



how sex changed

A HISTORY OF TRANSSEXUALITY IN THE UNITED STATES

joanne meyerowitz

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Transsexuality in
the United States

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Harvard University Press
Cambridge, Massachusetts
London, England

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Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Meyerowitz, Joanne J. (Joanne Jay)
How sex changed : a history of transsexuality / Joanne Meyerowitz.
p. cm.

Includes bibliographical references and index.

ISBN 0-674-00925-8 (alk. paper)

1. Transsexualism—Europe—History.
2. Transsexualism—United States—History.
3. Sex change—Europe—History.
4. Sex change—United States—History. I. Title.

HQ77.95.E85 M48 2002
306.77—dc21
2002020536

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HOW SEX CHANGED

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INTRODUCTION

On December 1, 1952, the *New York Daily News* announced the “sex change” surgery of Christine Jorgensen. The front-page headline read: “Ex-GI Becomes Blonde Beauty: Operations Transform Bronx Youth,” and the story told how Jorgensen had traveled to Denmark for “a rare and complicated treatment.” For years, Jorgensen, born and reared as a boy, had struggled with what she later described as an inef-fable, inexorable, and increasingly unbearable yearning to live her life as a woman. In 1950 she sailed to Europe in search of a doctor who would alter her bodily sex. Within months she found an endocrinolo-gist who agreed to administer hormones if she would in return cooper-ate with his research. Over the next two years she took massive doses of estrogen and underwent two major surgeries to transform her genitals. At the end of 1952 the *New York Daily News* transformed her obscure personal triumph into mass media sensation.

The initial scoop immediately escalated to a frenzy. In the first two weeks of coverage, according to *Newsweek*, the three major wire ser-vices sent out 50,000 words on the Christine Jorgensen story. Re-porters cast Jorgensen, who was young and conventionally beautiful, as the personification of glamour, akin to a Hollywood starlet on the rise. They followed her every move in Copenhagen and hounded her par-ents at their home in the Bronx. In the winter of 1953 Jorgensen re-turned to the United States and surrendered to her celebrity. In the summer she launched a successful nightclub act that kept her name on marquees and her body in spotlights for the rest of the decade.¹

Jorgensen was more than a media sensation, a stage act, or a cult figure. Her story opened debate on the visibility and mutability of sex. It raised questions that resonated with force in the 1950s and engage

us still today. How do we determine who is male and who is female, and why do we care? Can humans actually change sex? Is sex less apparent than it seems? As a narrative of boundary transgression, the Jorgensen story fascinated readers and elicited their surprise, and as an unusual variant on a familiar tale of striving and success, it inspired them. It opened possibilities for those who questioned their own sex and offered an exoticized travelogue for armchair tourists who had never imagined that one could take a journey across the sex divide. In the post–World War II era, with heightened concerns about science and sex, the Jorgensen story compelled some readers to spell out their own versions of the boundaries of sex, and it convinced others to reconsider the categories they thought they already knew. In response, American doctors and scientists began to explore the process of defining sex.

In the mid-twentieth century, sex was already high on the American cultural agenda. For decades Americans of all sorts had found themselves inundated with news, research, stories, opinions, and imperatives about the multiple meanings of “sex.” The study of sex hormones and sex chromosomes had removed the biology of sex from the visible realm of genitals to the microscopic gaze, and the uncertainty of it all eventually set the International Olympic Committee, among others, on an elusive quest to decide who counts as a woman and who counts as a man. The growing numbers of women in the labor force and the early twentieth-century women’s movement had put issues of sex equality and sex difference at the forefront of political life, and the emergence of gay and lesbian subcultures had created visible spots of sexual variation within the urban landscape. Meanwhile the mass media had made sex a mainstay of the visual culture, and popular versions of Freud and other sexologists had given sex a recognized role in the modern discourse of psychology. The new ideal of “consenting adults” had positioned sex as a key component of liberal freedom, while older ideals still made moving targets of anyone who strayed from expectations that sex belonged in marriage. In broad outline and narrow, American society had “sexualized” in the first half of the century.²


