

SWITCH

Volume 9
Number 1 *Electronic Gender*

Article 3

6-14-1998

Either/Or . . . Both/And

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Recommended Citation

Schuman, Joan (1998) "Either/Or . . . Both/And," *SWITCH*: Vol. 9 : No. 1 , Article 3.
Available at: <https://scholarworks.sjsu.edu/switch/vol9/iss1/3>

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ELECTRONIC GENDER

Either/Or . . . Both/And

Joan Schuman on Jun 14 1998

issue 09

Field Notes on Gender Ambiguity & Medical Technologies**1. I'll be a post-feminist in post-patriarchy.**

I write as a radical feminist -- a term that seems passé, even obsolete, in late 90s culture. However, the use of this term proves to be imperative when, for instance, I make a simple trip to the local shopping mall and witness recalcitrant gender binaries in full-bloom. Aside from the dichotomous fashions--skimpy dresses and high heels mark the female vamp while comfortable clothes mark the sensible man--there are the cold stares emanating from young, hyper-feminine women at the height of becoming proto-woman. As my androgynous girlfriend and I stroll arm-in-arm into the women's bathroom, a wide gap occurs between what seems 'normal' for them and us. Are we invading their sacred space and rigid notions of femininity? This scenario, repeated in countless bathrooms, leaves me chuckling, but, nonetheless, concerned that there are so many public restrooms and certainly not enough time for subversive feminist activity. "Yes, she's a girl," I tend to scowl, a response to their horrified glares.

The examples from the innocent trip to the mall reflect conventional cultural mores. But they also beg the following questions about issues of gender construction, both socially and via biomedical technology. What makes a woman and why is her technological 'production' being fortified and sanctioned by the male-centered medical institutions? Why are doctors who perform re-embodiment surgery (once known as Sex Reassignment Surgery (SRS) and now called Gender Reassignment Surgery (GRS)) on desperate transsexuals and intersexed children (brought to their offices by desperate parents) bent on eradicating ambiguity? Why do these doctors focus on creating fully-functioning women while providing only mediocre replications of a penis that barely urinates or becomes erect or even looks like the real thing for the woman who wants to become a man? Why are the 'Stewards of Technology,' as Bernice Hausman dubs them¹, obsessed with maintaining heterosexuality at the cost of the body's visceral surfaces? Why, as is evident in the shopping mall incident, is our culture afraid of ambiguity, of the 'in-between,' of the monstrosity of a mind that doesn't fit its body? And, lastly, who disappears when one becomes a woman--in both the literal as well as philosophical sense as put forth by the male-centered theory kings?

2. Confusion rather than clarification.

First, some definitions. 'Gender' is a classificatory term to denote primarily birth, race, kind; secondarily, 'sex'; thirdly, grammar and sex. 'Sex' is either of two divisions of organisms distinguished respectively as male *or* female; or, it is the thing that two people do, when they do that thing they do so well. The two terms--gender and sex--are inherently relational, i.e., a representation of a *relation*, that of belonging to a class, a group, a category: they construct a relation between one entity and another; a belonging. We officially enter the sex-gender system when we check the 'F' or the 'M' box, but really the 'F' marks itself on us².

3. Does theory mean a thing to anyone but the theorists?

The definitions of sex and gender become blurrier still when the philosopher/theorists

attempt to discuss them under the metaphor of 'technologies.' Certainly they are not intending for a literal understanding; rather they are using the idea of technology in a politico-philosophical sense in order to highlight the ways in which dominant social and economic structures-- i.e., ways of thinking, being, acting--construct our very gender identities. However, it is interesting to compare these metaphorical 'technologies' with the concrete, biomedical ones (as I will do throughout this text); both are participating in the social construction of gender, but it is only the latter which physically alters and re-constructs the body.

'Gender,' like sexuality, says de Lauretis, is not a property of bodies or something originally existent in human beings (as is 'sex')³. She agrees with Foucault that gender is the set of effects produced in bodies, behaviors and social relations. This set of effects is deployed by a complex political technology, one she dubs, the 'technologies of gender.' Her ideas seem to be a feminist spin-off of Foucault's earlier 'technologies of sex,' which he believes have been part of the bourgeoisie since the end of the 18th century, maximizing life to ensure class survival and political authority. These include the sexualization of children and women's bodies; the control of procreation; and the psychiatrization of anomalous sexual behaviors as perversion⁴. Not surprisingly, they have been implemented through pedagogy, medicine, demography, and economics and supported by the state and the family. Simply put, the results are pervasive interpellation⁵, brain washing, and cultural hegemony leading to the fear of ambiguity and transgression.

