

REASSIGNING THE TRANSSEXUAL SUBJECT: EITHER/OR, BOTH/AND?

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Abstract.

The phenomenon of transsexualism offers a number of interesting challenges to conceptions of gender and body politics. The physical reconstruction of the body to align it with personal perceptions of gender suggests that gender is not a physiological given, but rather an aspect of identity/subjectivity. In following this line of argument transsexualism can be conceptualised as a post-modern identity project, where the body is actively fashioned to meet people's construction of subjectivity. This notion, however becomes problematic when one considers that transsexualism still adheres very strongly to binary notions of gender as categorised by the division of male/female; and sex reassignment can thus be seen as a modernist project enforcing notions of coherence between the signifier (the body) and the signified (gender). This article explores the history of transsexualism, the discusses some of these contradictions in "transsexualism", with reference to concepts of the body, identity and identity projects in the context of the sex reassignment process.

INTRODUCTION.

Transsexualism first captured widespread media attention when Christine Jorgenson "went abroad and came back a broad" in 1953 (Denny, 1998:53). Christine had left the United States in pursuit of medical treatment and surgical techniques that could transform her effeminate male body into that of a woman. Her return to the United States caught a host of media attention, and Christine became a transsexual media icon (Denny, 1998). Prior to this the image of the transsexual had not entered the public arena, and since then transsexualism has gradually become a relatively popular cultural image – to the extent that television serials such as **Ally MacBeal** have included transsexual characters, and movies such as the **Crying Game** have centred on this theme. In addition to increased media attention, sex reassignment clinics are increasing in number and are reporting an increase in the numbers of people who are receiving medical treatment; numerous web sites exist on the internet for children and adolescents with gender dysphoria; and journal papers are beginning to report on the benefits of "treating" transsexualism at an earlier age. In both media and medical circles the image of the transsexual is receiving considerable attention. Gender theorists have also become interested in transsexualism as it simultaneously challenges ideas of

gender, whilst enforcing the existence of a male/female binary in existing gender categories.

This article explores the ways in which transsexualism has come to being, and focuses on some of the social processes and artefacts that have allowed this to be possible. After this it discusses the ways in which transsexualism has been understood to comment on, and open up possibilities for theorising gender.

TRANS-HISTORY.

Many texts that deal with transsexualism offer a “history” of this trans-gender phenomenon. Green (1998) points out that the term “transsexual” has only recently been coined, and states that one should proceed with caution in identifying transsexualism in historical records. In his account of the history of transsexualism, and in various other accounts, references are made to Ancient Greek and Roman myth, to biographical records, and to anthropological studies of other cultures where transgender phenomena exist in various forms.

The following table offers a summary of some of these “historical incidents” that are frequently cited in discussions of the history transsexualism (Green, 1998, Hubbard; 1998).

Table 1. Summary of common accounts of the natural history of transsexualism.

Phenomena	Commentary
Greek and Roman Myth	<ul style="list-style-type: none"> - Punishment by the gods at times took the form of being changed in the body of the opposite gender. - Mythical accounts of people who resemble eunuchs and behaved in typically feminine ways. - Mythical accounts of priests who served the Earth Mother who castrated themselves, and dressed in women’s clothing.
Greek and Roman history	<ul style="list-style-type: none"> - Accounts of people who were dissatisfied with their gender role, may dress as women, and may have performed genital surgery. - Roman Emperors who were reported to have undergone a “change of sex”.
16 th to 18 th Century France	<ul style="list-style-type: none"> - 1577: King Henry III chose be spoken of as “Her Majesty”. At times he would appear in public dressed as a woman. - Ambassador Louis XIV had cross gender wishes: “I thought myself really and truly a woman. I have tried to find out how such a pleasure came to me, and I take it to be so”.

Native American Nadle or Berdache and Indian Hijras	<ul style="list-style-type: none"> - Function as neither male nor female, but as a separate group. - It is unclear whether these people would fall into a biological category of hermaphroditism in Western Culture. Berdaches in certain tribes would take on female roles, marry men but have no children.
Sambia in New Guinea (<i>kwolu-aatmwol</i>)	<ul style="list-style-type: none"> - A variant of hermaphroditism where children initially have the genital appearance of being female, but develop the secondary sexual characteristics of men. - These children are typically identified early, and will be reared as male despite their initial female appearance.