And the vocabulary of sex had begun to change. At the dawn of the century the word *sex* covered a range of phenomena. In popular and scientific formulations, sex signified not only female and male but also traits, attitudes, and behaviors associated with women and men and with erotic acts. In various attempts to delineate the components of sex, some observers tried to sort the sex “characteristics.” They separated “primary sexual features,” found in the genitals and gonads, from “secondary” features, seen in breasts, beards, and other physical differences that usually appeared after puberty, from “tertiary” features, as evidenced in erotic drives, from “fourth-order” features, manifest in traits, mannerisms, and even occupations and clothes. Or they distinguished “anatomical” sex, the sex of the body, from “functional” sex, the ways men and women thought and behaved.³ Despite a few dissenters, most observers adhered to a biological determinism. The desires and practices known as masculine and feminine seemed to spring from the same biological processes that divided female and male. All came bundled together within the broad-ranging concept of “sex.”

By midcentury this concept had begun to break down. Various experts used different terms to distinguish one meaning of sex from another. Anthropologist Margaret Mead chose *sex roles* to describe the culturally constructed behaviors expected of women and men. Sex researcher Alfred C. Kinsey adopted the term *sexual behavior* to outline a range of erotic practices.⁴ And the “sex” of the body no longer provided adequate explanation of either “sex roles” or “sexual behavior.” By the end of the century the earlier understanding of sex had given way to three categories of inquiry and analysis: “biological sex” referred to chromosomes, genes, genitals, hormones, and other physical markers, some of which could be modified and some of which could not; “gender” represented masculinity, femininity, and the behaviors commonly associated with them; and “sexuality” connoted the erotic, now sorted into a range of urges, fantasies, and behaviors. Once seen as outgrowths of a primary sex division, “gender” and “sexuality” no longer seemed to spring directly from the biological categories of female and male. In fact some scholars envisioned sex, gender, and sexuality as constructed categories constantly defined and redefined in social, cultural, and intellectual processes and performances.⁵ They thus directly rejected the older belief in a universal, unchanging biological

sex that dictated both the behavior of women and men and their sexual desires.

Jorgensen's story and the history of transsexuality are central parts of this reconceptualization of sex in the twentieth century. The notion that biological sex is mutable, that we define and redefine it, that we can divide it into constituent parts, such as chromosomes, hormones, and genitals, and modify some of those parts, that male and female are not opposites, that masculinity and femininity do not spring automatically from biological sex, that neither biological sex nor gender determines the contours of sexual desire—these were significant shifts in American social and scientific thought. As we will see, they occurred piecemeal through vociferous conflict and debate, and because not everyone accepted them, they laid the groundwork for ongoing contests over the meanings of biological sex, the sources of gender, and the categories of sexuality.

At the start of the twenty-first century, we routinely distinguish sex, gender, and sexuality, but we cannot, it seems, seal off the borders. Scientists, their popularizers, and their critics still debate whether sex-linked genes or prenatal sex hormones or specific sites of the brain determine the behaviors associated with masculinity and femininity and with hetero- and homosexuality. In much of the popular culture, sex still seems to dictate particular forms of gender, which in turn dictates particular forms of sexuality. In this default logic, a female is naturally and normally a feminine person who desires men; a male is naturally and normally a masculine person who desires women. All other permutations of sex, gender, and sexuality still appear, if they appear at all, as pathologically anomalous or socially strange. As this book will show, the categories of sex, gender, and sexuality—now analytically distinct—remain insistently intertwined in American science and culture.

orgensen was not the first transsexual, nor was the publicity accorded her the first media coverage of sex-change surgery. Cross-gender identification, the sense of being the other sex, and the desire to live as the other sex all existed in various forms in earlier centuries and other cultures. The historical record includes countless examples of

males who dressed or lived as women and females who dressed or lived as men.⁶ Transsexuality, the quest to transform the bodily characteristics of sex via hormones and surgery, originated in the early twentieth century. By the 1910s European scientists had begun to publicize their attempts to transform the sex of animals, and by the 1920s a few doctors, mostly in Germany, had agreed to alter the bodies of a few patients who longed to change their sex.

