

THE TRANSSEXUAL PHENOMENON IN A CHANGING CULTURE

Thomas M. Kando, PhD
 California State University, Sacramento
 October 2016

ABSTRACT

Hormonal and surgical sex reassignment has been taking place for well over half a century. The purpose of this article is to discuss the changing goals and approaches taken by transsexuals post-operatively as they negotiate for themselves consensually validated identities that are at the same time congruent with their self-concept.

My original research consists of in-depth postoperative interviews with one of the early cohorts of Male-to-Female transsexuals, seventeen individuals who underwent sex reassignment at the University of Minnesota, plus a number of transsexuals who were not part of the Minnesota project. Additionally, I interviewed several subjects' friends and relatives. I interviewed them between two weeks and two years after their sexual conversion. I then continued to interview transsexuals at Stanford University and the UCLA gender clinic.

Much has changed culturally, politically and scientifically in this field. As a result, the goals of feminized transsexuals have changed, as have their methods to achieve those goals. The famous Canadian-born Erving Goffman's dramaturgical approach provides a fertile theoretical framework for the analysis of the transsexual's post-operative self-presentation and her management of biographical information, in an effort to deal with stigma.

The present article addresses the sharp contrast between my findings over forty years ago, and the current strategies and status of transgenderers and transsexuals in society. Because the culture and sexual politics have changed so enormously, so have the transsexuals' strategies in their post-operative adaptation and identity quest.

Today, identity management remains the transgendered individual's most basic challenge, as it is for anyone undergoing a major status passage. Key is to reconcile her self-concept with the identity which society bestows upon her. The concept of "passing" remains somewhat applicable to the feminized transsexual's situation, but with some important caveats.

While transgenderers must inevitably continue to consider both the feasibility and the desirability of passing, that strategy is no longer recommended and pursued to the same extent as several decades ago.

By now, the LGBT community has closed ranks. The medical vocabulary, including DSM labeling and classifications, has changed. The scientific consensus is that gender dysphoria cannot be "cured" psychiatrically. The Internet and the social media have altered the balance between private and public life. Diversity, tolerance, being true to oneself and to others have become cherished values.

What has become non-negotiable above all is the transsexual's claim that the self which she presents post-operatively is her true and immutable self, or in Caitlyn Jenner's recent words, her "soul."

1. Introduction

Sexual reassignment has been taking place for well over half a century. Its physical aspect consists of medical intervention, including hormonal replacement therapy with or without the surgical transformation of the sex organs into those of the opposite sex. The first individual who famously underwent such a sexual conversion was Christine Jorgensen, in 1951. The people who seek sexual reassignment are called *transgender*, or *transgendered*. Then there is the older term *transsexual*. In my earlier research on this subject, in which I interviewed over twenty patients post-operatively (see Kando, 1973), I stuck to the later term - transsexual. In the present essay, I will use this label to refer to individuals who have undergone sexual reassignment, who have made the transition. I will use the words transgender and transgendered to refer to all those individuals who feel that they belong to the sex opposite of the one to which they were assigned at birth, including those who have not (yet) undergone sexual reassignment. I will circumvent the debate about the terms "transgender" and "transgendered." The latter is sometimes frowned upon and it is viewed by some as politically incorrect (See for example Herman, 2010).

This is in accordance with the transgender community: In a recent interview with a transgender named B., she

explained to me that whereas transsexual implies total conversion, transgender covers the whole range of possibilities, from just some hormonal treatment and cross-dressing, to “all-the-way,” including surgery.

The prevalence of the transgender condition is hotly debated. A few facts stand out: (1) the numbers are higher than was assumed in the past, and they are higher than what the DSM (*Diagnostic and Statistical Manual of Mental Disorders*, 2013), the American Psychiatric Association and many other official medical sources believe to be the case. (2) It is also believed that Male-to-Female transgender cases outnumber Female-to-Male three to one. (3) Furthermore, until recently, the number of untreated cases exceeded the number of completed sex reassignment cases 5 or 10 to 1. This latter is moot, as each year additional thousands of sex conversions take place, making estimates very fluid. (4) For the United States, Professor Lynn Conway had estimated earlier the prevalence of Male-to-Female transgenders at 1 per 1,500 of the population (Conway, 2002). She then revised this upward to 1 per 500 or even 250 of the population (Conway, 2013). Maximally, then, there are currently 800,000 transgenders in the United States, of whom 600,000 are Male-to-Females. This is one quarter of one percent of the country’s population. This includes all transgenders who would undergo surgical, hormonal, psychological and social gender reassignment so as to establish a new gender identity contrary to the one they were assigned at birth, AND those who have already done so.

The purpose of this article is not to delve into medico-etiological questions, or metaphysical ones, such as: What is the ultimate determinant of gender identity - is it sex organs, chromosomes, hormones, self-concept, a combination of these, or something else? Suffice it to say that all transsexuals and transgender people have felt to be members of the sex *opposite* to the one to which they were assigned at birth, an assignment generally based on the newborn’s sex organs.