In the texts that refer to these transgender phenomena, these references are used to write a “natural history” of transsexualism, suggesting that transsexualism has existed since the inception of modern civilisation. Additionally, the notion that transsexualism is a cross-cultural phenomenon is used to lend credence to this argument through suggesting that it is so ubiquitous, or natural, that it can easily be identified in different cultures and in different contexts.

The identification of cultural instances where people act against the dominant Western notion of gender as being both fixed and binary serves to highlight that our current conception of gender as either/or male/female is little more than one punctuation in a myriad of possibilities. As Green (1998) argues, these phenomena suggest that people have engaged in cross-dressing or transgender practices across history and cross-culturally. Green (1998:12) goes on to suggest that “extensive cross-gender identification *now known as transsexualism* is not new to either our culture or our time” (emphases added).

This argument is, however, questionable, and this definition of transsexualism warrants closer consideration. Whilst these histories point towards the presence of transgender identification¹, which is an aspect of transsexualism, they do not speak of gender dysphoria. Neither do they speak of the belief of being caught in the “wrong body” - which has become one of the most consistent features of accounts offered by people who are now defined as being transsexuals.

The belief of being “trapped in the wrong body” is first evident in an account of “Ferdirica” in the 1800s where she commented: “I feel like a woman in a man’s form ... I feel the penis as clitoris, the urethra as urethra and vaginal orifice ... What use is woman’s pleasure, when one does not conceive?” (Kraft-Ebbing, 1931:62)

¹ It is perhaps useful to differentiate between trans-gender identification and gender dysphoria. In transgender identification there is a wish to be *like* the opposite gender, and possible identification with the gender role. In gender dysphoria there is a conviction that one is not *like* the other gender, but is in fact, a member of the other gender, trapped in the wrong body.

Thus whilst historical accounts identify common practices of transgender identification that have existed across various historical and sociocultural contexts, many of these accounts lack the distinguishing feature of gender dysphoria that is characteristic of the narratives of transsexuals. This suggests that at certain points in history (possibly during the 1800s) the idea of being “trapped in the wrong body” became a cultural possibility, and that this possibility gave rise to what is now referred to as transsexualism.

Transsexualism now appears to be more than a descriptive label used to refer to a person’s conviction that they are “caught in the wrong body”, but involves ways of conducting oneself as a transsexual², and transforming the body into the desired form. In both the DSM-IV and ICD-10 the desire to change the body through hormone treatment and/or sex reassignment surgery is listed as one of the diagnostic criteria. These practices of reconstructing the body, and the very idea of gender dysphoria, are arguably located in and are inseparable from the sociocultural contexts in which they emerged.

SOCIOCULTURAL ARTEFACTS AND THE POSSIBILITIES OF TRANSSEXUALISM.

In exploring sociocultural influences that have led to the possibility of transsexualism three distinct factors will be discussed: Western dualism of mind and body; modern technological advances in the fields of surgery and pharmaceuticals; and, finally, the role of the mass media.

1. Mind / body dualism.

In the Western world there has been increasing acceptance of a dualism between the mind and body. Historically this way of thinking about the self and body can be traced back to the seventeenth century with Descartes’ theorising of the mind as rational, and entirely distinct from the body (Burkitt, 1999). The division of self from body establishes the possibility that the sense of self will not correspond to the outward bodily appearance, and thus an internal self-image or body-image may not correspond to the external or genital reality of the person.

The distinction between mind and body that has come to be a dominant, taken-for-granted understanding of self in Western society ushers in the possibility of construing the self as being trapped in the wrong body. Significantly the only other historical references to transgender phenomena that capture a sense of gender dysphoria are captured in accounts of the Ancient Greek goddess Venus Castina, who took pity on souls who were trapped in the wrong body. Here, in myth, provision is made for the division of self or soul and body.

Thus it appears that one of the necessary conditions for the existence of transsexualism, and the accompanying sense of gender dysphoria is ways of thinking about the self as being distinct from, and independent of, the body.

At a discursive level thinking of the self as separate from the body allows for a proliferation of ideas and practices that surround a “wrong body” discourse, including sex reassignment. The significance of this, however, is that the notion of “being trapped

² Certain Gender Reassignment clinics (for example the Erikson Foundation) have published manuals outlining guidelines for transsexuals to follow during the transitioning process.

in the wrong body” effectively naturalises the phenomenon of transsexualism through suggesting that whilst it may be a *natural* accident, it is also a *natural* occurrence. This silences what could be competing constructions of transsexualism as being part of a preferred gender identity project.

