/or surgery then, can bring security within a culture which is hostile to gender ambiguity. As Nataf states 'very few people can cross-live, get employment successfully and be safe in the streets without hormones and some surgery' (Nataf, 1997:43).

Other participants discuss how the initial exhilaration of taking hormones can give way to more perplexing experiences. As previously discussed, the 'real life experience' demands that whilst on hormones, trans people present as their desired gender for a significant period before being eligible for surgery. Hormones do not bring immediate physical changes, however, and, in the following quotation, Greg details the problems this may bring:

It was a very frightening time. So psychologically it was hard to say what was down to the hormones. I did go through some depression, part hormonal, part psychological. And you've got the down side of taking hormones, the acne, your whole self esteem, your sense of being an attractive person. And half the people who see you think you're a boy and half [pause]. You're travelling round London on your rail card and half are challenging whether that's your card or not. It's stressful and there's no way you can feel particularly good about yourself at that stage.

(Greg, FtM, Age 44)

Even though Greg was able to pay for private treatment, the 'real life experience' meant that he had to wait for two years before his psychiatrist would refer him to a surgeon for a mastectomy. In the following quotation he continues to discuss the difficulties brought by standardised practices of care:

Partly because at that time it was hard to get surgery and because I was desperate to have chest surgery I paid for that myself. And as soon as that time was up I went privately to a surgeon. But it was very difficult. I mean you can't wear anything but heavy clothing. So purely practically it's very uncomfortable.

(Greg, FtM, Age 44)

Svar also discusses the psychological shifts that accompany bodily changes. Svar says:

I think what happens as well as you go further into the transition is that the hormones do change the way that you think, they have to, you can't go around with the exterior of a man... Well you can if you want to be a lovely drag queen or a butch dyke, but in terms of passing as a man, you can't really. But I think to be happy and to grow and to develop as a human being then it would be extremely hard to be changing just physically into a man, or from one way or the other, without the mental and emotional changes as well.

(Svar, FtM, Age 41)

The significance placed upon a congruent relationship between gender identity and bodily appearance is thus reflected in participants' discussions of the importance of surgical reconstruction. In the following quotations, Lynne and Dave illustrate how surgical procedures are experienced in relation to bodily acceptance, physical comfort and well being, and physical and emotional confidence. Lynne says:

Since I've been post-op I have no problems standing in front of a mirror when I've had a bath or something with nothing on and I'd never have done that as a male. I feel much happier within my body. And I used to suffer from migraines, bad ones, and psoriasis, all gone. I don't get headaches and I've no psoriasis. It was all stress.

(Lynne, MtF, Age 67)

While Dave says:

Surgery was very important. Because even without hormones, the way I presented myself and the way I dressed, people would see me as male. But because of my chest I had to bind myself up everyday and apart from the discomfort I just felt they shouldn't be there. And getting rid of them was great.

(Dave, FtM, Age 26)

Subjective understandings and experiences of surgery articulated here then, suggest that the material body matters. Yet as Nataf argues, 'the achieved anatomy is a way of relieving the confusion and anxiety, and the body is a point of reference, not a nature' (Nataf, 1997:45). In thinking about surgical reconstruction as a 'cosmetic' procedure, Halberstam offers a useful way of disengaging the desire for surgery from medical discourses of the 'wrong body' and can be seen to call for a post-identity politics of transsexual surgery:

The reason that I say it's cosmetic surgery is because people are always changing their bodies, especially in America. I suppose that if we considered what we're now calling transsexual surgery as cosmetic, maybe we would take the stigma away. Maybe we wouldn't see it as the complete, pathological rearrangement of identity, even if it's experienced as such. Maybe we'd begin to see it is a way of organising your body to suit your image of yourself. And then we wouldn't have to have this whole therapeutic intervention, where people are saying, 'Why do you want to become a man? What's wrong with you?' You could say 'Because I prefer the way a penis looks on my body to the way a vagina looks on my body.

(Halberstam, quoted in Nataf, 1997: 56)

While chest surgery is a relatively simple and available procedure, the reconstruction of a penis through phalloplasty surgery is a complex and expensive practice⁵. Significantly only one of the male participants in this research had had phalloplasty. For most of the men, phalloplasty was seen to be a risky and unsatisfactory procedure. Greg for example says:

Phalloplasty is still far from perfect, and at the moment I don't want it. Not because I don't want to have a penis, but I feel it's still not a penis, it doesn't do anything. I mean some do look quite good but there's no surgeon yet who will

⁵ Nataf states that 'In Britain only 2-3 per cent of FtMs have phalloplasties. It is estimated that 2,000 - 3,000 have been carried out by two surgeons, currently costing £20,000 - 30,000, with generally poor results' (Nataf, 1997: 12).

create a fully functioning sensual, so you can have sexual pleasure, penis through which you can pee and which is erectile. It's just not possible so I just feel it's a massive risk to take 'cos it's a massive procedure.

(Greg, FtM, Age 44)

Other men, such as Dan, question the relationship between masculinity and male body parts:

I cannot see that having a phalloplasty will then make me say 'right that's it, I'm a man'. At the moment I'm waiting for a hysterectomy because I have a serious emotional imbalance brought on by hormones and it's quite important that I get rid of all that system to sort things out. But when I have that, which is as far as I want to go surgically, I won't wake up and say 'That's it, I'm a man' because I am who I am. I am a man. I'm the man that I want to be.

(Dan, FtM, Age 37)

Like Dan, Amanda questions the assumptions that surgical reconstruction authenticates gender identity. Amanda says:

This thing about being complete when you have the op, I don't go with that. I think I'm as complete now as I ever will be. I don't really have any other changes that need to be done that the world needs to know about. My social changes, the side that the world will see, that has now been established and I am supremely comfortable with that.

(Amanda, MtF, Age 45)

Far from being uniformly accepted then, surgery was viewed as problematic by a significant number of participants. In the following quotation, Rebecca suggests that there is insufficient discussion within trans communities of the complexities surgical reconstruction may bring:

One has to worry that there may be people who have gone down the transsexual route and were reassigned and are having difficulties with that reassignment, who may well have benefited from a more liberal view. I mean I have come across one or two transsexuals who are desperately unhappy in their new gender role and it's too late. And that's really sad. And the other problem is that so much of our futures are in the hands of medical professionals and I suspect that many lay people take as read that doctors know best and so therefore 'transsexual' is in many ways a medical term, 'that's what the doctor says I am'. And I wouldn't want to say that people follow it like sheep but there is a degree of thoughtlessness about possibilities and they fall into that rut, and they don't question it or ask themselves 'is this what I really want?' It's just a solution to what they see as a problem and it's the only one they're offered, so take it or leave it, it's Hobson's choice.

(Rebecca, Bigendered, Age 55)

Like Rebecca, Del suggests that certain issues around surgery are left unspoken within trans communities. Del says:

I think that surgeries are about empowering the doctors not the patient, I think that very few people are ever really happy. I don't know of any phalloplasty that is problem free, although I'm not saying there aren't, there could well be, but from what I've seen. There's just this continuation and I've seen it happen, 'well once I get this operation I'll be a real male'. A lot of the transsexual women I know, I mean I guess I don't have that many role models, I haven't seen that many role models of people who are transsexual and have had the surgeries. There's absolutely none that I would like to be, or that I would learn anything from. But I also need to respect the reasons why. Or maybe I do know people with phalloplasty that was necessary. It's not across the board. I'm trying to keep an open mind about it, but I see that right now there's a real trend towards phalloplasty, where it's always been kind of against in FtM groups. It's like now 'That's the icing on the cake'. And some guys who are taller, they will become

Alpha males. There are Alpha male transsexuals and you know ‘we want to go and live in the suburbs and not be bothered’ and in a way I go ‘fair enough’, you know, I’ve got brothers who do that and I don’t shoot them for it. But to not problematise these areas and to not examine them is dangerous is what I believe, and support groups provide a venue for learning a script that is not necessarily true to each person.

(Del, FtM, Age 44)

Rather than being straightforwardly experienced then, the desirability of surgery reflects a key area of contention within transgender communities. In this way, some participants have spoken of a hierarchy in which surgically reconstructed trans people renounce the self-identified gender of trans people who do not wish to go down the surgical route. Rebecca, for example, says:

I’ve had rejection in the past in that sense because I’m not playing the surgery game. I’ve had transsexuals telling me that I’m not right ‘you’re not allowed to be like that, you’ve got to be like us’. I can understand where they’re coming from, as a transsexual wants to move exclusively from one end of the binary spectrum to the other exclusively and so therefore they have to believe in the binary nature of gender and sex. And so anyone who says ‘I don’t believe in this’ is a threat to them. I understand that but I just found it very disappointing that people who have found their lives very difficult because of feelings of gender dysphoria can’t understand where I’m coming from. I can understand Fred Bloggs down the road who’s wearing a National Front t shirt not understanding where I’m coming from, but for someone who’s in very similar position to myself being prejudiced against me, I do find that quite shocking. I’m sure there is a narrative which goes on in these groups and people learn to play along with rules of that narrative. I suppose the experience that I did have with that group goes to support that in that there was a party line, a three line whip. That to me seems likely to be about protection and safety. If we know who we are and we’re all the same, its safety in numbers, if

you've got someone who's a bit different where does that place us?

(Rebecca, Bigendered, Age 55)

Gabrielle also draws attention to a hierarchical politics of identity, which is based upon surgical procedures. Gabrielle says:

There's a horrible pecking order amongst trans people, stereotypes, you know, a pyramid of validity against heterosexual cross-dressers with their suitcase in the garage and the box in the loft, and all those horrible ideas, a sort of elite.

(Gabrielle, MtF, Age 45)

These debates illustrate how definitions of authenticity, which are largely constructed in the light of societal discriminatory discourses and practices, may lend themselves to essentialist identity claims that refute the non-normative identities of others. In the following quotation, Del presents a direct challenge to a politics of identity which is based upon notions of authenticity:

I feel kinship with transsexual communities, because I have a lot of transsexual friends but in some ways there's political divisions between how I think and how they think. I'm critical of a hierarchy in transgendered circles based on what surgery you should have. And I think that sometimes transsexual communities promote those concepts. I found myself being very skeptical. I'm not across the board anti-surgery, but I think that if gender wasn't so polarized, if there wasn't such a cultural imperative to be either male or female, that surgery would be less necessary.

(Del, FtM, Age 44)

Like Del, Rebecca is doubtful of the benefits of genital surgical reconstruction. For Rebecca, rejecting the surgical route of transition has enabled increased gender fluidity. She says:

I suppose my story has changed and matured as time has gone, and my view of my gender has appeared differently to me at different times. In terms of my place in society now in many ways I feel that I have the best of both worlds. I have an inner peace because I'm more congruent in terms of my external description and internal beliefs and I can move in society comfortably in that female role on the whole. It has been a struggle and there have been problems along the way, but also by not losing the male side of my being I can call on that and I can become very male at times (laugh), which is quite confusing for people who may be threatening me because they really don't know how to handle me and that is a bonus. I see that as a benefit because I don't live in fear of being acknowledged as a male or having male characteristics should I say.

(Rebecca, Bigendered, Age 55)

Although there are less queer narratives of transgender, as I explored in *Theorising Transgender* (Chapter 1), narratives of gender fluidity such as Rebecca's provided the springboard for the theorisation of transgender as the paragon of queer, whereby transgender is signposted as a signifier of gender performance within queer analyses of identity.

Gender Performance and Hierarchies of Authenticity

For some participants, transition can be seen as a process which enables gender play. Gabrielle, for example, says:

The interesting thing was by the time of being a year post-op and being much more secure in myself and having been to San Francisco, I dragged up as a guy. I did drag king for the night. And that was very liberating for me, because to have reached that confidence to be able to do it was amazing.

(Gabrielle, MtF, Age 45)

Correspondingly, Svar links his initial use of testosterone to experimental gender performance:

I decided to experiment. I'm an artist, I have an alternative life style and I've always been experimental, and in a way my own transition reflects my work. I actually went to a friend of mine who was a good old female-to-male transsexual in his fifties and I scrounged some hormones from him and went up to a drugs, needles, place and got the right syringe, the right needle, and I had my first shot, which was an illegal one, unprescribed, let's say. And then I decided to go for it. I had no nasty side effects and I didn't turn into the incredible hulk, I just felt good, so I decided to do it some more. At that time as well, like before my transition, we started a club in 'Madame Jo Jo's' called 'Club Naïve' and it was all about, it was a drag club, so it was for women to drag up as men, drag kings, and, you know, women who didn't want to drag up, so you had femmes. It was really playing with the butch and femme thing, playing with gender.

(Svar, FtM, Age 41)

In discussing his current understanding of identity later in the interview, Svar indicates the ways in which gender subjectivities may shift through the stages of transition. Svar says:

I mean when I talk to you I tell you that I'm a female-to-male transsexual. I used to just refer to that medically but as the years have gone by in actual fact that is who I am. I was transgendered for years and years and I can still use that and it's good fun and there is that good fun in it and that has to be acknowledged. Whereas the transsexual thing, I mean, not that I'm not enjoying my transition, but it's got much deeper implications, with family, in society, sports, swimming, going to the beach, surgery. It's a whole different ball game.

(Svar, FtM, Age 41)

The following quotation from Del is useful for further drawing out the differences within trans identity positions:

There is a different way that a Drag King might perform masculinity or a transsexual man may perform his masculinity and someone who is what I call 'transnatural', which is another way of describing a passing woman. I know women who cannot pass as women even though they're happy to be women. So there is a difference in all of those different modes of expression.

So many of us that were doing the Drag King thing here, we've all taken hormones and have suddenly become transsexuals. And that distinction isn't clear, it's only clear to us, you know, whether you're transsexual or transgendered doesn't make a damned bit of difference to people. I mean I'll make it visible because I'll wear make-up or criss- cross dress. And a lot of drag kings go to great pains and great lengths to say 'this is just performance, I'm actually quite feminine underneath it all and I'm happy to be a woman'.

(Del, FtM, Age 44)

For Del then, it is important to present a transgender identity, which is distinguishable from the experience of transsexualism. In the following quotation, Del continues to discuss his understanding of the differences between transgender and transsexual identities:

I don't think it's linear. I think it's more like if you have [Del draws diagram]. Here we have our source and that's whoever we are and it shoots out in a more kind of radial way, so it's more like a kind of color chart and you can pick all the different colors. I think that some people are very asexual for example, they don't have a lot of sexuality and others are very sexual, and it's the same way with gender in a way. I am very gendered. I have a lot of gender and that expresses itself in a lot of different ways, whereas other people don't. They stay at one point but with me I'm kind of moving around. So I don't see it as like here you

have drag kings and the next step is going to be hormones and the next step is going to be surgery, although sometimes people do that.

(Del, FtM, Age 44)

Like Svar and Del, Phillip suggests that his experiences of gender performance have altered through the stages of his transition. Phillip says:

I think I'm a bit bored with it, with dressing up and playing a role. But I think also that the more I've transitioned the less I think it's me to be honest. I mean if I get dressed up and go down to the 'Way Out Club' [cross-dressing club] I just feel like a total trannie, you know, if I put a mini-skirt and high heels on. And I wouldn't particularly expect anybody to see me as anything else.

(Phillip, FtM, Age 42)

While these stories resonate with a deconstructionist analysis of gender as a malleable and contested category, they also paint a more complex picture, which is exemplified by Del's comment that:

I do feel that there is a certain way that we all perform a role, but I don't feel that all gender is performance.

(Del, FtM, Age 44)

My research shows that understandings of the plasticity of gender differ substantially between the narratives of those who identify as transgender and those who identify as transsexual. Here Rebecca distinguishes between her gender expression and that which she perceives as transvestite:

And you see people down Canal Street (gay street in Manchester) in their beehive wigs and their mini-skirts and all of that. And they look a million dollars and I wish them the best of luck, but that is not me. I have developed a style of my own and this is my life. For many of those people it is an activity which they will only do at a certain time, they are what I would consider to be transvestites and that is

fine. But for me this is my life and I've never wanted to dress like that anyway, it would never enter my head to wear those clothes.

(Rebecca, Bigendered, Age 55)

While Rebecca presents an impartial distinction between her female gender expression and the gender performances of transvestism, other participants have been more aggressive in differentiating between the identities of transsexual and transvestite. Thus Amelia says:

I just think those groups (transsexuals and transvestites) have got nothing in common. What have I got in common with a heterosexual guy who gets off on wearing a dress? Not a lot really. I've got no objection to him doing that if that turns him on, but please don't expect me to call you 'Gloria' and 'She' because you're not. Please don't ask me to treat everyone as my brothers and sisters.

(Amelia MtF, Age 47)

Ideas of identity performance link to debates around identity politics and life style choices. Amelia continues to present an explicit critique of analyses which link transsexualism to lifestyle choice:

Well, shall we say if they think it's a life-style choice; shall we say a thousand hours of electrolysis, seven and a half hours of major surgery, shall we say being demeaned by certain parts of the community, losing friends, relatives? Yeah, real life-style choice. It is not like going out and buying a pair of Levi's.

(Amelia, MtF, Age 47)

In ways similar to Amelia, Bernadette distinguishes between transsexual and transvestite practices. Bernadette says:

I just don't see any connection with transvestitism and gender dysphoria. The transvestite, I suspect, could live without changing clothes quite happily and

contentedly, but does it is because it is satisfying. I would go and play a collection of Bach's fugues, because I like doing so. The transvestite changes clothes for the same reason, it is pleasant, it is reward in some way, but it isn't a medical condition, which requires treatment. I see an enormous distinction there.

I had no feeling of wanting to be a transvestite. I gradually changed my mode of dress because I was going to become physically a woman at a particular point. I was woman on the inside, irrespective of what clothes I wore. I now wear the clothes that suit my physical and mental gender, but beforehand, it was bordering on the irrelevant. Wearing other clothes would not have made life any easier, because I couldn't be a female in every sense of the word that I wanted to be.

(Bernadette, MtF, Age 71)

As with discussions of the experiences of gender presentation in childhood, clothes are positioned as important in distinguishing between transsexual and transvestite identities. Like Bernadette, Karen draws on the importance of clothes and also uses temporality and permanence, and depth of desire, to differentiate between transvestite practices and transsexualism:

Transsexuals wear the clothes that they feel comfortable in and they don't really want to be outlandish or whatever. Transvestites wear the clothes to get out of their usual lives once or twice a month and I can understand that but they don't really want to change anything, they're quite happy with their gender. And you realise that you are very different to transvestites, you never really fit in with them. So we formed a separate group of transsexual people who wanted to go through transition and needed help. It's not about showing off and wearing outlandish gear. It's more about talking about life, not just about make up and dressing up [...]

But there is some continuum. I started out in a transvestite group and you do find your niche and where you are from that. There are transvestites who are thinking about being transsexual. I think there's a continuum on all sorts of things and gender is no exception. You can be a masculine woman and a feminine man.

There are transsexuals who are very much against transvestites and don't want to be seen with them or around them. [...]. And I'm trying to bridge that divide at the moment and say 'come on, we've got to work together at the end of the day.' But yeah, there are divisions. Transsexuals see transvestites as a danger to their community just as the gay community sometimes doesn't like drag queens. And they think that if they're with them they'll get noticed. And transvestites are the only ones who seem to make a dent into the media. But that's their way of releasing themselves just as our way of releasing ourselves is to take hormones.

(Karen, MtF, Age 31)

There are significant comparisons here with debates around assimilation within lesbian and gay communities as discussed in *Analysing Care and Intimacy* (Chapter 2). Thus within Karen's narrative, transvestite practices are positioned as transsexualism's frivolous 'other'. However, unlike Amelia and Bernadette, Karen suggests a possible continuum between these different identity categories. Echoing Karen, Gabrielle stresses the need to move beyond hierarchical claims of gender authenticity. Gabrielle says:

Because I know what it feels like to be excluded from things I can't understand why people who have an experience of being excluded then become exclusive themselves. I can't relate to that. I don't want to become an oppressor and I certainly don't approve of the idea of a sort of strata of acceptability and realness, and success and inadequacy and adequacy in anything.

(Gabrielle, MtF, Age 45)

These comments question the findings of Gagne et al's US study⁶ that 'to 'blend in' to society as a woman was something that most transgenderists, especially transsexuals, saw as an ultimate goal. The ultimate resolution was an identity that was not wrapped in the language of transgenderism. To be known as simply just another person was desirable' (Gagne et al, 1997:502). While these sentiments were reflected by a small

⁶ Gagne et al's study focuses on transgender identity formation. Their data is drawn from interviews with sixty five trans men and women in the US, and took place in 1994/1995.

number of participants, assimilating into a gender binary model was not a universal concern. Indeed, assimilation was often an emotive issue, as Amanda's following comments illustrate:

The one thing that disgusts me about our community is that some trans women, I don't know that many trans men, but some trans women, do disappear into the woodwork and don't want to be identified as trans anymore. I understand why they do that but it annoys me, it really annoys me. I will never ever do that. I promise that I will never opt out of the trans community. Hand on heart, I will not do that because I'm very comfortable with trans people and will always want trans people around me because they're my home. They are what I am and I don't want to lose my home. My spiritual home is amongst other trans people, we talk the same language. A lot of people do not like to be around other trans people and are uncomfortable around their own. I pass as me and sometimes I think people should concentrate more on passing as themselves. That annoys me because you're back to that inward looking exclusiveness.

(Amanda, MtF, Age 45)

While Gagne et al found that that 'among most transsexuals and cross-dressers, there was an overwhelming desire to pass as women, for it was through such interactions that femininity and treatment as a woman were achieved' (Gagne et al, 1997: 501), my research found that concerns around assimilating often diminished through the stages of transition. Thus Gabrielle speaks of her lessening concerns around gendered appearance:

You walk through a shop of fifteen hundred styles of shoes to find six really square and ugly sets of shoes that you could wear that were in a size larger than an eight. And in the end I just thought 'sod it, I don't want to look like an office person anyway, it's not my style'. And I went through that stage and I don't need to do it anymore. And I'm glad I can be relaxed about it, but that was all about self-acceptance as a trans woman, and I didn't have to compare myself to anyone else.

(Gabrielle, MtF, Age 45)

Similarly Karen articulates shifting ideas around gendered appearance and behavior through transition:

I think I've probably learnt that I'm not really that different from before. I can still be quite aggressive. I still have a competitive side. Initially I went way over to the feminine side and became really girly, which isn't me. But now I've got a bit of male and a bit of female in me which has been interesting for me and I've settled down to where I am. (Karen, MtF, Age 31)

These discussions suggest that while identity is experienced through the body, rather than being rigid, the relationship between gender identity and the physical body shifts and evolves through transition. Thus my research findings support Nataf's comment that 'the form gender identity and role finally take can be more or less fixed or fluid, depending upon the individual' (Nataf, 1997:20). Transgender diversity can be further explored by analysing the ways in which trans identities are linguistically articulated.

Transgender Diversity and Phraseology

The diversity of transsubjectivities and identity positions are reflected in the various ways in which participants describe their (trans) gender identities. In answer to my question 'how do you describe your gender identity?' only three out of the thirty people interviewed describe themselves solely as 'female' or 'male, or use the nouns 'woman' or 'man'. Among these are Amelia, who answers 'I'm me and I'm female' (Amelia MtF, Age 47), and Tony who states 'I'm a man. I'm about as male as you probably get. There is no ambiguity at all as far as I'm concerned. That's how I am and I now realise that's how I've always been' (Tony, FtM, Age 39). Although Phillip answers 'I'd say I was male', he also states that 'I don't like labels and I'm getting more and more interested in stepping to the side of that' (Phillip, FtM, Age 42).

Many participants describe their gender identity as 'FtM' or 'MtF', or as 'trans' men or women to articulate their transsubjectivity. Dan for example says he is 'male but I'd describe myself as being FtM rather than straight male' (Dan, FtM, Age 37), while Lynne describes herself as a 'transfemale' (Lynne, MtF, Age 67).

Only one participant, Amanda, straightforwardly applied the term 'transsexual', saying that she described herself as 'a pre-operative transsexual', however, she also says that 'I think male and female components exist in all of us' (Amanda, MtF, Age 45). Thus when the term 'transsexual' is articulated, it is rarely used as a single signifier. Rather, the term 'transsexual' is qualified in a variety of ways. Svar, for example, says, 'well, simply I would describe myself as male. But I would also describe myself as female-to-male transsexual, but mostly as male' (Svar, FtM, Age 41), while Paul says 'well, I guess officially I'm transsexual, but I don't give it a lot of thought on a day to day basis. Sometimes I forget. I just consider myself an ordinary guy really, but yes, transsexual, female-to-male-transsexual' (Paul, FtM, Age 34). Dave makes a similar distinction to Paul, saying:

I'm male who happens to be a transsexual. I am a transsexual, but I don't think of myself as that. I don't identify as being a transsexual. I identify as male but because I wasn't born a genetic male that makes me a transsexual.

(Dave, FtM, Age 26)

Significantly, both Paul and Dave relate to the impact of a medical model of transgender upon self-identity; Paul says 'I guess officially I'm a transsexual', and Dave comments 'because I wasn't born a genetic male that makes me a transsexual'. However, rather than unreservedly accepting the medicalisation of trans identity, these participants can be seen to contest medical terminology. Thus while these narratives draw upon the ways in which identity is constructed through dominant discourse, they also indicate that self-identity may be reflexively defined in opposition to that which is discursively imposed. Likewise, Karen discusses how she uses the term 'transsexual' in order to offer a simple explanation of her identity. Karen says:

I use that term (transsexual) for other people who like to categorise but I see myself as female now or whatever. I don't think we should be categorized into transsexuals. Everybody has to be categorized into something in society, but at the end of the day in my situation now I feel that I've always been female and that's the way I want to live, and transsexualism is something that has been coined to explain what I'm going through so I never want to be termed as transsexual really.

(Karen, MtF, Age 31)

Here Karen presents a critique of the term 'transsexual' by locating it as a constructed concept, which has been developed through medical discourse. Thus these narratives suggest that identity is a relational process, which is understood and practiced within social contexts. As Butler states:

The act of self-reporting and the act of self-observation take place in relation to a certain audience, with a certain audience as the imagined recipient, before a certain audience for whom a verbal and visual picture of selfhood is produced. These are speech acts...

(Butler, 2001:629)

Accordingly, when I asked 'how do you define your gender identity?' several participants replied that their answer would depend upon who was asking the question. William, for example, says:

It depends who's asking. I would say male and then I would say trans man if the person was on the scene. Yeah the term trans man comes very close to the end, behind the male, but definitely male.

(William, FtM, Age 25)

While Bernadette says:

It depends who I'm talking to, whether it's technically knowledgeable people or people who are less sophisticated and have some idea of their own about what the terminology is.

(Bernadette, MtF, Age 71)

While William's description of his gender identity is contingent upon subcultural understandings, Bernadette's understanding of her trans identity as arising from a medical condition leads her to contextualise her self-identity in relation to degrees of medical knowledge. For both William and Bernadette then, identity descriptions are dependent upon the 'insider' knowledge of their audience, although the subject of authority is divergently located in each instance.

As I will explore further in the next chapter (*Gender Identities and Feminism: Chapter 5*) the social contextualisation of identity may be problematic for trans people due to ways in which their self-identities are frequent refuted by others. Gabrielle for example says:

I mean words are really tricky. I'd say I'm a trans lesbian, but I don't know because it's like 'Who controls the boundaries of what is anything?'

(Gabrielle, MtF, Age 45)

In discussing the variety of terms he has used to describe his gender identity, Del also locates identity as a relational concept, as illustrated in the following section from our interview:

S Can you tell me something about how you describe your gender identity?