Instead, I start by accepting the (confirmed) transgender’s self-concept. My analysis begins at the *transition* point where the adult transgender undergoes sex reassignment and becomes a transsexual. I examine the ways in which the transsexual *then* establishes and manages her new identity as a sexually reassigned individual.

My research on transsexuals (See Kando, 1972a; 1972b; 1973, 1974; 1975, Kando and Vituli, 2012) is sociological, not medical or psychiatric. The data were obtained through in-depth postoperative interviews with one of the early cohorts of Male-to-Female transsexuals, seventeen individuals who underwent sex reassignment at the University of Minnesota. I also interviewed a number of transsexuals who were not part of the Minnesota project. Additionally, I interviewed several subjects’ friends and relatives. The subjects ranged in age from twenty-one to fifty-five. I interviewed them between two weeks and two years after their sexual conversion. I then continued to interview transsexuals at Stanford University and Robert Stoller’s UCLA gender clinic (Stoller, 1984). The vast majority of them were far happier now than before their sex change. However, a large number of them worked hard at “passing” at least partially, i.e. dissimulating their former gender and their sex change. They did this, for example, in public places.

The present article addresses the sharp contrast between my findings over forty years ago, and the current strategies and status of transgenders and transsexuals in society. Because the culture and sexual politics have changed so enormously, so have the goals and the methods employed by transsexuals in their post-operative adaptation and identity quest. This was confirmed in my recent in-depth interview with transgender B.

2. Some Basic Sociological Concepts

! Classical sociology and anthropology were clear about man’s social statuses: Ralph Linton (1964) distinguished, famously, between **Ascribed** and **Achieved** statuses: The former are “assigned to individual(s) without reference to their innate differences or abilities, whereas achieved statuses are determined by individuals’ performance or effort.” A person’s occupational status - physician, peace officer - is the best example of an achieved status. Being the King or the Queen of England is an ascribed status - by virtue of birth.

By now, this dichotomy is familiar to every freshman sociology major. It is also a truism that the dichotomy is simpler in theory than in practice (as Linton realized).

What is important as a point of departure for the present article is that physical characteristics such as race and sex have always been among the most prominent **ascribed status characteristics**. That is, they have often been the basis upon which statuses have been ascribed. In the ante-bellum South, being born black meant assignment to the status of "slave." Similarly and to this very day, being born a female automatically excludes you from a variety of occupations (e.g. military combat duty). Age is another important ascribed status characteristic, albeit a temporary one which individuals outgrow. The hallmark of these characteristics is that they are physical, involuntary, fixed, unavoidable. They themselves are often spoken of as "statuses" in everyday parlance - e.g. the statement "suspect is a black male juvenile" sums up the suspect's racial, sexual and age "statuses," statuses assigned to him **by nature**.

Until recently, few characteristics were thought of as better examples of an ascribed and non-negotiable status than **gender**. After all, if gender is not the bedrock of one's identity, what is?

But now comes the transsexual to upset the apple cart, to muddy the water. According to him, one of the most immutable status characteristics moves over from the category of "ascribed" to that of "achieved."

To be sure, transsexuals claim (and much of the medical profession supports this claim) that their sexual reassignment does NOT represent the achievement of a new gender identity, but merely the confirmation of a gender identity which was there all along, albeit concealed by erroneous sex assignment at birth.

! Another sociological concept of great relevance here is that of **Status Passage** (See Arnold van Gennep, 1960; Barney Glaser and Anselm Strauss, 2009; Anselm Strauss, 1997). When the pre-med student becomes an Intern and then a licensed physician, he undergoes a series of status passages. Becoming married or divorced, becoming legally an adult at eighteen, graduating from high school, these are all status passages which alter our **identities**. We become somebody else, our **self** changes into something different.

The transsexual's sex conversion/reassignment is one of the most striking examples of status passage.

! A third important sociological concept is **Passing**: As we just saw, men and women undergo status passages throughout their lives. "When such status passage is **fraudulent**, it is called passing. Passing may be seen as fraudulent status passage, because it is the type of passage in which the individual conceals his former status(es)." (Kando, 1973: 80).

The earliest uses of the term *passing* occur in the context of race relations. See for example Nella Larsen's novel *Passing* (1929), in which African Americans of mixed race pass as whites. The Swedish Nobel Laureate sociologist Gunnar Myrdal picks up this theme in his famous *An American Dilemma* (1996), where the author discusses the passing of light-skinned African Americans as dark-skinned Caucasians (see Kando, 1973: 80).

Typically, the motive behind passing is to escape a lower status and to gain acceptance in a higher status. This requires shedding the characteristic on the basis of which low status assignment occurs - for example black race. In the 1950s, John Howard Griffin conducted a unique experiment in passing: In order to experience the condition of African Americans, Griffin, who was white, passed as a black man for several weeks. His book (*Black Like Me*, 1961) describes his invaluable experiment and experience.

One of the key questions which may be asked about the surgically feminized transsexual is: How, and to what extent, does passing apply to her experience?

A central tenet of the present article is that cultures change, vary and diversify. Therefore, passing - or certain specific forms of passing - may be seen as highly desirable at some points in time and place, but not others.