It is also interesting to note that although transsexualism is conceptually bound to a position where there is the separation of self and body, it is the relationship between the self and body that becomes a focal point. Here, there is a radical alteration of the body to allow congruence between the representation of the body and the gendered identity of the self. In this way the body of becomes a site of transformation to align it with the self of the transsexual subject. Thus there fails to be provision for the conceptualisation of a self that is discordant with the gendered body. In this way “wrong body” discourses that arise from conceptions of mind/body dualism function to regulate the relationship between mind and body, and draw on medical technologies to align the self with the body.

2. Modern advances in pharmaceuticals and surgery.

One of the most central aspects of the sex reassignment process is the administration of hormones [estrogens in male-to-female transsexuals (MTFs) and androgens in female-to-male transsexuals (FTMs)] that allow for the development of secondary sexual characteristics (breasts in MTFs; a redistribution of fat which reshapes the body in both FTMs and MTFs; the loss of body hair in MTFs and the growth of facial and body hair in FTMs). Thus whilst surgery is often considered to be the most significant intervention, Bullough and Bollough (1998) argue the success of the transitioning process is largely dependent on hormonal treatment.

Research into the identification of sex hormones began in the early twentieth century, and the female hormone estrone was isolated in 1929. This discovery, paired with the later identification of other estrogen factors, created the possibility for hormone therapy. With other developments in the synthetic production of hormones, hormone treatment became a reality. Whilst the primary use of this development was in birth control, it created possibilities for hormone treatment to be administered to transsexuals (Bullough & Bullough, 1998).

Whilst hormonal treatment is arguably the core feature of the sex reassignment process, body alteration through surgery is frequently the goal of those undergoing reassignment. Surgery typically involves the removal of the genitals, and the reconstruction of the body to give the appearance of the desired sex.

The surgical procedures that are used in the sex reassignment process have been developed for the treatment of a number of other “medical” conditions, including surgery to remove tumours, the reconstruction of damaged sex organs, the surgical treatment of hermaphroditism, and for the construction of genitals in those with inter-sexed conditions. Thus, the sex reassignment process was able to utilise previously designed surgical procedures to reconstruct the body for particular purposes.

In looking at the development of the techniques that are used in the sex reassignment process (primarily hormone treatment and surgery), it becomes evident that the treatment of people who define themselves as transsexuals is contingent on these

artefacts of modern technology. In this way the transsexual body is made available through the development of modern medical science. In making this particular form of body modification possible it also allows for the existence of transsexualism as an identity project. Thus other than providing a means of transforming the body, it allows for a way of redefining the self.

3. The proliferation of the image of the transsexual: the role of the media.

Christine Jorgenson's return to the United States after undergoing sex reassignment in 1953 met widespread media coverage. Whilst sex reassignment procedures had been carried out prior to this, Christine Jorgenson's transition caught the media gaze (Denny, 1998). This is possibly due to the fact that aided with hormonal treatment Christine could pass as a woman in the public eye, marking a turning point in transsexual history. It is also suspected that Jorgenson disclosed her reassignment to the press herself (Bullough & Bullough, 1998).

Bullough and Bullough (1998) argue that the media coverage of this event made the possibility of transgender surgery known in the public arena, and thus introduced the icon of the transsexual to the public. Christine Jorgenson's physician received a total of 465 requests for sex reassignment treatment. Many of the people who responded to Christine Jorgenson's experience were prompted into surgery through their identification with her account of gender dysphoria and her descriptions of the success of the treatment she underwent. This incident was the forerunner to many other representations of transsexualism in the mass media.

The mass media typically accepts and promotes transsexualism as a valid medical condition that requires treatment. Ekins and King (1998) contend that the mass media is increasingly responsible for framing "knowledge" of transsexualism. In this regard the proliferation of the image of the transsexual in the public space allows for people to identify the difficulties that they experience as transsexualism, and may prompt them into seeking certain forms of "treatment". Thus media representations allow a particular way of making sense of a gender dysphoric experience, as is evident in the following quote by Mark Rees, a female-to-male transsexual: "... I chanced to see an article in *The Times* of London which described the condition of transsexualism. It was a moment of enlightenment; at last it all fitted into place. I was a transsexual." (Ekins and King, 1998:108)