D I think in a way it depends on who I'm talking to and what they understand. 'Cos there's lots of different levels so there's not just one way in which I describe my identity. I've called myself a gender terrorist, I've called myself intersex by design, an intentional mutation, FtM, but not transsexual, and FtM is more about how people perceive me. I call myself a hermaphrodyke sometimes. I've been a lesbian

or a dyke, I've been a queer dyke. Queer is probably the term I feel best describes me. I could call myself a queer trannie boy. Everything is qualified in one way or another [laugh].

(Del, FtM, Age 44)

Whilst Del offers a range of linguistic possibilities to articulate gender diversity, Rebecca expresses frustration at the limitations of existing classifying systems, which rest upon a male/female gender binary. Rebecca says:

The thing that defeats me is language at the end of the day. There isn't a term which I'm absolutely content and happy with. I usually describe myself as transgendered and now I feel reasonably content with that description. In terms of my gender bias I suppose I feel much closer to the female end of the spectrum, but I do not consider myself to be a woman, neither can I believe that I am a man. And that is not an issue of sitting on the fence and not making my mind up because I do believe that this whole gender issue is a spectrum but there isn't a word which describes that.

(Rebecca, Bigendered, Age 55)

Like Del and Rebecca other participants suggest an understanding of identity as multifaceted. Supporting Rebecca's notion of gender as a spectrum, in the following section of our interview Anna describes herself as being between a binary gender model:

S Can you tell me a little bit about how you describe your gender identity?

A Not with any ease [laugh]. It's a bit fussy. I don't know, I'm just a little bit in between of everything so that I sort of recognize myself as more girl than boy but not as a girl and certainly not as a boy and I never will be. I'll always be somewhere in between. Yeah, I always feel in the middle. I got a little bit of both now the hormones are kicking in which is really nice

(Anna, MtF, Age 28)

Within these narratives, identity formation can be seen to be complexly situated and experienced. Thus my research findings challenge those of Gagne et al who comment that 'given the limited range of identities available to them, it is interesting, but not surprising, that the overwhelmingly majority of transgendered individuals adhere to traditional conceptualizations of sex and gender' (Gagne et al, 1997:504). To the contrary, my research suggests that many trans people articulate gender identities which fall beyond a traditional binary framework. Although fluidly situated however, (trans) gender identity is experienced through the corporeal body. In this respect, I concur with Halberstam that:

The end of identity in this gender fiction does not mean a limitless and boundless shifting of positions and forms; rather it indicates the futility of stretching terms like lesbian or gay or straight or male or female across vast fields of experience, behavior and self-understanding. It further hints at the inevitable exclusivity of any claim to identity and refuses the respectability of being named, identified, known (Halberstam, quoted in Nataf, 1997: 57).

Conclusion

Halberstam's comments can be read as a caution against an analysis of transgender which positions trans identities as infinitely fluid. This is significant when considering the divergent identity positions and varied subjectivities which fall under the broad umbrella of 'transgender'. Transgender identities are cut through with difference, while the concept of 'difference' itself is contingent upon social, cultural and temporal factors. Halberstam's cautionary note is born out by my research findings, which indicate a tension between the conceptualisation of identity as fluid and the subjective investment in identity. Thus discussions of trans identity formation in this chapter show the tensions between rejecting and holding onto identity.

While some participants clearly speak of the pleasures of gender transition, and articulate identities which are fluidly situated and practiced, others relate a constancy of gender

identification and gendered embodiment. Rather than signifying universal transgression or dominant gender conformity then, my research suggests that transgender identity positions and subjectivities are contingently situated alongside divergent (trans) gendered experiences. The corporeal body is central to transgender sensibilities, and the body is experienced, managed and modified through subjective and social understandings of gender. Moreover, trans identities can be seen to be constructed and negotiated both through and in opposition to medical discourse and practice, affective relations, and social, cultural and political understandings and networks. The emphasis upon embodied understandings and experiences before, during and following transition supports Prosser's (1998) critique of queer theoretical approaches to transgender in their negation of the material and embodied contours of transgender lives. However, the narratives considered in this chapter also point to the importance of developing an analysis of transgender that moves beyond a framework of gendered authenticity to transgress the deviant/transgressive binary. Whilst the similarities and differences in some of these identities may overlap, convergence is structured through social, cultural and individual time and place. Moreover, some identities may be diametrically opposed to prevent social or political convergence. A central theme emerging from narratives of transgender experiences and identity thus relates back to the importance of developing a queer sociological approach to transgender, whereby an emphasis upon identity transgression is accompanied by an attentiveness to the lived experiences within multiple subject positions.

Chapter 5: Gender Identities and Feminism

Introduction

As was explored in *Transgender Identities and Experiences* (Chapter 4), participants use a variety of terms to describe their gender identity. Whilst some participants identified as 'man' or 'woman', most used the pre-fix of 'trans' before gender nouns, or employed the terms FtM or MtF, to articulate the ways in which their gender identities were distinct. In this section I will explore the ways in which (trans) gender identity is articulated and further develop previous discussions of gendered understanding. I draw on participants' discussions of the relationship between transgender and feminism to consider the ways in which transgender and feminism are theoretically correlated and connected through lived experiences. In this way, feminism is utilised as a lens through which to analyse both subjective (trans) gender identities and the divergent links between feminism and trans masculinity and trans femininity. Feminism and Lesbian, Gay and Bisexual movements are significant to this study as both are social movements which challenge the meanings of gender. I explore the meanings of feminism in this chapter and move on to address movements around sexuality in the next.

The data is initially analysed to address the ways in which trans male participants articulate their experiences of second wave feminism. To posit the argument that there are important connections between feminist concerns and transgender practices and experiences, the latter part of this section moves on to draw out some of the ways in which these participants relate to contemporary feminism by looking at how they situate themselves in relation to feminist concerns. The next section examines these issues in relation to the narratives of trans women. The separation of the narratives of trans men and women is purposefully employed with the aim of distinguishing between (trans) gendered identity positions and subjectivities. Whilst there are common themes within feminist thinking on trans masculinity and trans femininity, and similarities between the experiences and understandings of feminism for trans men and trans women, I believe that these gendered narratives merit individual consideration. As I discussed in

Transgender Identities and Experiences (Chapter 4), transgender identities and subjectivities are cut through however with multiple variables such as sexuality, race, ethnicity, class, age, geographical location and gender, to name but a few. In examining trans men and women's narratives independently of each other, my aim here is to pay heed to (trans) gendered difference. In doing this I also hope to go some way in remedying the tendency within analyses of transgender to focus on the experiences of trans women (Ekins and King, 1997), and thus to marginalise the experiences of trans masculinity.

Whilst the relationship between transgender people and feminism is a contentious issue, this research suggests connections between feminist concerns and the 'things that matter' to many of the trans men and women I interviewed. The majority of trans male participants for example, articulate an involvement in feminist and/or lesbian communities, and particularly within queer subcultures, before and /or during transition¹, however they largely convey the decades of second wave feminism as socially and politically problematic. Yet many of these participants express a continued involvement within feminist politics and queer communities, and locate contemporary feminism as a less hostile personal and political space. Findings further show that many trans women have a heightened awareness of the feminist critiques of trans femininity discussed in *Theorising Transgender* (Chapter 1) and consciously attempt to construct gendered expressions that are in contrast to stereotypical models of femininity. I conclude, by proposing that the research troubles feminist critiques of transgender practices and thus argue for a comprehensive incorporation of transgender experiences into future analyses of gender.

¹ I do not wish to suggest that this is the case for all trans men. I acknowledge Namaste's point that a key methodological problem within studies of transgendered identities concerns the way in which they have been 'conceived as a function of lesbian/gay identity politics', (Namaste, 2000, 64). I am aware that many trans men have not been aligned personally or politically with either feminist or lesbian communities. However, the majority of trans male participants in this research did articulate these previous connections and this may be a specific reflection of British cultures where this research took place.

Living through the Sex Wars: Narratives of Trans Men

As feminist attention during the 1980s focused on sexuality, feminist politics became dominated by fierce debates around the meanings of lesbianism and lesbian sexual practices, the key protagonists being radical feminists and lesbians associated with a range of sexual subcultures. Research findings resonate with this in showing how these debates cut through many contemporary trans male narratives.

Whilst not suggesting that trans men as a homogenous group have a pre-transition identity as either feminists or lesbians, my research identifies a recognisable pattern of trans male involvement in feminist and lesbian communities. The research speaks of divisions between a politics of sexuality that was highly influenced by a radical feminist perspective and a range of subcultural feminist and/or lesbian communities which were more in tune with burgeoning queer theory. As we shall see, however, subcultural sexual communities were not always consistent in their queer politics when it came to gender diversity. Many participants talk about their involvement in feminism, although are precise in pointing out that they were not 'radical feminists'. Likewise participants have related their former experiences within lesbian communities, although they have qualified this by saying they identified as 'dyke' or 'queer', rather than as 'lesbian'. Svar for example, says:

I think the first time I fell in love it was with a woman. That was when I was 15, so I was a baby lesbian for a while and then when I came up to London to go to art school, when I was 18, then I just started hitting the gay scene and I have quite an extensive dyke history you might say, in the London scene. I'd say more dyke than lesbian. I was never really one of these, you know, goody-goody sort of wholesome shoes, sort of lesbian as such, I always considered myself more as a dyke. I was never a lesbian separatist, sort of like man hater, angry, even though I was at Greenham Common all those years ago (laugh).

(Svar, FtM, Age 41)

Participants' experiences resound with the political and cultural debates within second wave feminism around stylistic expressions and gendered images. In talking about his involvement during the 1980s within subcultural feminist and lesbian communities, Philip, for example, remembers arguments over appropriate fashion:

I used to wear lots of different costumes and I always used to play around with image and one of my images was mini skirt, high heels and fishnets and that was at a time when lesbian feminists were saying women shouldn't wear make up, so therefore I went and did all that to annoy them. Some of what I was doing was a reaction to that attitude, 'cos I was in the gay scene. So I was part of the people who wanted to wind the radical feminists up basically.

(Phillip, FtM, Age 42)

Philip's narrative can also be drawn upon to explore the ways in which trans people were constituted within stand-offs between radical feminist and pro-sex feminist and lesbian subcultures. Phillips continues:

That's reminded me of something that happened in the 80s. There was the 'Fallen Angel', one of the first gay pubs that existed, in Islington, and on Tuesday night or something it was women only and 'SM Dykes' decided to go down there and all these women knew we were coming and we had a transsexual with us, 'cos we happily included trans women, and we walked in and it was full of women and they were all silent and there were only about 6 of us. And this woman stood up and said something like 'will all women who object to the presence of these women now leave' and they all stood up one- by- one and filed out, it took about ten minutes. And that was also directed at the presence of this transsexual as well.

(Phillip, FtM, Age 42)

As I have discussed in *Theorising Transgender* (Chapter 1), Rubin's discussion of the 'the hierarchical valuation of sex acts' (Rubin, 1989:278) illustrates how certain sexual

practices are privileged above others. Although Rubin's schema does not take account of transgender identities beyond those of the transsexual and transvestite, and it somewhat conflates transgender practices with sexuality, her discussion of a Western system of sexual stratification importantly draws attention to the ways in which feminist thought has failed to address levels of discrimination. Indeed, as Phillip's account shows, feminist and/or lesbian communities frequently employed their own systems of sexual and gender stratification.

Exclusion from feminist and lesbian communities appears as a frequent theme within participants' narratives, as illustrated by Paul's discussion of the hostile reactions of feminist and lesbian friends as he came out as transgender. Paul says:

I kind of had mixed reactions from the lesbian community. They almost kind of laughed in my face. I remember one girl who just couldn't deal with any of it and that's when I'd already been on hormones six months, so, you know, I thought 'well, bye, bye'.

(Paul, FtM, Age 34)

In the following section of our interview, Svar explicitly addresses the feminist critique of trans masculinity as an unethical process through which women are able to access male power and privilege, and thus contextualises the political debates which are couched in Paul's account:

S There was actually from the dyke, feminist scene, there was quite a lot of opposition to female to male transsexuality. I mean one friend did actually say to me 'oh I see, so you're abandoning the female race then?'

Sally So did you experience problems around acceptance from within the lesbian community?

S With some, but then I'd just say 'I'm not doing this to myself to create a master race or something.' But yeah, there was some accusations, you know, 'you're trying to have power', get power'. And it was kind of quite shocking really, when you say 'look, I've made this decision because I'm trying to deal with something in myself and I can do without all that, I can do without that attitude, what I could do with is your support here, you know, how can you say these things?'

(Svar, FtM, Age 41)

Del's experiences illustrate how feminist critiques such as those discussed by Svar, collapse divergent trans masculinities and heteronormative white male identities. Del says:

I've had experiences fairly recently where close friends who're dykes, I realised after five years that they were having a problem with my gender identity and that they really didn't understand where I was coming from and they were presuming that I was like this kind of straight white man. And a magazine that I have contributed towards since its beginning didn't want my work anymore and I was really shocked. That group of people who had the magazine, I go way, way back with them and I was shocked, absolutely shocked that they would do this. And there are clubs that friends of mine are going to and I want to go to and I can't and this is something that's a real hold over from lesbian separatism in the 70s and 80s in this country. It's ridiculous. And it's funny because people who probably weren't even born then, are forcing these boundaries. I see it as lesbians still feel very much under threat, so instead of building bridges they're erecting barricades.

(Del, FtM, Age 44)

Del directly engages with the debates around sex that fuelled feminist and lesbian politics during the 1980s and 1990s. While radical feminists and political lesbians characterised lesbianism as a political position rather than a sexual practice (Rich, 1979; Leeds Revolutionary Feminists, 1981), other lesbians argued against this de-sexualisation by

emphasising the dynamics of erotic agency within lesbian practices (Califia, 1980; Rubin, 1989).

Although exclusion from feminist and lesbian communities is a reoccurring theme, some of the same participants concurrently express an on-going professional and personal involvement within lesbian and particularly queer communities. Del says:

I feel that there's a film making community, a queer film making community that I feel part of. I'm still on the lesbian photography show touring around. I'm on the lesbian artist news group that I've always been on. That's part of my history and that's part of who I've been and I've produced a lot of work within those communities, I don't see any reason to leave them.

(Del, FtM, Age 44)

The importance of belonging to established networks is further reflected when Del contrasts his experiences of exclusion from British lesbian cultures with continued acceptance whilst working for lesbian magazines in the States:

I'd been in America working for lesbian magazines and taking pictures for them and it was great 'cos in California I didn't feel any separation. I was working for 'On Our Backs' (lesbian sex magazine) and I did a porno shoot with these four young dykes, one of whom is transgendered butch, or might become transsexual I don't know, but it was kind of like a butch/femme photo shoot and they were getting down to it and I had no sense that there was any... They were absolutely not uncomfortable with me. I was still a role model for them and my gender seemed not to matter. I seemed to get a lot of respect from the youngsters, like from teenage to thirty years old. They weren't having any problems with me.

(Del, FtM, Age 44)

Themes here resound with Halberstam's (1998) discussion of the frequent connections between non-normative gender identities and sexual subcultures. I do not however, wish

to suggest an overall liberalism towards transgender within feminist and lesbian politics. Rather, my research indicates that *despite* a transphobic rhetoric, some trans men were able to find a home, and indeed were often key players, within certain feminist and lesbian communities before, during and, in some cases, following, transition.

Writing about the invisibility of trans men within feminist theory, Cromwell argues that:

Female – to male transpeople constitute a prime subject for feminist thought and methods, if for no reason than being born biologically female or assigned at birth as female. Feminists should be concerned that male – dominated discourses have made female – to – male transpeople virtually invisible. (Cromwell, 1999, 9)

My research findings suggest that trans masculinity is also significant for feminism because some trans men continue to identify as feminists. Del, for example, says:

Women feel betrayed, or that I've left them, or that I think there's something wrong with being a woman, which I absolutely don't think that there is. I mean what my work is about is female empowerment. I will always be a feminist.

(Del, FtM, Age 44)

Halberstam (1998) points out that historically, FtM transition has frequently represented social and economic mobility, and gender and sexual conservatism. Thus she importantly cautions against the supposition that female-to-male transition per se is an indicator of gender and sexual radicalism. However, in talking about identity, politics, values and relationships, many of the men I spoke with articulate masculinities that are distinct from traditional notions of male power or privilege. The following quotation from Del is an example of how problematic experiences of masculinity are raised in relation to interactions with some genetic men:

And then of course there's the way in which men don't guard what they say when they're with someone they think is a man. Even my hairdresser who knows, my

barber, he's told me about rape, rapes that he's committed when he was a kid, you know getting the girls drunk.

(Del, FtM, Age 44)

Del's points connect with Hale's consideration that 'for some ftms one of the more disconcerting aspects of social and medical transition is the extent to which we become privy to displays of non-transsexual men's sexism as our gender presentations and embodiments come to elicit attributions as men, fellows of our fellows' (Hale, 1998:118). A comparable theme arises when participants employ a feminist perspective to discuss the precarious aspects of gender roles in relation to their intimate relationships with women; as illustrated in the following section of my interview with Del:

D It's hard. I'm in a relationship now that I feel like the man, I'm getting things that men get and it makes me wonder would I get these if I hadn't taken testosterone?

S What sort of things?

D Would I be in this kind of relationship? Would someone be doing my laundry? I've never had anyone doing my laundry before. And now, is it just a coincidence or [pause]

S Is that problematic for you?

D It is problematic yeah, as a feminist it's problematic.

(Del, FtM, Age 44)

Similarly, Svar says of his relationship with his partner:

She treated me sometimes a bit too like a guy and since then we've actually talked about this and I've had to say, you know, 'I am not one of 'these' men, I am not like that. I am not a man's man. You seem to forget that I actually was a

female human being for longer than you have been a female human being, so don't treat me like that'.

(Svar, FtM, Age 41)

These stories disturb the claims of renunciation that are central to feminist critiques of female-to-male transition. Underlying this critique is the knowledge that some trans men have been actively involved in feminist and lesbian cultures. The argument thus goes that trans men are negating their feminist politics for male privileges (Raymond, 1980, 1994; Jeffreys, 1997). Rather than reflecting hegemonic assimilation however, findings from this research show that some trans men actively explore the distinct meanings of trans masculinity. Del, for example, clearly distinguishes his masculinity from normative masculine models:

You have to understand that someone like me is never going to be able to access real male privilege, I found that out when, even though I was wearing a suit and a tie, when I was travelling back from LA to London and I wanted to get an upgrade, well, I'm not alpha male. You have a six foot man come next to me, stand next to me, and we are another species. And I can't even really impersonate that kind of man. So, I will always be beta male or epsilon male or whatever.

(Del, FtM, Age 44)

Findings challenge the other mainstay of the feminist critique of transgender practices; that trans men and women seek to ape traditional gender roles (Raymond, 1980, 1994; Jeffreys, 1997). Rather than reflecting an imitative agenda however, participants have frequently reflected on the distinguishing characteristics of trans masculinity, as shown in the following section of my interview with Dan:

D I would describe myself as FtM as opposed to straight male: Because of my background and my upbringing it gives me more depth than just being bio male and I think that that's an important distinction. So whilst I want to be perceived

and understood and taken totally as male, I will never be 100% male because of my background.

S Can you tell me more about that distinction?

D I suppose there's a lot greater awareness. It's to do with female conditioning, being brought up in a gentler society, a more caring environment, being more aware of people, what they're doing, how they're feeling, if something's wrong, a greater intuition, which I can also observe with other FtMs that I can't see with bio men.

(Dan, FtM, Age 37)

While Dan's distinction between trans and non-trans masculinities rests on his perception of how non-trans masculinity is 'acted-out', William's differentiation relates to degrees of gendered reflexivity. In the following quotation, William positions reflexive gendered understandings amongst trans people against a lack of gendered awareness in non-trans people:

The trans thing, there's a lot more of a blurring of these boundaries of what men and women are. A lot of people in the world don't think about their own identity enough and outside of the trans community there's a lot of people who don't think about gender.

(William, FtM, Age 25)

Work that deconstructs a singular model of masculinity is significant to my points here, as are empirical studies of non-normative masculine trajectories (Connell, 1995; Halberstam, 1998; Maltz, 1998). The place of men within feminism has long been disputed; fuelled by the insistence that 'one must inhabit a female body to have the experiences that makes one a feminist' (Bart et al, cited in Adu-Pou, 2001:163). As has been explored however, the past decade has witnessed significant theoretical opposition to the conflation of 'sex' and 'gender'. Theorists of masculinity (Schacht and Ewing,

1998; Adu-Pou, 2001) and pro-feminist men (Hearn, 1989; Seidler, 1989) have recently problematised the exclusion of men from feminism by exploring how male involvement in feminism requires personal and political transformations, which in themselves can be seen to disturb the concept of a unitary male sensibility. Similarly, a central theme expressed by the majority of trans male participants has been the wish to stand aside of hegemonic masculinity, or in other words, not to behave or be seen as 'typical' men. While it is important to live and be seen as male, then, a key area of concern raised is to be understood as different men.

Riding the Waves: Narratives of Trans Women

As explored in the previous section, the impact of a radical feminist attack on transgender practices was both personally and politically problematic for trans men. Similarly, feminist and/or lesbian trans women frequently found themselves excluded from feminist and lesbian communities. At the core of feminist discussions around trans femininity lay debates around the concept of 'woman'. In exploring the marginalised histories, experiences and social and political demands of women, second wave feminism applied 'woman' as a fixed category to differentiate against the particulars of 'man'. As Butler remarks:

For the most part, feminist theory has assumed that there is some existing identity, understood through the category of women, who not only initiates feminist interests and goals within discourse, but constitutes the subject for whom political representation is pursued. (Butler, 1990:1)

Thus the definition of 'woman' became inextricably tied to biological 'sex'. Gabrielle is acutely aware of this as she attempts to define her gender and sexual identity:

I suppose, I mean, words are really tricky. I'd say I'm a trans lesbian, but I don't know because it's like, as they say, who controls the boundaries of what is anything?

(Gabrielle, MtF, Age 45)

Echoing the narratives of trans male participants, many trans women speak of rejection from feminist and lesbian communities, as illustrated here by Rebecca:

I have come up against opposition. I'm a clubbing animal and there used to be a club in Liverpool that was very gay friendly that I used to go to. And a lot of gay women went to it and I was, how can I put it? They didn't want to engage. I know that has been the experience of a lot of people.

(Rebecca, Bigendered, Age 55)

Gabrielle tells a similar story when talking about her attendance at an early Lesbian and Gay Pride event:

I remember Jubilee Gardens even though I wasn't relating as queer then, except maybe internally, but I just went and it was great. But I do remember feeling like it wasn't my day, it was for gay and lesbian people and we were not viewed necessarily with inclusiveness by the community, and weren't made to feel as though they wanted us to be part of the community.

(Gabrielle, MtF, Age 45)

She continues:

I'm not really happy with spaces for, what did it used to say, 'women born, women only'. I'm not pleased about that. But at the same time I would never force myself. I would never oppress anyone, but at the same time I don't want to be oppressed either. And as I said earlier, who's policing the boundaries, the borders of these things? You know the protest outside the Michigan Women's

Festival², it's the most extreme feminist separatists who are being allowed to police who comes in and who doesn't and these fine trans people, and other people of course, non-trans people who are sympathetic, have been working to try and change the attitudes of the women who run the festival, and that's great and all strength to them.

(Gabrielle, MtF, Age 45)

As Gabrielle intimates, the all-embracing notion of 'woman' began to fracture through a series of challenges from feminists who argued that their experiences remained unarticulated in a predominately white, middle class and educated movement. Moreover, questions around the place of trans women within feminism cut to the heart of discussions around the constitution of 'woman'. While some theorists and activists welcomed the destabilisation of identity politics, others took a more defensive attitude to these ruptures. Anna's narrative explicitly illustrates how a female identity has been fiercely defended. Anna says:

Lesbians tend to steer clear 'cos they don't know what they're dealing with. When you stake a claim on a lifestyle, if someone threatens that you rebel against them and they see that I make a mockery out of it. And people who you'd expect to be the most understanding 'cos they've had a difficult ride as well, turn out to be the least accepting sometimes.

(Anna, MtF, Age 28)

Contrary to the claims that trans women exemplify problematic masculine behaviour (Raymond, 1980, 1994), many of those interviewed employ feminist critiques to reject what they view as 'unacceptable' attitudes in other trans women. In this way Gabrielle describes the dynamics within a gender identity clinic:

² In 1991 two trans lesbians were forcibly removed from Michigan Womyn's Music Festival (MWMF) due to their "womyn-born womyn only" policy. Further evictions of trans people followed in subsequent years. Gender activists such as Lesbian Avengers and Transsexual Menace have organized "Camp Trans" outside the festival to protest against MWMF's discriminatory policy.

There were some trans women who were very sexist behaving and had a mindset of very sexist men and we really took them to task, a few of us, and said 'listen, you better go and sort yourselves out because from where I'm sitting you're really an outrage and I'm insulted by what you say and your attitudes towards women.

(Gabrielle, MtF, Age 45)

Trans female participants, such as Rebecca, also demonstrate reflexive understandings of feminist critiques. Rebecca says:

I sometimes wonder, I try to be understanding of people's needs but I think that there are trans people who because of their need to be accepted push too hard and that puts anybody's hackles up. I'm not saying there are not gay and lesbian people who will say 'we don't like you', because I know that there are people who do that, but sometimes it's more complicated.

(Rebecca, Bigendered, Age 55)

Similarly, Gabrielle shows sympathy with feminist challenges to stereotypical modes of femininity:

And perhaps it would be arguable that with the loss of our privilege, trans women might be prone to certain compensations that might not be particularly constructive. Trans people often over-compensate at certain times such as through excessively exteriorly feminine behaviour amongst trans women. But I think a lot of trans people become a lot more balanced as they go through transition and become people who are mature in their trans experience after having transitioned and then it becomes a lot more balanced.

(Gabrielle, MtF, Age 45)

Overcompensation is exacerbated by the fact that psychiatric practices frequently demand that trans women model an outmoded feminine style before being accepted for hormone therapy or surgery. Several women, Rebecca, Amelia and Dionne, discussed this in their interviews. Rebecca said:

I find it highly insulting that someone, usually a man, will tell someone how to be a woman. And anyway, in contemporary Britain, what is a woman? It has changed greatly and thank goodness. You know, what is femininity? What is feminine dress?

(Rebecca, Bigendered, Age 55)

Likewise, Amelia challenged the restrictive dress codes within gender identity clinics:

I suppose because I'd come up through the feminist era [pause]. I am me, and black leather looks good on a man or a woman. I used to live in black leather. Clothes were not the issue, they never were the issue. These idiots in the gender identity clinics say 'you can't be a woman if you don't wear a skirt'. Who dares say that? How dare they say what makes a woman and what makes a man? And to me, if I took this dress off and put on my husband's suit, I'd still be me.

(Amelia, MtF: Age 47)

The following comments from Dionne provide a strong critique of expectations of feminine presentation and illustrate her developing agency, as she rejected the correlation of femininity and female identity:

If a butch dyke wants to present as masculine she's still mostly seen as a woman. But if I'd have gone in butch, or even in a pair of jeans, they wouldn't have treated me. I had to go in as feminine. And initially I had to present as heterosexual. I wouldn't have said I liked women. And why do women have to dress in a certain way? It's wrong and I've started to realise that and now I hardly ever wear a skirt. I've realised that you don't have to be feminine to be a woman, you can have short hair. But if I'd gone in at the start and said 'I want to be a butch woman, a butch dyke', they wouldn't have treated me. I felt I had to be

very feminine. And that's all to do with how society perceives women, which is something women have fought for a long time and I'm just finding it all out.