For de Lauretis, the construction of gender goes on today through various technologies of gender (cinema, for one; spectatorship, for another) and institutional discourse with the power to control the field of social meaning and thus produce, promote and implant representations of gender⁶. Even within the margins of authoritative discourses--the latter which cement ideas of binary sex/gender identities--where resistance supposedly takes place (i.e., transsexualism, transgenderism, gender-bending, etc.), there are technologies of gender at play, imposed from the outside by the heterosexual-social contract and inscribed in micro-political practices⁷.

Her suggestion to cross the boundaries, to have movement from the space represented by/in a representation, by/in a discourse, by/in a sex-gender system to a space not represented yet implied in them⁸, is related to the philosophy of Deleuze and Guattari (albeit, much critiqued by feminist theorists) about 'becoming woman.' Deleuze and Guattari (D&G) have attempted to dig up the roots of rigid arborescence (metaphorically, they see the tree and its roots as representative of strict hierarchical ways of thinking as compared with the branches which are more fluid and swaying); they attempt to establish a theory of bodies that flow in all directions with intensities and lines of flight and 'becomings' that span genres and defy strictures: from becoming animal to becoming minority to becoming woman. For them, a becoming is a fluidity, something one does in the process of movement, in the process of altering consciousness. When one becomes a woman, they explain, it is not an appropriation, but a shift in thinking, an escape of binaries⁹. Read in a particular light, one could deduce these ideas as radical notions of ambiguity as related to the narratives around gender and technology. However, feminist theorists often critique D&G's 'becoming' as appropriative male theorist behavior, bypassing gender in favor of a dispersed polysexuality--in a word, a very male philosopher's activity¹⁰. With women's disappearing goes their politics, struggles, theories and knowledges--all are appropriated¹¹. I would add that men who don't fit in as stereotypical male subjects also disappear.

However, in their approach to talking about transgression, I acknowledge that D & G might be translating woman into a metaphor as do other male theorists. But, their steadfast adherence to non-hierarchical ways of thinking leads me to be less critical of their notion of becoming woman, to see it less as appropriative and more as instructive in the bigger picture of transgression and fluidity.

4. Really becoming woman.

The Signs: XX chromosomes; the presence of ovaries; 'proper' development of internal and external genitalia; appropriate time frame for pubescent development; menarche (for some cultures this is the epitomizing definition of womanhood); childbirth (signals another stage of full-blown femaleness); administration of weekly hormone shots to ameliorate an out-of-sync feeling with one's male genitalia/hormones; the reconstruction of a penis into a vagina, (despite the diminished libido with the introduction of estrogen and progesterone into the testosterone-burdened body and loss of sexual sensation in the newly constructed vagina (but it's a hole, capable of taking in objects, and maybe even the remotest possibility of carrying a child intra-abdominally if the Gender Managers can discover a way to do this . . . the ultimate sign of being a WOMAN). Complete emasculation in favor of complete feminization is the end goal. No ambiguity. Not just passing enough to enter a public restroom undetected, but complete heterosexuality, enough to fool any hot-blooded he-man.

5. History and teratology . . . or how monsters are made.

In 1949, the term 'transsexual' was introduced into clinical language. Although it was not an introduction of the phenomenon itself, it was the commencement of another stage of long-standing medical fascination with ambiguous psychological and physiological conditions regarding sex and gender. The approach has always been one of 'repairing' that which was believed to be a mistake of nature. Endocrinology emerged as the science that could explain and treat (combined later with plastic surgery) all aberrance and even challenged earlier psychological explanations of human behavior such as gender dysphoria. With the emergence of transsexualism (an outgrowth of studies on intersexuality and homosexuality) came, in the 1950s, the use of the term 'gender.' Doctors initially intended for it to be used more widely, i.e., as 'gender identity.' However, the common understanding of transsexualism as a 'disorder of gender identity' was a cover-up for the potentially more threatening idea that transsexuals are subjects who choose to engineer themselves¹².