In Europe the medical practice of sex change arose less as a result of new technology than as a result of new understandings of sex. In the early twentieth century the scientists and doctors who endorsed sex-change surgery posited a universal mixed-sex condition, in which all males had female features and all females male features. This theory of universal bisexuality directly challenged a nineteenth-century vision of binary sex that saw female and male as distinct, immutable, and opposite. With this novel conception of sex, a few doctors began to use hormones and surgery to enable a few people who pleaded for bodily change to move toward the female or male ends of a perceived continuum.

The sex-change experiments in Europe reached the United States through the popular culture. From the 1930s on, American newspapers and magazines—and later radio, television, and film—broadcast stories on sex change. The stories in the press allowed a few American readers to imagine surgical sex change and seek it for themselves. Such people already had some sense of crossgender identification. Before midcentury they did not yet have the word *transsexual*, but they had the stories in the popular press to give them a language with which to ask doctors for help. They could now articulate their desires as a longing to change their bodies, and they could now reasonably expect that doctors might possibly respond to their requests for self-transformation. They pushed their doctors to recognize the medical means to change the human body and the complex persistence of a gendered sense of self.

Only after World War II did American doctors and scientists seriously address the issue of sex change. In 1949 Dr. David O. Cauldwell, a psychiatrist, used the word *transsexual* to refer to people who sought to change their sex. After the press reports on Jorgensen, Harry

Benjamin, an endocrinologist, publicized the term and the condition it described. Soon other American doctors and scientists joined in a public debate on the pros and cons of sex-change surgery. When the Jorgensen story broke, the press turned to the doctors, who in the postwar era had increasing cultural clout and professional authority. From the start, the doctors and scientists fought among themselves about the explanatory powers of biology and psychology, the use and abuse of medical technology, and the merits of sex-change operations.

In the point and counterpoint of debate, the doctors and scientists gradually shifted their focus from concepts of biological sex to concepts of what they came to call gender. When they tried to explain the desire to change sex, they less often referred to conditions of mixed bodily sex and more frequently wrote of “psychological sex,” and later “gender identity,” a sense of the sexed self that was both separate from the sex of the body and, some claimed, harder to change than the body itself. The sex of the body, they now asserted, had multiple components—hormones, chromosomes, genitals, and more—some of which could be altered. A few of them began to emphasize the immutability of adult gender identity and to acknowledge the despair of those patients who wanted the sex of their bodies to match their unshakable sense of self. This new understanding of gender was forged and refined in the discourse on transsexuality. With it, more American doctors gradually began to endorse and perform “sex reassignment surgery.”

From the doctors’ and scientists’ point of view, medical examinations and psychological tests could determine a person’s sex and verify a person’s gender identity. From the point of view of their patients, sex and gender were usually matters of self-knowledge. They had studied themselves, and sometimes they had also read widely in the medical literature. Like the doctors, many of them distinguished between the sex of the visible body and the firm sense of sex that came from an inner sense of self. They had determined for themselves what they were and what they wanted to become. After Christine Jorgensen made the news, hundreds of them approached doctors in order to convince them to recommend or perform surgery. But they ran into constant conflicts with doctors who insisted on their own authority to define sex and gender, diagnose the condition, and recommend the treatment.

For both doctors and transsexuals, the process of defining sex went hand in hand with a process of sorting conditions of bodily sex from conditions of gender identity and conditions of sexual desire. By the end of the 1950s, for example, “hermaphrodites,” or people who had both male and female gonads, were more clearly distinguished from “transsexuals,” whose gender identities did not correspond with their bodily sex, and also from “homosexuals,” whose erotic longings were for members of their own sex. In the early twentieth century many observers, scientists and popularizers alike, had lumped these conditions together. After Jorgensen made the news, American doctors and scientists took up the taxonomic process of sorting out a tangled thicket of varied conditions of sex, gender, and sexuality. On the ground, those who identified as transsexuals, transvestites, lesbians, and gay men sorted themselves out in a parallel social process. Amidst a multiplicity of variations, some of them came to define their conditions not only in contradistinction to the mainstream norm—the heterosexual masculine male or heterosexual feminine female—but also with regard to others on the margins. In everyday life, especially in the cities, they gravitated toward each other, schooled each other in the customs and language of particular subcultures, and developed their own vernacular that delineated finer gradations of gender variance than the language used by doctors.