(Dionne, MtF, Age 40)

Here we can see trans women employing feminist critiques of the 'beauty myth' (Wolf, 1999) to confront conventional forms of gender presentation. Thus the basis of 'real life' within the 'real life experience' is radically questioned. These points concur with Hale's (1998) discussion of how the themes of bodily autonomy and freedom of choice run through both feminist and transgender politics.

Paralleling the narratives of trans male participants, trans women have frequently identified contemporary feminism as a more welcoming space than second wave feminist communities. Emma, for example, says:

There has certainly been an element of transphobia within feminist and lesbian communities. Although recently I've got on very well with sections of that community and have been pretty well accepted as me.

(Emma, MtF, Age 54)

Similarly, Gabrielle reflects:

Having being to Pride for maybe ten years in a row and always feeling out of it 'cos we weren't included and then we were included and it was magical. And yeah, I do feel included now. And I remember going to Pride and going in the women's tent and it was fantastic, scary but fantastic, really exciting.

(Gabrielle, MtF, Age 45)

Gabrielle suggests a positive shift in feminist attitudes towards transgender, and credits her friends for the support they gave her during early stages of transition. She continues:

And I've been lucky to know such wonderful people, 'cos over the years I've said stupid things, just in my naivety, because I'd been conditioned the way I was, I would say things in a blasé way, which now I look back on and cringe, and they were very understanding and didn't pick me up on it, or beat me up, so one learns. You just recondition yourself, well I hope you do. I always considered that it was a really great privilege to do something in society which a lot of people would never do, which is to reevaluate everything that you been taught and that you accept and that you've been conditioned, and to keep that which you consider to be worthwhile and to chuck out and replace a whole load of stuff that you don't.

(Gabrielle, MtF, Age 45)

Moreover, Gabrielle links the previously explored relationship between trans men and feminist and lesbian communities to broader changes in attitudes towards transgender:

I think it's a really interesting thing, 'cos obviously you've got a lot of trans men who came through a lesbian community and were affiliated to very much a sense of community through that 'cos there is a strong sense of community and having come through that they keep their friends with them, they may be rejected by some, but they keep quite a lot of those friends. And quite a lot of those women work through their issues with the trans thing and quite a lot resolve it and come out ok, which is really good. So there are quite a lot of lesbian women who are supportive and I've felt really supported.

(Gabrielle, MtF, Age 45)

Despite experiencing alienation from some feminist communities then, Gabrielle largely speaks positively about her relationship with current feminist and lesbian communities, corresponding with other narratives of trans men and women. However, as I argued in *Theorising Transgender* (Chapter 1), while reflecting upon an increased feminist engagement with transgender, it is important not to portray a linear account of a theoretical or cultural trajectory from radical feminism to queer. Although the impact of radical feminism may live alongside queer movements, this research suggests that the

influence of poststructuralist theory and queer politics has encouraged contemporary feminism to pay greater attention to gender variance.

Conclusion

This chapter has explored participant's understandings and experiences of feminism. First, the research shows that the gender *of* transition impacts upon participant's understandings of feminism. As social groups trans men and women have different experiences and understandings of feminism prior to transition. Second, gender has considerable bearing on the divergent experiences within feminist communities for trans men and women during and after transition. Trans men and women encounter distinct feminist challenges, which in turn, impact upon the different levels of acceptance they experience within feminist and/or lesbian and queer communities. There are however many common themes between the narratives of trans men and women. In particular, both draw on experiences of rejection from second wave feminism, while more positive stories are told about relationships with contemporary feminism.

In attempting to forge stronger links between feminism and transgender, I do not want to fall into what Rubin terms an 'ideal feminist identity paradigm' (Rubin, 1998:308), in which feminist identity is based on female gender. This dynamic locates trans men as the 'good guys' who, because of female socialisation and experience, possess a degree of understanding about what it is to be a woman. From herein feminist perception is granted to trans men. Thus embodiment denotes experience, so that trans men are *not really* different to non-trans women. Although this liberal hypothesis differs from biologically centred theory, which reduces gender to biological sex (Raymond, 1980, 1994; Jeffreys, 1997; Greer, 1999), it continues to employ embodiment as a reflector of 'true' identity to negate the self-identities of trans men. Moreover, if we transfer this paradigm to trans women, by turn, they must inhabit a male sensibility. In contrast to an identity paradigm, Rubin proposes an 'action paradigm' in which feminist identity arises out of political commitment rather than female gender orientation: "Womanhood" is no longer a necessary, nor sufficient qualification for feminist identity. A feminist is one who acts in

concert with feminist ideals' (Rubin, 1998:308). Thus political practice rather than gender lies at the heart of feminist identity. Subsequently, analyses of embodiment may be developed without essentialist connotations. Rubin illustrates how embodiment may be employed dialectically to enable a feminist approach that can take account of 'differently located bodies which appear similar in form' (Rubin, 1998:308). This may allow, for example, 'a way of knowing that can provide me(n) with a feminist viewpoint, and that is not generated out of a woman's experience of her body. Instead, it is generated out of subjectively located struggle' (Rubin, 1998:308). We can add on to this that a feminist viewpoint need not depend upon female socialisation in order to enable the feminist voices of trans women to be heard.

Koyama's (2003) conceptualisation of 'transfeminism' to express the feminist concerns of trans women is useful for showing how trans politics may enable contemporary feminism to move beyond the confines of second wave feminism. Koyama writes, '(Transfeminism) is not merely about merging trans politics with feminism, but it is a critique of the second wave feminism from third wave perspectives' (Koyama, 2003:1). In conclusion I suggest that, if attentive to gender diversity, contemporary feminism may provide a collective arena through which differences may produce a broader feminist knowledge.

Chapter 6: Sexual Identities

Introduction

As I showed in *Theorising Transgender* (Chapter 1), over the past three decades transgender practices have been the subject of much debate within feminism, lesbian and gay scholarship and queer theory. However, within these fields of study, the subjective meanings and lived experiences of sexuality for trans people are often neglected. Moreover, the dominance of a medical model of transgender, as discussed in *Theorising Transgender* (Chapter 1), has positioned trans people, and transsexuals in particular, as asexual. As Cromwell states:

Medico-psychological practitioners insisted that "true transsexuals" had low libidos, were asexual or autoerotic... They were also said to feel disgust and abhorrence for their sex organs. (Cromwell, 1999:124)

This chapter explores the relationship between gender transition and sexual desire, identity and practice. The first section of the chapter considers negotiation of sexual desire and identity through transition. Initially I consider how sexuality is located as a fluid process within participants' narratives. I then move on to look at the ways in which sexual desire, identity and practice may be understood as stable factors within other participants' narratives of transition, and consider the links between sexuality and gendered experiences of embodiment. The second section considers the links between transgender identities and gay, lesbian, bisexual and queer practices by examining subjective understandings of similarity and difference. The final section builds upon this theme in relation to understandings of the commonalities and divisions between transgender and gay and lesbian politics.

Negotiating Sexual Identity and Desire through Transition

Fluidity of Sexual Identity, Desire and Practice

In my discussion of theoretical approaches to transgender in *Theorising Transgender* (Chapter 1), I examined how and lesbian and gay theorists and radical feminist

writers in the 1970s and 1980s critiqued transgender practices by arguing that trans people assumed conservative gender and sexual roles, which left dominant relations of power intact (Ekins and King, 1997). However, in this research sixteen of the sample group identified as non-heterosexual, with eleven of these identifying as bisexual, four as lesbian, one as gay, and one as queer.

Del, for example, explicitly articulates a queer sexuality, as shown in the following section of our interview:

S How do you define your sexuality?

D Queer, pansexual. I would not say bisexual because semiotically that reinforces the binaries. I would say that men are more sex objects for me and women I'm more happy to have a relationship with a woman, .an emotional and a romantic and a sexual relationship with a woman, whereas I have emotional or sexual relationships with men, but it rarely, not never, but rarely do I have emotional and sexual relationships with men. I like sex with men, but it's just never happened that I've had, you know, that I've had a boyfriend as such.

(Del, FtM, Age 44)

Del's critique of the semantics of the term 'bisexual' demonstrates an informed understanding of theoretical discussions around sexual categories, which supports a post-structuralist critique of binary oppositions. In discussing his sexuality, Del reflexively situates his sexual desires and relationships as fluidly practised.

While articulating a fluidity of sexual desire, William, who has had sexual relationships with men and women since transition, also distances himself from the term 'bisexual'. William says:

What I enjoy is kind of flitting in and out of communities. In terms of my identity I never identified sexually. I don't really know. I can't really articulate it. If you say bisexual, I don't agree with that. There are lots of attractive trans people and if they identify as male then I would say 'OK' and

start this relationship with them. There are lots of people who come in between, but bisexual, it's such a strange word and sometimes I say it, but normally I'd just go 'well I don't care, I don't mind'. But I mean that's kind of a cliché isn't it? 'I don't want labels', and I quite like labels. When you ask me about my gender identity I definitely identify as that. But sexual identity it's just different because it involves other people and then it's kind of tiring if you try and label something, it's just difficult, it's difficult. I don't think about it enough to label it.

(William, FtM, Age 25)

Likewise Svar, who identified as queer for many years prior to transition, found his sexuality hard to pin down. Svar says:

I've always actually had, or not always, but most of my sexual relations, my sexual relationships and all my big relationships, all my big, long relationships, have been with women. And that actually hasn't changed. But I mean, bloody hell, I don't know.

(Svar, FtM, Age 41)

The experiences of these participants' challenge a traditional psychoanalytic perspective, which view relationships with women as inherently troubling for trans men. Thus psychiatrist Pauly states that 'Because they (trans men) do not wish to be exposed as females, they avoid genital contact themselves. Their satisfaction comes from being men...' (Pauly 1969, quoted in Cromwell 1999:132). In contrast to Pauly, this research shows that sexual relationships with women do not stand opposed to their male identity. Moreover, as Svar and William reflect, relationships with women may serve to reinforce masculine identity. Svar says:

When I met my partner it was very interesting for me having had relationships, lesbian relationships, or with women who identified as lesbians. It was really refreshing, it was just when I was six months or a year into my transition, to start this relationship with a woman who was used to having relationships with men. Because she treats me like a guy, she calls me 'he'.

(Svar, FtM, Age 41)

While William says:

I don't know if I fancy women more because I like that they see me as male and they're female and there's a difference. I quite like that.

(William, FtM, Age 25)

Phillip's narrative corresponds with the reluctance of William and Svar to define sexuality in relation to the conventional taxonomies of gay, lesbian or heterosexual. Phillip defines himself as a single man who has sex with men, although as the following section of our interview shows, his sexuality cannot be easily collapsed into the traditional sexual category of homosexual:

P Well, my sexuality, at this time I've got a couple of male partners that I have sex with and I would say they are men who have sex with men, rather than gay men on the gay scene. 'Cos they're not on the gay scene, but they have sex with men. Again, it's labels. I don't really like the labels.

S Do you identify as a gay man?

P Sort of, because that's where people would put me. And if anyone said 'who do you have sex with?' I'd say 'men', so they think you're a gay man.

S So who is a gay man?

P Well for me a gay man is to do with a certain lifestyle, going to gay places... And I don't do that. And I think if I had to pigeon hole myself I'd say I was a gay man. But I do like women and I can get turned on by women. So I dunno, maybe I'm bisexual, or queer.

(Philip, FtM, Age 42)

Phillip's desire for men challenges a psychoanalytic model which negates male-to-male sexual practices; as illustrated by Stoller's comment that trans men are 'repelled by the idea of sexual relations with men' (Stoller, 1973, quoted in Cromwell, 1999:

133). Moreover, Phillip's narrative illustrates how sexual identity is a relational process, in which subjective understandings are developed within social contexts. For Phillip, then, sexual identity is as much tied up with lifestyle choice and sexual cultures as it is with sexual practice. In talking about her relationships, Gabrielle, who defines herself as a trans lesbian, also relates to the ways in which intimate interactions impact upon self-identity. Gabrielle says:

I was with someone briefly before and she was quite a butch presenting lesbian woman and I became quite a butch presenting lesbian woman too when I was with her. We were only together for about four and a half months and I did sort of mutate in a way. When I got together with my current partner, I don't know, I just got more secure in myself and we went to San Francisco and that was really [pause]. You know, I went out there wishing I had smaller feet and I came back and bought a huge pair of stack heel Buffalo boots. I really came back quite queered up by San Francisco.

(Gabrielle, MtF, Age 45)

Gabrielle suggests that her experience of gender transition has offered divergent possibilities in relation to sexual practice and identity. Several other participants also support this notion when reflecting upon the impact of transition upon sexuality. In the following quotation William discusses how interaction with other trans people has led to an increased reflexivity around sexuality, which has opened up new ways of thinking about sexual attraction and desire. William says:

There's all these people around me, trans people around me, who are just very open about their relationships and all that, you know, about who they fancy and I just, I think 'hang on, what do I feel, can I be honest with myself?' I think I'm near enough honest with myself now. Yeah, I think it definitely enables you to be, well just more honest. And if you see a lot of people round you who are being honest, it just makes you think 'how do I fit into all of this?' and 'do I fit into all of this?' You know, 'is there something more to me?' Which is what a lot of people that I know in the trans community have done, some people don't and that's fine, but a lot of people just do and that's definitely got to do with being trans. You've already got to be honest with

yourself, come to terms with saying 'this is who I am'. So I think people think 'there's no point in me, you know, hiding something else'. Or maybe also, if you're open, if you're used to being open about lots of things, you can just easily be open with your sexuality.

(William, FtM, Age 25)

For William, then, openness about his gender identity has led to greater sexual freedom. Prior to transitioning Amanda was married, although she is now in a relationship with a woman and identifies as bisexual. In the following section of our interview, Amanda also links the process of gender transition to an increased fluidity of sexual expression and identity:

A It took me 38 years to realize that I was bisexual for many of the reasons I said before about the environment where I grew up. I'd had bi stirrings but it was back into the box, all very confused, very uncomfortable. I was one of these people who before I came out I was quite repressed sexually and uncomfortable. I've learnt to enjoy all over again and it feels better. But I wasn't ever comfortable with male sexuality, it always felt back to front. But it feels better now. It's (transitioning) reawakened some of the bits which were shut down prematurely because I was so uncomfortable with being a male. I could not perform sexually with females and I did not want to perform sexually with men. I don't fancy men per se, people do it for me. Just because it's a guy or a girl doesn't mean I can't fancy them. It's very much down to the person. And I seem to not be bisexual by preference but because I'm a trans sexual I guess, somewhere between the two poles, I guess I'm also between the two poles sexually. I don't know how to be gender monogamous if you know what I mean, not able to be heterosexual in any of the female or male categories.

S Do you feel that that was always the case or is that a result of transitioning?

A Yes, I think so. I think it's because of the same thing. All the time I was growing up I was trying to be a man, not being a man, but trying to be a man, and overdoing it. I think I never really settled down into a sexuality. But my preference is for an individual not for a gender so it depends on the person.

S Do you feel as a woman you're able to say you're bisexual in a way that you couldn't have as a man?

A Yes absolutely.

S And why do you think that is?

A Because I'm now revealed in all my colours and before I was so screwed up because I couldn't reveal all my colours because of forces that even I couldn't deal with. And now I can see the whole thing. I know where I am. I'm placed and that allows me to see myself.

(Amanda, MtF, Age 45)

In this discussion, Amanda suggests that the homophobic environment in which she grew up prevented her from articulating a non-heterosexual identity. For Amanda then, the process of coming out as a trans woman enabled her to also come out as non-heterosexual.

Cheryl is Amanda's partner, and, like Amanda, describes her background as working class. Cheryl was married twice prior to transition and now identifies as bisexual. Like Amanda, Cheryl suggests that the heteronormative environment in which she lived prior to transition prevented her exploring a non-hetero sexuality. Cheryl says:

If I like someone I like someone, but if I had to I'd say I was bisexual. And it's been a denial thing until recently. It was there before but I didn't pursue it because it wasn't the done thing. It's opening up avenues that already existed but I didn't go down.

(Cheryl, MtF, Age 45)

Echoing Amanda and Cheryl, Karen explicitly discusses how her sexuality was constrained within the locality in which she grew up. Karen also links her experience of transition to an understanding of sexual desire as detached from gendered object of choice. Karen says:

I've had close relationships with males but nothing sexual. I was brought up in a macho society, in a mining village and the only gay person I knew never told anybody he was gay 'cos he would have been beaten to hell really. So I identified with females but as time moves on I identify with people rather than with gender. And I met Sam but if I'd have met a bloke who I liked I would have gone with a bloke instead of a woman, it's not an issue of gender anymore for me.

(Karen, MtF, Age 31)

Similarly Dionne's narrative articulates an increasingly fluid trajectory, in which gender transition enables a more yielding sexuality. Dionne says:

I could never have gone with a man as man but occasionally when I was dressed up I fantasised about being with a man as a woman. But now I'm starting to fancy men, which I never did before. I'm very open sexually, it doesn't matter what sex someone is if they like me and I like them. I mean as a bloke if I had said that I liked men I would've got hassle, which I didn't want because I didn't consider myself as a gay man. But a bisexual woman, I'm quite happy to say that to everybody.

(Dionne, MtF, Age 40)

Bernadette, who lives with the woman she has been married to for forty years, further shows the complexities between gender transition and sexuality in identifying as a heterosexual woman who desires men, although does not have sexual relationships:

I always have been attracted to men, but I deliberately controlled this because, at one juncture, it would have been an assumption of homosexuality, and that was totally foreign to me, and so I never allowed it to be manifest because if I had, it would have been totally misunderstood. It would have given an entirely wrong impression to everybody, and for that reason, I suppressed it totally and entirely. Before, it was an aspect that I had to keep under control, as I said, because I didn't wish to be identified as something that I certainly wasn't.

There was no suggestion that I was gay, or anything of the kind. Deliberately I suppressed it.

(Bernadette, MtF, Age 71)

These sentiments could be read as instances of internalised homophobia, whereby gender transition is subjectively granted greater levels of acceptability than same-sex, and particularly male-to-male, sexual practice. While the social and cultural processes of homophobia are apparent here, and can be seen to have structured participants' understandings and impacted upon their experiences of sexuality, I would suggest that a straightforward reading of internalised homophobia represents a reductive analysis of these narratives, which negates the role of embodiment within sexual desire, fantasy and practice. It is also difficult to disentangle the impact of homophobic society given that its permeations are all around us. In discussing her sexual fantasies of having sex with a man when she crossed dressed, Dionne clearly locates her fantasy role as that of a woman having sex with a man, rather than as a man having sex with a man, while Bernadette makes explicit that which she 'certainly wasn't'. For Dionne and Bernadette then, sexual desire for men is coupled with the desire to express their identity as women. Moreover, since neither Dionne nor Bernadette ever considered themselves to be male, identification as a gay man would have been incongruent with to their self-gender identities as women. Thus Dionne's decision over the past year to take hormones and have reassignment surgery can be seen to have enabled the redefinition of her sexuality as a bisexual woman, while Bernadette's transition fifteen years ago complemented her sexual identity as a heterosexual woman.

These discussions relate to the complex interplay between (trans) gender and sexuality, and reflect back to the significance of embodiment within trans subjectivities as explored in the previous chapter *Transgender Identities and Experiences* (Chapter 4). While the issues here indicate that gender 'matters', suggesting that desire may be 'inherently gendered' (Jackson, 1996:4), transgendered identifications question normative understandings of gender and sexuality as experienced and practised through biological 'sex'. MacCowan's argument that 'Gender *per se* is not the problem [...] but the 'correlation between biological sex, gender identity, gender or sex roles, sexual object choice, sexual identity [...] It is this

system and the denial of any other constructions of gender (which is problematic)' (MacCowan, 1992: 318), is useful for an analysis of transgender identities, which act to untie biological sex and gender identity and bring new meanings to sexual identity categories.

In my discussion of historical and anthropological writing on transgender in *Theorising Transgender* (Chapter 1), I commented upon how theorists working within lesbian and gay studies, have largely assimilated non-western transgender experiences into a lesbian and gay narrative by positioning trans women and men as gay men or lesbians¹. I also argued that the relationship between sex, gender and sexuality has been collapsed within medical models of transgender, which assume that, post-transition, trans people will habitually identify and practice as heterosexual; the MtF will assume a female heterosexual identity, and the FtM will practice as a heterosexual male. Thus while a medical perspective lies firmly within a heteronormative framework, gay anthropology has assumed homo relationality. Both these theoretical frameworks then, have neglected the distinct experiences and subjectivities of transgender men and women. Rather than representing either a dominant hetero or homo sexuality, the research indicates that sexual desire, identity and practice are experienced through (trans) gendered experiences. In the following quotation from our interview, Paul explores how sexuality and (trans) gender are experienced as overlapping yet distinguishable factors across his life course:

P Well the big thing for me was my sexual identity before the gender identity issues really came to the fore, when I started having relations with women, not men. So suddenly the issue flared up, 'was I a lesbian?' Having a big crisis over that. So that all came first.

S So did you ever identify as a lesbian?

P Not really, but that introduced me to women, so that felt right with women, so I talked to various people about that and I saw a social worker for a while and I think I went to the doctor about it, she was very unhelpful, as I remember

¹ An exception to this is Jackson's (2003) studies of a range of same-sex and transgender cultures in Thailand.

rightly. But once that had all settled down, and I'd come to terms with that, and then it became obvious that there was more to it than that. That was just the starting point on a long road. I was heading much further than that.

(Paul, FtM, Age 34)

The interplay between transgender and gay, lesbian or queer identities is a significant theme within many participants' narratives. However, as Paul's narrative suggests, to interpret these sexual stories exclusively as personifications of same-sex desire would be to negate the distinguishing characteristics of gender, and particularly the role of gendered embodiment, within transgender trajectories. Significantly, several participants found it hard to describe their sexual identity. Anna, who is single, says of her sexual identity 'There is no word really' (Anna, MtF, Age 28), while Rebecca, who is also single, says:

The objects of my desire are women. I don't know whether that makes me a male heterosexual or a female lesbian, I'm not quite sure (laugh). I don't think it's either of those and again it's a lack of language, but that's how I describe my sexuality. I remain attracted to women. I have never had any attraction towards men.

(Rebecca, Bigendered, Age 55)

Anna and Rebecca's comments relate to the failings of existing sexual classificatory systems in accounting for trans(s)exual identities and desires. On this level, findings support Hale's argument that 'categories and terms always assume a nontransgendered paradigm - nontransgendered people's subjectivities and embodiment are always the reference points for these categories (Hale, 1997:39).

In the following section of our interview, Phillip discusses his sexuality in relation to his work as a sex worker. In talking about sex work through transition, Phillip relates variously to the complexities of sexuality and the gendered body:

P It's interesting to me that I have sex with people who I don't find attractive. I mean my sexuality is completely male, in as much as it's genitally oriented, it's about getting it, I don't like kissing them 'cos I don't find them attractive.

It's not about love. It's about cocks basically. But if I wanted a partner, I sometimes think 'who would I be looking for?' Because I wouldn't look to these men to be a partner and I think my partner would have to be more feminine than me, which means that they would have to be a man who was feminine, or they'd have to be a woman, or they might be a trans female, or they could be a TV (transvestite). Because the people I have been attracted to in the past have been, generally speaking, feminine men.

S So could you imagine yourself having a relationship with a trans woman?

P Yeah. In fact I have had, but I was supposed to be a woman then (laugh). And the person involved never told me, but I knew she was, we just didn't talk about it.

S And could you say something further about how transitioning has affected your sex work?

P Well I have a very complex, multiple layered professional life in sex work, which is that I have a few clients who I've had for more than five or ten years, who don't know that I've transitioned. They come in and they're now used to seeing me with a man's voice who used to have a woman's voice, with a male haircut who used to have woman's hair, who no longer wears make up, with incredible muscular and hairy legs and the strength in my legs, not to mention bum, wearing a skirt and that's about the only female signifier. And evidently they haven't noticed.

S And they have never asked you about it?

P A couple of them I have told 'oh my voice is really deep because I'm on HRT, because it can do that you know!' And they're 'oh really'. Then I advertised for a while as female-to- male TV (transvestite) during hormones and I picked up a few clients who I think really saw me as female, liked the idea of me as a butch female. And one or two still come and know about the hormones and transition, and are quite interested in it. Then my most recent reincarnation

has been as a male-to-female post-op, because a couple of people came to see me from, I don't know what ad.

S So these are all different ads placed with specific clients in mind?

P Yeah. But the thing is the first two have gone, 'cos I advertised as female and now I can't do it. And some TV (transvestite) ads are still out. I had an ad out as male-female, no, female-to-male TS (transsexual) and some people who thought it was the other way round came to see me assuming that I was male-to-female post-op and they were quite happy. And so I realised that if they liked it other people would. So I put an ad out pretending to be a male-female-post-op and I've been getting clients from it. And at first it was quite a laugh, quite funny, but now I'm actually fed up with it, but it's making me money.

S Are these straight identified guys?

P They're interesting. Yeah, they're straight, but not completely straight because they're the types of guys I would call trans followers. In the 'Way Out Club' (crossing-dressing club) you see them, and I've been there and it's full of all sorts of TV (transvestite) people of many varying degrees of passability, and there are these guys who come to get off with them and I think it's those that are the clients. And I've said 'why do you want to see a TS?' (transsexual). And one guy said 'I'm frightened of women'. And a few of them have said 'Oh I like to try something different'. And a few of them said 'It's more exciting'. And some of them say 'because you know what men like'. There are a variety of answers and there are lots of 'don't knows'. Whatever, they have an attraction to what they perceive to be, male-to-female post-op. And in terms of my work, I can't advertise yet for straight gay guys 'cos I'd have to explain why I've got female genitals. So in that way I can only see people either as a trans female post-op or as what I am. But what I've discovered is that if I advertise as an FtM I don't get calls. Interestingly advertising as an FtM in a contact mag just to get partners, I get quite a few calls but not commercially, it doesn't work. See that's interesting. One of the guys I have sex with said

'fantastic, a man with a cunt is my absolute ideal, absolutely fantastic and with a dick'. Cos the clitoris grows quite big, so that's a dick and it is. It's not a very big one, but it is a dick. So for him it's great and it's very exciting and I'm definitely male. And I like that.

(Phillip, FtM, Age 42)

Phillip's discussion of sex work through transitioning relates directly the nuanced and plural contexts of sexuality, and supports Butler's (1990) point that gender play is key to a variety of sexual practices which undermine the naturalness of gender. In distinguishing between sex with clients and his imagined partner, Phillip draws on the importance of gender expression within sexual desire when reflecting that he is attracted to feminine men. Here he challenges the binary correlation of male and masculinity to signpost a framework of desire in which the male body is experienced through femininity. In discussing his relationship prior to transition with a trans woman, Phillip's experiences indicate how trans sexualities may bring fluidity to the interplay of gender and sexuality so that notions of gender expression and sexual identity are far from straight-forwardly performed. Moreover, Phillip's discussion of his multifaceted identities as a sex-worker illustrates explicitly the potential for varied and contingent sexual identities and practices through transition.

Object Desire and Sexual Identity as Gender Constant

While the majority of participants' narratives articulate a fluidity of sexual identity and desire, several participants discuss how before, during and following transition, their sexual attraction and desires have been gender consistent. Lynne, who has been married twice but is now single, articulates the complexities of trans sexual identification:

My sexual preference hasn't changed, it's always been women. And I was explaining that to the police because I went as Lay Advisor on transgender issues and I was asked then. Someone said 'what are you then?' and she was a lesbian, and I said, 'well first off, I'm a human being, I'm in-between genders, I'm a post-op, trans female lesbian'. And she put her head on the table and

said 'how can I get my head round that?' and I said 'it's alright love, I'm not asking you to.' People are only frightened of what they don't know.

