

Learning about transsexuality from transsexuals

by Kiira Triea

During the winter of 1992/1993 I went through a profound experience which I called a kind of constructive breakdown or awakening during which I started to come to terms understanding my treatment as a young intersex teenager at the Psychohormonal Research Unit of Johns Hopkins Hospital. I had been told there that I was extremely rare biologically, which was not actually true, and intersex clients at the PRU were discouraged from meeting other intersex people. We were taught to keep our histories a secret, which of course contributed to the shame we felt as intersex children, teenagers and adults. I had never met another intersex person and the public awareness of intersexuality at that time was non-existent so the first thing I wanted to do was find out if what I had been taught at the PRU was actually true - most importantly, that intersex children who have surgery to "correct their bodies" became happy well adjusted adults who were able to function sexually. I had no experience at all doing activism and did not consider myself capable of doing any, after all I had made my living since I was 16 as a rock and blues guitar player. If it turned out that I really was completely biologically unique and that I was alone in being messed up sexually and emotionally then I would accept it because I just wanted to know the truth.

I had tried contacting Hopkins and asking if there was any support or counseling for former intersex clients of the PRU and was ignored so I then tried using the internet. I wrote on newsgroups and mailing lists for medical issues and birth defects, or those that were concerned with endocrinology but had very little success (though later that changed). I also decided to try and talk to transsexuals about their experiences with surgery because I wondered if they had any problems with sexual function. I thought that there might be some commonality of experience since m2f transsexuals also have vaginoplasty and I presumed that they were as concerned about sexual function as I was. Many people, especially transgendered people, often think of intersexuality and transsexuality as being related somehow but the truth is that the majority of intersex people, those with some history of intersex related medicalization, are only about as likely to have knowlege or first hand experience with transsexuals as any other non-transsexual person. I knew nothing at all about transsexuality in 1993. I had some preconceptions about m2f transsexuals however, for instance I thought that they were probably very feminine and had been feminine as boys and simply found it more practical to live as girls rather than as their assigned birth sex, in a similar way to some intersex children who sometimes decide to change their sex identity as teenagers because they do not fit in to their assigned sex very well socially.

When I began talking with m2f transsexuals on the internet and in real life, by going to some transgendered or transsexual support group meetings and introducing myself, I quickly learned that they did not seem to be concerned with the things that I was concerned with. I was amazed that many transsexuals told me that they did not care about their libido or sexuality and that they would have vaginoplasty even if they were told that it would make them anorgasmic. They were interested and polite for the most part but seemed to misunderstand that I was not unhappy because I had been assigned a wrong gender but because I had been mistreated as an adolescent. A few told me that I was very lucky to be a GG (genetic girl) and to have had "free" surgery² to correct my birth defect. I didn't understand their view of their gender and identity, which seemed illogical because they did not seem to be socialized very femininely, and I wasn't interested in "gender" or "identity" at all anyway, so I decided my growing personal and socio-political awareness of intersex had nothing to do with transsexuality because obviously the two groups had very dissimilar goals and experiences. My goal was simply to try and find effective ways to stop unconsented intersex medicalization and subsequent trauma.

Email from the edge

As my personal efforts began to take on some context as activism, by meeting other intersex people and sharing experiences and ideas, it also became apparent that many m2f transsexuals (and a few f2m's as well) wished to involve themselves in an exploitive way with intersex people. I quickly learned about intersex wannabes, a group of people who wrote to me or approached me when I spoke publicly presenting themselves as "intersexuals" (or originally, "hermaphrodites") and providing confabulated medical or social histories as evidence.

These people seemed to fall into a few different groups the first being gynandromorphophiles, men who are paraphilically attracted to feminine appearing people with breasts and a penis who they call "she-males". Another group of people who wrote to me were apotemnophilics or people who have a paraphilic interest in amputaion or are drawn to amputees sexually. Some of these people seem to focus specifically on genital amputation. The other group of non-IS people who wrote to me were m2f transsexuals or transgendered people, some of whom were also gynandromorphophilic ("chasers" for short) themselves. I became interested in this phenomenon so I corresponded with some of them and saved all of my email over the years from doing web work and support for ISNA (Intersex Society of North America) and CISAE (Coalition for Intersex Support Activism Education). My mail spool file became a kind of historical record of the public awareness of intersex as reflected by the personal and political needs of certain types of male to female transsexuals and transgenderists, whose narratives evolved along with the cultural acceptance of the intersex movement.