Sex hormone research began its focus (and exploitation) on women's bodies as sites of reproductivity and functionality (embryology, the Pill, Estrogen Replacement Therapy, etc.). As endocrinology spread its focus to other patients such as intersexed and transsexual subjects, plastic surgery became its technological partner--always following a normal/abnormal paradigm. Hormones merely describe the body and its functions; plastic surgery changes the body's visceral surface and culture's ability to read that surface as male/female, normal/abnormal, etc. Medical technology (and its consequent drive to control a conventional storyline of gender) have made possible these so-called new forms of being human¹³. The divide between 'nature' and 'cyber' is the place where biomedicine has excelled at and explored the possibility of re-inventing bodies along the ideal/defective continuum (subsequently mutated to fit the transsexual's understanding of male and female). These new bodies are made in both a discursive and a material sense in which the 'natural' is subsumed by the artefactual¹⁴. Medical technology is thus at the center of the social construction of gender and on the making and unmaking of monsters, depending on how one defines the impetus for and the results of their clinical procedures.

6. A shift in name makes business boom.

Recently there has been a shift in terminology in the medical establishment to describe the constellation of re- and de-constructive surgeries that a transsexual can have performed upon his/her body. Under the rubric of 'Sex Reassignment Surgery' (SRS) lies a variety of procedures: vaginoplasty (making a vagina out of an existing penis/scrotum), phalloplasty (making a penis out of an existing vagina), mastectomy (removal of the breasts), OVH (removal of the uterus, ovaries, fallopian tubes), metoidioplasty (augmenting the size of the clitoris and constructing a scrotum but leaving the urethra/vagina intact). In addition, there are reconstructive surgeries that don't necessarily affect the genital organs, but are part of the SRS definition; these include: minimally invasive rib removal, facial masculinization and feminization, and breast reconstruction.

Interestingly, these same procedures are now called 'Gender Reconstruction Surgery' or GRS. The medical community has conceded that if you are to define 'sex' as innate characteristics one is born with (chromosomes, endocrinology, genitalia), then, by performing various plastic surgeries, you are not changing a person's 'sex' per se? you are altering their 'gender' presentation. Hence the name change. But how does a vaginoplasty equate a shift in gender reassignment if gender is socially constructed as the theorists have us believing? If gender is performative and constructed by the culture around us, if a person is socialized to be either a boy or a girl (nothing in-between, please), then reassigning 'gender' via a scalpel is impossible. A truer name for these procedures would be genital reassignment surgery for that is what is being altered. How culture reads that mutation is another story.

This shift from SRS to GRS reflects the long-standing reign of the medical establishment over the sex-gender binary system (as well as its role in defining notions of beauty, femininity, masculinity, age, psychological 'imbalances,' etc.). Providing the amorphous, primarily psychological gender dysphoria with a physical 'remedy' such as GRS, essentially takes the responsibility of changing our rigid, anti-ambiguity cultural consciousness off individuals and perpetuates a strict binary: either you're male or you're female but if you feel out of sorts with the hormone balance and genitalia you were born with, then you can, with the aid of advanced medical technology, alter those characteristics and become one of the above two genders. In a never-ending circle, this narrative chases its tail supported by its participants--the Stewards of Technology, the transsexual patient, and the rest of 'us.'

In the end, the Gender Managers would do society more service by packing their scalpels and going out of business. However, biomedical technology *is* big business and if you not only construct the narratives around sex and gender but also make sure to include the idea that you are *helping* people who are in pain, confusion and despair,

then your approach goes unchallenged. There's a deafening silence among bioethicists regarding reconstructive surgeries that remove healthy tissue, such as a uterus or breasts and reconstruct genitalia to ameliorate a psychological condition¹⁵. The storyline becomes ubiquitous, the bigger picture is ignored, the binaries are set in stone. Transgression is popularized as long as it fits a certain model.

7. One story among many: he was murdered because he had a vagina . . . and because he passed.

Brandon Teena, pre-op transsexual, lived as a man in a small town in Nebraska. In 1993, he was arrested by local police for writing bad checks. The authorities were obviously appalled at their discovery of Brandon's true 'sex' (was this revealed during a necessary strip search for a misdemeanor check forgery charge?). Due to their anger at having been duped by this woman-cum-man, the local police took it upon themselves to further 'punish' Brandon for his other 'forgery.' They reported Brandon's state of gender ambiguity to the local newspaper, in the same vein that they would divulge the name and address of a known sex-offender. In violation of his privacy, Brandon Teena's putative monstrosity was revealed to the town of Humboldt, Nebraska. One week later he was assaulted and raped at a Christmas party by two men who understood him to be living a lie and therefore in need of 'punishment.' Although Brandon reported the assault (despite his assailants' threats of further violence if he did so), Humboldt police didn't arrest the two men due, in part, to the political aspirations of the County Sheriff. One week after the rape, Brandon Teena and two companions were stalked, shot and killed. Despite the fact that he passed as a 'man,' albeit with a secret beneath his underwear, Brandon's ambiguous gender identity cost him his life.

