

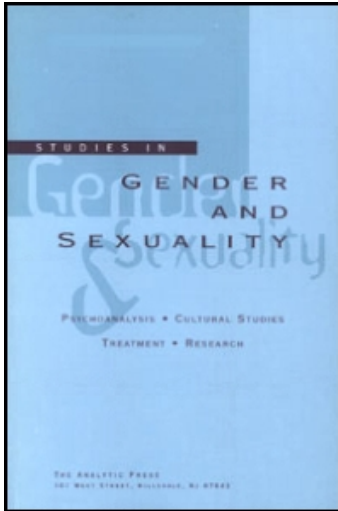
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Transforming Sex: An Interview with Joanne Meyerowitz, Ph.D. Author of *How Sex Changed: A History of Transsexuality in the United States*

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Transforming Sex
An Interview with Joanne Meyerowitz, Ph.D.
Author of *How Sex Changed: A History
of Transsexuality in the United States*

Vernon A. Rosario, M.D., Ph.D., Interviewer

Christine Jorgensen's widely publicized sex reassignment surgery in 1952 brought transsexualism to worldwide attention and fostered medical interest in transsexualism. Joanne Meyerowitz has traced the history of Jorgensen's personal odyssey, the medical history of transsexualism, and the broader impact of transsexualism on United States culture. In this interview, Meyerowitz discusses how she came to this project and some of its theoretical and methodological challenges. Finally, she sets her historical work in the context of contemporary gender and transgender politics.

Transsexualism has become a hot topic in gender and queer theory, especially from the perspective of literary and cultural studies. Yet there is a dearth of historical studies on the topic. Joanne Meyerowitz's comprehensive and balanced monograph

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fills a huge gap by covering the medical, cultural, and social history of transsexualism. The breadth of her analysis demonstrates the profound impact of transsexualism on American popular culture and social constructions of gender.

Meyerowitz's medical history of transsexualism begins in the early 20th century when the Victorian notion of "sexual inversion" tended to conflate same-sex eroticism, cross-gendered identification and behavior, cross-dressing, and hermaphroditism (both anatomical and psychosexual). She examines how the organic and psychological aspects of sex and gender were seen as inextricably intertwined in the research of such early sexologists as Magnus Hirschfeld. Therefore, the first surgical and hormonal interventions to alter sex in the early 20th century were performed as treatments for inversion. While there were a small number of medical and popular descriptions of such people in the first half of the century, it was the Christine Jorgensen case that brought transsexualism to worldwide public attention in 1952.

Jorgensen is the heart of Meyerowitz's historical narrative. Jorgensen became the ur-transsexual for doctors, the public, and other gender-variant people. She was the spur for the reification of a distinct transsexual phenomenology that was immediately surrounded by outrage in the medical profession. The legitimacy of the diagnosis and its tripartite treatment (psychotherapy, hormones, and "sex change" surgery) remains controversial. Jorgensen's life story and transformation became the material for tabloids, movies, songs, and cabaret routines. Meyerowitz extensively documents Jorgensen's huge cultural impact and explores its subtle destabilization of gender norms in the 1950s. Finally, Jorgensen became the role model for countless other gender-variant people who finally found a name for their state. Meyerowitz's archival sleuthing brings to light poignant letters from a variety of transsexuals who found tremendous comfort and hope in Jorgensen's saga. Jorgensen and the emerging transsexual-treatment professionals shaped a particular model of transsexualism, often forcing transgender people to lie in order to gain access to care.

Although the medical model encouraged transsexuals to disappear into the fabric of "normal" society, some transgendered

people fought for greater public and medical awareness. Transgendered health care professionals coaxed the Harry Benjamin International Gender Dysphoria Association (HBIGDA) to liberalize its treatment protocols. Other transsexuals have fought to protect transsexual sex workers and get transsexual civil rights under the greater umbrella of lesbian, gay, and feminist political causes.

Meyerowitz also examines the contentious relationship between transsexuals and the gay male and lesbian feminist communities, where they have been viewed with suspicion if not outright hostility. Transsexuals have been seen as an embarrassment for a mainstream gay image or as gender poachers usurping or demeaning femininity. Although Meyerowitz's analysis ends with Jorgensen's death in 1989, her complex analysis sets the stage for understanding the meteoric rise of transgenderism in popular culture and United States academe in the 1990s.