"Don't quote Ovid to me"

Prior to the time when actual intersex activists began trying to change the CTM (current treatment methodology) and increase awareness of the traumatic sequelae of unconsented surgery, most peoples' understanding of intersex was based on mythology. Early transsexual narratives explaining their "intersexuality" were accordingly mythological in construction. Around 1994 a frequent contributor to transsexual discussion lists wrote a typical narrative to me explaining:

I am a hermaphrodite and I have a penis and vagina just like you. I like the freedom and unique ability to function sexually as a male or a female and I don't know why you are so negative about hermaphroditism. As the poet Ovid shows, being a hermaphrodite is a beautiful and special thing and I feel very fortunate.

I pointed out to the correspondent that during Ovid's time actual intersex children were killed as neonates and I started putting "Don't quote Ovid to me" in my email signature. My relationships with most m2f transsexuals got worse and worse as I became more socially visible as an intersex activist and as m2f transsexuals increasingly became aware of the intersex movement.

Being an IS activist means always having to say you're sorry

Around 1995/1996 ISNA created a web site for activism and I also created another activist website called Intersex Voices. The ISNA website was more medical and political and Intersex Voices was designed to educate about intersex people as real human beings and not as interesting medical cases or mythological beings, our own stories written in our own voice. Both websites were very effective for both education and activism and in providing support services for people who had experienced unconsented harmful medicalization. An unfortunate side effect of our successful activism was that as public knowledge of intersex narratives and the specific types of intersex syndromes became more accessible so did the ability of transsexuals to appropriate those narratives and histories and lie to me. I estimated that the ratio of people who wrote to me lying about their history to the number of people with actual histories of intersex related medicalization to have been somewhere between 50 and 100 to 1. These were not people who were confused about the meaning of intersex, they were people who were actually providing false narratives of non-existent histories and medical conditions in order to deceive me with the purpose of being admitted to internet and real life support groups specifically for intersex people only.

Transsexual narratives describing their "intersexuality" always had similar characteristics in being very biologically essentialist, intersex "caused" transsexuality,

and in being very hierarchical in construction. Popular syndromes were "True hermaphroditism" (why be a boring "pseudo-hermaphrodite" when you have a choice?) and Klinefelter's (the extra "X" chromosome explaining the desire to be female). I began to wonder about the arrogance of a group of people who imagined that they could successfully lie to actual members of the unique group they sought to be a part of, some of whom were becoming recognized as medical experts in their own right as part of their activism. I suggested that transsexuals try using medicine before lying to me in lieu of making up what I called "biological gobbledygook" to describe nonsensical syndromes and I suppose some took my advice because their stories to me sometimes contained the journal write-ups of people I knew personally and once even my own.

These false stories were easily recognizable of course but the volume of them was annoying and it was sometimes also an emotional drain to have so many people lying to me when I was concerned only with trying to do activism and support. It was tiresome having to cope with sexual fetishists who were paraphilically attracted to "hermaphrodites" and transsexuals who imagined that they would be more socially legitimate as "intersexuals". It became somewhat more emotionally and financially difficult for me trying to provide support, though never impossible of course. I still had no interest in concepts like "gender identity", "transgender" or "gender expression" and was told by one well known transsexual activist that I was naive and unsophisticated as an activist because I was focussed only on intersex issues, stopping unconsented medicalization, surgery and subsequent iatrogenic trauma. I was called an "elitist" and "exclusionist" because I did not allow transsexuals to join the intersex support groups I ran for ISNA and CISAE, as if I were running an exclusive club and not support groups for severely traumatized people. Finally, I began to understand transsexuality, as it was expressed by socially privileged former men, in terms of being antithetical to my understanding of the underlying socio-political causes of intersex oppression and at odds with my goals as an intersex activist.

Certainly there are many conceptual frameworks within which intersex can be understood but I found feminism to be useful because it addressed the core issues of what sexualities and what bodies are allowable by an androcentric technocracy and answered questions like why would doctors create non-functional female genitals in children, not bothering to determine the results of those interventions for decades. I also began to wonder why the natural biological variation of intersex, which did not actually result in socially expressed "gender variance", was not allowed while the biological variation and socially obvious gender variance that resulted when adult men attempted to modify their bodies to become female was allowed.