One of his assailants talked about knowing Brandon as a friend and said he didn't know what went wrong the night of the murders. In a report, he kept calling Brandon "he" and said he had no idea that "he" was a woman. "We went drinking together, talked about girls, and even wrestled together!"¹⁶

Brandon's evolution was as typical as an atypical, queer lifestyle can be: born female, accepted as male-identified, butch baby dyke by the lesbian community, supported in his transition to manhood by his sister Tammy, he was preparing for eventual genital reconstruction surgery. But his murderers saw something askew in his gender presentation only after the revelation by the press of his biological and legal status as female. They harassed, assaulted and killed him as a woman via the rape and subsequent stalking. They treated him with the disdain held over people who choose ambiguity and transgression as a way of life, however temporary. Even post-surgery, Brandon's passing as a man would still have been suspect because he chose to engineer his own transition to manhood.

To ask if this happened because Brandon Teena was in transition is a moot question. He was not yet a "fully functioning" man due to many reasons: there are economic ones (the cost of a mastectomy, a complete hysterectomy, and a surgical phalloplasty is exorbitant); there are also reasons related to the hegemonic control of the male-centered medical institution: a real phallus is born, not made--making a penis is less focused on by doctors than making a vagina; and there is also the relationship of women to their hormones: women are their glands, i.e., gonadal subjectivity plays a much larger part in women's lives compared with men and is often more difficult to embark on the reorganization of body parts than it is for men¹⁷.

To assume Brandon Teena was killed because he lived in a place where people with small-town values couldn't accept ideas of genital mutability, gender ambiguity, and self-engineered transitions, is to assume that the broader population is entirely accepting of these phenomena. After the death sentence was imposed upon one of the two convicted murderers, a *Saturday Night Live* news skit offered this statement in the name of humor: "In Nebraska this week, a man was sentenced to death for attempting to kill a female crossdresser who accused him of raping her. Sorry if this sounds harsh, but in my opinion, everybody in this case deserved to die." ¹⁸

Brandon's is not an isolated case of violence. Disproportionately, transsexuals are harassed when it is discovered that they are in varying stages of transition¹⁹. His is merely a reflection of a cultural distaste for gender ambiguity and the extremes to which people will react to this disdain.

8. The love affair behind the smoke screen.

As part of the rigid sex-gender system, the medical establishment is guilty of their love-affair with and fortification of the beauty/body-perfection fairy tale at the cost of developing any strides in andro-productions (hence the popularity of face lifts, tummy tucks, breast de-sagging, etc. among women). In the end, it appears that the medical establishment performs reconstructive surgeries on women (however mediocre and unsatisfying for the Female-To-Male transsexual) as a smoke screen to fulfill certain socially constructed notions of transsexualism, i.e., that the 'syndrome' affects both

men and women equally, all the while focusing their re-embodiment technologies, experiments, and activities on the production of women²⁰.

9. When is a man not a man anymore?

Anecdotal reports by doctors who specialize in re-embodiment surgery detail when and how they determine that a man is ready for the permanent procedure. The mostly male doctors have their own criteria for evaluating readiness. One clinician reported that he was convinced of a transsexual's femaleness if she was particularly beautiful and capable of evoking in him those feelings that beautiful women generally do. Another doctor reported that if he feels aroused by his patient, then a transsexual is ready to become a fully functioning woman. And several 'experts' view a transsexual's participation in prostitution as an enhancement to self-acceptance as a woman, a certain developmental stage in the transition from man to woman²¹.

Hyper femininity is alive and well in the biomedical/technology establishment. Sex-role stereotypes may even be an artifact of the medical-mental health caretaker system, particularly gender identity clinics where transsexuals are intensively involved in the stages of becoming woman²².