(Lynne, MtF, Age 67)

While Lynne pragmatically speaks of the multifaceted identities at work in the interplay between (trans) gender identification and sexual desire, other participants have discussed how they experienced the relationship between gender identification and sexuality as problematic, particularly through childhood and adolescence. Tony, for example, who is single and identifies as heterosexual, discusses the confusion brought about by his sexual desire for women prior to transition. Tony says:

I began to realise that I actually fancied women more than I fancied men but I knew I wasn't gay and I got very confused then, and then for a long long time. And I went out with women but I was always absolutely convinced that I was straight but couldn't work this out at all.

(Tony, FtM, Age 39)

Similarly, Greg, who is in a long-term relationship with his female partner, talks of how, as a young girl, he understood his sexual attraction to girls as being distinct from lesbian desire. Greg says:

And the first time I had crushes on people it was girls. For me it was so natural that it didn't seem strange. You know, in my thinking I might have a crush on a girl but it was gender related in my mind. I wouldn't have been able to spell it out like that but I'm sure that I was seeing it as a gender issue, as a gender identity issue.

(Greg, FtM, Age 44)

The complexities of transgender sensibilities and sexual expression may also be apparent after the process of self-identification as transgender and prior to surgery or hormone therapy. Dave, who identifies as heterosexual and is in a long-term relationship with his female partner, discusses how a past relationship with a woman prior to his surgery and hormone treatment failed due to their conflicting understandings of sexual identity categories. Dave says:

I had a relationship with a female and I told her straight away that I was transsexual, but she thought of me as being a lesbian, so the relationship didn't work because that's not what I was.

(Dave, FtM, Age 26)

Like Dave, Greg and Dionne discuss how transgender practices are frequently conflated with same-sex desire and misrepresented as personifications of a lesbian or gay identity. Greg says:

I think my mother probably thought I was a lesbian though I knew that was not the case. I didn't want that identity for myself. I'm not and I don't think I ever have been. I'm comfortable with gay and lesbian people, but I'm not, I know some people experiment with that but never wanted to 'cos I knew that wasn't me.

(Greg, FtM, Age 44)

While Dionne comments:

Most men can't deal with it. It's like 'don't come near me'. They think you're gay and you want to shag them. When they know you're a transsexual they think it's a sexual thing, they don't understand the difference between sexuality and gender.

(Dionne, MtF, Age 40)

Tensions around the relationship between transgender and sexual identification can also be seen to lead to self-reflections about sexual orientation for the partners of trans people. In this way, Greg talks about how, during a past relationship with a woman prior to his transition, his partner began to question her own sexuality. Greg says:

When I met someone else later on we did end up having a relationship. And she's heterosexual and she was really uncomfortable with herself 'cos she couldn't understand it but once we'd sort of worked that through we ended up going out. She was basically seeing me as male, she's never had a relationship

with another woman before or since. But what she couldn't understand was how could she feel like this. She felt really uncomfortable but she worked it out, partly because I was able to explain to her where I was coming from and so she was able to make sense of it.

(Greg, FtM, Age 44)

As gender has been variously theorised (Connell, 1987; West and Zimmerman, 1987; Fenstermaker, West and Zimmerman, 1991) as an active on-going process which is achieved through interaction with others, so sexuality can be seen to be a relational process, whereby subjective understandings of desire and identity are continually negotiated within an intimate context with others. For participants who remain in sexual relationships with existing partners, the social perception of their relationship can be perplexing, as Karen, who remains married to her female partner, shows:

An interesting thing is the way that my work colleagues look at mine and Sam's relationship and that's not seen as being in a lesbian relationship, it's seen as being heterosexual. And I say 'well you do know don't you?' But they never see it that way because they came to the wedding and everything. It's very strange.

(Karen, MtF, Age 31)

While Karen says 'I do know that I'm not heterosexual', her narrative also corresponds with those of other participants in her reluctance to define her sexuality in relation to existing sexual categories. Karen continues:

I've never thought about us in terms of categories. I don't even think about it now, it's just us and I hate it when people label us and lesbian friends, couples who we go out with, want us to be in their category and I've had a lot of issues with that. And I suppose I'm trying to struggle with my gender issues, just trying to fit into society as female, without having to go into another labelled category. And we are starting to tackle those things now and it is quite amazing the differences. You can't easily hold hands and kiss in public without thinking about it, having to think about it rather than just doing it. I've got wedding rings on and I keep them on because I consider myself as married to Sam. And

people ask about my husband. It's very difficult, especially at work when everyone is talking about their heterosexual relationships and I know the bias that people have towards homosexuals and especially lesbians in my line of work 'cos they're mostly female.

(Karen, MtF, Age 31)

Here Karen shows how it is difficult to remain outside conventional structures and categories. In discussing her current understandings of the ways in which desire between women is frequently subject to self-regulation and cultural disapproval, Karen alludes to her identification with gay and lesbian politics. There are also connections here with the developing feminist consciousness' of trans women, which were explored in the previous chapter on *Gender Identities and Feminism*. Moreover, the narratives considered in this section indicate that gender and sexuality are complexly related. Thus the intersections between (trans) gender and sexuality, reinforce Butler's challenge of whether the 'historical and analytic distinction between gender and sexuality is finally tenable' (1994:13). This question can be explored further in relation to the connections between transgender and non-heterosexual identification.

Transgender Identities and Lesbian, Gay, Bisexual and Queer Practices

Queer Transgender Practices

Sedgwick (1990) positions sexuality as a site of possibility for the destabilisation and reconstruction of normative values. The majority of non-heterosexual identifying participants, who made up over half of the research sample group, identified as bisexual; suggesting that the category of 'bisexual' may enable a stronger articulation of the fluidity of sexual desire and allow greater space for the nuances between gender and sexual identities, than the categories of 'lesbian' or 'gay'. This lends support to Storr's (2003) hypothesis that bisexuality is a phenomenon of postmodernity. Here Storr is not suggesting that bisexual practices themselves are the exclusive properties of postmodernity, but rather that 'the existence of a self-conscious bisexual identity, and the recognizable forms of bisexual community organization and politics, are very clearly rooted in the early postmodernity, from the

mid-1970s onwards' (Storr, 2003: 159). Likewise, self-identified transgender identities are a contemporary phenomenon. However, as Del's previous comment 'I would not say bisexual because semiotically that reinforces the binaries' (Del, FtM, Age 44) illustrates, there are problems within a binary model for trans sexual identities. As Cromwell states:

Because transsituated identities and bodies are different, sexual desires likewise defy the binary of heterosexual and homosexual and play havoc with the concept of bisexual. (Cromwell, 1999:130)

Subsequently, while some participants are hesitant to define their sexual identity, others find the term queer enables a more appropriate description than 'bisexual'. In my discussion of queer approaches to transgender in *Theorising Transgender* (Chapter 1) and in *Transgender Identities and Experiences* (Chapter 4), I discussed how, through the development of queer theory and theories of gender performativity (Butler, 1994), transgender became to be viewed as the epitome of queer. Conversely, trans writers such as Bornstein (1994) and Stone (1996) reflect a queer subjectivity in positioning themselves not as transsexuals', but as 'gender outlaws' (Bornstein, 1994) who 'speak from outside the boundaries of gender, beyond the constructed oppositional nodes which have been predefined as the only positions from which discourse is possible' (Stone, 1996: 351). This research also finds that queer subjectivities are apparent within narratives of trans(s)sexual identities and practices. Thus Rebecca illustrates that trans(s)sexual identities are divergently practised and located on the borders of an inside/outside binary (Fuss, 1991):

For some trans people their sexuality will follow their sex so they may start out as a male with female partners and end up with a female with male partners. There are others that start out as a male with male partners and end up as a female with male partners. And then there are people like me (laugh) who just muddy the water.

(Rebecca, MtF, Age 55)

In the following section of our interview, Phillip considers his pre-transition experiences during the late 1970s and 1980s. Phillip's narrative can be seen to

indicate a queer sensibility prior to a theoretical queer discourse or the development of a queer culture:

P When I came to London in 1979 I went into the gay scene, into the mixed gay men's scene in as much as I went into the mixed gay men's scene in the bit where women went if that makes any sense (laugh). I tried a couple of lesbian places and I never ever felt comfortable in lesbian situations and I could never have told you why then, but I can tell you why now. Because I didn't identify as a woman with women. And I never understood that whole mentally of women together 'cos I didn't feel part of it. So I got involved with the gay press in the 1980s and I was on the collective of a magazine and I was in a band and we used to perform in gay venues and it was me and a guy. But my gay world was always mixed, with more men in it than women and I think I always identified with gay men to a large extent. And I know you've asked me if I'm gay and I said 'no not really', but this is then.

S So did you identify as a lesbian then?

P Yeah. I would have said 'I'm a lesbian', but it never felt quite right really. And certainly women only places I just used to hate.

(Phillip, FtM, Age 42)

Thus in discussions of sexual identity and practice, the experiences of several participants may be seen to support queer theory's deconstruction of identity categories and link with a queer analysis of gender and sexual identities as non-affirmative. Yet rather than being invariably unconstrained, queer subjectivities and sexual practices can be seen to be ambiguously experienced within the relational context of sexual cultures. Svar, like several other trans male participants, had relationships with women prior to transitioning and has a long-standing identity as queer. Resonating with previous discussions of greater sexual fluidity post transition, Svar links his transition to greater sexual agency. However, his experiences of sexual identity and desire, show how sexual expression pre-reconstruction may raise a range of composite factors. Svar says:

I think what it (transition) does is if you are a pre-op transsexual, within the I'm not going to say queer ghetto, 'cos that's not a word I like to use, but within the queer world, then I would say that in a way I do have another freedom. But I have to be really careful as well the way I look because I cruise everybody (laugh) I can't help it, you know, if people are cute. That doesn't just mean being gay, but especially in that environment there's going to be a lot more people who I think are attractive than walking down Oxford Street. But sometimes I do get these looks from dykes, you know, 'what are you looking at?' and it's like 'oh god, I must be more subtle'. Because it's very different to the way gay men, they're all right just looking each other up and down, but for dykes, I mean you just go like that (turns head) and then you wait until they're not looking towards you and if they are looking it's like 'err', there's an angst, there's a whole different way of going about it'.

I'm lucky to be in a great relationship, but if for example I wasn't I think then it would be an issue forming new relationships. Even if I went cottaging on Hampstead Heath or something, it would be like there would have to first be some explanation and then it's like, you know, like a lot of gay men. Gay men love cock, and so that puts me sort of a bit down the scale anyway. And at the same time lesbians or dykes, they like women, so that puts me a bit at a disadvantage as well. So there is that sort of vulnerability being how I am and I think that is quite important in terms of sexuality.

(Svar, FtM, Age 41)

Svar's narrative relates to the theme of embodiment within trans situated identities; as discussed previously in *Transgender Identities and Experiences* (Chapter 4). Thus experiences of inhabiting a non-normative gender which troubles predictable understandings of gender identity as expressive of a particular sexed body, may bring complexities to sexual interactions. This point is also apparent within experiences of other participants who reject gender reconstruction or who are waiting for surgery or hormone therapy. Thus, on reflecting upon his feelings around sexuality prior to meeting his current partner, Dan says:

I didn't have a relationship for four years or so for several reasons, one of which was because the situation didn't present itself. Secondly I didn't know

what sort of relationship I wanted and thirdly I was so shy of my body. I'd had chest surgery quite early on but it's just a real fear about if someone will accept your body. I suppose you could say that if it's a gay relationship with a man you haven't got what they want, if it's a heterosexual relationship with a woman, I hadn't got what they want.

(Dan, FtM, Age 37)

Discussions about embodiment and sexuality also relate back to the contingency of identity to speak of the tensions between transgender and gay and lesbian identity politics.

Situating Transgender Identities within Lesbian and Gay Identity Politics

Several participants discussed experiences of rejection by lesbian and gay communities. Thus Anna says:

Gay people have been the hardest group of people to talk to about me being transsexual, they've always got a problem. Lesbians tend to steer clear 'cos they don't know what they're dealing with. Gay men just have a problem. They can get, well they can get aggressive.

(Anna, MtF, Age 28)

In a similar vein Cheryl believes that lesbians and gay men:

[They] hate us and I don't know why that is but they hate us. I used to think that because we were both minority groups we could get on. I mean we're all different, but I thought we'd be close groups but that's not the case.

(Cheryl, MtF, Age 45)

Gabrielle also discusses this hostility:

There are quite a lot of unfriendly lesbians out there and gay men, and you find that wherever you are. I thought that when we were on holiday in Lesbos that people would be relaxed but actually there were still quite a lot of frosty,

hostile lesbian women there. It's a terrible thing to say, but you got the same blank expression that you would have got in the pub in Stoke Newington if you smiled at someone. It dismays me. Like letters you get in the Pink Paper [lesbian and gay London based paper] saying 'with those freaks we're never going to get anywhere'.

(Gabrielle, MtF, Age 45)

Gabrielle's comments reverberate with queer theory's challenge to traditional lesbian and gay theory and politics, which have been exclusive in their attitudes towards those whose identities fall outside of that which is deemed to be acceptable. The hostility towards trans people within some lesbian and gay communities thus mirrors the resistance to queer theory from theorists within feminism and lesbian and gay studies, as discussed in *Theorising Transgender* (Chapter 1). There are overlapping themes here with previously discussed debates within feminism and lesbian cultures around transgender, and the experiences, particularly of trans men, who, before, during and after transition, identify as feminist or queer. (See *Gendered Identities and Feminism*: Chapter 6). William's recent experience of being challenged in a gay and lesbian club thus echoes these previously discussed findings. William says:

A very strange thing that happened was at a Bangra Club that I'd been going to for ages. And the last time I was there I took my girlfriend and we'd been dancing a lot and we were kind of just getting off a bit with each other and dancing for ages, no problem at all. And then there were about six of us left on the dance floor 'cos it was just about to close, and I was kind of getting off with her and somebody came up to us who I kind of knew, who worked there, and said, like really rudely, she said 'you either stop that or get out' and then she left. And it's interesting cos they're trans friendly and would I be allowed to do that if I told them about me?

(William, FtM, Age 25)

Here William raises a number of interesting questions concerning the intersections of sexual and gender identity. As a trans man whose masculine presentation goes unchallenged, William felt previously welcome in the club with his male friends or lovers due to the presumption that he was gay. With his female partner however, his

demonstrations of sexual intimacy were viewed as an unacceptable sign of heterosexuality. William's trans status and his understanding of the club as 'trans friendly' raise questions about the epistemology of 'who' is trans and 'who' is gay. Thus 'trans friendly' policies within lesbian and gay communities can be seen to rest on an assumption that all trans people have same-sex desires. Moreover, William's reflections on the tensions around sexual identity and gendered appearance indicate how trans identities may radically decouple gender identity and biological sex.

Like William, Anna discusses the ways in which trans identity positions may challenge the binary categories of gender and sexuality to trouble their assumed correlation. Anna says:

I used to think it was because they [gay men] thought that I was just afraid to be gay so I was just dressing up as a woman, but that's just ignorance on their part. And I think it's more complex than that anyway. Having had to live closeted for so long I know what that does, so you do stake a claim on a life style and I pose a threat to that and can be seen to make a mockery of it. Maybe it's to do with attraction and confusion and that whole coming out process. You accept that you're attracted to other women and then there's this amorphous thing that is both and neither, so it's 'how should I feel towards that person? So 'I'll just forget that'. And the people you expect to be the most accepting, 'cos they've had a difficult life as well turn out to be the least accepting, it's very strange, but hey, the world is an interesting place (laugh).

(Anna, MtF, Age 28)

William and Anna's narratives raise a number of issues about how trans people are situated within identity politics. As identity-based feminist politics developed around the uniform concept of 'woman', gay and lesbian identity politics spoke of the shared experiences of gay men and lesbians. Anna shows the level of investment in the correlation of sex and gender presentation and, like William, she reflexively articulates how trans identities are perceived as a challenge to notions of shared experience based upon sexual identity.

For Phillip, transitioning brought awareness that his trans situated identity was distinct from some identity practices within gay cultures. Phillip says:

There's a certain thing amongst gay men of aping what they see as femininity and I'm just not very comfortable with that. You know the thing of calling each other Sheila and all that that feels really alien to me, I can't relate to it. If I'm a gay man, I'm a straight gay man, not a camp gay man or something. I just can't relate to that kind of critical bitchy thing that does seem to be a part of some gay male culture that I can't relate to. It's the inappropriateness of pretending you're female when I'm female-to-male. I'm not female. And I'm so not female that I've done this (transition).

(Phillip, FtM, Age 42)

In *Theorising Transgender* (Chapter 1) I spoke of how the homogenous use of the term 'woman' within feminism in 1980s was ruptured by the articulation of distinct and contesting experiences, and from within a plural and poststructuralist feminist critique. Likewise, queer politics question the notion of identity as based upon sexual preference. This is illustrated by Del's reference to lesbian S/M culture, which, in contrast to a lesbian separatist ideology, presents a more fluid approach to identity. Del says:

SM dykes have a policy of something like if you're FtM you have a place in the dyke community and you're welcome.

(Del, MtF, Age 44)

In addition to reflecting upon the tensions between trans and lesbian and gay identities, William is optimistic about contemporary attitudes to trans people from within lesbian and gay communities, stating that 'I think it's getting better, it's definitely getting better' (William, FtM, Age 25). Despite her reservations, Gabrielle also suggests developing connections between trans people and lesbians and gay men. She says:

As far as general inclusiveness is concerned under a queer umbrella, I think it's very difficult because everyone has very different [...] Between gay and

lesbian people there are big misunderstandings and there is still a lot of misogyny and sexism in certain parts of the gay community. But having said that, I think people are being more inclusive and people are realising that there are a lot of similar political areas, I hope they are.

(Gabrielle, MtF, Age 45)

These comments suggest that the impact of queer theory and political activism may have effected a move away from a discourse of sexual identity politics that is informed by rigid notions of entitlement to community membership. Whilst this research suggests that a more magnanimous politics of sexuality may be at work within contemporary lesbian and gay cultures, not all participants support Gabrielle's wish for a queer umbrella when considering the question of political alliances between trans groups and lesbian and gay organisations.

LGBT: Coalition Politics?

While some trans people fought for the inclusion of transgender within a lesbian, gay, and bisexual movement, others believe that the issues of concern for trans people are qualitatively dissimilar to those related to same-sex sexuality or bisexuality. Reflecting this perspective, Amelia says:

With the LGBT theme, my own view is that I think what is happening is that the transgender group, if you like, is so small. We are a tiny minority. One doesn't know what that minority is but it is a minority and they've attached to another minority group whose interests are not the same. Now please don't assume that I'm homophobic because I'm not. I would support to the death for LGB groups to fight for basic human rights. But I think that basically the issues are somewhat different, they are not the same. An LGB person doesn't need to change their birth certificate before they can marry their boyfriend or girlfriend. Yes, they can't marry and that's an issue, but the reasons are different. And that does concern me. I don't see that linking up to a group [pause]. I'm heterosexual. I've got nothing in common with those groups. There are some people who are lesbian and gay and that's fine and I can see that the cause is common. But for the heterosexual minority, I say minority

but I'm not sure that it is. I think there is a small majority of people in my situation who are heterosexual and it is not the issue that we are fighting.

(Amelia, MtF, Age 45)

For Amelia then, there is no direct link between the goals of lesbian and gay organisations and issues pertinent to transgender. While Amelia recognises that coalition politics may be relevant to lesbian, gay, bisexual and queer trans people, she articulates her concerns as a heterosexual trans woman as distinct. Rebecca, who acts as an independent advisor on equality to a large metropolitan police force, reflects similar concerns to Amelia. Rebecca says:

Sexuality plays a part obviously in all of our existences but my belief is that the gay community have had a particular history and experience, which, although we share some of the common themes, is very different to our own. It's certainly not about homophobia, I just feel it doesn't serve either community particularly because it dilutes their particular issues. And I think that the other danger is, and I know this from the work that I'm doing with the police, is that the gay and lesbian community have an extremely strong lobby and I think that the trans community is so small, and the gay community in comparison is so large, that their needs will just get lost and do get lost within that.

(Rebecca, Bigendered, Age 55)

Both Amelia and Rebecca suggest that the issues of concern within transgender politics are specific to discriminatory discourses around gender and not, necessarily, sexuality. A significant theme within anti-coalition arguments can be seen to relate to the common-sense perception that transgender sensibilities reflect same-sex desire. In contrast to Amelia, however, Dan suggests that such misinterpretation need not prevent a coalition between trans groups and lesbian and gay organisations. Dan says:

A lot of it is bound up in the way that the law works at the moment and as far as the law is concerned my partner and I are a same-sex couple, which automatically puts us into the same pigeon hole as gay and lesbians although

we're blatantly heterosexual. We went to Pride last year and I obviously went as an FtM and my partner and I found that really strange because to everyone we were being perceived as being a hetero couple and I almost wanted an arrow saying 'we are different, we are meant to be here, we are a hetero couple but we're a trans couple'. And because I've transitioned so well, it's not at all obvious that we fit into this group. But I almost wanted a big arrow. I wore my 'Transsexual Menace' T-shirt, but sometimes in a situation like that you still want something saying 'we belong here, we're not a straight couple', or you know, 'we're not a conventional straight couple'. If I had been there just as an FtM walking with all the other FtMs I probably would have felt differently because I'd be perceived as being part of the FtM contingency. But there were several of us who were there with our partners as well and I just felt that although we were part of the FtM contingent, I don't know, it's really difficult to describe.

(Dan, FtM, Age 37)

Dan's comments draw on the ways in which legal discrimination around partnership recognition and marriage may impact upon trans and lesbian and gay people in similar ways. Dan's narrative also relates back to the tensions within identity-based politics, which have a tendency to overlook the nuances and complexities of sexual and gender identities. Thus Dan's desire for visibility as part of an unconventional couple may be seen as a reaction to the oversight of the ways in which non same-sex affective relationships have the potential to pose a challenge to normative values. Del relates to Dan's sentiments when he reflects:

And I see a lot of transsexuals, you know guys that pass so seamlessly as heterosexual men, they get lost, they get queer envy, they want to be seen, they want to out themselves and say 'OK, I'm queer too', you know, I find all that very interesting.

(Del, FtM, Age 44)

For Del, trans concerns are clearly linked to a broader politics of equality. Del says:

I'm trying to show people that oppression is linked. And that's why I think lesbian and gay politics has too narrow a focus and why should we be fighting for the rights for lesbians and gays to marry and denying the rights of transsexual, transgendered people to marry. Let's work towards a human right, equal rights for all people, regardless of their gender, or their sexuality, or their race or their disability.

(Del, FtM, Age 44)

Greg also suggests that the specificities of transgender need not prevent a shared political presence within a queer coalition. Greg says:

I wouldn't want us to deny that just because we're trying to make clear to the judges that we're not gay or lesbian doesn't mean that I don't think they have that right (of partnership recognition). I think we should certainly collaborate. And in terms of marriages the gay and lesbian community wants to have their own choices unlimited by other people. They want the flexibility and they don't want other people dictating to them what they can and can't do in the same way that they don't want to dictate to a heterosexual couple what they can and can't do.

(Greg, FtM, Age 44)

Here Greg makes clear the connections between issues of concern for trans people and lesbians and gay men. Moreover, in discussing the importance of untying issues of sexuality from those of (trans) gender, Greg makes a strong argument for a political framework that is guided by specificity as well as commonality.

Conclusion

Participants' experiences of sexual desire and practice, and their subjective understandings of sexual identity, add weight to Butler contention that 'identifications are multiple and contestatory' (Butler, 1993:99). Findings thus indicate that trans sexualities are often fluidly and contingently situated. Experiences of gender transition may enable an increased freedom of sexual expression and offer a greater diversity of sexual identification. Conversely, for many of the participants in this

research, gender transition can be seen to facilitate a more contented sexual presence. Moreover, the significance of gender within embodied experiences illustrates the eclectic processes at work within the interplay of (trans) gender identification and sexuality. Findings show how trans sexualities highlight the limitations of existing classificatory systems of sexuality, and indicate that there are both distinctions and connections between transgender and non-heterosexual identities and practices. The resistance of lesbian and gay identity politics to sexual and gender plurality can be seen to effect hostility towards trans people, while indications are that queer theory and activism may be encouraging a more pluralistic outlook within some contemporary lesbian and gay cultures. Discussions about the merits of linking transgender politics with a lesbian and gay lobby indicate that there are deeply divided views within the trans community around a politics of coalition

While these narratives signify individual practices of creativity and agency, I would like also to locate them beyond an individualised context to connect with Plummer's discussion of personal narratives as 'social actions embedded in social worlds' (1995: 17). I propose that the shifting subjectivities and identities at work within experiences and practices of trans sexuality signify the relevance of a queer sociological approach to transgender. This approach would demand an understanding of gender and sexuality as both distinct and conjoint, and call for an imaginary that is able to transgress hierarchical claims of authenticity, whilst being mindful of subjective investments in identity. In conclusion I suggest that through a queer sociological gaze, an understanding of contemporary gender and sexual diversity is attainable.

Chapter 7: Partnering and Parenting Relationships

Introduction

As previously discussed in *Analysing Care and Intimacy* (Chapter 2), there has been an expansion of research into shifting familial and partnering structures within sociology and social policy. It has been widely suggested that intimacy has become a site of social transformation within contemporary society as intimate relationships acquire increased importance (Giddens, 1992; Beck-Gernsheim, 1995). Within this body of work, lesbian and gay partnering and parenting relationships are positioned as being at the forefront of changing affective structures (Weston, 1991; Giddens, 1992; Sandell, 1994; Stacey, 1996; Roseneil, 2000; Weeks et al, 2001; Roseneil and Budgeon, 2004). Thus for Stacey, lesbian and gay families are the 'pioneer outpost of the postmodern family condition, confronting most directly its features of improvisation, ambiguity, diversity, contradiction, self-reflection and flux' (Stacey, 1996:142). This research suggests that transgender intimate practices further illustrate how 'the family' is subject to on-going contest, negotiation and innovation

Studies of same-sex families and intimate relationships pose a challenge to a sociology of the family, which theorises intimacy through an all-exclusive focus upon the nuclear, heterosexual, monogamous, reproductive family. However, as Roseneil and Budgeon argue, non-normative patterns of intimacy tend to be relegated to 'subfields of the sociologies of family and gender' (Roseneil and Budgeon, 2004: 136):

These practices, relationships and networks largely fail to be registered in a sociological literature which retains an imaginary which, without ever explicitly acknowledging it, sees the heterosexual couple as the heart of social formation, as that which pumps the life-blood of social reproduction.

(Roseneil and Budgeon, 2004: 136)

Moreover, the partnering and parenting relationships of trans people are ignored not only within sociologies of the family, but also within gender research. Transgender lives and experiences thus remain absent from these analytical frameworks, which

rest on an uninformative and naturalised binary gender model that recognises only male or female gender categories. Thus sociologies of the family, studies of same-sex intimacy and analyses of gender relations have yet to take account of the specificities of transgender. Furthermore, the body of literature on transgender from within the social sciences in the UK is largely non-empirical and examines transgender in relation to theoretical (de) constructions of gender identity (Ekins, 1993, 1997; Ekins and King, 1996; King, 1993, 2003; Prosser, 1998; Kaveney, 1999; More and Whittle, 1999; Hird, 2002a, 2002b). While the impact of transition upon relationships with partners, lovers and children will differ in individual circumstance, the process of transition will always take place to some extent within a social framework of intimacy. Writing about queer families, Sandell (1994) argues for a queer analytic, which moves beyond traditional identity politics to forge connections with wider communities who are creating distinct kinship networks. This approach is important for the incorporation of transgender experiences into analyses of intimacy. It is from this juncture that I move on to explore changing experiences of intimacy through transgender practices of partnering and parenting¹.