Despite my alleged proletarian approach to activism I actually began to gain some theoretical insights about "gender identity" and transsexuality subsequent to the aggressive attempts by transsexuals to subsume and colonize intersex as an "identity" which they could utilize in their single minded quest for social validation. My personal experiences with m2f transsexuals had led me to be curious about their behavior, as

a group, toward myself as an activist within the feminist context of class and patriarchy. Eventually I began to think of them as being on the other side of a profound cultural and cognitive divide of experience and motivation despite their assertions that we were all part of the the same similarly oppressed group. I did not understand their motivations entirely, which seemed paradoxical to me, and I began to think of transgendered politics as being about the politicization of paraphilia. Out of necessity, a need to protect myself and establish boundaries which most m2f transsexuals evidently did not understand, I divorced my activism as much as possible from transgender involvement. I was simply tired of being misunderstood, insulted and exoticized.

Gender Identity: it's anything you want it to be

Because I was a client at the Psychohormonal Research Unit as a teenager I was aware of the outcome of several "interesting cases" there besides myself. Certain types of intersex and non-intersex children were experimentally valuable to medical researchers at the PRU, for instance females who had been exposed in utero to progestin and normal biological males who had been accidentally suffered irreparable genital damage. Progestin was given to some women from the 50s to the early 70s to prevent miscarriage (it did not by the way) and it had the effect sometimes of causing genital development in females like enlarged clitoris or fused labia. Some of these children were raised nominally as boys until their period started as teenagers. Just as some normal male children had their penises accidentally removed by botched surgery, progestin in a way "accidentally" attached a "penis" to an otherwise normal female and positioned them to be utilized in theoretical experiments concerning sex identity, sexuality and gender.

Money claimed that several females who had been raised as males due to androgenized genitals had integrated successfully socially, as normal males despite his understanding that progestin is not systemically androgenic, unlike for instance the prolonged exposure to testosterone that some females with congenital adrenal hyperplasia experience in utero, many of whom choose as teenagers to live very advantageously as males. One of the female children utilized for these experiments was living not too successfully as a very feminine gay boy who I became friends with long before I had sufficient insight and motivation to do activism. Jamie knew a lot about some of the people who worked at the PRU and some of the clients as well and I learned from him that another experimentally valuable child, known then as "the twin", David Reimer, had not in fact gone on to live as a female as John Money claimed for decades but had actually started living as a boy again at age 14, subsequent to years of typical traumatic medicalization as a child and teenager.

I thought it was interesting that prior to the truth about Money's deception becoming widely public in 1997, m2f transsexuals often cited David Reimer's erroneously reported outcome in support of a "natural" etiological understanding of

male to female transsexuality, presumably because it was a narrative history of a biological male who had genital surgery and was therefore "female" and who "*went on rather unremarkably to live her life without incident*" (quoted from a transsexuals private email to me) as reported falsely by Money. This was illogical because the transsexuals who were citing Money's report had not been raised as girls and did not seem like women behaviorly when I met them.

Even more stunningly paradoxical to me however was that even after the truth became known, primarily due to the efforts of Mickey Diamond, Keith Sigmundson and also activists Cheryl Chase and myself, transsexuals still continued to cite David Reimer's life as supportive of their own understanding of their transsexuality, now as a "natural" consequence of their "immutable inner sense of gender identity", again completely illogically since they were normal biological males who were choosing voluntarily to live as women and not as their biological birth sex as males, as had David Reimer. Evidently the concept of "gender identity" was so plastic and socially privileged that its assertion was all that was required for acceptance, not any actual logic or meaningful scientific data.

My sense of surrealistic ennui as an activist reached an all time high when David Reimer appeared on the Oprah television show which included m2f transsexuals Dana Rivers and Dierdre McCloskey, whose autobiography *Crossings: A Memoir* documents a long history of paraphilic transvestism prior to choosing to have sex reassignment surgery after a very successful career as a man. These transsexuals presented themselves as experts on the subject of "gender identity" and participated proactively in diverting the real issues of human rights for intersex and other children into a irrelevant "transsexualized" discussion of their own "gender identities", itself one of the theoretical concepts which led to the dehumanizing treatment of children at the Psychohormonal Research Unit and other teaching hospitals. It was incomprehensible to me that anyone would imagine that these people had any commonality with or understanding of the lives of children who had been psycho-sexually abused³ at the PRU and other hospitals where traumatic unasked for medical interventions were inflicted upon children and teenagers who were deemed interesting enough to be able to provide insights about "real" human beings, like Dana Rivers and Dierdre McCloskey. I began then in 1997 to understand transsexuality and its supporting model of "gender identity" not as medical syndrome but as a social instrument which eradicated understanding in order to preserve social privilege.