Whilst I do not wish to argue that the media created the image of the transsexual, it appears that the dispersal of this image in the public arena provided a way in which people could come to identify themselves as being transsexuals, and then opt for sex reassignment treatment. In this regard the media appears to have played a central role in the construction of the category of transsexualism, and provided accounts whereby people may come to understand their experiences as transsexualism, rather than making sense of them in different terms. The media representation of transsexualism as a medical condition requiring treatment constructs transsexualism as an internal condition requiring various interventions, rather than allowing for alternate ways of making sense of this experience. In this way transsexualism is promoted as a homogenous medical condition, and is hence not seen as a experience that challenges gender boundaries, nor is it seen as being constructed by, or located in structural relations of power within the realm of gender relations. The simplistic and one-

dimensional accounts of transsexualism that are provided by the mass media effectively silence alternate ways of understanding transsexualism. Thus the possibility that transsexualism allows for the transcendence or blending of gender boundaries is excluded.

INFLUENCES OF SOCIOCULTURAL ARTEFACTS IN THE CONSTRUCTION OF TRANSSEXUALISM.

Thus far I have reviewed some of the processes and technological advances that appear to have been involved in creating the possibility of transsexualism. Based on available literature it appears that transgender identification has occurred in a variety of cultures and historical periods, suggesting that Western conceptions of gender as being fixed in the binary divide of male or female, is only one way of punctuating a myriad of gendered possibilities. Whilst transgender identification is well documented across history it appears that the condition of gender dysphoria only started to be reported in the 1800s. It was only in the mid-twentieth century that sex reassignment treatments became popularly available³.

It has been argued that three factors are involved in the construction of transsexualism: 1) Particular ways of thinking about the self and body, through which a division of the self from the body allows for the possibility of understanding the self to be trapped in the “wrong” body; 2) Pharmaceutical and surgical advances have allowed for sex reassignment treatment to become a widespread possibility. These techniques are products of modern social advances. In the light of the improvement of these techniques a number of sex reassignment clinics have been developed to provide assistance for transsexuals in seeking help; 3) Finally, widespread media coverage of transsexualism, whilst paradoxically reporting on real events, may also have contributed to the “idea” of transsexualism, and has provided ways in which people may come to understand the problems that they experience as being gender dysphoria/transsexualism and being an internal “problem”, independent of the sociocultural context in which people live.

Based on these notions it is argued that transsexualism is not a naturally existing entity, but rather a way of being that has been made available, and is supported through various social processes. The existence of transsexualism has prompted a closer examination of attitudes towards gender (Boswell, 1998), and implications for thinking about gender dichotomies.

THE NATURAL ATTITUDE TOWARDS GENDER: THE IMPLICATIONS OF TRANSSEXUALISM.

The existence of transsexualism offers an interesting instance in which to explore beliefs and practices regarding the taken-for-granted assumptions of gender. Garfinkel (1967) coined the term “natural attitude” towards gender, which consists of the following notions:

1. Gender is binary – there are two and only two genders.
2. Gender is invariant.
3. Genitals are an essential signifier of gender.

³ I would like to emphasise that whilst certain body modification techniques (primarily castration) have been used by people through antiquity, these were not necessarily used in the remodelling of the body due to gender dysphoria.

4. Exceptions to the rule of two genders should not be taken seriously (i.e. they are jokes or forms of pathology).
5. A transfer from one gender to the next only occurs in ritualised ceremonial settings.
6. Everyone can be classified as being one gender or the other.
7. The male/female dichotomy is a reflection of the natural order.
8. Membership to one gender or the other is natural – not choice, and is based on genital appearance.

These statements effectively construct gender as a naturally occurring pre-given and pre-determined system by which people can be categorised as either male or female. The binary nature of the assumptions paired with the generalisation that it is applicable to all people allows little space for the construction of an identity outside the limits of being either (all) male or (all) female. Furthermore these “attitudes” towards gender serve to “naturalise” the assumptions that are being made, and functionally this attempts to prevent a questioning of the beliefs that gender is a biological given, based on and signified by the external appearance of the body.

Transsexualism poses an initial challenge to the natural attitude towards gender. It offers a moment where the outer signifier of the body does not mark gender, and where membership to a gendered group is not natural, or based on genital appearances. Thus transsexualism offers an instance where, through choice, the body is actively refashioned to meet and reflect the gendered identity of the person who undergoes these changes.

In this way sex reassignment surgery can be seen as a post-modern identity project. The processes of body modification in post-modernity is described by Giddens (1991:102): “...in traditional or pre-modern societies identity was relatively fixed, and the size, shape and appearance of the body accepted more or less as given, in the late-, high- and post-modernity, identity is increasingly fluid, and the body is mobilised as a plastic resource onto which a reflexive sense of self is projected in an attempt to lend solidity to the narrative thus envisaged. We are, in other words, increasingly responsible for the design of our bodies and ourselves.”