This interview with Meyerowitz was conducted by way of electronic mail during June 2003.

Vernon Rosario: *How Sex Changed* represents something of a departure from your earlier work in social and labor history in that it tackles a complex and controversial topic in medical history, yet seamlessly interweaves the social and cultural factors. Why did you choose transsexualism, and how would you tie this project to your previous work?

Joanne Meyerowitz: I had been working for several years on various projects on the history of gender and sexuality in the 1950s United States, and I kept encountering the name of Christine Jorgensen. She seemed to pop up in virtually every primary source I consulted, but she was not mentioned at all in any of the history books on the postwar era. I was immediately intrigued because her story brought together some key issues of the 20th century, especially concerning science, medicine, gender, sexuality, and mass media. As I followed the history of her celebrity, I eventually became obsessed enough to write a broader history of transsexuals.

How Sex Changed builds, in a sense, on my first monograph, *Women Adrift* (1988), which also focused on seemingly marginal

subcultural people and attempted to show how they themselves and the cultural representations of them transformed the mainstream. *How Sex Changed* also reflects my more recent work on the postwar United States. In my edited collection, *Not June Cleaver* (1994), I presented a revisionist interpretation, which challenged the one-sided stereotype of a monolithic, conformist, white bread, conservative post-World War II culture. In *How Sex Changed*, I again try to restore some complexity to the history of the postwar era.

VR: It is ironic that Jorgensen in many ways chose to adopt and even overplay the June Cleaver gender stereotypes you have analyzed.

JM: Like all of us, Jorgensen was a creature of her times. But she also felt obliged, as she explained later, to present herself as wholly feminine. She felt the press would skewer her for any appearance of masculinity. And, as with many other people, her understanding of gender roles changed in the 1960s and 1970s. But even in the 1950s, Jorgensen never quite adopted the June Cleaver stereotype. In the 1950s, as today, there were many versions of socially acceptable femininity. Jorgensen usually avoided domestic femininity and chose instead a glamorous variant. She presented herself as an urbane, sophisticated career woman, along the lines of Eve Arden or Lauren Bacall.

VR: You draw on a terrific variety of primary sources, particularly medical archival material from the Kinsey Institute, the University of California, Los Angeles, and California State University, Northridge. Are there some sources that you missed? I specifically wonder about Stanford, UCSF, and Hopkins. How might your story have been different with these?

JM: I used whatever sources I could find. But I restricted most of my primary research to the era before the 1970s. (I treat the more recent years only in the epilogue of the book.) For that reason, I did not pursue the records at Stanford, which did not become a major center for sex reassignment surgery until the 1970s. (I hope someone else will write that history.) Also, I could not use the small collection at Johns Hopkins because John Money, who donated the records to the archive, denied me

access. (Some of the scientists, including, it seems, Money, worried about how I would present them in my book.) As it turns out, I did use some of the John Money papers at the Kinsey Institute. Since I completed my book, though, Money has donated more of his collections to the Kinsey Institute, which means there are now records at the Kinsey Institute that were not available to me.

VR: Ethnicity does not get much coverage here, nor do low-income people. Is this omission a result of the sources, discriminatory factors of medical access, or other forces? Was there an enduring effect of Jorgensen's markedly white, bourgeois model of transsexualism on professional and popular images of transsexualism?

JM: Like many historians, I find it troubling when I cannot locate the sources to address the kinds of questions I want to answer. I did find some records that provided bits and pieces of information on issues of race, ethnicity, and class, and I used them in the book. But some of my best sources on transsexuals were the letters they wrote to doctors and Jorgensen, and those letters focused intently on stories of cross-gender identification and only rarely mentioned race, ethnicity, or class.

Still, I have enough evidence to know that the people I quoted were not all middle or upper class and white. Jorgensen's celebrity did, as you say, place the popular cultural emphasis on white, glamorous, male-to-female transsexuals, but even in the popular press there were occasional references to people of color and to poor and working-class transsexuals. I wish I could have said more than I did about class, race, and ethnic differences among transsexuals, but I am constrained by the lack of sources. It would be easier, I think, to explore such differences in depth in a contemporary ethnographic or sociological study.