10. At the other end of the continuum lies ambiguity.

Just because technology exists to alter someone's genitalia and endocrine system, does not warrant the ethics and decisions involved in 'correcting' bodies that appear to be ambiguously sexed. Related to the dominant medical commentaries on transsexualism is that of the ambiguously sexed subject; inordinate weight is put on 'fixing' the intersexed child/adult and making him/her fit a strictly defined gender binary. Once known as hermaphroditism and later as bisexuality, and now referred to as intersexuality, this hybridity has been marveled at and feared for centuries; in the past it was typically handled by hiding intersexed people in insane asylums or putting their perceived somatic monstrosity on display in the circus tent. Now, their ambiguity is preyed upon and experimented on by the re-embodiment technologists until they become presentable subjects able to fit snugly into the sex-gender binary. The goal of that rigid system is to maintain heterosexuality, eliminate perversion and ambiguity, and if at all possible, to save the existing female reproductive system for its appropriate uses--even if the subject identifies and feels male. If an intersexed person who is more female in body but identifies as male and relates sexually to women, for instance, then performing genital reconstructive surgery to make him/her more male maintains the heterosexual paradigm--at least on the surface.

Traversing the continuum from intersexed infants to transsexual adult keeps the male-centered, heterosexual-identified medical hegemony busy. They do their jobs adeptly, replete with a constructed narrative for desperate parents and interpellated transsexuals anxious to fit into the strict gender identity binary. It is all part of a surgically focused, biomedical maintenance of a dual system of sex and gender²³.

11. High heels, typing, demotions.

The transsexual phenomenon presents a unique transformation that is more than an individual's somatic experience. It affects our culture in multifarious ways. What better way to remove a man from the workforce (leaving a gap in the competitive, dog-eat-dog world only to be quickly filled by a real man) and create a new victim of work-a-day oppression? She can forget she was ever an engineer or scientist or tenured computer science professor; now she has a chance to start her whole life anew, for she has become a true woman, that which she has dreamed of, with the help of the old boys biomedical technology network. Now she can look forward to being a secretary or administrative assistant or sales clerk or prostitute and feel the full flowering of her womanhood.

Certainly feminism has done more for women than make them work tedious, boring, and/or exploitive jobs; women are in power at levels of equality with men in far greater abundance now than they ever have been. But the reality is somewhere in between as Teresa de Lauretis notes when she says that all women will someday soon have their own last names, careers, and property--all without altering existing social relations and heterosexual structures to which we are securely screwed²⁴. The reality for many Male-to-Female transsexuals is a lack of choice: the man who chooses to become a woman has limited possibilities of what kind of woman he can become, limited to the predominating sex-role stereotypes that refuse to fade away amidst late-90s feminism. He becomes a quintessential woman: a demotion has taken place. Literally tranquilized by estrogen and progesterone, detoxified of his poisonous testosterone, robbed of his libido as a central aspect of his being, he becomes a subject, constructed to obey, and therefore not of concern to the male-centered, dominant world-view.

Not every MTF fulfills this model of becoming. There are the outlaws who defy the stereotypes, as in any community/culture: the men who become women who become lesbian (Kate Bornstein); the men who become women who become radical theorists

on gender (Allucquere Rosanne Stone). What a man becomes is made up of his/her own creation steeped in a dominant narrative molded by the Stewards of Technology. These Gender Managers have at their fingertips (and scalpels) the opportunity to not only make a 'monstrous' body seem more 'normal,' they also can make a 'normal' body seem more 'monstrous' seem more 'normal'--a body steeped in the cyclical morass of dissimulation and socially constructed gender identity. Given their positions of power over a despairing person who lives in a world that fears indeterminacy and hybridity, these Gender Managers are complicit in the rigidity of our sex-gender binary system. With advances in endocrinology and reconstructive surgery, transsexuals now have the simulation of choice--the latter which is engineered by the medical institution itself with a long history of power and control. Interestingly, between 1939 and 1951, the Ciba Corporation, a pharmaceutical company, pushed their products to doctors whose focus centered around the idea of glandular imbalance²⁵ to explain such 'conditions' as intersexuality, transsexuality and homosexuality.

In the name of technological advancement, the Gender Managers have merely perpetuated a disturbing cultural construction of strict sex-gender binaries: "Feel out of sorts as a man? We give you a choice, as long as you agree to become a stereotypically female woman. We've got the technology that will give you (approximately) what you've been dreaming about for years. Aren't you lucky!" As for their patients, transsexuals play the part of good, willing, hyper-feminine subjects, so that they will get their desperately desired surgeries.

This narrative perpetuates a far scarier situation, that is, the production of a woman who will not add anything radically opposing to that model which feminists have been trying to get rid of for a long time.