Racial passing, for example, is no longer pursued as it was three quarters of a century ago, as black identity is no longer something which evokes shame, or a desire to reject it. While blacks rightly continue to object to the conditions under which many of them live, at the same time they have largely altered their self-attitude from shame to

pride. A similar trajectory can be seen within the LGBT community.

A recent indication of how far we have come in this regard is the case of Elizabeth Dolezal, which could be termed an instance of “reverse passing.” Dolezal had been the head of the Spokane NAACP for a number of years, claiming African-American identity all along. However, In 2015, she was outed by her parents, who provided evidence that Dolezal is white. In a way, Dolezal’s attempted “passing” was in the *opposite* direction of what might be expected: She passed from the more privileged status into the more *underprivileged* status (See Armstrong, 2015).

3. For the Transsexual, Some Amount of Passing Remains Inevitable

A central question with regard to transsexuals is whether they engage in passing or not. In order to answer this question, I must introduce two additional and related sociological concepts: ***Self-concept*** and ***Identity***:

! Elsewhere, I have contrasted self-concept and identity as follows: “My *self-concept* is who I am in my own eyes. My *identity* is who I am in the eyes of others (as well).” (Kando, 1973: 214). Sociologists who follow the *Symbolic Interactionist* tradition, as I do, assume that an individual’s self-concept is shaped by his interaction with others, notably *significant others* and the *generalized other* - in other words by society. This understanding originated with George Herbert Mead (*Mind Self and Society*, 1956) and Charles Horton Cooley (*Human Nature and the Social Order*, 1922), among others. Cooley’s classic formulation was that the ‘looking-glass self’ (his term for what is now known as the self-concept) has three principal elements: the imagination of our appearance to the other person, the imagination of his judgment of that appearance, and some sort of self-feeling such as pride or mortification.” (See Kando, 1973: 115).

Thus, self-concept is *subjective* whereas identity “represents a fairly *objective* description of the individual, a description primarily in terms of *consensual* elements such as name, sex, age and race and in terms of roles (for example occupational and family roles) rather than feelings such as ‘he is strong’ or ‘self-confident’.” (Kando, 1973: 214). Identities are consensually validated by society, whereas self-concepts may not be. Your identity is who you are officially, as stated on your driver’s license. Self-concept also includes ***self-esteem***, as Cooley insinuates. Self-esteem is how highly or lowly you view yourself.

Ideally, a person’s self-concept and his/her identity are fairly congruent, even though they are rarely entirely in sync. It is fair to say that a majority of people probably think of themselves somewhat more highly than others actually view them, and in the majority of cases this does not produce chaos. However, if I think of myself as a reincarnation of Napoleon (my self-concept), I have a problem, because others will not validate this as being my true identity.

Gender is one of the cornerstones of a person’s identity. Your ***gender identity*** is the one given to you by society. In most cases this then becomes your self-concept as well, and the two are congruent. It is only in the case of the transgendered individual that a conflict arises between gender identity and self-concept.

The typical male-to-female transsexual has been identified as a biological male, as indicated on his birth certificate, his driver’s license, his passport, his medical records and on all other official identification papers. When he undergoes sex reassignment, he becomes a she, and thereafter claims full-fledged female identity. While her self-concept may have been that of a female all along, her past life was (largely) lived as that of a male, and she had been identified as a male, not only by the generalized other (society and the authorities) but also by many if not all her significant others such as spouse, children, relatives, friends and colleagues. In the eyes of most of these people, her identity was that of a natural-born male.

Post-operatively, the feminized transsexual negotiates for herself a new identity (consensually validated by society) which will be congruent with her self-concept. She now has two options: (1) to be ‘out’ and let her past biography be known to others, or (2) not. The latter is called passing. When interacting with her significant others - spouse, children, relatives, long-time friends and colleagues - only option #1 is available. Option #2 is likely to be

employed in public places - at the supermarket, traveling, shopping - and in encounters with new others who are not aware of her past. This is likely to happen, if for no other reason because there may be no need for a "full identity and biographical disclosure." Thus, it can be assumed that the feminized transsexuals engages in at least some amount of passing, for example in public places. As Renée, one of my respondents, said:

*"Right now, I'm living in an apartment building with nothing but girls.
Only my roommate knows....with everyone else it's all girl talk..."*

Historically, the fundamental purpose of passing has been the avoidance of **stigma**. Erving Goffman (1963) defines stigma as "an attribute that is deeply discrediting and incongruous with our stereotype of what a given type of individual should be...." Furthermore he distinguishes between **discredited** and **discreditable** stigmatization (cited in Kando, 1973: 118). "The first case occurs when the stigmatized individual assumes his differentness is known about already or evident on the spot; the second possibility is when the individual assumes his stigma is neither known to those present nor immediately perceivable by them." (Kando, ibid.). It is in the latter case that passing occurs.

A given stigma can be discredited or merely discreditable, depending on the situation. For example, a physically handicapped or blind person can carry on business by telephone with no knowledge of her condition on the part of her interlocutors.