Fourteen members of the sample group identified as heterosexual, while sixteen identified variously as lesbian, gay, bisexual and queer. Eighteen of the participants in this research were in relationships, while twelve of the interviewees were single. Of those participants in relationships, seven remained in relationships that were formed prior to transition, while eleven were in relationships which were formed during or post-transition. Seven participants were parents, all of whom parented prior to transition.

In the first section of this chapter, patterns of intimacy will be explored in relation to the reconfiguration of existing partnerships. The chapter will then move on to explore the narratives of participants whose transition is linked to partnership separation, and will then consider the formation of new intimate relationships following transition. Finally I will address how participants negotiated their gender transition as parents by

¹ It is important to note that although I am looking at partnering, I have only one partner's account and I acknowledge that the partners of participants may have articulated different feelings and experiences. Similarly, in relation to parenting, I have only interviewed parents and I acknowledge that children may offer different accounts.

exploring how parents talked to children about transition and through emerging issues around transgender parenting within the narratives of participants with children.

Practices of Partnering

Reconfigured Partnerships

A reoccurring theme in the narratives of research participants who transition later in life is long-standing professional and relationship commitments. Bernadette had a high profile career as a government broadcasting advisor and a marriage of forty years prior to transition. Bernadette says:

I had a wife and children to support and I became chairman of various investigative boards and had a busy time for eleven years. Throughout all this time I suppose professional and academic success enabled me to keep the gender problem at bay but it never went away. I suppose it was a matter of subjugating my feelings to professional success and it worked. You couldn't walk around with the Prime Minister and suddenly one-day change gender, it isn't on. And I accepted that I was playing a fairly crucial role in Government service at that time and it would have been irresponsible to vast numbers of people and organisations if I'd have said 'oh to hell with you, I'm going to go off and do what I've always wanted to do'. So that necessity made me wait until I had got to a point where I thought I could wind that service down.

(Bernadette, MtF, Age 71)

Similarly, Christine had a successful career as a partner in an international accountancy firm and was married for over thirty years before she began the process of gender transition. In the following quotation Christine discusses how work and family obligations structured her earlier life:

In the sixties and seventies the scenario was very different from how it is now. You left school and did your duty. You didn't query anything. You got your career and marriage and had children. You didn't have time to think about

what you were and that was the environment that I was in.

(Christine, MtF, Age 60)

As Christine's career developed, so did her identification as a woman, however, she negotiated her transition alongside professional considerations and decided to postpone the process of transition until she had retired. Christine says:

Over a period of time I knew what was going on and I became more aware of my feelings. But what is important here is that my career was progressing very well and I was operating at a fairly high level in a large professional firm. So the best thing seemed to be to wait until I had retired, which I did. I took early retirement and a whole new lifestyle arose. I no longer had to pretend and I no longer had the defence mechanism of having a respectable job, so those things went, and, literally within three weeks of retirement, I came out.

(Christine, MtF, Age 60)

In these narratives, professional and relationship commitments are articulated as coping mechanisms for complex feelings around gender identity and as an explanation for late transition. Bernadette and Christine's transitions can thus be seen to be reflexively negotiated and performed within the context of work and family life. These narratives also show Bernadette and Christine acting as 'energetic moral agents' in 'weighing up the pros and cons of the consequences of their actions, considering others' perspectives and needs and reflecting on the decisions they make' (Williams, 2004: 42).

When Bernadette was in her thirties her best friend of many years died. A few years after the death of her friend, Bernadette married his wife. Although it would be thirty years before she took the decision to transition, Bernadette was open with her partner about her feelings around gender identity. As Bernadette articulates in the following quotation, her partner was to become a central source of emotional support in the years before her transition:

I had a very helpful wife who supported me. She knew there was something very strange about me but found it something she could cope with. I had known her for twenty years before we got married. I got to know her as my best friend's wife so we got to know all about each other. She has supported me in every aspect and she supports me still.

(Bernadette, MtF, Age 71)

Christine also discusses the support she has received from her wife throughout their marriage:

It was a great a shock to her but now she's totally relaxed about it. There's no support round here, there isn't a gender counsellor or anything like that, and so what I had in place of that for support was from my wife.

(Christine, MtF, Age 60)

Bernadette and her wife moved to the village where they currently live four years before Bernadette's transition. Bernadette became well known in the village. She was an active member of the village church and was elected Chairperson of the local council. As the population of the village fluctuated over the last decade, Bernadette believes that her transition has become less of a public issue and that she and her partner are no longer perceived as a previously heterosexual couple. Rather Bernadette believes that; 'everybody thinks of us as sisters. A lot of people think we are sisters' (Bernadette, MtF, Age 71). Correspondingly, Christine says 'If we have to describe ourselves we say that we are sisters in law' (Christine, MtF, Age 60).

Thus subjective understandings of the relationship are located as shifting beyond a sexual framework, to be repositioned within the context of kinship bonds. Bernadette was unconcerned that some people in her community may view the relationship as a lesbian one, and focused upon the subjective shifting meanings of intimacy throughout the relationship's life span, as shown in this section of the interview:

S Do you think some people see your relationship as a lesbian relationship?

B Oh, some people might, but that is their concept of it. I have a relationship with my wife which is very intimate and loving and has been for the past umpteen years - forty years – and it isn't any different now than it has ever been and it's very good.

(Bernadette, MtF, Age 71)

Bernadette suggests that the continued emotional bond between herself and her partner has been possible due to the lack of emphasis placed upon sex within the relationship prior to transition. Bernadette says:

I suppose, in the case of physical aspects of sexuality, I always seemed myself to be more of an observer, than a participant and in that respect that's the problem I had throughout all my married life, but that was ok with her.

(Bernadette, MtF, Age 71)

Christine also suggests that sex was peripheral within her marriage:

I've never really had much interest in the physical meanings of sex. What mattered to me was tenderness. It was the larger picture that mattered, the caring aspects.

(Christine, MtF, Age 60)

In de-centring sex within their relationships, Bernadette and Christine challenge the notion that sex is central to partnering and emphasise the role of emotional care. A further common theme between Bernadette and Christine's narratives is the significant positioning of age within shifting experiences of sexual intimacy. Bernadette says:

After one is in one's mid-fifties one can deal with their sexuality in a different way. I couldn't contemplate how we would have reacted had we been twenty years younger. So where my wife was concerned, no problem of physical relationship arose simply because I think we'd always had it in the right sort of context from when we got married in our early forties to the time of my transition

in my late fifties.

(Bernadette, MtF, Age 71)

Similarly Christine says:

I understand that some people may suggest that what we have now may be seen as a lesbian relationship but that is wrong. And those perceptions don't really affect us. I think people would think more along those lines if we were in our thirties but when you are in your late fifties and early sixties people don't have too many questions. We stay in hotels and people don't look twice. I think if we were younger it would be different, but it's not an issue.

(Christine, MtF, Age 60)

These relationships cannot be smoothly characterised as either sexual relationships or as friendships. Rather, the meanings of intimacy transgress either framework to illustrate how intimate practices may be revitalised across time and situation. There are connections here with Roseneil and Budgeon's (2004) recent work on friendship and non-conventional partnerships², which suggests that contemporary practices of intimacy represent a blurring of the demarcation between lovers and friends. However, these relationships can also be seen to be characteristic of the common sense perception of long-term partnerships, and particularly, heterosexual partnerships, whereby emotional closeness is seen as more significant than sexual desire. Although Bernadette does not believe that her transition has altered the level of emotional intimacy with her partner, she suggests that a key change within their relationship has been a greater level of domestic equality. Bernadette says:

Now we have a largish house and grounds here. She's five years older than me but we can split all this up between us, so we have a good working relationship, two old women running a nice house.

(Bernadette, MtF, Age 71)

² Roseneil and Budgeon's research on friendship and non-conventional partnerships was one of the six research projects carried out for the ESRC research project *Care, Values and the Future of Welfare* (CAVA) at the University of Leeds between 1999 and 2004.

The blurring of categories of sexual and friendship bonds are also apparent in Karen's narrative. In the following quotation, Karen discusses how her relationship with her current partner developed out of a close friendship:

We met on a course we did together and were friends for a year or so. We didn't know whether we could be together in a sexual relationship and we took it slowly. And I think that because we took it slowly it worked. Most people either see the physical side or see you as a friend. And it's been good. We ended up getting married after we'd been together for a couple of years, and we're still together now. Although it's not a traditional marriage relationship we're glad we did it and we *are* married. I think we've been through everything together now. It's been hard at times. She's had to put up with me not being as interested in sex as I was previously. I was quite highly sexed before. I felt guilty because I wanted to go to sleep at night rather than do anything else. My feelings changed as my body changed. She's had to be strong, and we've had to be strong together. I think the trust has grown.

(Karen, MtF, Age 31)

Within the context of these long-standing partnerships, the meanings and lived experiences of intimacy can be seen to be fluid and adaptable to transformations of gender identity. Moreover, practices of emotional care and the values of honesty and trust are emphasised above sexual desire. Shifting experiences of intimacy within the changing context of gender transition are also apparent in narratives of relationship separation.

Relationship Separation

A central theme to emerge from the narratives of participants concerns how the process of gender transition may initiate unreconcilable shifts in partnering roles, leading to relationship break-up. However, intimacy remained located as a fluid rather than constant process, which is frequently able to transgress the boundaries of sexual relationships and friendship.

Prior to her transition, Rebecca separated from her wife, who is the mother of her son. In the following quotation Rebecca talks about the difficulties of this break up:

It has been a very, very rocky road for me and my ex wife. She was deeply in love with me and she admits herself that it took her many years, and I mean many years, to get over it. It's only in the last two to three years that she's started to become more civil. There was a really deep bitter wound for her and she has tried every way to punish me for what I did. She's always wanted to be friends but couldn't be. But recently she has calmed down. She was very ill a couple of years ago and she chose me to support her, which I was very happy to do. We were together for seventeen years, so she's a big part of my life and if there is anything I can do for her I'll do it, I'm there for her.

(Rebecca, Bigendered, Age 55)

Rebecca's discussion connects with shifts in contemporary relationships, where ex-partners become an important part of support networks (Williams, 2004). Despite the difficulties within this relationship, Rebecca's narrative shows that intimacy can be reformed across time to enable supportive and caring relationships to be reconfigured. The narratives of Tony and Cheryl also show how sexual relationships can be transformed into close friendships. During their relationship, Tony's now ex-partner provided emotional and, as the following quotation indicates, practical support during his early stages of his transition:

I was with a woman for about five years so she knew all the time. It was a decision we made, to try and do it get together whatever happens. Quite often if she and I would go out for a meal, if I chose to put a suit on she would do the talking so that we just passed as a heterosexual couple.

(Tony, FtM, Age 39)

As Tony became more resolute about his male identity however, his partner found the changing gender roles problematic and the relationship broke up. Tony says:

Ultimately though she did find it very difficult and she had her own breakdown. And then we split up. It was tricky and it took a while to get over.

(Tony, FtM, Age 39)

Despite such problems, as the following quotation shows, the relationship between Tony and his ex-partner has shifted from a sexual relationship to a close friendship:

We still see each other and we're still very close. Her family were absolutely brilliant, and basically I've become a member of their family.

(Tony, FtM, Age 39)

Cheryl also discusses how her partner's initial acceptance of gender transition was unrealisable. Cheryl crossed-dressed for many years, although had decided to begin the process of gender transition only six months before our interview. She has been married twice and both relationships ended. Cheryl was open with her partners about her feelings around gender identity, saying that she '[...] told them both probably within a month so that when we got married they were fully aware that I would cross-dress'. (Cheryl, MtF, Age 45). Cheryl said that her first marriage ended because she and her wife 'drifted apart', although she also said that 'she (her first wife) couldn't really handle the situation very well'. By the time she met her second wife, she had made friends with other trans people and often spent weekends away at transgender social events where initially her wife would accompany her. Cheryl says:

My second wife and I got on very well. She could handle it all and she came away with me for a couple of our weekends and she said they were some of the best weekends she's had. Everybody was so friendly. We used to get really close when I was dressed.

(Cheryl, MtF, Age 45)

Cheryl's marriage broke up, however, when her wife found that she could no longer manage the shift in gender roles. She says:

And then basically last November things were getting more and more intense. And my wife said I should see a doctor and she said 'if you are TS (transsexual) I can't live with you any more because I married a man and you don't fulfil that role anymore.' It was hard for both of us.

(Cheryl, MtF, Age 45)

Like Tony, Cheryl has been able to build a friendship with her ex-partner, who now has a new partner. Cheryl says:

Her [Cheryl's wife's] friend from across the road has moved in with her now. They're together now and I couldn't wish for a better person to be around my kids. I'm really pleased for her. My wife has said that she'll support me as much as she can and we are good friends.

(Cheryl, MtF, Age 45)

Within this narrative a range of affective possibilities are illustrated and the boundaries between sexual relationships and friendship are seen to oscillate. Issues around sexual desire and practice however, are of key importance to experiences of forming new relationships after transition.

Forming New Relationships

The formation of new relationships represents a significant theme within many participants' narratives of intimacy. Rebecca is now single and, in the following quotation, discusses how transition may bring complexities to the formation of new relationships:

I went through a really, really bad few years to begin with, where I had to come to terms with the fact that in the gender description that I have chosen and all the complexities and ambiguities that that throws up that the chances of coming across a woman who can accept. To accept me and to be able to cope with the complexities that that would bring to their lives as well. I have had a couple of relatively brief relationships with women but they have not

been tenable, unfortunately, because of their confused feelings.

(Rebecca, Bigendered, Age 55)

Dionne has also been single since she began to the process of gender transition. In the following quotation Dionne links the break up of her previous relationship to her feelings around gender:

I met this girl who I became very close to, and that lasted for six months. We split up and 4 years later we went out again for about another six months. But it never ever worked. She couldn't understand the ways I was different from other men. I've never had a real long relationship because there was so much to hide.

(Dionne, MtF, Age 40)

For Dionne, sexual relationships prior to transition were problematic as she was unable to articulate her feelings around gender identity. Like Rebecca, Dionne says that she would like to meet a partner, although she articulates a further issue in the formation of relationships after transition:

And I'll never be able to have kids. I'll never be able to have kids as a man and I'll never be able to have kids as a woman either, and that's something I'd love to do, but it's something that I've sacrificed. So if you meet a partner it's got to be someone who doesn't want to have kids and that's hard as well, so that's another thing that I worry about, that someone won't want to be with you, because you can't have kids. You have to find someone who just really wants you for you. And there's always that dilemma. And do you tell someone straight away, or do you wait and then they might not want to be with you.

(Dionne, MtF, Age 40)

The experiences of other participants however, show the potential for the formation of new sexual and/or partnering relationships after transition. Until he met his partner five years ago, Dave had similar apprehensions to Dionne about the prospect of parenting issues hindering a new relationship. Dave says:

I wasn't looking for a relationship. I thought there were too many problems. For me to tell them I was a transsexual, that we'd not be able to get married or have children. I didn't want the hassle of a relationship. But with her it just happened. It was a sacrifice I was prepared to make, not having a relationship, if it meant I could be myself. But it's been great, and she's my main support. Since I've had surgery I've been a lot happier in myself. Before surgery I was thinking 'where am I going?' I felt it was a major step. And since surgery I just get on with life. And now we think about maybe having a child in the future, we've talked about it. We've talked about adoption and IVF.

(Dave, FtM, Age 26)

While Dave's narrative shows how distinct concerns around future parenting need not prevent the formation of new partnerships, the experiences of other participants show more generally how new relationships are frequently developed post-transition. Here Amelia talks about meeting her current partner:

We met totally by chance and his reaction was 'so what? I've only ever known you as you, that other person is nothing to me, I never knew that other person.' Which I think is quite a wonderful reaction. We met four months after my surgery and I'd got a ticket to the opera, which I got by chance from a friend, and I was sitting on my own, and the chap next to me was sitting on his own. So we got talking as you do and at the end he said 'can I see you again?' So we met up. And the second time I said 'there's something that you need to know, something that is a little different' and he was fine about that and said 'can I see you again?' And we had a lovely evening, and he left and I was getting ready for bed, and he rang and said 'I've missed the last train' and he came back and to cut a long story short we ended up in bed and we've been together ever since (laugh).

(Amelia, MtF, Age 47)

Like Amelia, William also found that his current partner was unperturbed when he told her of his transition. William says:

It's very nice and it's very equal in lots of ways. And she just got it straight away, and was fine about it all. And in terms of accepting my body, I've come a long way, and she absolutely does accept my body. And it's really important that she doesn't have any problems with my body, it validates me.

(William, FtM, Age 25)

William had also had sexual affairs with men prior to meeting his partner. In the following quotation, William discusses how his transgendered body was affirmed within the context of same-sex desire:

This one guy, I saw him a couple of times and then went back to his house. He was a friend of a friend. I'd met him once and then saw him a couple of times out. We went back to his house and when we were in bed together I kind of told him. I think I had my trousers on when I told him and that was fine with him, and it was all great.

(William, FtM, Age 25)

Bodily acceptance is also central to Dan's experience of forming a new relationship following transition. After several years of being single, Dan felt that he wanted to begin a relationship though was fearful of being rejected by a prospective partner once he told them about his transition. Dan says:

I didn't have a relationship for many years for several reasons, one of which was because the situation didn't present itself. Secondly I didn't know what sort of relationship I wanted and thirdly I was so shy of my body. I'd had chest surgery quite early on but it's just a real fear about if someone will accept your body.

(Dan, FtM, Age 37)

Dan met his current partner through an internet dating site and they communicated for a few weeks by email and phone before meeting. It was important for Dan to discuss his transition with this woman once he knew that he wanted the relationship to progress:

I'd decided before we met that if I really liked her and we clicked I was going to tell her that night. And so I told her and I just rabbitted and rabbitted and she was quiet for about five minutes, didn't say a word, and I just thought 'oh no, I've blown it, I've blown it' and then she just said 'well it doesn't make any difference'.

(Dan, FtM, Age 37)

In discussing the formation of new sexual relationships, Dave, Amelia and Dan reflect an investment in a 'romance discourse', whereby non-normative gendered bodies 'make no difference'. Such a discourse is different from a discourse of realism, whereby non-normative bodily states would be acknowledged and negotiated. Moreover, a trans romance discourse contrasts with a queer discourse, in which non-normative bodies would be a site of celebration and pleasure in their own right.

Despite reassurances from his partner, Dan worried that his new partners' feelings towards him would change once the relationship became sexual. Dan says:

You know, she was saying everything was fine, but how was it going to be when things started getting physical? And eventually we did, well it wasn't that long anyway (laugh). I was also really worried about, you know, would I know what to do? So I was really worried and I was worried that she wouldn't like my body, that she wouldn't like it because I didn't have a willy. But I did know what to do (laugh) and for her, she did want to be with a man but what she didn't like was the penis side of sex. So she was happy and I was happy.

(Dan, FtM, Age 37)

Dan's narrative problematises the privileging of penetrative sex within assumptions of heterosexual practice and indicates a more elaborate pattern of desire.

Greg believes that the qualities of friendship and care are as, if not more, important than body parts when forming an intimate relationship. Greg says:

It is a big thing for someone to take on but it's also positive because I think that people who have been through that experience tend to be more

compassionate and as men go trans men are much better listeners and much better carers than most men. And women respond positively to that. You see, I'm not afraid of my feminine qualities anymore. Now I can accept that all men have feminine qualities and actually I can turn some of my experiences to my advantage. You know, I am a good listener, I have got those caring qualities and I can be a good friend to a woman. And they're good things and a lot of women actually find that attractive, far more attractive than a willy maybe (laugh).

(Greg, FtM, Age 44)

In this quotation, Greg clearly acknowledges the gendered dynamics of care. Greg's positioning of friendship as equally important as sexual practice within a partnership is supported by other participants. Cheryl met her current partner shortly after her marriage broke up, following her decision to transition. In discussing her new relationship, Cheryl positioned emotional support as central, as illustrated in the following quote:

It's a very close relationship and she's been so supportive. She's there for me when times are hard. She's been a rock, she really has. We are having a relationship, but it's also about our friendship.

(Cheryl, MtF, Age 45)

Moreover, Cheryl's broader story articulates the fluidity and complexities of gender and sexuality. Within her life history, Cheryl's gender and partnering identities have shifted from a married man in a heterosexual relationship, to a female lover of a lesbian-identifying woman. Thus the binaries of male/female and hetero/homo are complicated and a diversity of intimate subject positions are reflected.

In discussing how her ex-girlfriend initiated a relationship with her prior to her transition, Gabrielle also presents a narrative in which sexual desire can be seen to disturb fixed categorisation:

My girlfriend at the time had been my closest friend and we met when I was in the middle of transition and we shared a flat together and then she. I

wouldn't say seduced, but she wanted to have a relationship with me and I'd been celibate for a long time. So we had a relationship and it was good, lovely, and we're still best friends, but it wasn't right for me in the end. She had the mind set of someone who could have a relationship with someone whose body was not the right shape in terms of her identity. Although after saying that, to be intimate, she never saw my genitals, so she didn't really believe they were there the way they were. And I know that sounds funny when we had sex for two years but she had no problem with that. She had the mind set that it was ok. And I was far more oppressed about it than she was, 'cos it was very difficult for me. Because I got referred and the surgery was coming off, I think that's about the time I needed to go through that phase of my life alone. You know, that this relationship was not working for me and that I needed to be alone. I withdrew into myself to go through this. It lasted for just over two years and she's still my best friend. It was hard but our friendship was too valuable to lose.

(Gabrielle, MtF, Age 45)

These stories raise a number of themes in relation to changing practices of partnering. The experiences of some participants lend support to suggestions of an increasing fluidity between the boundaries of friends and lovers (Sandell, 1994; Roseneil and Budgeon, 2004). Some narratives resonate with findings of research into same-sex partnerships (Weston, 1991; Nardi, 1992; Weeks et al, 2001) to suggest that understandings and experiences of intimacy are fluidly situated, and a range of affective processes are constructed within non-normative intimate practices. These accounts also support the assertion that intimate relationships within contemporary society reflect an increased presence of reflexivity and negotiation (Giddens, 1992; Weeks et al, 2001). Other narratives of partnering, however, fit with a more conventional partnership discourse which is based around notions of romance. Moreover, these narratives vary in the degrees to which they speak of individuality or relationality. The emphasis upon the values of honesty and equality within some of these narratives on partnering relationships, is central to experiences of parenting through gender transition, which as the following section illustrates, stress the importance of openness and trust with children.

Practices of Parenting

Although many trans people are parents, there is an absence of sociological research on the experiences of transitioning parents. Outside sociology, Green's clinical studies on the impact of gender transition on the children of transsexual people, remain the only UK studies within this area³. Moreover, while gay and lesbian parenting sparks much debate within contemporary society, there is a cultural reticence to speak about trans people as parents, which leaves the practices of transgender parenting largely invisible.

Telling Children

Decisions around when and how to tell children about their forthcoming gender transition were central to the narratives of trans parents. While the issue of disclosure relates to gender and not (necessarily) to sexuality, there are parallels here with the experiences of 'coming out' to children within the context of lesbian and gay parenting. Gabb comments that 'heterosexual parents do not need to make 'proud' declarations of their hetero-sexuality. The image of such parents routinely 'coming out' to their children as heterosexual is almost beyond our imagination' (Gabb, 2001:347). Similarly the 'inside/out' (Fuss, 1991) gender binary naturalises non-transgender identity as that which does not have to be articulated, while trans identity as the 'outsider' to the silent 'norm' is forced to speak its name.

Dan was in his thirties and the lone parent of a nine-year old son when he decided to transition. Dan felt dissonance with his gender identity as a young child. In his twenties Dan married and had a child. In the following quotation, Dan's decision to become a parent is articulated as an attempt to manage his conflicting feelings around gender:

³ Richard Green is a prominent psychiatrist at the Gender Identity Clinic (GIC) at Charing Cross Hospital in London. Green's first study in 1978 study was based on interviews with 16 children of transsexual parents who were in attendance at Charing Cross GIC. His second study in 1998 focused upon 18 children of transsexual parents in the same setting.

I didn't start dealing with it, well, talking about it, until I was in my in thirties but I went through lots and lots of denial in that time and I got married because I thought it would make it go away. One of the reasons for having a child was that it would make it go away, it would make me whole. You destroy all this stuff that was doing my head in, but it didn't.

(Dan, FtM, Age 37)

Dan's marriage broke up when their child was a baby and parenting commitments moderated his decision to transition during this time. Dan says:

I had my son when I was in a can of worms. That was the hardest bit whilst I was sorting my head out, it was 'I need to do this for me, but what impact is this going to have on him? Will I lose him? Will he hate me? Will I have to face a custody battle?'

(Dan, FtM, Age 37)

As his son grew up, Dan began to change the way he viewed the link between transitioning and parenting. Dan says:

My point of view then was that I was becoming so screwed up in my head that I was starting to fail my son as a parent and if I didn't sort my head out and live as me, as how I felt, then I would totally fail him because I didn't have it in me to love him and provide for him and, you know, I'd end up on tranquillisers and god knows what. So he would have ended up without a parent 'cos he wouldn't have had a parent to support him.

(Dan, FtM, Age 37)

Thus rather than seeing transitioning as problematising his relationship with his son, Dan began to see it as a process which would enable them to have a more successful relationship together. Initially Dan's son found the situation hard to understand, as Dan describes:

He was very distressed when I told him, he was nine, just nine. His first reaction was that it'd messed his life up. But after two weeks he came back

and said 'ok if it's got to be, it's got to be'. I think to start off he was worried that he'd go to school on Monday morning with me as his mum and I'd pick him up on the night as his dad. And I explained to him that you started off very slow and he realised it was going to be slowly.

(Dan, FtM, Age 37)

Dan's openness about the procedures involved in gender reassignment can be seen to have enabled his son to more fully understand the changing situation. The importance of open dialogue is also stressed in terms of enabling children to adapt to the changes initiated by gender transition.

Open Dialogue

As Dan began hormone therapy open dialogue with his son enabled a close relationship through the first stages of transition. He says:

And he'd known that something was troubling me, but he didn't know what it was. So I'd hidden a lot from him during that time and once I'd opened up and was honest I told him everything that had happened since that time and he actually started asking some really, really pertinent questions. But he was brilliant, especially at the beginning, if I needed to go to the loo he'd insist on going into the loo first so that he could find out where the cubicle was for me. So he was very protective of me which was brilliant. It was nice to know he cared that much. We've always been in a close relationship and it's been tested along the way and we talk and we've always talked.

(Dan, FtM, Age 37)

Dan's points here correspond with discussions in the previous chapter around how honesty about transition may lead to improved relationships with friends. Additionally Dan's narrative suggests that open dialogue can enable a climate of emotional care in which support is generated not only from parent to child, but also from child to parent. Similarly, reciprocal support between parent and child is articulated within Bernadette's narrative. When Bernadette married she became stepparent to two teenagers. In the following quote she discusses her relationship with

her stepchildren and talks about the support she received from them when she decided to transition:

My stepdaughter is one of my best friends, she's in her fifties now, she's a super person. Unfortunately, my stepson died, but he again was someone who was totally supportive of me. I was always entirely honest with them and it's been very good.

(Bernadette, MtF, Age 71)

Here we can see fluidity between parenting and friendship, which supports Pahl's (2004) thesis of a fusion between friends and family within people's 'personal communities'. Moreover, as in discussions of the significant values within partnering relationships, emotional support and open dialogue are emphasised in parenting relationships.