Another understanding of transsexuality

In 1997 I joined Michael Bailey's discussion list SEXNET in order to speak first hand to sexologists and other people interested in intersex. Fellow activists Cheryl Chase and Heike Boedeker were also on the listserv along with people I knew as allies from our activism like Anne Fausto-Sterling, Mickey Diamond, Suzanne Kessler and

Sharon Preves. Transsexuality was also discussed of course and Ray Blanchard and Anne Lawrence were contributors. I learned about Blanchard's typology and accepted that it must be accurate because Anne Lawrence's arguments were persuasive as a member of one of two types of transsexuals, autogynephilic and homosexual, described by Blanchard. I was aware that many other transsexuals who seemed to me to also fit the autogynephilic category argued that Blanchard's theory was completely incorrect but I found their arguments much less convincing because I had met a lot of transsexuals as an activist and didn't really agree with their ideas about "gender identity" at all and because many of them were also the same transsexuals who had been lying to me personally about being intersexed and who had behaved in harmful ways toward my efforts as an intersex activist. It all seemed to tie together logically with my experiences with transsexuals up to that time, especially since I had also recently met members of the other group, called homosexual transsexuals, and not just some, but all of them, had told me that they considered Blanchard's typology to be not only correct but socio-politically advantageous to support.

When I finally met the "other kind" of m2f transsexual it was immediately obvious to me why they were a socially invisible population and why I had known nothing of their existence for years. Occasionally I would speak at schools about intersex and I found that I would often be engaged by autogynephilic transsexuals very directly after speaking and that many of them would tell me that they too "were intersexuals", but if any intersex people had attended they would wait shyly in the background until I was alone to speak to me and usually the first thing they would say was something more like "I'm not intersexed, but...". The first homosexual transsexuals I met, hsts/transkids, behaved the same way. None of them had tried to write to me for several reasons, first was that they were not motivated to acquire any other legitimizing identity as were autogynephilic transsexuals because their social identities and personal identities were congruent. They simply seemed like normal feminine girls or women whose social "gender" or what Suzanne Kessler calls "gender attribution"⁴ was immediately obvious both in their appearance and behavior and required no theoretical explanation. They did not present themselves to me as intersex nor did they advocate for transsexuality to be classified as an "intersex condition" because, in common with intersex children, they were a socially devalued population who were often medicalized harmfully as children.

Some also told me that they felt reluctant about talking to me because although they sometimes understandably wondered if hsts might be related to intersex in some way, they were also very aware that autogynephilic transsexuals often lied and attempted to present themselves as intersexuals. In my experience, hsts are like intersex people in sharing some behaviors based on the commonality of their unique experiences and one of those behaviors is that once they become socially aware of autogynephilic transsexuals they do not wish either their behavior as individuals or their group identity as hsts to be confused with those of autogynephilic transsexuals.

Initially, hsts knew they had to introduce themselves to me in person because any meaningful social label which they could use to explain themselves to me had been effectively appropriated and made meaningless by autogynephilic transsexuals. I had never seen any transkids or adult transkids in any of the groups of transgendered and transsexual people I had met because they were so behaviorly and socially different that those groups were as meaningless to them as hsts as they were to me as an IS activist.

The differences between hsts and agp transsexuals were so obvious and remarkable that I could not think of both groups simultaneously as "transsexuals" at all. I began to think of autogynephilic transsexuals as the "primary transsexuals" because transsexuality had more immediate relevancy to their social identity and the majority of socially visible transsexuals actually were all autogynephilic. Hsts transsexuals sometimes called themselves transkids or if adults, ex-transkids because all of their immediate experience with "transsexuality" happened to them as children and teenagers. As adolescents and adults it was impossible to see them as anything other than girls or women, much in the same way that I knew my AIS women friends. I had heard this comparison made many times by autogynephilic transsexuals and now I realized that as I had always explained to them the argument was not only colonizing of the social experiences of AIS women but it was also an act of erasure of the hsts girls and women for whom the comparison actually might have some meaning. Autogynephilic transsexuals were in effect using the appropriated identities of the hsts transkids whose actual social presence they had eliminated to argue for and gain further social acceptance as adults, as in the argument that "transsexuals are like AIS women". One problem with this argument is that it may benefit transsexual adults who feel that they will be absolved of blame if their transsexuality is labeled a biological condition, but for intersex children, and the transsexual children who are unacceptably feminine from early childhood and who were also harmed subsequent to their atypical behavior and appearance, this label remains developmentally destructive; the primary mission of intersex activism is to prevent harm to children, not defining socially acceptable identities for adults.

