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## VOICE RECOVERY – PARADIGM SHIFT IN TRANSGENDER RESEARCH

**Abstract.** The aim of the article is to show how scientific analyses of transsexuality have changed over recent years, and how the two types of discourses on transsexuality/ transgender, i.e. medical and social, clash with each other. The result of this clash is a departure from treating transsexuality as a purely medical phenomenon classified as a deviation from the norm. I will also consistently use a range of terms showing there has been a transformation in the approach to the phenomenon being described – from transsexualism, through transsexuality, to contemporary terms such as trans person/ people with transsexuality. The change in the terminology reflects a perceptible shift in the paradigm.

**Keywords:** transsexuality, deviation, paradigm, medicine.

“[s]he who is subjected to a field of visibility, and who knows it,  
assumes responsibility for the constraints of power”

(Foucault 1993: 243)

### 1. Introduction

Sociology only began paying attention the phenomenon of transsexuality quite recently. For years, this specific perception of one’s own gender as different from one’s biological (registered) sex used to be the domain of predominantly medical interest. However, the history of scientific interest in transsexuality – including medical interest – shows that for a long time this phenomenon simply was not considered within the scientific field. Transsexualism (*transseksulizm*), transsexuality (*transseksualność*) and transgender (*transpłciowość*) are terms that may seem synonymous – they refer to the phenomenon of crossing the binary sex system. These nuances now in use in the Polish language show a significant substantive change in the approach to this issue and are a sign of a departure from the medically determined research discourse on the phenomenon of crossing the binary sex system. It was not until the 1990s that sex, corporeality and sexuality be-

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came “disenchanted” from the stigma of deviation and marginality and subjected to a broader scientific analysis. Gender performance theories or queer theory were particularly ground-breaking here – as Sally Hines shows, transgender issues have always been associated with discussions about sexual minorities (2008). Consequently, transsexuality is usually considered in terms of identity policy.

The aim of the article is to show how scientific analyses of transsexuality have changed over recent years, and how the two types of discourses on transsexuality – medical and social – clash with each other. The result of this clash is a departure from treating transsexuality as a purely medical phenomenon classified as a deviation from the norm. I will also consistently use a range of terms showing a transformation in the approach to the phenomenon being described – from transsexualism, through transsexuality, to contemporary terms such as trans person/people with transsexuality. The change in the terminology reflects a perceptible change in the paradigm.

## **2. The dilemma faced by the researcher**

A social scientist who wishes to conduct research in the area of transsexuality must resolve a number of dilemmas (cf. Bieńkowska 2011). The first fundamental one is constantly having to justify the need for sociologists to study transsexuality, not just medical practitioners. For years, transsexuality has been a field of mainly medical reflection, hence it is necessary to show that it is also a social phenomenon. However, the most important dilemma concerns the operationalization of the concept of transsexuality. At first sight, the term “transsexuality” seems easy to define, yet when you begin to analyze the available medical, psychological and sociological literature, it turns out that adopting a specific definition embeds the researcher in a certain convention. The first clue is, of course, the adoption of strictly medical definitions and making them binding for the researcher. If the researcher follows this path, then during the course of the study they will collide with a reality that defies medical definitions and classifications. When I started my own search for transsexual people who would agree to participate in the research, the question I often heard from potential interlocutors was: “What do you think transsexualism/ transsexuality is?”. There were also questions about who I think is a transsexual person, and who is not. I used the snowball method to find study participants, I placed ads on a website for transsexual people. But before my advertisement appeared on the mentioned website, I had to undergo some environmental verification – I had to participate in a chat. I was overwhelmed with questions, most of which related to my understanding of transsexuality. Similar questions were also asked in emails from people interested in the research. The questions that were addressed to me made me realize that defining transsexuality is not as easy as it might seem from a medical point of view. The questions concerned whether I am inviting to the study only people who

are diagnosed (i.e. they have confirmation from an expert that they are transsexual), or only those who intend to undergo sex reassignment surgery, or also those that do not have this intention. Do I think that someone who is not going to undergo gender reassignment is a transsexual person or not? Do I think that trans people can be non-heterosexual? All these questions prompted me to adopt a very liberal definition of transsexuality in my research – I invited people who felt transsexual, regardless of whether they wanted surgery or not, whether they had a diagnosis from experts, etc. On the one hand, this was a risky move, but on the other hand, it allowed me to capture what was not visible to medical discourse. Medical definitions are categorical, they refer to the decisions “either you are a woman, or you are a man”, they discredit people who for any reason do not want to undergo a transition – a procedure of sex reassignment, which also includes body-correcting surgery. Adopting a liberal position has allowed me to see that if the medical perspective is adopted and maintained, it is impossible to see what transsexuality is today. Similar conclusions were drawn by Anna Kłonkowska from her own research (cf. 2017: 178–187).

