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Recognizing Transsexuals: Personal, Political and Medicolegal Embodiment.
2011. Zowie Davy. Ashgate Publishing Limited. 204 pp. \$99.95 (Hardcover) ISBN
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Reviewed by Desire Chilwane¹

This book is about transpeople embodiment and, as the title suggests, it focuses on how the phenomenon is understood across personal, political and medicolegal spheres. The text is based on empirical research conducted among twenty-four transpeople in the United Kingdom (UK) of different ages, genders and stages of transition. Davy uses the concept of “bodily aesthetics” to explain how transpeoples’ bodies are formed and understood. “Bodily aesthetics refers to the appearance of the body that is subjected to judgements, whether that is personal and/or public”. These judgements feed into personal body images, which help to formulate understandings about identity formation (pg 5)”. Davy moves away from trans embodiment writing that focuses on gender identity because “it mistakenly suggests that the (modified) trans body is a result of a particular gender identity rather than the (modified) body is socio-historically situated and constitutes gender identity” (pg. 5).

In the first chapter, Davy introduces transsexualism and she explores the theoretical approaches to transpeople’s embodiment and bodily aesthetics. Transsexualism started to be medically defined in the 1940s and it was understood as those people who want to live in the opposite sex role than that assigned at birth. So for example, a transman would be someone who was female at birth but identifies as male and the opposite is also true. In 1980 transsexualism was added in the Diagnostic and Statistical Manual of Mental Disorders (DSM)-a manual that logs psychiatric disorders- and an individual who, for a continuous period of two years, felt that they were of the wrong physical sex and expressed the desire to change their body to that of the opposite sex were diagnosed as transsexuals. In the latest version of the manual (DSM-IV-TR 2010), transsexualism has been replaced by gender identity disorder (GID), which signifies someone with strong cross-gender identification and who suffers from Gender Dysphoria- a term used for those suffering from a conflicting gender identity. The time clause is removed from the latest version. The medical diagnosis of transsexualism is important because it is a gateway for legal recognition.

The concepts of masculinity and femininity are employed in transsexualism theorising and the debate of Nature vs. Nurture features in trans literature with regards to how these are attained. Davy also presents key arguments regarding transsexualism. Some theorists argue that masculinity and femininity are products of socialisation and thus, transsexuality is “a result of overexposure in childhood to unstructured gender roles, so that the child absorbs, imagine or act out more diverse gender formations” (pg.20). Analysts note that transsexualism may also result from unconscious nurturing of the child as the other sex. Boys spending too much time with their mothers and little or no time with their fathers will ‘fail’ masculinity and the opposite is also true. Other theorists lean on the biogenetic paradigm and regard transsexualism as a congenital condition. Brain morphology and hormonal brain activity are regarded as determinants for masculinity and femininity. The evidence given for this claim has been widely critiqued. Davy concludes

¹ Human Sciences Research Council

the chapter by posing that “theories about Transsexuality are based on aesthetic configurations of masculinity and femininity, which are recognised and interpreted through the theorist’s own (binary) gender belief system” (pg. 30). She also argues that these ideas are reproduced and enforced through citation by other ‘like-minded’ people.

Chapter two focuses on sociological and philosophical theorising of trans embodiment and bodily aesthetics and how these have influenced academic approaches. First discussed are radical feminists, who believe that Transsexuals are reinforcing the patriarchal ideas of what it is to be a man or a woman. Radical feminists also accuse gender identity clinics of (re)producing stereotypical men and women by “mutilating healthy bodies and aiding patriarchy by changing those men who did not attain ‘true’ masculinity- through the Oedipal drama- into women” (p. 47). Doctors are accused of conspiring with transwomen to reinforce patriarchy by creating pseudo-women who infiltrate women spaces to undermine feminism.

In critiquing the radical feminists’ position on transsexualism, Davy argues that radical feminists fail to understand transsexual embodiment and blames this on the way theories of embodiment are dichotomously- situated: there is a pre-occupation with distinguishing between ‘good’ and ‘bad’ bodies. This view is supported by some writers in transsexuality who have also critiqued the wrong and right body phenomenon with questions such as “What is a right body?” “Does it exist?” At what point is the body right?”

Transsexuality is also understood as ‘the mind trapped in the wrong body’ and this is how transpeople justify aesthetic surgery. Society misreads transpeople for men or women respectively because their outer body does not match their core gender identity. Transsexuality has thus been theorised as an inverted manifestation of Cartesian Dualism. Davy argues that this theorising becomes problematic when transsexuality is anthologised as a ‘diseased mind and wrong body’ because Descartes believed that the body was distinct from the mind; thus Cartesian Dualism refuses to focus on the body because it is immaterial.

The concept of ‘passing’, which refers to the process of fitting in as unremarkable men and women, is also explored. Davy argues that the ability to ‘pass’ goes beyond achieving good aesthetic results through surgery and depends on people knowing the transsexual’s history. The people who know a transperson’s history are more likely to identify him/her as a Transsexual rather than a man or a woman. She also argues that transmen pass easier than transwomen because of the aesthetic outcome of hormone therapy.

In chapters three and four, Davy succeeds in making the reader understand what transitioning, and in particular, having the ‘right’ body means to the transperson. She does this by sharing, in separate chapters, the experiences of trans men and women who are at different stages of transitioning. This is refreshing because the reader gets to understand this from their viewpoint and not that of the ‘experts’.