This was also an ineffective argument to present to me simply because my definitions of "intersex" were not rigidly essentialist and sharply demarcated, as agp transsexuals assumed (angrily accusing me of being "exclusionist") but were non-procedurally defined in terms of experiential commonality. I had never been very concerned for instance with whether people who needed to join ISNA and CISAE supports groups were "really intersexed" so much as I was that they were able to derive benefit and give mutual support based on the very specific common experiences shared by intersex people. I invited the hsts people I came to know in real life to the small CISAE support group meetings that I had started because there was enough commonality of experience and need for the specific type of support that those meeting provided that I thought everyone would benefit, which turned out to be true.

While autogynephilic transsexuals had often lied to me to gain access to those support groups or even demanded that I allow transsexuals into them, I usually had to gently encourage hsts people to attend because they did not want to intrude into someone else's space and were as shy about being out as intersex people were.

I learned quickly from my hsts friends that autogynephilic transsexuals had as a group accomplished with homosexual transsexuals what they had been trying individually and as a group to accomplish unsuccessfully with intersex people, that is, appropriate and redefine to their own advantage the actual experiences and social realities of a completely separate class with whom they shared no commonality of experience other than the loose association of genital surgery. The only reason that intersex cannot successfully be subsumed into the meaningless social discourse of "gender identity" is because intersex activists have a separate identifiable social-medical identity, presence and activist mission which effectively prevents that from happening. Extricating real intersex issues from discourses on "gender identity" is part of the work of intersex activists. "Intersex" is as loose and imperfect a descriptive social class as "intersexuality" is as a medical definition, but it is nonetheless effective, not as an identity, which is irrelevant to intersex people, but as a label and tool for social change. Hsts people have told me that they see the value of the autogynephilia/homosexual model of transsexuality not so much as a descriptive behavioral and etiological typology, though certainly it is, but in the social recognition it gives to the hsts people who have been erased and harmed by the rationalization of autogynephilic paraphilia as a problem of "gender identity". I believe them because people need a name to effect social change.

Toward a new understanding of gender. A less harmful one.

The problems I have with the transsexual (autogynephilic) understanding of "gender identity" are the same problems I have with the current treatment methodology for intersex children. They both define "gender" in a purely essentialist way which actually destroys any meaningful relationship between socialization and "gender", they both depend upon and enforce the cultural invisibility of devalued populations (intersex people and hsts people), and they are both destructive to sexuality and understanding sexuality. If "gender identity" is a meaningful descriptive model which is applicable to everyone and not just to autogynephilic transsexuals then it would supply answers to questions and not create them:

- Why are intersex children subjected to unconsented traumatic genital surgery to prevent the "cognitive dissonance" of gender ambiguity which is assumed to result from their unacceptable genitals while phenotypically normal adult males who have been effectively socialized as men generally become very gender variant as a result of voluntary transsexual medicalization?
- Why is the "gender expression" of spontaneously feminine boys labeled

Childhood Gender Identity Disorder and most often therapeutically discouraged and the "gender expression" of adult male crossdressers and autogynephilics socially and legally sanctioned?

- Why do the treatment protocols for m2f transsexuals fail to address treatment of extremely feminine boys at a meaningful age, when it will help them achieve good social and sexual function as girls, while facilitating feminization of adult men who will become less socially and sexually functional as a result?
- Why are intersex children of all socio-economic backgrounds subjected to unasked for destructive surgery early to "correct" their bodies and gender development before they can express gendered behavior, while hsts transkids expressing early and unambiguous feminine gender behavior are denied obviously helpful medical procedures as teenagers because they are "too young"?

Understanding the logical inconsistencies behind the idea of "gender identity" as applied to autogynephilic transsexuality is much easier when the other two groups of people most affected are also included, intersex children and hsts transkids. The answers to questions like these must be truly inclusive of intersex people and hsts people and explain things like gender, sex identity and sexuality for everyone, not just autogynephilic transsexuals.

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 2. Alexander T, (1998) ["An Analog for Childhood Sexual Abuse"](#) Originally published on Intersex Voices (CISAE)
 3. Kessler S, McKenna W, (1978) *Gender: An Ethnomethodological Approach*. New York: John Wiley & Sons.

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