When the individual's stigma is discredited - visible and known - her work in social interaction consists of **tension management** (Goffman, 1963; Kando, 1973).

When a person's stigma is merely discreditable - i.e. not directly observable or known to others - his principal work in social interaction consists of **information management**. For example, a criminal record need not be divulged. The essence of passing, then, is information management. While passing may be relatively easy in public places, it is much more difficult if not altogether impossible in private life, as one's significant others - family, colleagues, long-time friends - have knowledge of one's past history. Passing can rarely be wholesale. Even those who undertake to pass as fully as possible have "skeletons in their closet" known at least to their most intimate relationships from the past, for example parents, siblings, former employers, etc. Thus, people with stigma or with a checkered history typically have two social circles: Those who "know" and those who don't. Here is how Patricia put it:

"Only my best friends, my family and the doctors know.... I would tell my husband perhaps, but not to my children...I would move out of the state, so no one knows!"

Whenever the feminized transsexual interacts with someone under the mutual assumption that she is a born female, she must engage in a great deal of information management, as all passing requires. What must remain unmentioned, first and foremost, is the fact that she has undergone surgical sex reassignment.

One may quibble as to whether or not the post-operative transsexual's presentation of a female self is truly passing, i.e. fraudulent, since her basic self-concept, the "essence" of what she always knew she was (her "soul," as Caitlyn Jenner put it) was always that of a female. However, in the practical world, whenever the feminized transsexual conceals biographical information about her past life as a male and her conversion operation, in an effort to be viewed and treated as a female, she must engage in a great deal of dissimulation. She has to conceal large parts of her past biography to whomever she is dealing with while presenting a "normal" female self. This is particularly so in the public sphere, when she interacts with strangers while shopping, going out to a restaurant, on an airplane or on the subway, etc. Thus there is always going to be some inevitable passing in the transsexual's life. Jane said:

"I only disclose my sex change in business dealings, when I have to, like applying for credit...(But) I told Mike (my boyfriend)... and my boss; that makes it easier, that way, I have nothing to hide..."

And here is how Sally replied to my question about disclosure:

"I would be reluctant to disclose to strangers...I don't want to disclose it to anybody of course, but sometimes you have to...my children will know that I had corrective surgery but I wouldn't mention exactly what it was."

Sociologists have continued to document the transsexual's status passage, and the heavy emotion work which this continues to require. (See for example Schrock, 2009).

4. The Changed Cultural and Socio-Political Environment

A: Cultural Change: Following Goffman (1963), then, it is clear that most passing and information management have traditionally occurred in efforts to escape stigma, in other words to move from the category of 'deviant' (e.g. ex-felon) to that of 'normal,' from a low status group (black) to a higher status group (white).

However, much has changed over the past few decades. The goals and the methods (means and ends) of self-presentation and information management have changed.

Over the past half century, Western society has become enormously more diverse and accepting of cultural heterogeneity. If ever America was a one-dimensional status hierarchy, it certainly is no longer so. Traditional distinctions between "deviant" and "normal" have been replaced by the mosaic of cultural pluralism. While old forms of ethnic, sexual and cultural discrimination persist among some segments of the population, the culture at large has abandoned much of the monolithic middle-class, white, Anglo-Saxon, heterosexual, masculinist, normative hierarchy. The civil rights, the women's movement and the LGBT movement have changed the culture profoundly. The primary result has been a great reduction in the stigmatization of non-dominant subcultures that were formerly assigned low status - as with regard to ethnic minorities and women - or seen as "deviant," as in the case of gays and transgendered people. In fact, sociologists have been debating whether or not their sub-discipline of the Sociology of Deviance is still meaningful (See Goode, 2002).

Just as the frequent attempts at passing by blacks three generations ago has been replaced by black pride, and as gay pride has often replaced closet homosexuality, so many transgendered people are also claiming recognition for who they truly are. When Christine Jorgensen underwent sex reassignment surgery in 1951, the vast majority of the public did not agree that she was a "bona fide" female, either before or after her transition. To the thousands of other transgendered people, escaping their stigma by passing seemed a logical option at that time. Today, thanks to the rise and coalescence of the LGBT community, this is no longer the case. Far from wishing to "fake" the fact that their female identity is acquired rather than granted at birth, many transsexuals now proudly disclose their true identity and their past biography.

This is most common among those transsexuals who are also celebrities. The most recent such case is Bruce/Caitlyn Jenner, who underwent gender transition in 2015, albeit not including sex reassignment surgery (castration, penis removal and creation of vagina).

As anyone cursorily familiar with the popular culture knows, Jenner, (formerly Bruce and now Caitlyn), has been a world renown Olympic gold medalist. In 1991 he married into the famous Kardashian family and fathered several children. Jenner had periodically cross-dressed and undergone hormone replacement therapy for many years, finally coming out as a full-fledged woman "for all intents and purposes." Thus Jenner has enjoyed a lifetime of celebrity status, in a variety of different capacities (See Bissinger, 2015).