Although at the time of the interview Cheryl's children did not know that she was about to begin the process of transitioning, she too related to the importance of openly discussing the process of gender reassignment. As Cheryl's wife is the main carer of the children, Cheryl's situation with her children is more complex than that of Dan. Although Cheryl's wife supports Cheryl's decision to transition and they remain friends, she is unhappy about telling the children. Cheryl says:

She [Cheryl's wife] doesn't want to tell them yet. I'd love to live my life as I do when I'm seeing them but I respect her wishes on that. In time when I start taking hormones and my body starts to change obviously things will change. To start with it won't be a problem, 'cos it such a slow process so we're probably taking a minimum of eighteen months and they'll be seven and nine. I want to talk to them about it, but for now the important thing is that I keep seeing them.

(Cheryl, MtF, Age 45)

Although Cheryl is pragmatic about not discussing her transition with her children at present, she indicates later that she experiences the situation as problematic. Cheryl continues:

I live at home as Cheryl and I see myself now as a cross-dresser from female to male because I cross-dress to go to work and to see the kids. Before *her* clothes were in a suitcase in the loft, now *his* clothes are tucked away and I have to get them out to go to work. And it's the same with family and I think with kids honesty matters and is important but I'm not able to be honest. I feel resentful about that sometimes but it is going away because things are happening and the goal is getting nearer.

(Cheryl, MtF, Age 45)

Here open dialogue with children not only signifies an emphasis upon honesty within parenting relationships, but is also linked to the affirmation of Cheryl's identity as a woman.

A significant component impacting upon participants' relationships with their children relates back to partnering relationships. Some participants suggest that as well as the intervening factor of a child's age, the existing relationship between a child's parents will influence the child's reaction to the changing gender of their mother or father.

Partnership breakdown can problematise parenting relationships for trans people, especially if the child lives with the other parent. Here Melanie discusses how the relationship between ex-partners significantly affects parenting relationships:

For trans parents who go through the divorce there is the trauma of divorce that affects everyone who divorces. But if you are also trying to deal with the changes of transition, that is another aspect. And then if you put children in the frame, it is a very dynamic situation, a boiling pot. And for separations which are not amicable, the other parent may use the children as a weapons and courts are very unsympathetic to trans people. Although some trans people do get custody in some cases and many do get access it can be very hard. And while some children will accept others won't and under the Children's Act, if that child is over the age of 12 years old and they say they don't want contact with the parent then the law says you don't have to see them. And so the dynamic with the other parent is very important and if they are trying to undermine the trans persons' relationship with their child it can

be very serious. And if you have transphobic or homophobic social workers they can aid and abet this and courts are not really places to go for trans parents.

(Melanie, Bigendered, Age 41)

Melanie's narrative can thus be seen to identify amicability between ex-partners as a value of care in trans parenting. Moreover, she suggests that amicability between ex-partners may prevent the involvement of a welfare and legal system which is unsympathetic to trans parents.

Similarly Green's clinically based study reported that children of transsexual parents said that they were affected more by the breakdown of their relationship with their transitioning parent following parental divorce, than with the issue of gender transition itself:

Available evidence does not support concerns that a parent's transsexualism directly impacts on the children. By contrast, there is extensive clinical experience showing the detriment to children in consequence of terminated contact with a parent after divorce. (Green, 1998:4)

Amicability between ex-partners who are parents can thus be seen to significantly affect a child's emotional well being. These themes parallel Smart and Neale's (1999, 2003) research into the impact of divorce on children, which found that it is how divorce is negotiated with children, rather than divorce itself, which is significant for children. The trans parents I interviewed were aware of the importance of maintaining amicable relationships with their child's other parent. The maintenance of positive relationships between separated parents can thus be identified as a key objective within practices of care in relation to parenting. This corresponds with the work of Smart and Neal (1999, 2003, cited in Williams 2004), which finds that parents frequently sustain their relationships following separation or divorce. As Smart argues 'divorce does not therefore inevitably spell rupture' (Smart, quoted in Williams, 2004: 45). Thus 'the practical ethics which are important in these situations are based on attentiveness to others' needs, adaptability to new identities, and a spirit of reparation' (Williams, 2004:45). Balancing self-identity with emotional care for

others however, can be complex and the process of negotiation between the two is a significant theme in the narratives of participants who are parents.

Negotiating Transition with Children

A significant theme to arise in relation to helping children come to terms with the changes of gender transition concerns the linguistic shifts which accompany changes in gender identity. Rather than reversing the parenting nouns of 'mum' or 'dad', each of the parents I spoke to had suggested that their child call them by their new first name or a nick name, which were often variations of their pre-transition name. Dan, for example, says:

He doesn't call me dad, he calls me 'Danny' and I think that made things a hell of a lot easier for him. And at the school he was at the headmaster talked to all the staff and they were instructed that from that moment they were to call me 'Danny', nothing else, you know, never to say to my son 'when's your mum coming?' or 'when's your dad coming?' just when's 'Danny' coming. That really helped things as well. And it helped with the pronouns, but for a couple of months I heard the most convoluted conversations, you know, 'ask Danny whether Danny wants a cup of tea' and it was quite interesting (laugh). But I think that really helped him. I think one of the main issues children have problems with is changing that. A few people in the group (FtM Network), when they've been talking about problems with children, I've said 'don't try and get them to go from 'mummy' to 'daddy' try a nickname, even if it's not something you want to be known by, some androgynous nickname.

(Dan, FtM, Age 37)

Similarly, Bernadette's stepchildren called her 'Bernie', while Christine's children were able to continue to use the name 'Chris'. Considerations about how children would address their transitioning parent are thus reflexively situated in relation to enabling children to adapt to the changing gender status of parents.

A further theme to arise in discussions about negotiating the process of transition with children relates to how children experience the changes in their parents' appearance

once they begin to take hormones and/or have surgical procedures. For some participants, the transformations in their physical appearance proved very problematic for their children. Rebecca's son was a teenager at university when she began the process of gender transition. Although he appeared to initially accept the changing situation, as the process of change developed he became unhappy. Rebecca says:

At first he was fine, of sorts. He would have been about sixteen or seventeen then and then the tragic point came for us about a year later when I changed my name and I had a party. I invited him to come and he declined. It was too much for him.

(Rebecca, Bigendered, Age 55)

Christine and Lynne's narratives suggest that the reactions to the shifts of transition may differ between siblings. Christine says:

My son was very supportive but my daughter couldn't cope with it

(Christine, MtF, Age 60)

While Lynne says:

My eldest daughter she's great and my granddaughter she's great. My youngest daughter doesn't talk to me, no Christmas card, nothing.

(Lynne, MtF, Age 67)

For some participants however, difficulties in relationships with children were transitory and intimacy was rebuilt. Christine for example says 'but now we're [herself and her daughter] back together and it's resolved itself.'(Christine, MtF, Age 60). Likewise, Rebecca was able to rebuild a close relationship with her son after a period of distance. Rebecca says:

We [herself and her son] had a period of about eighteen months when we were out of contact and he was very angry so I left him to it. I made sure he knew that I still loved him and that I understood his feelings. He has now moved away from his mother, which I think was part of the problem and he has his own life and his own job and home. And now we've come back

together and we're building a new and somewhat different relationship. So he's ok and he comes and stays here and I go and see him. It think at the end of the day, we were very very close when he was young. Apart from the first couple of years when his mother was off work and looking after him, I was very much responsible for the child care and also she was a musician and away a lot, and I think that built a strong foundation for our relationship and that has seen us through this rocky time. So I'm very pleased and very proud of him.

(Rebecca, Bigendered, Age 55)

Here Rebecca reflexively discusses the ways in which the passage of time can significantly change problematic relationships between a parent and child. The research indicates then, that the parenting relationships of trans people and their children are often able to withstand periods of instability, and are negotiable within complex gender practices.

The research suggests that children of parents who transition from female-to-male, rather than male-to-female, may find the process easier to adapt to as their parent was more able to present androgynously before transition than were MtF parents. Dan says:

I always wore a shirt and a tie to work before anyway. That's what everybody else wore and that's what I wore, and I've still got clothes now that I was wearing seven or eight years ago and that shows how male, stroke androgynous they were. So my clothes hadn't changed. So it wasn't like one day I was taking him to school in make-up and the next day I was in a shirt and tie.

(Dan, FtM, Age 37)

Greater cultural acceptance of female androgyny compared to male femininity can thus be seen to impact upon the experiences of children to benefit the children of trans men.

Children's experiences of their parents' transition however, are not only affected by the ways in which their parents negotiate the process with them. In the following quotation, Dan discusses how the understanding of the head teacher at his son's school smoothed the process for his son:

Obviously his peer group were going to be an issue at some point, but again the school dealt with that. It got to the point where some people, some of the boys, were starting to question why I was looking more masculine and the headmaster rang me up and said 'I'm telling the boys tonight'. We'd agreed it would happen at some point, and we don't know what he told them but they sent my son off on an errand and told the boys. All I know is that some of the parents rang me up the next day and said 'my son has come home and told me what's happening and you've got our total support'. We don't know what the headmaster said but he said something that really bound them together in a protective network and as far as I know, my son has never had any difficulty.

(Dan, FtM, Age 37)

Here Dan articulates the significance of the head teacher's role as a mediating agent. For parents of young children, the school environment and particularly the reaction of teachers, parents and other children, are raised as important factors affecting a child's adaptation to parental gender transition.

As mentioned earlier, a significant theme to emerge from narratives of trans parenting suggests that the age of the child impacts upon their understandings and experiences of a parent's transition. Here Melanie, who has an eight-year-old daughter, illustrates how reactions of children may differ with age:

There is a big difference for families in terms of age of the children. It depends a lot on the age of the child. I think the younger the child, the more accepting they will be generally. Teenagers are a different thing as they are going through their own change. Older children are different again and it depends on the individual and their relationship with their parent. But the big issue is always honesty at any change. All relationships must be based on

trust.

(Melanie, Bigendered, Age 41)

Melanie identifies as both male and female, and lives in both gender roles. Her daughter, who lives at boarding school, knows Melanie as her father and is unaware of her female role. Melanie has decided to wait until her daughter is older before she tells her about her female identity. In the following quotation she explains her decision:

I'm unusual, as I'm as content identifying as male than as female, although I do identify more as female. My daughter is only eight and I think she is too young to understand the complexities and so I am happy to wait a while before I talk to her. It's not so much the issue of whether she will accept, that is not what I fear, the issue is that I feel that she hasn't reached the age that she can understand. She may freely talk about and say 'my daddy is also a woman' and that will have a serious impact upon her relationship with her friends, she may be bullied or picked upon. It's not that I worry that she won't love me, it's that I fear she doesn't have the street wiseness. And that's why I haven't yet disclosed it. Though I do know that she knows that I'm different but she hasn't worked it out and I will explain it to her at some point, but now I think she is too young.

(Melanie, Bigendered, Age 41)

The variable of a child's age then, may impact upon the experiences of gender transition for both the parent and child in relation to when parents talk to children about the process, and in terms of how a child reacts to gender shifts. While there are support groups for young trans people, there are no support groups specifically for children *of* trans parents. The lack of support services for the children of trans parents can thus be identified as representative of a gap in care for trans people and their families.

Corresponding with the narratives of partnering relationships, a significant theme to arise from narratives of parenting relationships is the reflexive negotiation of the process of gender transition within the context of intimate relationships. Key values

within this negotiating process can be identified as trust, honesty and care for others. Sandell's point in the early nineties that '[...] men and women have, for years, formed committed same-sex relationships, and had children, but what is relatively new is for men and women to self-identify as being part of a gay or lesbian family, and to have children with that identity' (Sandell, 1994: 2) is pertinent to the current state-of-play in relation to trans parenting. Thus historically, while many cross-dressing and cross-gender identifying men and women would have been parents, self-identifying as a trans parent is a recent social development. Further, as social and legislative debates around lesbian and gay parenting have contributed to the growing public profile of lesbian and gay families (Sandell, 1994), the recent *Gender Recognition Act*, is drawing public attention to the existence of transgender families.

Shifts in gendered parenting roles problematise the normative assumptions of a link between biology and parenting identity, which firmly situate motherhood with female biology and fatherhood with male. Castells (1997) argues that technological developments such as surrogacy, sperm banks and in vitro fertilisation, have led to increased reproductive possibilities and choices, and represent 'growing control over child bearing and, over the reproduction of the human species' (Castells, 1997: 241). Developments in reproduction technology additionally present increased parenting possibilities for surgically reassigned trans people. Moreover, developments in reconstructive surgery and endocrinology further sever gender identity from biology. Castells' suggestion that technological transformations have affected a 'whole new area of social experimentation' (Castells, 1997: 241) thus relates to transgender practices of parenting.

Conclusion

These narratives raise a number of themes which suggest that the incorporation of transgender practices of partnering and parenting into studies of family practices and intimacy, enables a richer understanding of the dynamics of contemporary 'life experiments' (Weeks et al, 2001). Notions of agency and choice are apparent within these accounts, which illustrate how complex decisions around gender transition are negotiated within the context of partnering relationships and family commitments. These process show that participants act as 'energetic moral agents' (Williams,

2004:42) who '[...] spend time weighing up the pros and cons of the consequences of their actions, considering others' perspectives and needs and reflecting on the decisions they make' (Williams, 2004:42). The narratives suggest that the meanings and experiences of sexual identity and sexual desire and practice may shift in relation to the performance of gender diversity. The boundaries between sexual intimacy and friendship are traversed as emotional support and care is emphasised within current partnering relationships and in relationships with ex-partners.

Many participants reflexively explore the impact of gender transition upon parenting relationships, and the notions of openness and honesty are frequently stressed as important responsibilities within practices of parenting. Participants suggest that, from their experience, children are more able to accommodate the complexities within their changing situation if open dialogue takes place. Moreover, trans parents identify a range of additional factors; including the age of the child, the relationships between parents after divorce or separation, the gender of the parent, and the role of mediating agents, as being significant to practices of trans parenting. The narratives discussed in this chapter illustrate that trans practices of partnering and parenting are amenable to complex shifts in meaning and expression. Gender transition can often be seen to enable an 'intimacy of the self' (Jamieson, 1998), which is built around mutual disclosure.

While these partnering and parenting narratives articulate personal creativity and agency, I would like to situate them beyond an individual context. I suggest that the experiences discussed here speak not only about individual change over time, but that they speak also of socio-historical changes in the diversification of meanings and experiences of gender, and the impact of these shifts upon intimate lives and social frameworks. Whilst not wishing to exaggerate the social acceptance of gender diversity, nor deny the continuing existence of transphobia, in the main, this research optimistically suggests that relationships with partners and children may be sustained or renewed within the context of gender transition. Additionally, my findings illustrate the possibilities for the formation of new partnering relationships after gender transition. Stacey proposes that we are witnessing the 'queering of the family' (Stacey 1996) as the meanings and expressions of 'family' diversify. The incorporation of transgender intimate practices into analyses of contemporary patterns

of social life further illustrate how 'the family', as a social institution and as a process of lived experiences, is subject to on-going contest, negotiation and innovation.

Chapter 8: Kinship and Friendship

Introduction

From polemics which denote a crisis in family life and bemoan the loss of the 'traditional' family, to suggestions of agency in the creation of 'families of choice' (Weston, 1991), contemporary familial relationships provoke much public and sociological debate. While the impact of gender transition on relationships with parents, siblings and extended family differs with individual circumstance to present instances of positive interaction and disconnection, the process of transition will always take place to some extent within the social framework of kinship. With this point in mind, the first section of this chapter explores gender transition within the context of kinship relationships. Initially I will address the significance of support and care from parents and other family members for people beginning gender transition. I will then move on to explore the narratives of participants whose transition led to fractured relationships with their family of origin.

As discussed in *Analysing Care and Intimacy* (Chapter 2), various studies have shown that friendship is increasingly significant within contemporary practices of intimacy (Altman, 1982; Rubin, 1985; Nardi, 1992; Weeks, 1995; Weeks et al, 2001; Roseneil, 2002, 2003; Roseneil and Budgeon, 2004). Thus friends are seen to be as important as partners or family members and for many lesbians and gay men in particular, friends are positioned *as* family (Nardi, 1992). In the latter part of this chapter I will situate friendship as a significant site through which to address altered dynamics of intimacy within the context of gender transition. Here the concept of 'friends as family' will be addressed and considered in relation to previous discussions of fractured familial relationships. Finally, I will explore practices of friendship in terms of the impact of gender transition upon existing friendships and in relation to discussions about the significance of friendships with other trans people.

Kin Relationships

Support of Family

The support of family members and particularly parents for the decision to begin gender transition can be seen to significantly affect participants' experiences. For younger people, parental support is particularly significant. In the following quotation, William discusses how the support of his family gave him the confidence to begin transition as a teenager:

I kind of bumbled through with my parents and they were always with me. I've lived with them for twenty-five years and they've always been there throughout my transition as I've lived at home. And they've always supported me. At the beginning they didn't think I'd go through with anything but when they knew I would they supported me and they've been amazing. They've always believed what I've had to say. They always took me very seriously. My mum was the first to realise that I was very unhappy and so she got the help for me because I didn't know how to get it for myself 'cos I was only fifteen. So she was the catalyst in getting me to see the right people. That was great. And I went with my mum for a while and then I went with my dad, which was really nice. And my brother's been great and so it's all been really really supportive.

(William, FtM, Age 25)

In getting information about relevant support services and care procedures for young trans people, the support of William's parents ensured that he was referred to a gender counsellor for young people. Moreover, both William and his parents became involved with *Mermaids*, a support group for transgender teenagers and their parents, and later began to offer support to other young people considering or beginning gender transition. This suggests a link between receiving and giving support, which will be explored in the next chapter on transgender care networks.

Since William was young and lived at home, his parents were continually involved throughout the various stages of his transition. For participants who are older and living away from their family, the decision to transition is largely arrived at independently and then discussed with family members. Nevertheless, family support is significant, as Phillip, who transitioned in his thirties, shows:

Well, by and large I have had a positive reaction. Lots of people have said I'm not surprised, and even my dad said he wasn't surprised. My aunt said 'congratulations', my cousin said 'good for you', my sister said 'well you've always been very male even when you're in a frock'. Things like that, very positive and important.

(Phillip, FtM, Age 45)

Phillip's narrative shows support from parents and close family members to be important in affirming self-identity. In the following quotation, Melanie similarly discusses the importance of her close relationship with her mother:

We all want to be loved and we look to them for acceptance and it does matter. I couldn't say that I would have the same outlook if my mother didn't accept me. It does matter. The relationship with parents will be very different for younger people than for those of the older generation. Older generation parents will find it much much more difficult to accept to the same degree of the younger generation. And that makes a huge difference.

(Melanie, Bigendered, Age 41)

Melanie thus suggests that social attitudes to gender and sexuality are experiencing significant change between the generations, which is benefiting younger people who have parents who are of a more progressive generation. The interviews as a whole largely support Melanie's assertion that generational differences of participants and their families impact upon levels of acceptance and support to show that the families of younger participants are more likely to be sympathetic to their decision to transition than those of older participants. However, as Lynne's story shows, this is not invariable. Lynne was in her sixties when she decided to transition and her parents were in their eighties. Lynne says:

My parents were great. I wasn't going to tell them but I thought 'I can't go on like this.' And they would say 'what the hell is going on in your life and why are you divorced twice?' and I couldn't tell them at the time. And in the end dad was eighty-two when I told him and I thought 'they're going to live forever' so I told them. I told mum first and she said 'well are you going to tell your dad 'cos I'm not' [laugh] and I said 'I'll tell him'. So every time I went up there she'd say 'have you told your dad?' And in the end I told him and so I explained as basically as I could what was happening in my life and he just turned round and looked at me, and I was expecting a right punch up, and he just turned round and said 'well you've been a good son, I'm proud of everything you've achieved, but if this is what makes you happy then it's best you go for it.' I could have hugged him, he was great. And he was great for two and a half years and everybody knew by then. I was going up and doing the shopping and it was a place I went to school and for quite a long time I'd go as female and then I'd have to get changed into nondescript sort of unisex style of dress, still with the nails [laugh] 'cos my mum couldn't bear going into the village with me. And then one day she said 'Oh don't bother getting changed, I think everybody knows now anyway'.

(Lynne, MtF, Age 67)

Lynne indicates that openness about transitioning had a positive impact upon her relationship with her parents. This is also the experience of other participants such as Dionne. Dionne says:

My mum's been brilliant. She has been so supportive. For years we've been at loggerheads 'cos I haven't been able to talk to her about things and now there are no more secrets and I can talk to her and it's fantastic.

(Dionne, MtF, Age 40)

In Dionne's narrative, experiences of gender transition are linked explicitly to closer family relationships, as she is now able to talk openly with her mother. Greg's discussion of his relationship with his partner's family also shows that greater intimacy can develop through open dialogue. Greg says:

It actually opened up a new level of intimacy within her family. So her sister told me about her struggles and problems and so the quality of our relationships has really changed because of me being honest about this.

(Greg, FtM, Age 44)

Dionne and Greg's discussions of the positive outcomes of discussing transition with family members indicate an emerging environment of intimacy in which problems may be mutually shared and discussed, which connects with Giddens' (1992) notion of intimacy as an outcome of disclosing relationships. While Dionne's relationship with her mother grew closer, her discussion of the reactions of other family members shows that familial support may not always be even. Dionne says:

My sister says she can never see me as her sister, but she's ok with it really. My brother doesn't want to know. There wasn't that much of a relationship anyway. My brother and I never really got on. I'm not bothered too much about that. It would be nice to get on with him and his family but it's something that has never been there anyway so it's no loss.

(Dionne, MtF, Age 40))

In emotionally distancing herself from her brother, Dionne is able to accept her brother's negative reaction to her transition. As I will explore in the next section, such pragmatism can be seen to be more difficult for participants whose transition has led to a breakdown in relationships with parents.

Fractured Families

For several participants, transition has problematically impacted upon their relationships with parents and other family members. Although Bernadette, who is in her seventies, attempted to talk to her parents as a child about her gender discomfort, her parents were unable to understand her feelings. Bernadette says:

They didn't believe it. My father went to enormous lengths to [pause]. I was made to use carbolic soap and all sorts of curious things like that. I was bought Christmas presents that were so wrong for me. It didn't make sense at all.

Whereas my mother couldn't cope, I mean my mother was a business woman, a very successful one, she couldn't make head nor tail of it, so she immediately employed her step mother as my full-time nanny. If I had just been subject to my parents it would have been miserable. My mother didn't want to know. My mother, who was a typical product of the late nineteenth, early twentieth century, felt that there was no distinction between gender anomaly and being homosexual, and she once announced to the world that if her son had been homosexual, he should have died.

(Bernadette, MtF, Age 71)

Although Bernadette's childhood narrative is positioned within the context of the 1930s, the experiences of some younger participants indicate that hostile attitudes towards gender diversity may continue to be of consequence. In the following quotation, Tony, who is in his thirties, discusses how his relationship with his parents broke down once he told them of his decision to transition:

Family was what I was afraid of 'cos I knew what would happen and that was the hardest. Haven't seen them, haven't had contact with them for 4 years. As far as they're concerned, I'm dead.

(Tony, FtM, Age 39)

Amelia expresses sadness at the breakdown in her relationship with her parents. She says:

I think my one regret is that I made a terrible mess of telling my parents and I haven't seen them from that day to this. The fault was on both sides, I think partly mine and partly theirs. I told them, and that was that. One might say what ever happened to unconditional love? I believe that my parents will simply not talk about me.

(Amelia, MtF, Age 47)

Like Amelia, Cheryl indicates that familial hostility has negatively impacted upon her otherwise positive experience of transition. Cheryl says:

Well last November my in-laws found out. My wife didn't want me to tell them but because we're in a village and my doctors is there and I go to a beauty therapist there, she's actually told them which is a relief. They've never actually seen me. I was disappointed in their reaction, they said 'tell him not to come knocking on our door' and I've known them for twelve years. I would never do that anyway. I'd go if I was invited, but I would never do that. I was very disappointed. And I told my sister I was a cross-dresser and my wife has actually told her now. She can't come to terms with it at all. She can't approach me. She doesn't want to know. They're the only negative things to have come out of this so far.

(Cheryl, MtF, Age 45)

The narratives of other participants who have experienced strained familial relationships, however, indicate that relationships with family members may be re-established over time. Despite having a problematic relationship with her mother throughout most of her life, Bernadette shows that familial bonds may be developed anew. Bernadette says:

Later on she came to terms with it all, in her eighties and nineties surprisingly. She died at ninety-three, not terribly long ago.

(Bernadette, MtF, Age 71)

For others, discontinuities within relationships with parents are more short-lived. Several participants thus discuss how difficulties with family members were temporary and may be over-come. Amanda for example, says:

I lost my dad for a bit, for about a year. He decided that he couldn't handle the new me but by the end of last year he'd introduced me to his doctor in hospital when I visited him as his daughter for the first time.

(Amanda, MtF, Age 45)

Like Amanda, Paul had a period of time when he was out of contact with his parents:

I've always been very kind of stubborn and determined, you know, I was going to do it. If I felt it was right that was enough, I was going to do it anyway. So I never felt I needed to go and sit them down and say 'Is this ok?' But I think my sister must have relayed it back to them and at the time I was actually quite distanced from my mother particularly, because she was insistent in calling me by my female name and that would have totally undermined the identity I was trying to create for myself. I just had to stay away for a while.

(Paul, FtM, Age 34)

Paul's narrative suggests that time apart from family members is sometimes necessary within the process of identity formation. His discussion also articulates difficulties with the linguistic shifts which accompany changing gender identity. The reluctance of parents to address their child by their new name and to adopt the corresponding pronoun is also articulated in the narratives of Anna and Dave. Anna says:

They won't call me 'Anna'. And we talk about it and I say 'maybe when I've been 'Anna' for twenty-eight years maybe then you'll change' and they agreed that they would after that length of time. Bloody hell [laugh]. I think there will come a point when calling me my previous name will be ridiculous looking the way I do and they'll go 'whatever'.

(Anna MtF Age 28)

Similarly Dave says:

I kept giving them literature and saying, 'do you want to read this? It will help'. And they realised what it was and my mum said, 'if that's what you want to do then it's your choice'. But it's been about five and a half years and it's only just now that they are starting to comfortably call me 'Dave' in my presence or just out of my presence in earshot. It's only just now that they do that.

(Dave, FtM, Age 26)

Dave's discussion of preparing his parents by giving them literature to read on the processes involved in gender transition raises a final significant theme to arise from narratives of familial relationships, which points to the mutuality of emotional care and support. In discussing the negotiation of gender transition with family members, and particularly parents, participants have spoken of the ways in which they support their parents through the process. Greg for example says:

It's a very long process, and it's a very difficult first year. You're trying to deal with all that's coming at you through treatment, trying to live a normal life in the other gender and then trying to gradually tell people when you're at your most vulnerable. And you have to literally put all your energy into helping other people. Whereas if you'd suddenly been diagnosed with multiple sclerosis all the people you loved would rally round and support you. But it's an unusual situation and it's shocking for people, and they need support and information from you.

(Greg, FtM, Age 44)

Dave and Greg's narratives indicate that trans people are frequently the providers of support to family members, performing active 'kin keeping' (Williams, 2004:44) as they attempt to explain the process of transition to the people close to them. My research thus identifies the provision of support to family members as a practice of care by trans people. This connects with the research findings of CAVA, which suggest that contemporary family life is often characterised by 'the practical ethics of attentiveness to others' situations, accommodating one's own needs to those of others [...]'. The narratives of Dave and Greg also indicate that it is often the marginalised who are responsible for putting the dominant at ease. Thus an ethic of care is evident in the emphasis here placed upon mutual understanding and emotional reciprocity. The practice of caring for others is also evident in narratives of friendship, where emotional support is again articulated as a mutual process.