From this perspective practices that are directed at shaping and re-forming the body in certain ways (from dieting, to body-building, to plastic surgery, and body piercing or tattooing) have been understood to be ways of involving the body in the continual definition of the self, and to treat the body as being part of a broader identity project (Sweetman, 1999). With the technologies of sex reassignment the transsexual is able to actively fashion the gendered self as part of a trans-gender identity project.

Understanding transsexualism as a variant of a post-modern practice of actively refashioning the body to express or reflect a constructed subjectivity is enticing as it opens possibilities for thinking of gender outside a binary and fixed divide of male / female. Mainstream⁴ notions of transsexualism, however, do not allow a full

⁴ In speaking of mainstream transsexualism I am referring to notions as they are popularly presented in texts of transsexualism, which refer to the importance of “passing”, and where typical narrative accounts are of a cohesive and essential gender identity that has been in existence since childhood.

development of this understanding for a number of reasons:

- The very existence of a diagnostic category in the DSM-IV and ICD 10 of transsexualism underscores rules for constructing gender (Kessler & McKenna, 2000), through asserting the exceptions to the natural attitude towards gender are considered to be abnormal/deviant/instances of pathology.
- The practice of sex reassignment enforces the notion that there are only two genders, either male or female.
- Genitals and bodily appearance are maintained as an essential sign of gender, as the body is transformed so that it becomes consistent with the gendered identity.
- Finally, sex reassignment surgery is carefully regulated in medical practices.

Thus, whilst the body can be reconstructed as part of an identity project, these practices are subject to stringent regulation. Current medical practices follow the Harry Benjamin Standards of Care that involves careful medical diagnosis by a team of medical and mental health professionals. In addition to this the Standards of Care provide strict guidelines for the inclusion and exclusion of people to the sex reassignment process, and detail the way in which treatment regimes are to be followed. Motivation for the strict regulation of sex reassignment lies in the medical model's commitment to issues of diagnosis, management and treatment. Thus, through constructing transsexualism as a medical condition, or as a form of psychopathology it becomes imperative that condition is systematically identified, and that differential diagnoses are excluded.

Since sex reassignment can only be attained through medical institutions the transsexual is compelled to convince the medical team of his or her commitment to the treatment programme. This typically involves "passing" in society as a member of the desired gender for a period of two years during which hormonal treatment is commenced. The "real life test" also requires the person to maintain a minimum level of social and occupational functioning (Griggs, 1998). This introduces a complex set of power relations between the transsexual subject and medical practitioners, as the transsexual person is closely monitored whilst their behaviour and body are regulated.

Transsexualism as it is understood in mainstream practices and accounts, is therefore grounded in notions of pathology and is regulated through medical praxis. This functions to uphold the natural attitude towards gender through suggesting that this deviation is pathological. Furthermore the notion of gender invariance is also evident in many transsexuals' accounts or narratives, where reference is typically made to gender dysphoria for as long as the person can remember (Mason-Shrock, 1996). Hence these narratives suggest that gender is not invariant, that the transsexual has always been a particular gender, and requires surgery to affirm an inherent and true gender. In this way transsexuals are noted to take their own gender for granted, once again implying a natural attitude towards gender (Kessler & McKenna, 2000). Thus mainstream transsexualism can be seen to maintain binary notions of gender, rather than offering instances where these dominant constructions of gender can be challenged.

There is, however, a danger in regarding transsexualism as a homogenous category, with persons who identify themselves as transsexuals as always conforming to natural attitudes of gender. A support group in Southern California called Genderqueer Boyzzz placed a flyer to advertise their group: "Calling all butches, hermaphrodites, FTMs,

transmen, transboys, transbutches, transfags, transfagdrags, boychicks, girlfags, drag kings, two-spirits, metamorphs, shape-shifters, leatherdyke daddies, leatherdyke boys” (Griggs, 1998:28).

The descriptive labels used in the advert play with conceptions of gender, most notably the category of transfagdrag – a female-to-male transsexuals who undergo sex reassignment to take on the physical appearance of a man, but then define themselves as cross-dressing gay men. This shatters natural attitudes of gender as being both fixed and binary, and offers gender as something that is fluid and multiple. Thus, like gender, transsexualism cannot be seen as either/or challenging or enforcing natural attitudes of gender. Rather it offers instances where it both enforces previously held attitudes towards gender, and in other moments clearly introduces contradictions, challenges, refusals of, and play in gendered categories.