Another case is Chaz Bono, the daughter to Sony and Cher Bono. Bono first came out as a lesbian in 1995. Then, from 2008 onward, he began his transition from female to male, (See *Entertainment Tonight*. June 15-16, 2009), becoming legally male in 2010.

What matters here are not the biographical details of such individuals, but the type of adaptation which they represent: At least among the most highly visible transsexuals, the decision is often made not to be furtive about their condition, but, to the contrary, to be maximally up-front about it. We can speculate about their motives, which surely vary and are a blend.

In certain cases, gender transition is combined with celebrity. Even transgendered individuals who are not as famous as Jenner and Bono do, at least temporarily, enjoy a certain limelight. There is, then, the possibility of exploiting the novelty of the new sexual identity. In some cases, an element of narcissism and exhibitionism may play a role (See for example Kent, 2015) The lure of this trajectory is sometimes difficult to resist due to the inherent sensationalism of *National Enquirer* type tabloids. However, it would be unjust to attribute such motives to a majority of transsexuals, even those who freely publicize themselves in the worldwide media. More importantly, people such as Chaz Bono consider themselves to be activists for the LGBT movement, which of course requires a high public profile.

It is not clear what percentage of transsexuals choose to *maximize* their new identity publically and privately, transforming stigma into asset, so to speak. Even several decades ago, a certain percentage of my respondents chose this option (See Kando, *Playboy*, August 1975).

In all likelihood, a majority of transsexuals today prefer to lead a normal and low-keyed life out of public scrutiny and protective of their privacy.

However, a key contention in this article is that today, fewer transsexuals live a furtive and camouflaged life than one or two generations ago. In other words, my hypothesis is that efforts to *pass* have become much less frequent, due to the cultural changes described above.

B. The Post-Modern Paradigm Shift Regarding Sex and Gender: Ever since Alfred Kinsey (see Alfred Kinsey et. al., *Sexual Behavior in the Human Male*, 1948 and *Sexual Behavior in the Human Female*, 1953), the social sciences have been debunking the traditional binary conception of sex, gender and sexual preference: Kinsey and his colleagues were the first to propose that sexual preference is a continuum rather than a duality. Individuals *range* from full heterosexual preference to full homosexual preference through a variety of *gradations* of bisexuality.

More recently, “gender binarism” has also come under attack. (See for example Anne Fausto-Sterling, *Sex/Gender: Biology in a Social World*, 2012). Post-modern and Feminist Sociology have been in the forefront of this challenge (See for example Laurel Westbrook and Kristen Schilt, ‘*Doing Gender, Determining Gender, Transgender People, Gender Panics, and the Maintenance of the Sex/Gender/Sexuality System*’, in *Gender and Society*, January 16, 2014).

Unlike Kinsey’s “continuum” model regarding sexual preference, current socio-biological theories do NOT intend to propose a similar scale with regard to SEX, as sexual dimorphism is a biological fact. GENDER, however, is now viewed as a *socially assigned* identity. This is most blatant in the case of individuals who are born intersex. Thus, as a socio-cultural construct, gender does not need to be binary, or immutable. Post-modern sociology would reject, for example, the perspective of new age motivational guru Eckhart Tolle, who continues to view masculinity and femininity as “essential” and dualistic (See E. Tolle, 1999). Such dichotomous thinking is not prevalent among feminist sociologists and in gender studies programs, which generally subscribe to a post-modern paradigm and ideology.

At the same time, the sociology of sex and gender increasingly employs a perspective that is “performativity” and behavioristic rather than “essentialist.” (See Hird, 2002). In other words, sociology examines the transsexual’s role

performance, rather than her fundamental gender identity claims, which has been the focus of psychology.

Thus what is no longer in doubt is that gender has become a far more complex concept than the dichotomous idea of the past, a ‘blended’ concept as is sometimes said (see Ekins and King, 1996).

C. Scientific Change: The more conventional disciplines of Psychology, Psychiatry and the entire medical profession are also shifting in their understanding of sex, gender and the intersex phenomenon. The professional labels, classifications and vocabulary pertaining to the transgendered condition are changing. As of 2012, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) has changed the label for this condition from **Gender Identity Disorder** to **Gender Dysphoria** (see Ford, 2012). What this means is that the condition is no longer viewed as a mental illness. The harsh word “disorder” has been removed from the medical label. Several European countries have gone a step further, declaring that “a person’s sexual orientation and gender identity are not, in and of themselves, medical conditions and are not to be treated, cured or suppressed.” (See Wikipedia, Gender Dysphoria, 2015).

The emancipation of transgendered people follows in the footsteps of gays, who were similarly removed from the DSM’s list of medical disorders in 1973. The difference, of course, is that whereas there is now a consensus that homosexuality needs no treatment, gender dysphoria (=“discontent”) does remain a candidate for treatment, namely sexual reassignment.