In the 1960s the complicated process of redefining sex took place within a culture increasingly preoccupied by a “sexual revolution,” by more liberal attitudes toward individual choice, and by revitalized human rights movements that insisted on social change in the name of justice. In this climate the doctors and scientists who studied transsexuality began to organize programs, clinics, conferences, and associations to promote study of and treatment for transsexuals, and self-identified transsexuals began to organize to demand their own rights.

In 1964 Reed Erickson, a wealthy female-to-male transsexual, founded the Erickson Educational Foundation, which funded research on transsexuality, and in 1966 Johns Hopkins University Hospital, with funds from Erickson, announced its Gender Identity Clinic to provide sex-reassignment surgery. Soon afterward other major medical centers opened their own gender identity programs that offered sex-

change operations. The doctors and scientists involved in the new gender identity programs generally saw themselves as liberals. They tried to steer a middle course between those doctors, especially psychoanalysts, who objected to transsexual surgery, and the hundreds of patients who pressured them for operations. As they organized research programs, treatment clinics, and scholarly conferences, they tried to accommodate a few of their patients, and they also bolstered their own position as authorities and gatekeepers. Eventually, in 1979, they formed their own professional organization, the Harry Benjamin International Gender Dysphoria Association.

Meanwhile the birth of a new identity evolved socially and politically into the birth of a new minority. Self-identified transsexuals distinguished themselves from other “deviants” and saw themselves as members of a distinct social group. In the late 1960s and early 1970s a few transsexuals began to challenge the doctors’ authority and to reject the medical model that cast them primarily as patients. They observed and sometimes joined the 1960s movements for civil rights, feminism, and gay liberation, and they began to organize collectively and demand the right to quality medical care and also the right to live, free from harassment, with whatever presentation of gender they chose to express. By the century’s end the push for transsexual rights had blossomed into a vocal social movement with local, national, and international organizations and with a new scholarship that sought again to clarify the contested meanings of sex.

In this more politicized context, the courts took up the debates on sex, gender, and sexuality that American doctors had entered in the 1950s. From the 1960s on, a few transsexuals asked the courts to define sex legally and to grant them the right to change their legal gender status. In response, a few judges followed the lead of the doctors who endorsed sex-reassignment surgery and decided that the law, too, could accommodate sex change as long as it did not entail the radical change of eliminating all legal sex difference. In a handful of courts they came up with a new definition of sex. Instead of determining sex from the genitals seen at birth or from chromosomes, they decided that one’s gender identity and the current state of one’s genitals could jointly determine one’s legal sex. But this new vision—in medicine and

in law—came under assault as soon as it was formulated. Other doctors and judges attacked it for going too far, and some transsexual, feminist, and gay activists attacked it for not going far enough.

As this thumbnail sketch suggests, the history of transsexuality engages a number of key trends of the twentieth century. It demonstrates the growing authority of science and medicine, and it points to the impact of sensational journalism. It illustrates the rise of a new concept of the modern self that placed a heightened value on self-expression, self-improvement, and self-transformation. It highlights the proliferation of sexual identities, and it offers a new angle of vision into the breakdown of traditional norms of gender. In the 1970s and 1980s the women's and gay liberation movements eclipsed transsexuality as the sites of public debate over sex, gender, and sexuality. But the history of transsexuality had already laid the definitional groundwork and helps explain the peculiar configuration that sex, gender, and sexuality had already assumed in American popular culture, medicine, and law.

In this book, both *transsexuality*, a term often used today, and *transsexualism*, an equivalent term used more often in the 1950s and 1960s, refer to conditions in which people hope to change the bodily characteristics of sex. (The terms apply whether or not the individual has undergone surgery.) Those who identify as transsexuals often describe their quest to change sex as a deep, longstanding, irresistible longing, an irrepressible desire to live and appear as the other sex. In the United States, no census or register exists to provide precise figures on how many people undergo, seek, or yearn for a change of sex. In the Netherlands, where doctors keep such records, they calculated in 1993 that 1 in 11,900 persons born male and 1 in 30,400 persons born female had taken hormones to change sex. A more recent news report suggests that “at least 25,000” Americans have undergone sex-reassignment surgery.⁷ In the past doctors consistently concluded that “male-to-female” transsexuals, or those born with male bodies, outnumbered “female-to-male” transsexuals, or those born with female bodies. Today some doctors in the United States find roughly equivalent numbers of male-to-females (MTFs) and female-to-males (FTMs).