The feeling of being different presented at different times for the trans men and women. Almost all transmen who were interviewed agreed that puberty, where secondary sexual characteristics start to appear, was a trigger for their body ‘disidentification’. For the transwomen, the feeling of being different presented much earlier, at around age four or five. Even though they knew early that they were different, the transwomen conformed to societal gender roles until the later stages of their lives. Lack of cultural and gender

capital about trans-sexing were cited as the reasons for conforming. “Cultural capital is gained and situated within a person’s habitus, where conditions of knowledge, taste and judgement can engender an infinite number of patterns of behaviour, thoughts and expressions” (pg 100). Prior to the discovery of the transsexual concept, none of the participants identified themselves as transwomen. Gaining knowledge about transsexualism from medical information, representations of transpeople in sub-cultures and T-COs’ publications afforded them the required gender capital. Factors like marriages and partnerships were considered and this pro-longed their decision-making process.

Davy discusses three levels at which the transmen’s body project is formulated and how they all affect body image. There’s the personal phenomenological body, the social body and the sexual body. These bodies are judged by the self, by others in both public and more intimate spaces. The social and sexual body is validated by onlookers so they influence the transmen’s decision-making process. Whether or not they are recognised as men depend on the context, gender capital and gender belief systems of these onlookers.

Also highlighted in these chapters is transpeople’s agency with regards to ‘treatment’. No longer do they adhere to the medically prescribed route of ‘transgendering’, which can be accessed through public healthcare and includes both hormone therapy and gender reassignment surgery (GRS). Transpeople now have different stopping points, with some satisfied with just hormone treatment. Some transmen were pleased with testosterone therapy only because the aesthetic effects ‘masculinised’ them quickly, making them able to ‘pass’ as men in social spaces. A social body was more important to these transmen than a sexual body, proving that transitioning is not always phallogentric.

Chapter 5 discusses the important role that medical professionals have in diagnosing GID. In so doing, Davy highlights medicine’s authority in the construction and recognition of official Transsexual identities.

General Practitioners (GP) are the first point of contact in accessing medical care for transpeople. A diagnosis is important for actualising body modification and legal recognition of their acquired gender. Davy notes that many GPs have little or no experience with gender issues; they do not recognise GID as a condition; and some transpeople are discriminated against based on the GPs’ moral and religious convictions. The author sympathises with the transperson because, “nonrecognition or misrecognition can be a form of oppression, imprisoning someone in a false, distorted, reduced mode of being. Beyond simple lack of respect, it can inflict a grievous wound, saddling people with crippling self-hatred. Due recognition is not just a courtesy but a vital human need” (pg. 129).

Psychiatrists ultimately control the transitioning process because it is their diagnosis of GID which determines full transition through GRS and legal recognition. Those who wish to transition know the power bestowed on the psychiatrists so they are careful about doing or saying things that might jeopardise their chances of securing a diagnosis

Chapter 6 focuses on T-COs in the UK and their representation of the Transsexual’s social body. These T-COs are politically motivated and their understanding

and representation of Transsexuals depend on their political agenda. The author uses framing analysis to show the type of politics practiced by the T-COs.

The concepts of “sameness”, “difference” and “transformation” are used to understand the trans politics represented by each T-CO. Some of the T-COs discussed include the Gender Identity Research and Education Society (GIRES), Press for Change (PFC) and ‘DIY’ Queer Organisations. Some organisations like GIRES employ the sameness or assimilationist politics to call for medical intervention on behalf of the transperson by constructing transsexualism based on intersexuality. Aesthetic surgery is deemed necessary for intersexed people so by describing transsexualism in terms of intersexuality, GIRES is able to request the same for Transpeople. Others like PFC adopt the difference model which calls for full legal recognition of the transperson, irrespective of whether or not they have undergone medical or surgical treatment, so that they can enjoy civil rights like other citizens. There are also DIY organisations which comprises of those who do not conform themselves to a particular way of thinking and thus exist away from the established

T-COs. Davy observes that these organisations are redefining what it means to be Transsexual. The free thinking spaces have also allowed transpeople to talk openly about sexuality without the fear of being judged as is often the case in Gender Identity Clinics. The ‘DIY’ organisations are thus characterised by ‘transformative’ politics.

Davy argues that it is not always possible to characterise these politics in terms of “sameness”, “difference” and “transformative” because there is sometimes a convergence between these models depending on what the T-COs would like to achieve.

The author writes in an accessible manner, making it easy for someone without prior knowledge of the topic to understand the subject. Transsexuality is not one of the commonly discussed phenomena in Africa, although there is a whole community of transpeople with similar issues and care and support structures as those in the UK. Most ordinary Africans are oblivious of the existence of transgendered people and this is not because we do not want to know, but because there seems to be so many challenges competing for individual, society and state attention. One could also argue that transsexuals in Africa want to exist in their community away from the glare of society, perhaps to protect themselves a society which is unaccommodating to people who are different and thus perceived as capable of disrupting social order. The fact that most Africans are homophobic suggests the chances of them being transphobic too are high.

The book is educational and would recommend it to scholars in the biomedical and social sciences and also transsexuals who would like to know about the experiences of other transsexuals.

References

Davy, Z. (2011). *Recognizing Transsexuals: Personal, Political and Medicolegal Embodiment*. Surrey: Ashgate Publishing Limited.