D. Political Change: Ultimately, the fate of transgendered individuals and transsexuals is a Civil Rights issue. It is indicative that *Time Magazine* devoted its December 15, 2014 cover story to the topic of “*The TransGender Tipping Point*” (Katy Steinmetz, 2014). By closing ranks with gays, the LGBT community acquires political power and legal rights. In general the greatest progress towards LGBT legal equality has been achieved in some northwestern European countries (the Netherlands, Sweden, etc.). In the United States, there is variation from state to state. Elsewhere in the world, including the Middle East, Africa, vast parts of Asia and Russia, conditions in this regard range from mediocre to abominable (see Wikipedia, LGBT rights by country or territory, 2015). However, in the Western World, there can be no doubt that the societal treatment of transgendered people and transsexuals has been vastly liberalized over the past several decades.

E. Technological Change: A final set of factors which have changed the ways in which transgendered people and transsexuals navigate social life is technology:

The Internet and the social media have made passing enormously more difficult. Long gone are the days when a person could shed a deviant or an otherwise undesired identity, a checkered past, a criminal record, by packing up and hoping for a rebirth and a fresh start. With the advent of the Internet, Google, electronic files in the hands of law enforcement and the government, there has been a steep decline in privacy. Concealing one’s previous identity/identities and biography has become much more difficult.

This added difficulty contributes to the general phenomenon which this article is about, namely the decline of passing and subterfuge as a core adaptive strategy by the post-operative transsexual.

There is perhaps one factor which works in a direction opposite to all the above, and that is the improved medical technology at the service of sexual reassignment. Hormonal replacement therapy and surgery have made strides in recent decades. Half a century ago, the physical outcome of sexual reassignment often left something to be desired. Depending on the age and prior physiology of the patient, the outcome was sometimes not altogether satisfactory. For example, some feminized transsexuals who had lived their lives as large, muscular, hirsute, baritone-voiced males with protruding Adam’s apples and who underwent sex reassignment in their forties or fifties did not become very feminine in their post-operative appearance. To the extent that today’s improved medical technology attenuates this “esthetic” problem, it makes passing a more realistic possibility.

However, my main contention is that, in general, far fewer transsexuals opt for passing today than they did in the past, preferring to come out instead.

5. Changing Goals and Methods, yet a Doubled-Edged Sword

I have argued that transsexuals today are less likely to wish to pass, or to conceal parts of their past biography and true identity. What, then, are the selves and identities which they claim, negotiate and present to the world?

In order to succeed in establishing the desired identity, the transsexual must become a *solipsist*. The self is the ultimate reality. The transsexual knows who she is, and this knowledge is proof that she is correct, and that any detractor who questions the veracity of the claimed self is either ignorant or willfully prejudiced.

An important new societal value which supports the transsexual's quest for the affirmation of her true, claimed and presented self is the value of *diversity*, which has been increasingly adopted by an increasingly progressive culture. The 'diversification' of gender - a social construct no longer seen as exclusively binary - is part of the diversification and liberation of the culture at large. Acceptance and validation of her presented true self are part of the march of progress towards a more humane society that recognizes and accepts as co-equal the vast variety of selves claimed and presented by various individuals and subgroups.

In the political arena, this translates into activism, where the goals are solidarity amongst the LGBT and feminist movements, equal rights obtained through the pursuit of political power and the passage of anti-discrimination legislation, following in the footsteps of the civil rights movement among ethnic minorities.

In medicine, the fight is about labeling: It was noted earlier that the DSM and other entities have become ambiguous or outright opposed to classifying the transgender condition as a "disorder." The DSM still considers the condition a reason for medical intervention. After all, transgenders are unhappy about the status quo, namely being trapped in the wrong body, and they seek sexual reassignment. However, there is no longer much talk of "etiology," or what causes the disease, because transgender is not a disease. A search for its cause is immaterial. Above all, psychiatric treatment as a surrogate for sex reassignment is contra-indicated, as it became so for homosexuality two generations ago. The treatment, sex reassignment, is not a cure for a disease. It is a "correction" meant to re-align the mind and the body.

* * * * *

However, the transgender's dilemma - to pass or not to pass - has not disappeared. A recent in-depth interview with transgender B. sheds light on the double-edged sword under which people in her condition live. In the following interview, I try to reproduce B.'s analysis as carefully as possible, but most of it is paraphrased:

B. is a relatively young male-to-female transgender who has not completed the full transition, but who is highly "passable." She is an LGBT activist, and she counsels young transgenders. Our interview centered around the concepts of passing and "**passability**".

First, B. explained that passability becomes more problematic with age. She confirmed that decades ago, many patients who underwent a full transition that included the creation of an artificial vagina, would "(often) provide no revelation at all." For example, when such a transsexual married but then failed to give birth to children during the following years, she would find some "excuse such as 'being barren.' But this is **fraud**," B. added.

B. said that today, many young people who undergo the male-to-female transition, think of themselves as "young girls" who sometimes feel that "it's cute to fool a guy." She said that these individuals like to do this pre-operatively, after having "only taken some hormones," and that "they enjoy the opportunity to pass," at least superficially. They can do this, B. explained, "because their appearance is perfectly that of a young girl." Many of these "girls" who are very passable don't even like to associate with other members of the transgender community. Often they go and try to live as women. They might target some boy who, they think, "would eventually be 'cool' with the truth - if or when it

came out later in the relationship." However, this is a bad idea, B. said, explaining that "it can lead to violence and even homicide, which has happened," when the enraged boy discovers the truth.