VR: You show that Jorgensen greatly increased popular awareness of transsexualism in the 1950s and 60s. But my sense is that transsexualism was less evident in pop culture in the 1970s and 80s, and then made a resurgence again in the 1990s, when transgenders were regularly on daytime talk shows and in popular movies, and RuPaul made transgenderism glamorous.

And my clinical experience is that transsexuals who came of age in the 70s and 80s felt more isolated than adolescent transgenders did in the 1990s and do today. Would you agree? How would you explain this phenomenon?

JM: Transsexuals in the 1970s and 1980s did have pop-culture icons, if not Jorgensen, then Renée Richards and a fair number of lesser known males-to-females (MTFs) and females-to-males (FTMs) who made it into the news. Stories in the popular culture could, and did, provoke a sense of self-recognition in some transgendered readers, but they could not end the everyday isolation. I absolutely agree with you that adolescents in the 1990s and today are less isolated than in the past. The Internet, in particular, has provided an amazing forum for national and international information sharing, conversation, and transgender and transsexual activism. Virtually any transgendered teenager with access to a computer can meet, at least in cyberspace, with other transgendered people.

VR: Your story ends in the 1990s, which is just when transgenderism became a hot topic in feminist and queer studies. How would you connect your work to postmodernist debates about sex and gender?

JM: That is a tough question. My own research is deeply informed by postmodern debates on sex and gender, and also by concepts of border crossing and hybridity found in postmodern (especially postcolonial) studies of race and ethnicity. I see my work as part of a larger project in which we acknowledge the social constructions of the seemingly biological. But I also find frustrating some of the postmodern emphasis on the performativity of gender and the fluidity of gender.

Some postmodern accounts seem to avoid taking subjectivity seriously, and, because transsexuality is based on a wish, a yearning, or a desire, it is hard to engage with it unless you can talk about an “inner” life and listen seriously to how self-identified transsexuals explain it. At one point in my research, I found it encouraging to discover Lynne Layton’s (1998) pointed defense of the concept of a persistent but subtly changing “core identity.” She asks us to attend to “the specificity, construction,

and experience of an individual's inner world and relational negotiations" (p. 11).

VR: In the last decade there has certainly been an intense debate among transgender theorists who favor Judith Butler's (1990) performativity model and those postulating a "core identity." In the period that you focused on, was there much debate about different varieties of transsexualism, or did Jorgensen and the HBGDA consolidate a monolithic model of "true" transsexualism, largely inclined toward biological etiology and treatment?

JM: In the 1950s and 1960s, there was widespread debate, which is still unresolved, between scientists and doctors who preferred biological explanations and those who preferred psychogenic explanations. On the "nature" side of the debate, scientists looked for hormonal, chromosomal, genetic, and other physical markers of transsexuality, and on the "nurture" side, they turned to early childhood experience and various forms of social learning. The doctors and scientists on the biological side of the debate were more likely to endorse sex-change surgery, while their most vocal opponents—psychoanalysts—cast transsexuality as a mental illness, associated with sexual "perversion," and called for psychotherapeutic treatment. Although it is impossible to take a poll, the evidence strongly suggests that most self-identified transsexuals preferred the biological explanations. They could choose to side with doctors who sympathized with their condition and advocated the surgical treatment they requested, or they could choose to side with doctors who saw them as mentally ill and refused to endorse surgery. It wasn't much of a choice.

VR: How would you bring your analysis up to the present? What has been the legacy—and perhaps the burden—of 1950s transsexualism to current feminist, transgender, and queer politics?

JM: There's so much I could say here. Let me focus on just a few lessons I learned while studying the history of transsexuality. First, feminists need to remember that we (feminists) did not invent the concept of gender. We were not the first to separate gender and biological sex. In fact, we inherited and reworked a

version of gender that was pioneered by scientists who worked on intersexuality and transsexuality. This history should remind us that the concept of gender is not inherently feminist.

Second, transsexuals need a history, which I hope my book begins to supply. Transsexuality is not just a psychological or medical phenomenon. It emerged as a category at a particular historical moment, and it was defined and redefined in a social context through complicated interactions among transsexuals, doctors, reporters, and others.