Friendship

An Ethic of Friendship

Within participants' narratives of intimate relationships, a 'friendship ethic' (Weeks et al, 2001) is evident. Relationships with friends are articulated as being central to participants' intimate lives and friendship is located as a key site of emotional care. Del and Melanie for example, draw explicitly upon the role of support when discussing the significance of their friendship networks. Del says:

My friends are my community, my family. I'm fairly independent but I have a close group of friends who are my support system, who when I'm in trouble I would call.

(Del, FtM, Age 44)

While Melanie says:

Friendships have always been important to me throughout my life and I've been very lucky that the friends I've made have been always there for me. My female friends are my main support network. It's very important to invest in those relationships.

(Melanie, Bigendered, Age 41)

Friendship may take on a particularly significant role in the lives of trans people if gender transition has led to fractured relationships with members of their family of origin. Dan and Tony's relationships with their parents have been strained since they told them of their decision to transition. Dan says:

Things have been difficult with my parents and in many ways, my partner, my son and my friends are my family now.

(Dan, FtM, Age 37)

While Dan positions his friends alongside his other key intimate relationships, as a single person, Tony locates his friends as the main providers of emotional support. Tony says:

My friends have been my main means of support and they still are. My friends have effectively become my family.

(Tony, FtM, Age 39)

Corresponding with Nardi's (1992) concept of 'friends as family', these narratives articulate the central importance of friendship. Thus, in the absence of support from family members, Dan and Tony locate their friends as key sources of emotional support to connect with the notion of 'families of choice' (Weston, 1991, Nardi, 1992; Dunne, 1999; Weeks et al, 2001). Thus as many lesbians and gay men created communities of care and support in the absence of that from their families of origin, so Dan and Tony can be seen to actively choose their support networks.

The research suggests that friendships can be particularly significant in the early stages of transition when the need for emotional support and self-validation is enhanced. Few participants knew other trans people before they began to consider embarking upon gender transition and so existing friendship networks were drawn upon for support. Moreover, many participants had not discussed their feelings around gender with their friends before making the decision to transition. In the following quotation Tony talks about the positive reactions of his friends when he told them that he was about to begin the process of transition:

My friends have been absolutely brilliant. I couldn't fault them in any way. None of my friends ever turned round and said anything negative. In fact for most of them it made sense. I think in a way it almost took pressure off them, 'cos I think they'd been sort of treading on egg shells, 'cos I was very, very secretive, and I think people didn't know who I was, what was going on. And then since transition I've been so much more relaxed and me, without having to play the role all the time. I can just be me now.

(Tony, FtM, Age 39)

Tony thus suggests that telling his friends about his decision to transition has been mutually beneficial. As well as providing him with a support network, his disclosure can also be seen to have a beneficial impact upon his friends. For Dan, it was also important to maintain the friendships he had made before transition and, in the following quotation, Dan discusses how certain friendships may take on a new significance after transition:

When you meet a woman you develop a certain intimacy and you're able to talk about certain things. And as a man, women relate to you totally differently and I found it so difficult not to be able to get through that wall and be kept at arms length. And that's one reason why it's been really important to me to keep all my previous female friends, 'cos I have a closeness and an intimacy with them that I don't have with women I've met since. Because I'm a man they're treating me as a man. And it was really strange 'cos you expect to go straight through into the clique and it's like 'you can let me in, I understand, I'm different'. I've got one friend who still goes into toilet talk, he still goes to the women's toilet sometimes. They are the best talks and he misses them so much. And he identifies as a gay man, so it's not like he's even got a female partner to have those intimate talks with, so he goes into the loo with his women friends (laugh).

(Dan, FtM, Age 37)

In discussing how intimacy is gendered, Dan positions the role of friendship within changing experiences and expectations of gender identity, which I explored in *Gender Identities and Feminism* (Chapter 5). This research suggests then, that, for many participants, close friends were supportive of their decision to transition and were accepting of the shift in gender relationships. However, for others, such as Dionne and Karen, certain friends were less accepting than were others. Dionne says:

I used to have a lot of mates who I went out with. But they were just mates and they aren't now. Out of all that came a few friends and we have got closer and those people have stayed with me all the way.

(Dan, FtM, Age 37)

Likewise Karen says:

Some of them (previous friends) I've lost, but I don't count them as friends, they were just people to go out with, to get drunk with, whatever. But a lot of them I've kept, and they are good friends.

(Karen, MtF, Age 31)

In discussing rejection by particular friends, both Dionne and Karen distinguish between 'mates' and 'good friends'. Thus it is suggested that differing levels of intimacy existed at the time between the friends who supported their transition and those who did not. The distinct meaning of friendship is further articulated within discussions of the significance of building and maintaining friendships with other trans people.

Transgender Friendship Networks

Many participants stressed the significance of their friendships with other trans people. This can be seen to be particularly significant when first considering gender transition. In this way the formation of friendships with trans people is frequently discussed as an important moment in itself within the process of transition. In the following quotation, Bernadette discusses the important role a close friend played in her decision to transition.

I knew one transgendered person before I took the decision myself whose life was not unsimilar to mine. She was in the army as a Colonel and was a big landowner and farmer. She transitioned in her fifties and she and I got on wonderfully and she was tremendously helpful to me and said all the right things at the right time. She was the one leading light that I had that gave me the confidence that things would be alright because they had been alright for her. That was very important to me at that time and we still meet for a coffee and a girlie chat every now and again.

(Bernadette, MtF, Age 71)

While Bernadette emphasises the significance of having one close trans friend, Dan found friendship and emotional support during the early stages of transition within collective transgender networks. Dan says:

There were a lot of us who transitioned together after 'The Decision' [A television documentary about female-to-male transition] a lot of whom have also got children so we are understanding each other at a lot of levels and that was very good.

(Dan, FtM, Age 37)

Likewise, Cheryl locates her friendship with other trans women in terms of understanding and acceptance. Cheryl says:

I've found a whole new circle of friends. I've met so many people and it's so good to talk to other people who know what you're going through.

(Cheryl, MtF, Age 45)

For Dionne, areas of commonality and levels of understanding are defining features within her closest friendship. Dionne says:

She [her closest friend] has been so good. She'll sit down and talk to me for hours. We can both talk till the cows come home. It's been brilliant, she's always been there if ever I've needed a chat. It's been very important having a friend who has been through the same experiences. Whenever we could we used to go out and Amanda took me out for the first time in the daytime as Dionne. She was the one who helped me create a look that was more woman than tv (transvestite). Because you've got no experience to go on, you don't always put the right clothes on or make up and Amanda has been there to advise. She's given me a lot of help. I used to go out at night when it didn't matter so much. She's been the only support for a long time. Now I've come out there are those close friends that I've still got but Amanda is the one that I can really talk to and now her friends as well, 'cos we've all got things in common. And it's mutual, they ask me for support as well. Amanda has been doing this longer than me though so she doesn't want as much support from

me as I do from her but it has been there for both of us, both ways. It's fantastic. She's been a very close friend, she's been my counsellor. Because I haven't had any of that, been offered any of that, on the National Health, so the only counselling I get is from my friends, from talking to my friends.

(Dionne, MtF, Age 40)

In Dionne's narrative, friendships with other trans people can be seen to fill the gap created by an insufficiency of counselling provision within health service care. Dan and William also discuss the importance of being able to talk about issues of concern with friends who were experiencing similar changes within the early stages of gender transition. Dan says:

Talking about the differences, how you were changing, how your attitudes were changing, that was very very good. It's a community in which I feel very very comfortable. I don't have to worry about what I say or what I think, who I am, where I've been, the experiences that I've had. It's very very comforting. I like it and I like being there.

(Dan, FtM, Age 37)

Similarly William says:

In the beginning I think the people I felt I had most in common with were the people who were going through the stages exactly as I was and at exactly the same times, and so you could kind of talk about where you're at. Which is very important.

(William, FtM, Age 25)

Within each of these narratives, similar experience and shared knowledge are articulated as key movers of close friendships. As participants go through transition however, shared experience may be less necessary within friendships. In the following quotation, William illustrates how wider areas of commonality have come into play within the formation of friendships. He says:

And now I think it's different when I make friends, it's more about their personality. 'Cos there's a guy that I've probably known for about five years now. We used to see each other quite a lot. Nice guy, but we kind of haven't talked for a long time, not because we stopped liking each other, but just that we don't have that much in common. You know, it would be really nice to see him, but I don't need to see him as much as before because we don't have that process to talk about, which is all consuming, which is great but I don't [pause]. He lives a very different life to me.

(William, FtM, Age 25)

In contrast to the changing nature of this particular friendship, William goes on to talk about reconnecting with someone he previously knew through a support group for trans men:

I bumped into this guy recently from some group and I actually thought, you know, 'you're a really nice guy', but I hadn't really kept in touch and maybe I should make more of an effort. But that's got nothing to do with, you know, we don't talk constantly about the process because it's changed. I'd like to know him because I like him.

(William, FtM, Age 25)

William's narrative shows how the meanings of friendship are subject to temporal shifts, so that elements of similarity and notions of commonality are contingent upon changing circumstance. For other participants who have progressed through transition however, the differentiation between individual friendships and community ties are less distinct. Amanda, for example, talks about her continuing friendships with women she met through trans support groups:

I feel very protective of my friends. And I do help a lot of people transition. I don't want them to have some of the problems I've had and a lot of the people I've helped out have become good friends and there are a lot of good friendships that have come out of that.

(Amanda, MtF, Age 45)

Within Amanda's narrative, meanings of friendship and community belonging are combined to suggest fluidity between friendship networks and community organisation. This is a theme which will be further explored in the subsequent chapter on transgender care networks.

Conclusion

Rather than suggesting that gender transition gives rise to the demise of family relationships, the narratives considered in this chapter suggest that kin relationships maintain a significant place within intimate lives. My research thus challenges Beck and Beck-Gernsheim's notion of individualisation, whereby social bonds other than the couple relationship 'seem too tenuous or unreliable' (Beck and Beck-Gernsheim, 1995: 24). Rather, there were many positive accounts of continuing support and care within participants' narratives of relationships with family members, and family support can be seen to be significant. While for some participants the decision to begin gender transition led to rejection by family members, there is a suggestion that these relationships were already strained. Moreover, other narratives showed that difficulties within family relationships may be overcome and that family bonds can be reformed or formed anew over time.

Challenges to the assumption that families are defined by biology have been made by Bozett (1987), while Franklin's work on reproductive technologies (2001) has explored the changing relationship of biology and kinship. Similarly, Nardi's (1992) discussion of friends *as* family brings new meaning to the concepts of 'friendship' and 'family' to move beyond a biological definition of the family. Butler (1994) draws attention to recent legislative changes around lesbian and gay adoption and partnering rights to think about non-normative kinship relations which are able to transgress the 'ideological function of marriage and the family as the normalised and privileged domain of sexuality' (Butler, 1994: 14). As I suggested in the last chapter, practices of gender transition also sever gender and sexual identities from biological understandings of identity formation. I would like to add onto this that transgender practices of intimacy provide another illustration of 'families of choice', to illustrate how biological perceptions of kinship may be thought anew as family networks negotiate the transgression of gender.

In this chapter, friendship is identified as a key site of personal meaning and emotional support, the significance of which can be seen to run alongside or above that of kinship. Friendships can be seen to take on different meanings in relation to the distinct stage or time-span of transition, and the significance of close relationships within old and new friendship networks, and with trans and non-trans people, are reflexively considered. An 'ethic of friendship' is apparent in participants' discussions of the care and support which is given and received through their intimate networks. Moreover, these narratives indicate that many family members and longstanding friends are willing to adjust to changes of gender identity and are able to offer emotional care and support through the processes of transition, as illustrated by Rebecca:

The reaction of family and friends has, I suppose, been the most rewarding aspect of me taking the courage to move forward in this direction. What had always held me back was the fear of rejection by friends, family, the world in general. And it was a great surprise, but maybe in retrospect not surprising, that people have been so accepting of me.

(Rebecca, Bigendered Age 55)

Participants' narratives of kinship and friendship often articulate a 'practical ethic of compassionate realism' (Williams, 2004: 55), where adapting to new identities is seen to be a key to enabling commitment to continue. While not discounting the pain of rejection, or continued instances of transphobia, overall then, participants' narratives of family and friendship optimistically imply that, in many instances, such relationships are dynamically situated and may be sustained or renewed within the context of gender transition.

Chapter 9: Transgender Care Networks

Introduction

In this chapter I look at practices of care within transgender support and self-help groups. Here I am extending the meanings of care discussed in *Analysing Care and Intimacy* (Chapter 2) to look beyond care as that which is given or received within an intimate context of family or friendship networks in order to examine care practices in relation to more formal self-help groups and mechanisms of support.

Social movements have been explored in relation to contemporary processes of social change. Giddens (1991) has discussed social movements as a significant form of 'life politics', while Beck (1992) and Beck-Gernsheim (2002) discuss the realm of 'subpolitics' whereby disenfranchised groups participate in the reconstruction of social life. Social movement theory has traditionally focused upon the structural claims of social movements around the redistribution of wealth and social inequality (Martin, 2001). More recently however, Melucci (1989), Fraser (1995), Williams (1999) and Williams, Roseneil and Martin (2002) have sought to bring attention to the ways in which social movements represent struggles over social recognition and difference. Williams, Roseneil and Martin suggest that social movements are made up of 'collective actors' and 'consist of subterranean networks of people and groups embedded in everyday life' (2002:9). In broadening the study of social movements beyond a structural analysis, Williams (1999) follows Taylor (1994), Fraser (1995) and Honneth (1996) in using a 'politics of recognition' (Martin, 2000) to account for the diversity of welfare struggles based around difference.

In exploring practices of care within transgender support groups, the aim of this chapter is to incorporate transgender community self-help groups into studies of social movements. In the first part of the chapter I briefly discuss the main transgender support and self-help groups in the UK and address the specific kinds of care these groups provide. Second, I explore the significance of support groups in relation to the notion of shared experience, and look at the values that matter to participants in relation to the giving and receiving of care within support groups. In the next section of this chapter I consider the extent to which transgender support

groups fill the gaps left by a deficit of professional care. Finally, I consider the complexities of involvement in support groups in relation to moving beyond a transgender identity.

Transgender Self-Help and Support Groups

There are five main support organisations in the UK which are run by and for trans people. The first of these groups, *The Beaumont Society* (BS) was founded in the late 1960s. With over four thousand members (www.beaumontsociety.org.uk/history.htm) the BS is the UK's largest trans support group. The BS acts as a contact service for trans people, providing a contact system, an information line, regular social events and a separate group for female partners of trans people. The BS defines itself as an 'association of transvestites and transsexuals' and seeks to 'provide a means of help and communication between members, in order to reduce the emotional stress, eliminate the sense of guilt and so aid better understanding for them and their families and friends' (www.beaumontsociety.org.uk/constitution.htm). The BS's constitution is unusual in its aim to link transvestite and transsexual people as two groups which, as I explored in previous chapters, do not always sit easily alongside each other. Significantly for this research, the constitution also sets out to provide support for family and friends of trans people. The BS's objective of 'eliminating guilt' links with the goals of the lesbian and gay movement in the late sixties and early seventies, which enabled 'an affirmation of a positive sense of self and of the collective means of realising this' (Weeks et al, 2001:14).

Affirming a positive sense of self in the light of social stigma is also the aim of trans support groups *Gendys* and *The Gender Trust*. *Gendys* is a network for 'all who have encountered gender identity problems personally, transsexuals, transgendered people and gender dysphoric people of either sex, and for those who provide care, both professional and lay', while *The Gender Trust* is a registered charity which provides a 'caring support and an information centre for anyone with any question or problem concerning their gender identity, or whose loved one is struggling with gender identity issues.' The two other main support groups, *Mermaids* and the *FtM Network*, offer support to more specific groups of trans people. The former is a support group for trans people under the age of nineteen and their families and carers, whilst the

latter is a contact and support group for trans men. Within each of these groups, 'care' is understood and practised in relation to the notion of shared experience, which, as I explore in the next section, is articulated as especially significant in the beginning stages of gender transition.

Shared Experience

Weston (1991) and Weeks' (1995) work has shown how shared experience is drawn upon by lesbians and gay men in their 'coming out' stories, which, as Weeks describes, 'told of discovering the self, achieving a new identity, finding others like yourself, and gaining a new sense of belonging' (Weeks et al, 2001:14). My research indicates that these elements are also apparent in the 'coming out' experiences of trans people. Out of all the participants, Cheryl was at the earliest stage of her transition when our interview took place in April 2002. Cheryl says:

The Beaumont chat line on the internet was my lifeline between November and Christmas. It was my only outlet and way of keeping in touch with other people and finding other people who were like me.

(Cheryl, MtF, Age 45)

Greg, who transitioned eighteen years ago, also remembers the significance of meeting other trans people, and specifically, other trans men:

There are shared experiences [...]. If I talk to another female-to-male you can nearly always find agreement about experiences, emotional experiences, along the journey.

(Greg, FtM, Age 44)

For many participants, contact with transgender support groups alleviated feelings of isolation. Georgina, for example, says:

Before I knew about the groups, for about a year, I just felt that I was the only person who was going through this. It was brilliant when I found out I wasn't

the only one.

(Georgina, MtF, Age 29)

Similarly, Jackie says:

I thought I was going mad for a while and then I met others like me and I felt so much better.

(Jackie, MtF, Age 39)

The social marginalisation of transgender cultures then, can be seen to have led to particular practices of care and methods of self-help, which place a strong emphasis upon shared experience. There are direct links here with Weston's (1991) work on the significance of 'community' for lesbians and gay men, however, the importance of shared experience is also reflected in a diversity of studies into self-help and support groups. CAVA's work on a range of community self-help groups for parents, for example, found that 'the groups often gave their members a sense of belonging and security [...]' (Williams, 2004: 69). In the following quotation, Paul reflects these themes:

You lack confidence because you're not confident in your own body, and some people are almost paralysed by it and have trouble making friends, being open. It can be quite lonely and you feel you can't be honest with people, so those sort of people suddenly find a whole new set of friends and they've got something in common and I guess they kind of forge trust with other people that they didn't have before.

(Paul, FtM, Age 34)

These discussions suggest that the principle of trust is a key value in the provision of care by support groups. Thus several participants talked about the significance of being able to be 'open' and 'honest', and of being able to 'trust' the people they met through support groups. Moreover, the principle of trust is often linked to reciprocity. As I will explore in the next section, my research shows a fluid demarcation between receiving and giving care through support groups.

Giving Something Back

A significant theme in relation to the intersections of care giving and receiving is raised by participants' understandings of their involvement in support groups as a means of giving something back to the communities and groups which they had received support from themselves. In this way, many participants became involved in the running of the groups they had first contacted for support. Greg, for example, says:

I quite soon I took various roles within the self-help group myself. It meant that I was meeting other people who were like me if you like. So since then I've always stayed involved. I've done lots of different things.

(Greg, FtM, Age 44)

William, who transitioned as a teenager, got support from *Mermaids*. In the following quotation he talks about his role now as an organiser of this support group for young trans people and their families:

'Mermaids' is where my parents used to go 'cos it actually started as a parents group and then it became a charity and I kind of went along for support and then my parents stopped going and I went on the committee. And I do other things for them as well as sitting on the committee. I went to a school, a girl's school and talked to the sixth form, like a group of psychology students, and some of the questions were absolutely brilliant and they were brilliant. Educating people who are in education, young people, is vital, absolutely vital.

(William, FtM, Age 25)

William then, identifies education as a central means through which to change cultural perceptions of trans people. Like William, Dan has given talks to young adults, as he describes in the following quotation:

I've done quite a lot of talks to evening classes doing Sociology and so on, to talk to them about transgender issues and there have been some brilliant ones.

some of them have been so good. Education and awareness is important. Especially when I'm just introduced as a visiting lecturer with no background, and that is so powerful. One that I did, they were doing about membership to different groups and I talked about being a single parent, that I was in a relationship, that I was white, that I'd been brought up as an Anglican but had lapsed and a whole load of other things about myself and my education that I just threw in. And then I said 'right, let's see if you have perceptions about the groups in society that I belong to'. And then on a flip chart I got them to give me feedback on perceptions about my ethnic background, my religion, my sexuality, my gender, my marital status. And so they came back and went 'while, male, heterosexual', divorced but cohabiting', and then I challenged them about how did they know that I was male? How did they know I was heterosexual? How could they assume these things about me? And then it was 'well you're a man' and I asked them 'how do you know I'm a man? Have I got a willy? Can you see my willy?' And then I said 'I'm transsexual' and they went absolutely quiet and one of the girls said 'oh I really fancied you' and I said 'so, you can still fancy me'. And it was fantastic. It totally blows people's perceptions.

(Dan, FtM, Age 37)

William and Dan both articulate a framework of values in which education is identified as key to self-care. Likewise, all of the transgender support groups discussed at the start of this chapter perform an educating role alongside existing as contact and social groups. Here the distinction between care, support and education is blurred as the social marginalisation of trans people is identified on both an individual and a societal level. Thus, support groups aim to alleviate elevate the cultural stigma and associated social isolation of trans people by providing contact amongst trans people, while also attempting to eliminate the social discrimination which creates these components through broader educational initiatives.

Several MtF participants were also formally involved in giving care and support to other trans people. Christine, for example, is Chairperson of *The Gender Trust*, while Emma is variously involved in trans support groups as Chairperson of *GIRES*, a transgender information service, a local contact for *The Gender Trust* and as a

qualified counsellor who specialises in gender identity issues. Others gave support in less formal ways. Amanda, for example, is a member of a support-group and though she is not officially engaged in care provision, says:

I do help a lot of people transition. I don't want them to have some of the problems I've had and a lot of the people I've helped out have become good friends and there are a lot of good friendships come out of that. I do feel very much part of a trans community.

(Amanda, MtF, Age 45)

Like Amanda, Rebecca, as a member of a support-group, offers informal support to other trans people at the start of their transition. Rebecca says:

People ring me up and want advice, as I'm a member of Gender Trust. I have had a lot of engagement with the Gender Trust because there is no one in this area. One of the problems here is that there are only two psychologists and it's a part time service, once a week, and the waiting list is horrendous. It takes two years, and people are in crisis and I know exactly what that is like, I was desperate to talk to someone when I eventually got to see her [her psychologist]. It's not about therapy but about support and that kind of service is lacking all over the county. Services all over the country are being cut.

(Rebecca, Bigendered, Age 55)

In discussing her role as a care giver as well as care recipient, Rebecca, like other participants, suggests a framework of care which supports Abrams (1989) findings on 'neighbourhood care', which identified values of choice, mutual interest and reciprocity in these community practices (Williams, Roseneil and Martin, 2002). Moreover, in her discussion of a systematic lack of support for trans people, Rebecca relates to a key finding from my research on support groups, which, as I will explore in the next section, indicates that support groups fill the care gaps left by professional care services.

Filling Care Gaps

As I explored in *Transgender Identities and Experiences* (Chapter 4), the care of transgender people is medicalised and as such is delivered as part of a standardised system which is guided by the Harry Benjamin Association's *Standards of Care*. The first port of call therefore for people who are having anxiety about their gender identity is usually their GP. When speaking about care, several participants spoke of their GPs lack of knowledge about procedures for care of trans people. Sam, for example, says:

I went to my GP years ago and he looked at me like I was crazy. He didn't know what I was talking about at all.

(Sam, Bigendered, Age 37)

Similarly Lee says:

My GP just thought I was up the wall basically, so I didn't go back there and did it all privately in the States.

(Lee, FtM, Age 55)

Svar also has a problematic relationship with his GP. Svar says:

She [his GP] didn't have a lot of time for it and even all of the way along, when I've had to go and ask her for a letter of referral to go and see an endocrinologist or to have a blood test, she's always done it like 'huh', no patience.

(Svar, FtM, Age 41)

Participants such as Sam, Lee and Svar thus suggest that a deficit of care for trans people arises from a lack of knowledge at a general practitioner level. Accordingly several participants said that GPs needed comprehensive training about gender diversity issues. In the following quotation, Paul takes this point further and articulates the need for training in the NHS on a broader level to combat discrimination against trans people:

I think there's still some discrimination against transsexuals, even though the nurses and doctors aren't supposed to take a stance. I mean I was in hospital recently and I thought they didn't treat me as they ought because I was transsexual. [...] And sometimes there's ignorance or bias towards you. I joined the Health Centre recently round the corner, after I'd had my phalloplasty and there's one nurse who I really don't like who I can tell, you know, 'we've got enough to deal with without this', you know, so I just don't see her. So I do think that there is prejudice. And so I think there should be training, basic training, for nurses. I mean, again, if they had, maybe, a transsexual coming to talk to them. I don't know, whether this is a good parallel or not, but like the police are recruiting more minorities and dedicated lesbian and gay officers to deal with and to understand that part of the community. In the same way it would be good to see some transsexual doctors and transsexual nurses, someone in hospital you can talk to. I mean, I'd love to see a transsexual doctor, 'cos I think only a transsexual doctor can understand. It's like all things really, if you've been through it you can understand. It's like counselling people, they're going to have views, you know, you can often only go as far with them as you've gone with yourself. Yeah, I think recruiting transsexual doctors would be the thing.

(Paul, FtM, Age 34)

Here Paul relates back to significance of shared understanding in the provision of care and, in the following quotation, articulates how negative experiences of care have led him to consider offering support to others:

I've often thought of offering my services part-time, maybe one afternoon a week when David Ralph [plastic surgeon] has his clinic. 'Cos, I mean, every time I go up there for my own appointment I end up being distracted from what I'm there for 'cos someone wants to talk to me. So I think it'd be good for someone to offer advice, someone who they know they haven't got to apologise for being transsexual, someone whose going to understand.

(Paul, FtM, Age 34)

Psychiatrists form a central part of the standardised system of care for trans people, yet my research found that participants' experiences of the psychiatric system were largely negative. Dan, for example, says:

Most psychiatrists are absolutely barking, absolutely out of their trees, you know, they need to see a psychiatrist (laugh). While you do have to be checked to see that you're not suffering from a mental condition or any delusions, and I can understand that there do has be care to make sure you are who you say you are, I don't think that people should be made to jump through hoops.

(Dan, FtM, Age 37)

Rather than rejecting the medical system outright then, Dan suggests a move away from a standardised system. As illustrated in the following section of our interview, other participants, such as Greg, also argue for a more individualised system of care:

G I don't think that treatment should be denied but I think you have to be careful. People need to be properly counselled, taken through the process. But I think the whole thing of playing this game and getting the ticks in the boxes and 'you can have it' is terribly dangerous. There needs to be a good caring and informed relationship between psychiatrists and patients. That makes for a much healthier route to surgery.

S And did you feel that was missing in your treatment?

G Yeah I did really. I only saw him every six months anyway and I only had an hour and a half with him at the most. I think the process should be an individual decision between the patient and the people making that clinical judgement *with* the patient. Because for some people it might be good to have surgery within six months or a year and for other people it won't. I think it should be more individual rather than prescriptive. What is best for you is not necessarily what is best for someone else.