In the popular lingo used today, transsexuals are a subset of “transgendered” people, an umbrella term used for those with various forms and degrees of crossgender practices and identifications. “Transgendered” includes, among others, some people who identify as “butch” or masculine lesbians, as “fairies,” “queens,” or feminine gay men, and as heterosexual crossdressers as well as those who identify as transsexual. The categories are not hermetically sealed, and to a certain extent the boundaries are permeable.⁸ The same person might identify as a butch lesbian at one point in life and as an FTM transsexual at another. Since the 1950s the precise definition of transsexuality has been the subject of debate in popular culture, science, medicine, and law. In general, though, transsexuals today are understood to differ from homosexuals, who rarely wish to change their sex. The longing to change the sex of one’s body does not necessarily correspond with any set pattern of erotic behavior or sexual desire. In terms of erotic attraction, many transsexuals identify as heterosexual; that is, male-to-female transsexuals often see themselves as heterosexual women, and female-to-male transsexuals often see themselves as heterosexual men. But some transsexuals identify themselves as (and engage in behavior recognized as) homosexual, bisexual, or asexual. Transsexuals are also understood to differ from transvestites or crossdressers, who dress in the clothes of the other sex but do not necessarily hope to change the sex of their bodies. By the definitions most commonly used today, transsexuals are not *intersexed*, a term used to describe the people who used to be called “hermaphrodites” and “pseudohermaphrodites,” people with various physical conditions in which the genitals or reproductive organs do not fit into the standard category of female or male. All these terms have histories, and the distinctions, definitions, and labels provided here are not, as the following pages will show, the distinctions, definitions, and labels always used in the past.

In the United States the discourse on transsexuals came from the people who hoped to change their sex, from the popular culture, and from the courts as well as from the domains of medicine and science. Neither a traditional medical history, which might trace how doctors refined the terms of their predecessors, nor a critical analysis of the science of sex, which might show how scientific experts asserted their

power through diagnosis and classification, would do justice to the complex interplay of social, cultural, legal, and medical histories. Those who identified as transsexuals, crossdressers, and homosexuals, doctors and scientists, journalists and readers, lawyers and judges, and feminist, gay, and transgender activists differed among themselves as well as with each other. The experts had more authority than others, but no group projected even the semblance of consensus, and none had the power alone to redefine sex or to dictate the categories and contours of American sexual thought.

Today as in the past, transsexuals often appear as symbols of something larger than their own everyday selves. In the popular culture, various media frequently cast transsexuals as “freaks” or “perverts,” and in the more polite language of scholarly journals, doctors and scientists often portray them as mentally ill. The tendency to homogenize, stereotype, and pathologize transsexuals persists, even in an era when it is no longer fashionable, at least in certain social circles, to homogenize, stereotype, or pathologize women, racial and ethnic groups, or gay men and lesbians. Much of the recent literature on transsexuals depicts them as deficient and dangerous if not diseased. Religious conservatives have long accused transsexuals, along with feminists and homosexuals, of defying a God-given and natural order. Recently some California conservatives associated a bill that proposed to outlaw gender discrimination with an alleged “transsexual agenda.” They feared “anarchy” and “a complete attack on normalcy.”⁹ And secular scholars with liberal and radical credentials also invoke transsexuals as symbols of some larger social malaise. Transsexuals, some argue, reinscribe the conservative stereotypes of male and female and masculine and feminine. They take the signifiers of sex and the prescriptions of gender too seriously. They are “utterly invested” in the boundaries between female and male. Or they represent individual autonomy run amok in the late modern age. As self-indulgent technophiles, they “desire to engineer” themselves, taking the injunction to self-transformation to dangerous extremes, and as the ultimate crass consumers, they transform the seemingly immaterial—“fulfillment” and “comfort”—