So according to B., the whole "business of passing is a double-edged sword." What B. was most adamant about, was that the question whether to pass or not to pass is one which must be approached very carefully. On the one hand there are transgender activists who demand full, above-board recognition. On the other hand, there are transsexuals like these young and very passable "new girls" who embark on a life based on quasi-total passing, hazardous as this approach might be, in the event of being "outed" at a later time.

B. reminded us that environments differ: For example, "San Francisco is a place where there is the highest level of recognition and acceptance of transgenders." Clearly, it is a place where LGBT efforts are strong and where coming out is a viable option. However, environments such as the Midwest are not that way. There, B. Said, "if you are even (semi-) passable, maybe you go for it." This is what B. meant by a "double-edged sword."

She continued as follows:

"On the one hand you have the LGBT educators, you have physicians and other 'progressive' people who may encourage transgenders to be open about their condition, to be 'out.' But on the other hand many transgenders live in places like, say, Cincinnati, and they have to be more vigilant, more cautious. They may be more inclined to pass."

As B. saw it, the crux of the problem centers around passability: "This can cause a great deal of self-doubt: Your doctor and others may tell you to be honest about who you are, 'but the real world out there has a way of undermining your self-confidence.'" B. said that celebrities such as Caitlyn Jenner are not representative of the whole transgender community. Many of us find some of what they say and do in the public limelight annoying."

I then brought up the fact that passing is rarely an all-or-nothing strategy. Different situations call for different responses, even on the part of one and the same individual. Here is what B. said:

"This depends on your perceptibility. There are two questions: (1). You want to know whether the other person already knows, or has an inkling of your background. (2). Are you in a romantic relationship? In the latter case, it's incumbent on you to disclose your background. Otherwise, you are committing a fraud."

B stressed again that "situations differ, depending on your passability, on how passable you are when you undergo the transition. Many young 'girls' begin their transition very early. So they are very passable, and they pass without worrying much. However, if you are not very passable, you are under a curse, you are haunted. The worst thing that can happen to you (and it happens!), is being asked whether you are a girl or not. When you are easily passable, you don't have to live with this worry every day. You may have other problems, but not this one, not the worry of people asking you what your gender is."

B. added that the medical technology has improved. "Until the early 1990s, it was rare that they could get to where you simply couldn't tell."

She stressed that every transgender should ask herself, before undergoing the transition: "Am I going to be able to pass?" The politically correct crowd, enlightened physicians and others may feel that this is the wrong question to ask. This group focuses on one aspect of the problem, namely the fact that the mental condition of being a transgender - a member of the sex opposite of the one to which he/she were assigned at birth - warrants sex conversion, which is the only solution to the deep dissatisfaction with the status quo, an unhappiness often bordering on the suicidal.

However, B. argued that every prospective patient considering conversion SHOULD ask himself/herself this question. Will I be reasonably passable once I make the transition? According to B., passability is a very important consideration.

Thus, passing remains a desired and even a necessary option in many instances. There is no doubt about the vastly different social, cultural and political context in which transsexualism exists today, and the greater viability of being "out." That is the message from professionals, from activists and from most celebrities. At the same time, my respondent B. wisely noted that this is sometimes "easier said than done."

* * * * *

What, then, is the converted transsexual to do with her past biography, including her childhood experiences? Her past can no longer be said to be reconstructed. There is no re-writing of history. Instead, there is a recollection of experiences, and these are now *interpreted* correctly. For example, once someone has been diagnosed as a transgender, past hidden cross-dressing makes sense.

The most fundamental value which transsexuals now cherish and pursue is *authenticity*, i.e. the freedom of being true to oneself. A few of my respondents were already “ahead of the curve,” expressing the progressive and liberated attitude which would spread more widely across the culture many years later. For example, when I interviewed Roberta only two weeks after her surgery (still at the hospital), here is how she replied:

I don't know what is going to happen, because I have only worked as a male. I don't fear going back. I welcome the idea. I think it will be terribly interesting just as a sociological study to see how I will be accepted. I'm just dying to go back. I have a large office, there are thirty people in the office that work for me and it would be quite interesting to know how many people are going to say 'I don't want to work in this nut house,' or how many people will accept the new me. I'll advise my employer before I go back and the circumstances."

Today, one hears transsexuals reiterating over and over again that “I must be true to myself,” and “if I am not true to myself, how can I be there for others, for my children?” and “I was always what am I now,” and “if others accept me for who I truly am, so much the better. But whatever society's reaction is, I will no longer deny and hide my true self; I will lie no more.” As Amy Ellis Nutt (2015) put it in an October 19, 2015 interview with NPR's Terry Gross: “The main thing is ‘feeling free within yourself.’” To these individuals, what has become non-negotiable above all is their claim that the self which they present post-operatively is their true and immutable self or, in Caitlyn Jenner's words, their soul.