Third, queer theorists need to recognize the multiplicity on the sexual margins. We now agree that our current concepts of “gay” and “lesbian” are not transhistoric. They do not explain same-sex desire in other cultures and other centuries. We should also acknowledge that same-sex desire alone does not adequately cover the historical turf of “queerness.” What was “queer” changed over time, and we can trace multiple genealogies, not all of which end up at “gay” and “lesbian.”

VR: Transgender identity has certainly diversified tremendously in the past decade under the stimulus of feminist theory, queer politics, and the broader awareness of transsexualism. Did you find much of a debate from the 1950s through the 1980s about the varieties of transsexual identity that would prefigure the current diversification?

JM: I didn't find varieties of transsexual identity *per se*, but I did find a different language for expressing gender variance. Before the word transsexual made its popular debut (in 1949), people who hoped to change sex called themselves hermaphrodites, morphadites, transvestites, eonists, homosexuals, and inverters. In the 1960s, in the street culture, male-to-female transgendered people drew distinctions among hair fairies, drag queens, cross-dressers, hormone queens, and transsexuals. So we have a history of multiple terms—both medical and vernacular—for gender variance but without the elaborate (and theorized) diversity seen today.

VR: Although you focused on the United States, other areas are significantly implicated (Denmark, Morocco, Mexico, the Netherlands, etc.). What could you add about the impact of other cultures' constructions of transsexualism, and the globalization of American models of treatment and of transsexual identity?

JM: In the book, I try to trace out the transnational circulations that informed the history of transsexuality in the United States. These circulations involved European science, third-world medical markets, and transsexuals themselves who crossed national borders in search of medical help. But cross-gender identification and transsexuality have different histories in India, Thailand, Brazil, England, Germany, and elsewhere, and I don't want to make the imperialist claim that my understanding of United States history can explain it all. There are some excellent contemporary studies of the hijra in India, for example, that suggest a substantially different history, which has not been erased by the global spread of Western medical models (Nanda, 1990; Cohen, 1995).

VR: Do you think that the "Jorgensen" model of transsexualism has nonetheless come to predominate in developed countries, both through its medicalization and widespread adoption by transsexuals themselves?

JM: Western medical models of "sex reassignment surgery" have definitely spread beyond their origins in Europe and North America. I am not sure they predominate everywhere, but they are clearly evident in Asia, the Middle East, and Latin America. (Just last week, I read a newspaper article on a South Korean doctor who specializes in sex reassignment surgery.) Beyond that, I hesitate to say. I study United States history, and I do not want to claim any special expertise on the rest of the world.

VR: You touch on the different community politics of FTMs and MTFs. Recently with the work of Henry Rubin (2003), Judith Halberstam (1998), and Jay Prosser (1998), we have seen a much more developed ethnography and theorization of FTM's, butch lesbians, and masculine women. Would you care to comment on the different ways in which FTMs and MTFs have had a cultural and social impact on the United States?

JM: In the recent flowering of transgender and queer studies, there may be less emphasis on femininity than on masculinity. But in the popular culture, MTFs (and their femininity) have gotten considerably more attention than FTMs (and their masculinity), at least in the last half century. This was not always the case. In the late 19th and early 20th centuries, the popular press was greatly interested in "passing women," that is, people

who were born and reared as girls but who lived in adulthood as men. And in the 1930s popular culture there was substantial attention to a handful of female athletes (mostly in Europe) who underwent unspecified surgery and then went on to live as men. After World War II and especially after the Christine Jorgensen media frenzy, MTFs predominated in the popular culture. It was only at the end of the 20th century that substantial numbers of FTMs began to appear more frequently in the press and in transsexual activist circles. I can offer a dozen or so possible explanations for these shifts, but I am still not convinced that I can explain them adequately.

VR: What are your connections to the transgender community, and did you have any grassroots political commitments underlying the work?

JM: I owe a huge debt to the many transgendered people, especially activists, who went out of their way to talk to me, to encourage me in my work, and to share sources and suggest research leads. I see myself as an ally and friend of the transgender movement, and I have a not so underlying commitment to the civil rights of transsexuals (and everyone else). Those who medicalize (and often pathologize) transsexuals tend to miss what is for me the heart of the political issue: no one should be stigmatized, fired from a job, evicted from a home, assaulted on the streets, mistreated by police, prevented from marrying, denied custody of children, or refused medical treatment because of his or her expression of gender variance. These are basic issues of civil rights.

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