Instances of refusal, or transcendence of binary categories of gender are evident in some of the narratives presented by transsexual persons:

“the gender issue isn’t at the centre of my life. Male-female, I don’t even understand that anymore. And I find it doesn’t much matter” (Bloom, in Hubbard, 1998:52).

“I am not a man – about that much I am very clear, and I’ve come to the conclusion that I am probably not a woman either” (Bornstein, in Golden, 2000:32).

Thus the practices of transsexualism introduce a diverse range of instances where traditional Western constructions of gender are affirmed, challenged, subverted and transcended. This introduces a tension where transsexualism represents an instance where gender is regulated in accordance with societal norms, yet also allows for possibilities of gender hybridity.

AFTER-THOUGHTS AND TENSIONS: WHAT IS A TRANSSEXUAL?

One of the tensions that exist for me in writing this article regards the definition of transsexualism. In the opening section of this article it was argued that transsexualism “as we know it today”, is marked by gender dysphoria, which rests heavily on medical models of transsexualism. This understanding or construction of transsexualism locates the “problem” within the person, constructing and regulating people who identify themselves as transsexuals in various ways.

Mason-Shrock (1996) has noted that transsexuals have certain narrative accounts of themselves, and transsexual communities and the medical system identify “true transsexuals” through these common rhetorical devices. Amongst these linguistic resources are accounts of feeling as if one is a true man/woman caught in the wrong body, and having memories of feeling this way for as long as the person can remember.

Mason-Shrock (1996) goes as far as to suggest that people who identify themselves as transsexuals will present at gender clinics will offer these accounts even though they may not be subjectively valid. This is done as there is knowledge that voicing doubt and uncertainty will exclude them from treatment programmes – because “true transsexuals” speak with certainty and commitment. Similarly these accounts of the self are frequently offered in transgender communities so that the person might be identified as a “true

transsexual". Thus the medical system and transsexual communities offer accounts of transsexualism that construct as internal condition, or form of pathology that requires treatment. This definition serves to uphold natural attitudes towards gender.

These definitions are, however, challenged by other members of the transsexual community. Wilchins, in commenting on transsexualism, notes "I am not a transsexual, but I play one in real life", she goes on to argue that transsexualism is not a natural fact, nor true identity, but rather "a political category we are forced to inhabit when we do certain things with our bodies" (in Golden, 2000:32).

The understanding of transsexualism as a social construct, or discursive artefact perhaps offers insight into the diverse practices that accompany it – namely that it at times upholds traditional gender beliefs, whilst in other instances it challenges natural attitudes. In exploring the tensions that surround transsexualism it is evident that as Golden (2000) suggests transsexualism is a political category as it challenges principles that have regulated gender, identity, and the relationships that these have with the body. Furthermore the pursuit of sex reassignment locates the transsexual person in a complex network of power relations that are at play within medical institutions.

Contemporary theorists are calling for gender-blending and trans-gendering, where the dichotomies of gender may become blurred, transcended and harmonised (cf. Ekins and King, 1998). This is conceptualised as a political project aimed at subverting and refusing the strict regulation of sex reassignment, and the upholding of natural attitudes to gender. Thus there is increasing encouragement for people to refuse sex reassignment, or to only utilise certain aspects of the sex reassignment technologies (typically using hormonal treatments, but choosing not to undergo surgery).

CONCLUSION: REASSIGNING THE TRANSSEXUAL SUBJECT.

The aim of this article has been to explore some of the sociocultural processes that have made the practices of transsexualism possible. The argument that has been presented is that transsexualism, as we know and currently theorise about it, has not been in existence since the inception of time, but rather that the development of this category has been contingent on a number of sociocultural processes. These include articulating ways of thinking about the self as separate from the body, advances in medical technology that have allowed for body-altering interventions to be feasible, and finally media proliferation of the image of transsexualism.

The article then sought to address internal tensions in the ways in which transsexualism has both challenged and enforced natural attitudes of gender. It was contended that transsexualism can not be placed in a binary position of *either* challenging *or* enforcing dominant gender beliefs, but should rather be seen in the light of *both/and*. At times people's practices of transsexualism conform to taken-for-granted attitudes, whilst in other instances transsexualism clearly subverts traditional beliefs that surround gender.

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