However, ideology will always be tempered by pragmatism. Individual decisions must also consider opportunity, privacy and personal circumstance. To the transsexual, to pass or not to pass, and when and how to do so, remain critical existential questions which cannot be answered unequivocally.

Bibliography and Sources

1. American Psychiatric Association
2013 Diagnostic and Statistical Manual of Mental Disorders; 5th ed.; Washington, D.C.
2. Armstrong, Kiley
2015 ‘Ex-NAACP leader Rachel Dolezal: ‘I identify as black’’ June 16, AP.
3. Bissinger Buzz
2015 ‘Call me Caitlyn.’ *Vanity Fair* (June 30).
4. Conway, Lynn
2002; ‘How Frequently Does Transsexualism Occur?’ *Polare Magazine* (February 2002; Last Update: October 2013; 2013; Last Reviewed: September 2015).
5. Cooley, Charles Horton
1922 Human Nature and the Social Order. New York. Charles Scribner's Sons
6. Ekins, Richard and Dave King

- 1996 Blending Genders: Social Aspects of Cross-dressing and Sex-changing; Psychology Press.
8. Entertainment Tonight
2009 ‘Chaz Bono.’(June 15-16).
9. Fausto-Sterling, Anne
2012 Sex/Gender: Biology in a Social World. New York and London. Routledge.
10. Ford, Zack
2012 “APA Revises Manual: Being Transgender Is No Longer A Mental Disorder.” *ThinkProgress* (Dec. 3).
11. Glaser, Barney and Anselm Strauss
2009 Status Passage, Chicago, Aldine Transactions.
12. Goffman, Erving
1963 Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs, N.J., Prentice Hall.
13. Goode, Erich
2002 ‘Does the death of the sociology of deviance claim make sense?’ *The American Sociologist* (September).
14. Griffin, John Howard
1961 Black Like Me. Houghton Mifflin.
15. Herman, Joanne ‘Transgender or Transgendered?’
2010 Huffington Post (May 11).
16. Hird, Myra J.
2002 ‘For a Sociology of Transsexualism’ *Sociology* (August).
17. Kando, Thomas
1972a ‘Passing and Stigma Management: The Case of the Transsexual,’ *Sociological Quarterly* (Fall).
18. Kando, Thomas
1972b ‘Role Strain: A Comparison of Males, Females and Transsexuals,’ *Journal of Marriage and the Family* (August).
19. Kando, Thomas
1973 Sex Change: The Achievement of Gender Identity Among Feminized Transsexuals. Springfield, Ill.: Charles C. Thomas.
20. Kando, Thomas
1974 ‘Males, Females and Transsexuals,’ *Journal of homosexuality* (Fall).
21. Kando, Thomas
1975 ‘Sex Changes,’ *Playboy Magazine* (August).
22. Kando, Thomas
1977 Social Interaction. St. Louis, Mo.: C.V. Mosby.
23. Kando, Thomas and Eli Vituli
2012 Interview with Doctor Thomas Kando. University of Minnesota, Academic Health Center Oral History

Project.

24. Kent, Simon
2015 ‘Feminist Germaine Greer Accuses Bruce ‘Caitlyn’ Jenner Of Wanting To Steal The Limelight From Kardashian Girls,’ *Breitbart News Network* (October 25)
25. Kinsey, Alfred et. al.
1948 Sexual Behavior in the Human Male. Philadelphia, Saunders.
26. Kinsey, Alfred et. al.
1953 Sexual Behavior in the Human Female. Philadelphia, Saunders.
27. Larsen, Nella
1929 Passing. Alfred A. Knopf.
28. Linton, Ralph
1964 The Study of Man. Abe Books; Amazon
29. Mead, George Herbert
1956 Mind Self and Society, University of Chicago Press.
30. Myrdal, Gunnar
1996 An American Dilemma. New edition: Transaction Publishers.
31. Nutt, Amy Ellis
2015 Becoming Nicole: The Transformation of an American Family. Penguin Random House
32. Schrock, Douglas P. et. al:
2009 ‘Emotion Work in the Public Performances of Male-to-Female Transsexuals.’ *Archives of Sexual Behavior* (October: 702-712).
33. Steinmetz, Katy
2014 “The TransGender Tipping Point.” *Time Magazine* (Dec. 15, 2014).
34. Stoller, Robert
1984, Sex and Gender: The Development of Masculinity and Femininity. Karnac Books.
35. Strauss, Anselm
1997 Mirrors and Masks, Amazon.com.
36. Tolle, Eckhart
1999 The Power of Now: A Guide to Spiritual Enlightenment, New World Library.
37. Van Gennep, Arnold
1960 Rites of Passage, University of Chicago Press.
38. Westbrook, Laurel and Kristen Schilt
2014 ‘Doing Gender, Determining Gender, Transgender People, Gender Panics, and the Maintenance of the Sex/Gender/Sexuality System,’ in *Gender and Society* (January 16).
39. Wikipedia
2015 ‘Gender Dysphoria.’

40. Wikipedia
2015 ‘LGBT rights by country or territory’