12. *¿Qué es más macho?*

The total woman/man is the goal of transsexual becomings. What is more radical, however, are transgendered people (mostly women) who have decided not to fully participate in biomedical technologies. Instead, they walk a more ambiguous line, sporting beards *and* breasts, having lowered voices *and* ovaries, opting for a metoidioplasty over a phalloplasty (a kind of mini-phallus that can't penetrate anything but maintains sexual sensation, as well as an overtly ambiguous genitalia). The continuum of participation varies: to take hormones or have genital augmentation is still part of the hi-tech gendering binary. But these approaches seem to be decidedly pro-active compared with the permanent, often disfiguring/dysfunctional binary-defining surgical outcomes.

In the end, the radical approach would be to change the socially constructed text of the two-sex system, to open it up and allow for the existence of 'transgressively gendered' subjects (this term is Kate Bornstein's, despite the fact that she has had a vaginoplasty)²⁶. To allow for more transgression among all of 'us' in the first place would do the system a lot of good as would holding the Stewards of Technology responsible for their participation in and perpetuation of a dangerous story line on gender. Tangentially, but related, is the importance of addressing the issue of why some women have internalized such hatred for the female markings of their bodies (menstruation, breasts) that the only amelioration of this aversion is to participate in drastic and permanent re-embodiment surgeries. And as marginalized communities themselves fail to make connections about issues of oppression and technological exploitation, the idea that these surgeries are the most radical way to deal with a strict gender binary will do a disservice to our culture as a whole. At a recent gay and lesbian film festival screening, the audience members cheered as the main character vehemently announced her plans to have a sex change operation. But having an operation to alter your genitals and consuming synthetic hormones to appear like the opposite sex will not be a radical act until the idea of gender and sex are loosened up to include people who defy these rigid binaries, who resist the simulated sense of choice promoted by the Stewards of Technology. When 'men' and 'women' can participate and be accepted in all of the activities, power and play normally reserved for the 'opposite' sex, then an extraordinary moment will have taken place and we won't need the biotechnology medical institution advising us about the surgical options available to us. >**Endnotes:**

1 Hausman, Bernice L. (1995) *Changing Sex: Transsexualism, Technology and the idea of Gender*. Durham: Duke University Press.

2 de Lauretis, Teresa. (1987) *The Technologies of Gender: Essays on Theory, Film, and Fiction*. Bloomington: Indiana University Press.

3 *ibid.*

4 Michel Foucault in de Lauretis.

5 The term 'interpellation' was given a new spin by Louis Althusser to mean the process whereby a social representation is accepted and absorbed unquestioningly by

an individual as his or her own representation; this image becomes real, although it is, in fact, imaginary.

6 de Lauretis.

7 *ibid.*

8 *ibid.*

9 Deleuze, Gilles and Felix Guattari. (1987) *A Thousand Plateaus: Capitalism and Schizophrenia*. Minneapolis: University of Minnesota Press.

10 For further discussion, see Grosz, Elisabeth. (1994) *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington: Indiana University Press; see below references: Rosi Braidotti, Judith Butler, Alice Jardine and Luce Irigaray.

11 Grosz, Elisabeth. (1994) *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington: Indiana University Press.

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13 *ibid.*

14 Braidotti, Rosi and Nina Lykke, eds. (1996) *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace*. London: Zed Books.

15 Nelson, James L. (1998) 'The Silence of the Bioethicists: Ethical and Political Aspects of Managing Gender Dysphoria', *GLQ: A Journal of Lesbian and Gay Studies*. Vol. 4, No. 2: 213-230.

16 See item reporting Brandon Teena's **murderer's statement**.

17 Hausman.

18 see **website report**.

19 See details of incidents of **abuse to transsexuals**.

20 Hausman.

21 Bolin, Anne. (1988) *In Search of Eve: Transsexual Rites of Passage*. Westport, CT: Bergin & Garvey.

22 *ibid.*

23 Recently, intersexed individuals have been raising the issue of gender ambiguity and actively working towards opening up the two-gender cultural binary construct. See the **Intersex Society of North America** website.

24 de Lauretis

25 Hausman

26 Bornstein, Kate. (199) *Gender Outlaw*

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Websites of Interest:

The American Boyz site featuring links to sites related to Female-to-Male transsexual issues.

Dozens of links for **FTM issues**.

Dr. Michael Brownstein, plastic surgeon, specializing in mastectomy and breast reconstruction for the FTM.

Information on **Brandon Teena**.

Information on **incidents of abuse to transsexuals**.

Information on the **Intersex Society of North America**.

The Renaissance Transgender Association site featuring information/links on Male-to-Female issues.

Links for **MTF transgender issues**.

Direct-action politics of **Transsexual Menace**.
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