(Greg, FtM, Age 44)

Greg's reference to the lack of contact time with his psychiatrist is borne out by other participants, such as Dionne. Dionne says:

You get an appointment about once every three months at first, it's very sparse, and you don't get any counselling. You get a three monthly visit with the psychiatrist for twenty minutes at first and the next one is four months and the next five months. They rush you in and out, it's a production line. They've offered me no group sessions or anything. They haven't offered me anything like that but I'd go if it was offered. My friends have been my counsellors. I don't think the Health Service is very helpful. I feel that on the whole it's done begrudgingly. Because I haven't had any counselling on the National Health, the only counselling I get is from my friends, from talking to my friends who I've met through groups

(Dionne, FtM, Age 40)

In discussing the lack of counselling provided within the standards of care for trans people, Dionne relates explicitly the ways in which support groups work to fill the gap left by professional care. Several other participants speak of the importance of support groups in providing advice and information that is lacking within medical care. This can be seen to be particularly significant at the start of transition, as indicated by William:

In the beginning it was great to meet people at FtM who were going through the stages I was and at exactly the same times, and so you could kind of talk about where you're at. Which is very important.

(William, FtM, Age 25)

For Paul, the *FtM Network* was also an important provider of support at the start of his transition. He says:

I think the important thing for me was having contact with transsexuals who were several years down the line from me, and that's the support now that I provide to other people. I man the FtM support network phone line from time-to-time, and it's only then that you realise how vital you are to people like

that, who are the same stage that you were, or where I was. Needing someone to chat with or to work out what to do. Cos more than the doctors, they're more experts, anyone who's been through it.

(Paul, FtM, Age 34)

Paul's comments here illustrate the ways in which support groups may challenge expert opinion by providing distinct practices of care based on shared experience. Thus themes here resonate with CAVA's research on support groups for parents, which found that 'becoming an 'expert-by-experience' was one way of claiming the importance of lay knowledge and expertise which professionals did not have. People said they wanted a more 'holistic' or integrated approach. Also many groups saw themselves not simply as receivers and distributors of information but, importantly, through sharing and developing information, as the *providers* of expertise and new knowledge' (Williams, 2004: 68-69, italics in original). Additionally there are links here with the ethics of disability movements who have challenged a paternalist model of care through which provide care on the behalf of disabled people (Williams, Roseneil and Martin, 2002).

New forms of providing care can also be seen in the ways in which some participants build on the methods of care they have received within their local communities. After being involved with the London based *FtM Network*, Dan for example, set up a support group to fill the gap in care for trans men in the West of England. He says:

'Western Boys', which we're just in the process of starting, we would like to grow to serve the South West in the same way that FtM London serves the wider community in the South East and further away. We want it to be a support and a social group, we've got a safe meeting place so that people can come safely without any worries or being outed and for them to be in a safe environment. We want to develop that and we want to mix with the MtF community.

(Dan, FtM. Age 37)

For Dan the new support group filled a geographical gap in care for trans men, which has previously been organised from the South of England. Additionally, it is

important to Dan to overcome the polarity between communities of trans men and women. While he sees his new group as providing specific support for trans men then, he also wants to make links with groups who provide care for trans women. In the following quotation Dan talks about a novel plan to bridge these gaps:

One of the goals we're setting ourselves with 'Western Boys' is that we make contact with an MtF group in this areas so that we can learn and share more. We could do clothes exchanges, which is one of the first things that I did with someone, with an MtF. We were of quite a similar build, though she was a bit taller, and we had one evening where I went to her house and our clothes fitted each other perfectly. I came back with a brand new fantastic wardrobe. Despite the fact that my wardrobe wasn't at all feminine, she was thrilled with her wardrobe. And links like that would definitely be useful.

(Dan, FtM, Age 37)

There are comparisons between initiatives of care and support by and for trans people, and the practices of care developed by and for communities affected by HIV and AIDS in the 1980s and 1990s (Adam, 1992; Weeks et al, 2001). Such practices of care show how marginalised communities develop as a site of identity and resistance (Weeks et al, 2001:90). Moreover, these practices of care and support reflect community 'ethics of care', in which care is valued and respected. There was not, however, an even understanding of the significance of support groups amongst the sample group. While participants such as Dan articulated a strong commitment to the involvement in support groups after transition, as I will show in the next section, others saw them as a less significant factor in their lives after transition and some felt that support groups held little or no importance.

Moving On

Many participants spoke of support groups becoming less significant as they moved beyond the early stages of transition. As indicated in the previous sections, William, for example, is still an active member of *Mermaids* and believes it is important to continue to offer support to other young trans people. However, as he discusses in

the following quotation, other support groups are less significant for him as a care receiver now that he is several years post-transition:

It's still important for me to be part of the FTM London group but sometimes I just get thoughts like 'well I don't really need to be doing that anymore'. I do go to the group but I haven't been to for a long time because I've just had other things to do. But if I'm free on a Saturday, on the Saturday once a month whenever it is, I go. Whereas before I used to make a real effort because I really used to like it and I like the people, but now I just have lots of other people to see. But it's nice to go sometimes, just to catch up.

(William, FtM, Age 25)

Like William, Amanda suggests that although she maintains social contact with members of a support group whom she met at the start of her transition, her personal level of investment in these social events has shifted since transition:

I go to a few of the London clubs. But I'm not really into little clubs. I'm not saying I've outgrown it, but there was a time for that and it's not really now. But then again if I want to see people I need to go to those places. And I'll go and I love it but I don't want to do it all the time. And I've met some good friends through those things and I met Cheryl [her partner]. So yeah, I socialise wherever things are going on but I'm not really into going to what I see as transvestite groups. That's not applicable to me now. If that's their thing then fine, but it's not me anymore.

(Amanda, MtF, age 45)

While, post transition, William and Amanda still socialise with other trans people, other participants have no social contact with other trans people, as Tony indicates in the following quotation from our interview:

S Do you feel that you are part of a transgender community?

T No. I've thought about this and I've thought why and I think it's because I've never thought of myself as transgender. I'm just a bloke who's gone through

one or two shit things but that's all I've ever been. I don't deny who I am or where I come from but I don't make a point of mixing with the get together's and all that. I don't know how to mix with these people.

S You haven't got any trans friends?

T No, none at all. It's not that I wouldn't contact anyone because I have and stay a member of FtM and do give my money to them because if it weren't for them I wouldn't be here. There was a lot of support and I have a lot of respect for them, immense respect. But I don't really see myself as part of that group. I just feel they do such a good job and the articles in 'Boys Own' (the FtM Network Magazine) are interesting, especially the medical ones. So you think it's important to be a member to acknowledge what they do and if there were to be any issues I know I've got support. But I've never had to call on them, but I read the stuff and it's good just to be aware of the issues. I don't want to not be aware but at the same time I very much feel that if we were not careful we might alienate ourselves if we constantly only mix within our own kind. And I feel personally that's a danger. But if something happens in your life it's useful to know there's someone there. You know, teachers have got their unions, well it's kind of like my union.

(Tony, FtM, Age 39)

Although Paul has more involvement with support groups than Tony, he too suggests that he has little personal investment in these groups since transitioning:

I couldn't see myself ever going on, you know sort of youth hostelling sort of things and stuff like that. Just 'cos I wouldn't want to be in a place full of transsexuals, and also, you know, that's the only thing you would have in common so it doesn't necessarily mean you're going to get on with them. But that said, I always go to the FtM Network get together every year because it was really important to me, it was quite sort of pivotal in convincing me that I could do it, you know, if these guys can look like this so can I, whatever it was, eight or nine years ago, and so I think it's important for me to be there.

(Paul, FtM, Age 34)

Here, Tony and Paul relate to the contentious issue of assimilation, which I discussed in *Transgender Identities and Experiences* (Chapter 4). Rather than expressing a desire to entirely move away from transgender communities, however. Tony and Paul suggest different degrees of identification with the term 'transgender' or 'transsexual' and varied degrees of investment in community organisations and support groups throughout stages of transition. In the following quotation however, Dave illustrates how some trans people do want to move away from a trans identity:

D I know there are groups on the internet and if I need advice I can go and get advice, but I don't feel the need to get actively involved because I don't think of myself as a transsexual. But I do think that more awareness and education in society as a whole is important, education and awareness just that there are transsexuals. I wouldn't do talks or things but it's for selfish reasons in that I want to move on. And I am very protective of it, of people knowing.

S Do you think if we lived in a more tolerant and open society then you'd be more ready to go out and talk to people?

D Yeah. And I think that is very important and I know that's only going to come from people speaking out.

S But it's because of the personal repercussions?

D Yeah.

(Dave, FtM. Age 26)

Thus while Dave articulates the importance of visibility in relation to increased societal awareness, his reluctance to be vocal paradoxically prevents him from speaking out. My research thus resonates with Taylor's findings that self-help movements are 'heavily cultural, and revolve around disputed meanings and contested identities' (Taylor quoted in Williams, Roseneil and Martin, 2002:9).

Conclusion

The narratives discussed in this chapter suggest that transgender support groups and self-help groups are challenging both the meanings and the practices of care provision for trans people. A medically based standardised system of care is critiqued and participants stress the need for a framework of care that is responsive to a diversity of individual needs. In often moving between being the receivers and providers of care, many participants articulate the importance of shared experience, and challenge the notion of expert care based upon objective knowledge. Findings further show that transgender support groups often fill the gaps in care left by professional organisations. Participants identify areas of discrimination in the care of trans people and in particular, argue for a more comprehensive system of training for medical professionals. Moreover, education is identified as an important issue in relation to increasing awareness of transgender issues and eliminating discrimination. The final part of this chapter indicates that involvement in support groups was not evenly practised by the whole sample group and suggested that concerns over visibility impact upon involvement within community support groups. Thus the research suggests investments in competing discourses around a politics of transgender visibility.

Transgender communities largely exist as marginalised sub-cultures in terms of the normative frameworks which guide social and welfare provision. This research shows that support groups offer a key source of care within transgender communities, which can be understood as a social movement that is articulating a distinct framework of social values around the care of trans people. Mobilised from a collective grass-roots level, this social movement poses a critique to gendered binary understandings of social inclusion, citizenship, and welfare provision. In this respect, I hope that the findings from this research will be part of the increasing visibility of a range of transgender communities. Such a move is important not only in terms of social inclusion, citizenship and welfare provision, but is also key to sociological understandings of the diversity of shifting practices of identity, intimacy and care in contemporary society.

Chapter 10: Conclusions

(Re)theorising Transgender

This thesis has addressed a range of theoretical questions concerning practices of identity, intimacy and care in order to explore the possibility of developing a queer sociological approach to transgender which sits on the intersections of deconstructive analyses of gender identity and empirical sociological studies of identity, intimacy and care. To this end, the thesis has considered two main bodies of work: theoretical approaches to transgender, and studies of changing practices of intimacy and care.

The theoretical starting point of the thesis was a critique of medical perspectives on transgender. Over the last century medical perspectives have occupied a dominant position which has significantly affected how transgender is viewed and experienced within contemporary western society. Although more contemporary medical approaches represent a more complex understanding of transgender practices than were previously offered, I have argued that there remain serious problems in the correlation of transgender and biological and/or psychological pathology. Moreover, medical approaches to transgender continue, in the main, to work within a heteronormative framework, which is unable to account for the complexities of trans sexuality. A range of theoretical perspectives (ethnomethodology; historical and anthropological studies from gay studies; radical, pluralist, post-structuralist and post-modern feminism; queer theory; and transgender studies) were addressed to explore the varied ways in which social and cultural theory has critiqued medical discourse on transgender.

From this diverse body of work, I identified pluralist, poststructuralist, and postmodern feminist approaches, queer theory, and transgender studies as significant for this research. Pluralist feminist approaches offer a theoretical framework for gender and sexuality which is able to account for non-normative identities and practices, and enables an analysis of divergent gender expressions that are unfixed to the 'sexed' body. Poststructuralist and postmodern feminist approaches usefully emphasise the discursive formation of gender and sexuality, and enable an understanding of gender as distinct from biological 'sex'. In their celebration of difference, these theoretical perspectives encourage feminism to move beyond a singular and essential conceptualisation of 'woman'. I have argued, however, that some strands of

poststructuralism and postmodern thinking are problematic for a sociological theory of transgender as they neglect the role of embodiment within gender identities and expressions, and fail to account for material conditions. Moreover, these perspectives have problematically focused upon transgender as a symbolic site of gender deconstruction, which leaves trans subjectivities under explored. I have argued that MacDonald's (1998) framework for a grounded postmodern theory is significant for this study as it stresses the importance of analysing the ways in which social structures and corporeality impact upon the formation of specific (trans) identity formations. This theoretical model is valuable as it understands gender as socially relational *and* performatively constructed.

I have suggested that the intervention of queer theory has led to three significant shifts in the analysis of transgender, which are particularly relevant for this research. First, the deconstruction of identity categories, and the analysis of gender and sexual identities as fluid pose a strong challenge to a medical model which continues to pathologise gender diversity and works to reinforce a gender binary system. Second, queer theorists have argued that traditional lesbian and gay theory and politics have been exclusive in their attitudes towards those whose identities fall outside of that which is deemed to be 'correct' or 'fitting'. This marks a significant shift from the suspicious gaze through which trans people were viewed within many gay and lesbian communities, and challenges the positioning of the transgender individual as 'outsider' within much gay and lesbian writing. Rather, queer theory has positively embraced difference and has argued against the representation of identity categories as authentic. Third, queer theorists have challenged the correlation of gender identity and 'sex', which lies at the heart of radical feminist hostility to trans people, and which significantly affected the dominant feminist position on transgender throughout the 1980s and 1990s. Through this socio-biological approach 'sex' is largely dependent upon chromosomes and thus is secured at birth. From this perspective gender is also linked to biological 'sex'. In contrast queer theorists have sought to untie gender and sex. Queer theory's deconstruction of an 'inside'/outside' opposition thus detracts from essentialising hierarchies which marginalise those who, through factors of structure or agency, inhabit gender borderlands

I have argued, however, that, like some poststructuralist and postmodern approaches to transgender, queer theory has neglected the material and embodied contours of transgender lives, and has failed to account for diverse and competing trans subjectivities. These issues are important for a sociological analysis of transgender. I have suggested that work from within

transgender studies (Stone, 1991; Bornstein, 1994; Califia, 1997) offers a way through these problems. Within the emerging field of transgender studies are divergent and contesting understandings of gendered and sexual, social and embodied identities. Work from within transgender studies articulates the importance of a grounded theory that not only celebrates the deconstruction of existing identities and the emergence of difference, but also pays closer attention to the lived experiences of multiple subjective positions. These interventions show that a queer analytic does not have to run counter to transgender studies.

I have suggested that the intersections of transgender studies and queer theory offer a theoretical space in which to conceptualise a queer sociological approach to transgender. Thus throughout this thesis, I have argued that a queer sociological approach is significant for developing new understandings of transgender. I have proposed that such an approach enables a queer theorisation of transgender to move beyond its current limitations by paying greater attention to specificity. Thus in accounting for material and embodied experiences, a queer sociological framework enhances an understanding of the diversities of transgender experiences, and enables a more nuanced theoretical approach to shifting gender and sexual identities.

I then moved on to consider empirical sociological studies of changing practices of intimacy and care. I suggested that this body of work was important to this research as it has, from different theoretical premises, challenged gender essentialism and heteronormativity. Work on non-normative practices of intimacy and care (Altman, 1982; Rubin, 1985, 1986; Weston, 1991; Adam, 1992; Nardi, 1992; Sandell, 1994; Weeks, 1995; Dunne, 1999; Roseneil, 2000, 2002, 2003; Weeks et al, 2001; Roseneil and Budgeon, 2004) usefully draws attention to the divergent meanings and experiences of intimacy and care, and thus enables an understanding of the ways in which these practices operate within different social contexts. I have suggested that recent analyses of non-normative practices of intimacy and care have broadened sociological understandings by drawing attention to the creative affective practices within same-sex relationships and 'families of choice'. I argued, however, that this body of work continues to work within a gender binary framework, which is unable to account for transgender practices of intimacy and care. A move beyond a gender binary model is important for an understanding of the meanings and experiences trans people bring to intimacy and care. I have proposed that this could be approached through a consideration of transgender practices of intimacy and care within the dynamic of 'families of choice' (Weston,

1991; Weeks et al 2001). Such a move is significant not only in terms of incorporating transgender practices into studies of intimacy and care, but also in enabling this area of study to broaden its analysis of contemporary non-normative affective practices. Moreover, I have suggested that an analysis of transgender practices of intimacy and care in relation to 'families of choice' offers a departure from the theorisation of transgender as a medical issue and brings it into the public realm. Moving beyond an understanding of transgender as a privatised medical issue would also bring transgender into dialogue with the theoretical frameworks of 'intimate citizenship' and an 'ethic of care', both of which seek to bridge the private/public divide, and aim to take account of marginalised gender and sexual practices. I thus argue that these analyses should take account of transgender practices of identity, intimacy and care.

Transgender Practices of Identity, Intimacy and Care

This thesis has addressed a number of substantive research questions about transgender practices of identity, intimacy and care. This research has considered MtF (Male-to-Female) and FtM (Female-to-Male) transgender practices, and those which are located between and beyond these categories. The scope of address suggests both commonalities and diversities within and between transgender individuals and communities. Thus a key finding of this research is that transgender communities represent a diverse constituency and that rather than articulating a common experience, trans narratives suggest a range of competing discourses. While some participants articulated the fluidity of gender identity, others have spoken of moving between fixed points. The research thus suggests tensions between notions of identity as fluid or fixed. While some participants have spoken of the importance of claiming a transgender identity, others articulated a desire to move beyond a transgender identity.

I have suggested that the debates within transgender communities about the implementation of the *Gender Recognition Act* reflect similar debates about the desirability of assimilation within lesbian and gay communities about the *Civil Partnerships Act*. Thus, while some interviewees considered gender assimilation to be both desirable and necessary for the protection of transgender civil rights, others offered a challenge to the notion of assimilation, and proposed a more radical (trans) gender politics in which difference was considered as a site of importance and celebration in its own right.

These debates link to the issues raised in relation to transgender identities and experiences. While some participants articulated distinct transgender identity positions, which are

consciously created in opposition to traditional ways of thinking about gender, sexuality and transition, others articulated individualism and have been reluctant to position themselves as members of a collective transgender culture. While some participants articulated the pleasures of gender transition, and have spoken of (trans) gender identity as fluidly situated and practised, others have spoken of the immutable formation of (trans) gender identity. Nevertheless, the corporeal body figures large in participants' narratives, and this research has shown how the body is experienced, managed and modified through subjective and social understandings of (trans) gender. Bodily narratives have thus suggested that trans identities are constructed and negotiated through, and in opposition to, a range of factors: medical discourse and practice, gender, age, sexuality, affective relations and social, cultural and political understandings and networks.

I have suggested that feminism and lesbian, gay, bisexual and queer (LGBQ) movements are substantively significant for an understanding of transgender identities and experiences. Participants' narratives have indicated that trans men and women encounter distinct feminist challenges and experience different levels of acceptance within feminist and/or lesbian, gay and bisexual communities. In particular, many trans male and female participants articulated experiences of rejection from second wave feminism and have told more positive stories about their relationships with contemporary feminism. Similarly, many participants' narratives of sexuality suggest problems with lesbian and gay identity politics, and participants have spoken of rejection from some lesbian and gay communities. This research has indicated, however, that queer politics and theory may be encouraging a more pluralistic outlook, which is more welcoming to trans people. Participants' understandings and experiences of sexual desire, identity and practice have suggested that trans sexualities are often fluidly and contingently situated alongside gender and gender transition. The large numbers of non-heterosexual participants speaks of the complex interactions between gender and sexuality. The research has found that there are both commonalities and distinctions between transgender and non-heterosexual identities and practices. Debates around the significance of linking transgender politics with a LGBQ lobby has shown that there are strongly divided views with transgender communities about a politics of coalition.

Research on the impact of gender transition upon parenting and partnering, and kinship and friendship has shown that complex decisions about gender transition are often reflexively negotiated and practised within the context of intimate relationships and commitments.

Moreover, I have argued that the incorporation of transgender practices of parenting and partnering, and kinship and friendship into studies of family practices, intimacy and care enables a richer understanding of contemporary social life.

I have suggested that transgender support groups and self-help groups challenge the meanings and practices of care for trans people. Many participants challenge a medical standardised system of care and propose a framework of care that is responsive to a diversity of needs. The practices of transgender support groups can also be seen to fill the gaps left by professional systems of care. Some participants have identified existing discrimination against trans people in the care system, and have positioned education and the training of health professionals as an important issue in terms of increasing awareness of transgender issues and ending discrimination. This research found, however, that participants' involvement in support groups was uneven and that there were competing discourses around an identity politics of trans visibility. This last point takes the findings of this research full circle, to indicate again the diversity of transgender identities, and to point to the similarities and differences between categories of transgender experience.

Towards a Queer Sociology of Transgender

This research represents the first UK empirical study of transgender practices of identity, intimacy and care. Transgender practices of identity, intimacy and care are timely subjects for sociological research given the increasing social and cultural focus on transgender, and the legislative shifts, which were discussed at the start of the thesis. In the introduction to this thesis, I discussed the recent media attention on transgender following the prominent role of Nadia Almada in the reality television show *Big Brother 5*. Nadia's situation is also useful for summarising the tensions within a politics of transgender identity which have emerged from this research. Research findings suggest that social, cultural and legislative shifts indicate an increased interest in, and tolerance of, gender diversity in contemporary British society, which enable easier access to transgender identities. In this way, Nadia, as a trans woman, found a place in the *Big Brother* house following her openness about gender transition in auditions for the show. However, while programme makers, the media and *Big Brother* audiences knew about her transition and recent gender reassignment surgery, Nadia did not speak of transitioning to her housemates. While Nadia was clearly aware that the public would be interested in her gender experience and explicitly came out as a trans woman in her audition

video, in the *Big Brother* diary room and in recent media interviews, she spoke of her decision not to speak to her housemates about her transition in terms of being accepted as a woman:

I wanted to enjoy it, embrace the world. I didn't want to sit around and have deep conversations or anything like that [...] I don't want to tick a box and say I'm transgender. I don't understand why people want to categorise themselves like that [...] Rather than consider themselves transgender they [trans women] should just let their personalities shine. We are women, I am a woman. If you want to get into that, you're going to be stuck most of the time talking about what you've been through, and that is the last thing I want.

(Nadia Almada quoted in *The Observer*, 2004)

Nadia's sentiments about moving beyond a transgender identity are reflected in the narratives of some of the participants in this research. Moreover, Nadia's comments link with those of participants who reflect a desire to fit into a society which, although marked by an increased tolerance of difference, is structured through a gender binary and heteronormativity. The reluctance to claim a transgender identity can thus be seen as indicative of the permeations of gender and sexual normativity. An assimilationist position however, was not the norm in this research and, to different degrees, a majority of participants stressed the importance of a transgender identity and of transgender communities. Correspondingly, on learning of the positive reaction to her from transgender organisations Nadia said 'I'm glad if I can educate people about my experiences' (Nadia Almada quoted in *The Observer*, 2004).

Weeks et al (2001) discuss how the debates around recognition within lesbian and gay communities have been characterised as '[...] one based on boundary-defenders, who argue for a social movement based on a collective identity, and boundary-strippers, who argue for the deconstruction of identity and binary categories [...]' (Weeks et al, 2001: 192). Although similar themes are apparent in debates around social recognition and assimilation within lesbian, gay, bisexual, queer, and transgender communities, the tensions around a transgender politics of identity are more complex in that it is the 'boundary strippers' who, paradoxically, act as 'boundary defenders' by arguing for the importance of a transgender identity which denotes gender difference. These subjective and collective nuances and tensions thus lend support to Halberstam's (1998) argument that diversity *in itself* does not equate radicalism.

I argue that the complexities within trans subjectivities indicate the importance of developing a theory of gender diversity which is generated from empirical study. I have conceptualised this as a queer sociological approach to transgender. I propose that a queer sociological framework offers the potential to ground transgender experiences within social practices and discourses, and enables both the celebration and critical analysis of gender diversity. I argue that a queer sociological approach to transgender will encourage a departure from theorising transgender practices as either wholly deviant or transgressive. This will allow for an analysis of the diversities of trans subject positions, and provide a richer understanding of transgender practices of identity, intimacy and care.

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Appendix 1¹**Participant Information Sheet**

All information given will be held in strict confidence.

CONTACT DETAILS

Name
(Of choice)

Address

Post Code

Telephone Number

Email Address

DATE OF BIRTH

AGE

GENDER
(Self definition)

¹ Following contact from people from my calls for research participants, I used this to screen potential interviewees in relation to my sampling strategy and to gather demographic data.

EMPLOYMENT

What best describes your current employment situation?

- Self employment
- In paid employment (full or part- time)
- Unemployed
- Retired from paid work altogether
- On maternity leave
- Looking after family or home
- Student
- Long term sick or disabled
- On a government training scheme
- Other

What is (was) the full title of your main job?

ETHNICITY

How would you describe your ethnicity?

RELATIONSHIP STATUS

Are you in a relationship? Yes / No

Do you live with your partner? Yes / No

Are you currently married? Yes / No

Have you ever been married? Yes / No

CHILDREN

Number of dependent children (i.e. under 16)

Number of non-dependent children (i.e. 16 or over)

SEXUALITY

How would you describe your sexuality (e.g. lesbian, gay, bisexual, queer, heterosexual, other)?

TRANSITION

If you reject the premise of these terms or questions please feel free to comment...

How would you describe your trans 'status' (e.g. pre-op, post-op, non-op waiting, non-op by choice, other)?

Are you currently waiting for a Health Authority decision or on a NHS waiting list for surgery?

CARE NEEDS

Please give details of any specific care needs you may have

COMMUNITY ACTIVITY

Are you involved in any TG community groups, voluntary organisations, social activity groups, self-help organisations, political organisations?

YES

NO

If yes, which ones are you involved with?

Thank you very much for your co-operation and for your offer of participation.

Please feel free to add any further information, which you think is important and has not been covered by the above questions.

Appendix 2: Interview Schedule

Interview 1: Transgender Identities

Part 1: Gender Identity

1: Can you tell me a little about yourself, your name, your age, where you live, what you do?

2: Can you tell me how you describe your gender?

3: Can you tell me something about how your gender identity has changed throughout your life?

4: What has been the most important change for you recently?

5: Who in your life knows about your transition?

6: Are there any people who you see regularly who don't know about your transition?

Part 2: Sexuality

7: How do you describe your sexuality?

8: How important to you is sexual identity?

9: Can you tell me something about how has your sexual identity has changed in relation to transitioning?

10: What has been the most recent change?

Part 3: Community

11: Can you tell me something about the town/city where you live?

12: What are the good things about living here?

13: What are the bad things about living here?

14: Do you see yourself as part of a community?

15: Can you tell me something about your involvement with transgender groups/organisations?

16: Can you tell me something about the people you feel you have most in common with within these groups?

17: Can you tell me something about the people you feel different from within these groups?

Interview Schedule**Interview 2****Intimate Relationships and Care***Part 1: Relationships*

- 1: Can you tell me about the people who are most important in your life?
- 2: Can you tell me something more about why these people are important to you?
- 3: Can you tell me about your relationship with your partner/lover?
- *Or-How do you feel about being single at the moment?
- 4: *If Applicable-Can you tell me about your relationship with your ex wife/husband?
- 5: *If Applicable-Can you tell me about your relationship with your children?
- 6: Can you tell me something about your relationship with your parents?

Part 2: Friendship

- 7: Can you tell me about the friends who are most important to you?
- 8: How did you become friends?
- 9: How often do you see your close friends?
- 10: What are the qualities you look for in friends?

Theme 3: Care

- 11: Can you tell me about a time recently when you have relied on someone for help or care?
- 12: Can you tell me about a time when you have provided help or care for someone?
- 13: Can you tell me about a time when you have felt you have needed help or care and not received it?
- 14: Have you ever paid for care?
- 15: Can you tell me about your experiences of the medical system?
- 16: Do you think that trans people in general have any specific care needs?
- 17: Can you tell me something about the care/support groups that you are or have been involved in?