### **3. The beginnings. Deviation discourse – breaking the norm**

Until recent decades, the body and gender had not been important research topics for sociologists; for years they were something that remained outside the scope and research focus of the social sciences. However, over the past 20–30 years, this situation has changed radically. Nowadays, it is difficult to imagine a reflection on society that would ignore gender issues. Also, the theme of the body has entered the canon of sociology (cf. Schilling 2010; Buczkowski 2005). Human corporeality, social divisions based on gender, and gender roles have increasingly become the subject of scientific reflection. This does not mean, however, that the themes had not appeared in sociological or anthropological works before. It is worth recalling Goffman’s reflections on stigma or Garfinkel’s work *Studies in Ethnomethodology*, in which he described the history of transsexual Agnes and her role playing/ gender reassignment. In sociology, Garfinkel, whose book was published in 1967, was the first person to pay attention to the transgender phenomenon. In his reflections on what people take for granted in relation to gender, he referred to the work of the team of Robert Stoller, an American psychiatrist who dealt with gender identity and worked with transsexual people. These were the beginnings of scientific attention being devoted to the previously unrecognized phenomenon of sex change (today the term has been replaced by “gender reassignment”). The 1960s and 1970s was a period when the medical world focused on transsexuality, which resulted in the emergence of medical definitions, classifications, etc.

It is difficult to say who was the first trans person, who was the first to have a sex change operation, who was the first person who had their documents changed.

Nevertheless, the first people described in the literature are Lili Elbe and Christine Jorgensen. Their history goes back to the early 20th century. Lili Elbe was born as Einar Wegner in Vejle in 1882, in Denmark. Einar Wegner was a painter, in 1920 he married Gerde Gotlibe, to whom he revealed the secret about who he felt himself to be, how he wanted to live. At the same time, Wegner learnt about the Institute of Sex Research founded in 1919 in Germany, in Berlin, where Dr. Magnus Hirschfeld, who coined the term transsexualism, had his practice. After 1930, Elbe underwent four surgical operations, changing his male body into a female one; the first in Berlin, and three more at the City Women's Clinic in Dresden. Unfortunately, as a result of complications following the last operation, Elbe died. Her story was described in two books *Man into Woman* and in *The Danish Girl*<sup>1</sup>.

The other person is the trans woman Christine Jorgensen, who was born in 1926 in the United States. During World War II she fought as a soldier in the US Army, after the war she continued her education and worked. In the years 1951–1952 she underwent gender reassignment operations in Copenhagen. Jorgensen became a very famous person, an activist who did not hide her past, her history. She ran her own educational mission to help others. Despite the positive course of surgery and the hormone therapy she underwent, Jorgensen struggled with legal problems related to changing her birth certificate, which made it difficult for her to get married. Jorgensen was a person who did a great deal for others, but her case also had a significant impact on the development of knowledge and research on transsexuality. Along with the doctor Harry Benjamin, she fought for the recognition of trans people's right to treatment. She described her story in an autobiography published in 1967.

#### 4. Medicine

For a long time, transsexuality had been perceived as a deviation from the norm. The norm in terms of sex was what Garfinkel described very well – you could be either a woman or a man, and this was something that was determined at birth, something immutable. And although anthropologists' studies showed that the binary sex system was not the only one, it was still firmly rooted in the social construction of the social world in Western culture. Anyone who broke the established social order in this respect was considered a deviant. Medical attempts to classify transsexuality were a part of a deviant discourse. If someone rejected or denied the sex that was given to them at birth (corresponding to biological sex), this was considered to be something that required correction and restoration to

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<sup>1</sup> The bestseller book *The Danish Girl* was translated into Polish and published in 2012 under the title *Dziewczyna z portretu*. There was also a film adaptation of this book. The biographical details of the heroine can be found at: <https://www.biography.com/people/lili-elbe-090815> (accessed 20.02.2019).

a socially accepted norm. The goal was to recognize transsexualism as a disease and to create standards and treatment procedures.

The first sex change operations were trailblazers, but they were based on the medical intuition of doctors rather than on well-grounded knowledge. Procedures related to the treatment of transsexual people appeared several dozen years after the first attempts. Harry Benjamin was a pioneer in the world of medicine who sought to set standards of the care for transsexual people. He created the first guidelines for diagnosis and treatment. Transsexuality was considered to be an incongruity of the mind and body. The activities of Harry Benjamin led to the creation of The Harry Benjamin International Gender Dysphoria Association, which, in 1979, issued the Standards for the Care of People with Gender Identity Disorders. They were the first medical instructions for dealing with patients diagnosed with transsexuality. A year later, in the third edition of the *Diagnostic and Statistical Handbook* (DSM-III), the American Psychiatric Association recognized that transsexualism was a disease that had its own specificity and required specific treatment (cf. Bem 2000: 106). Thus, from the outset, reflection of this phenomenon defined transsexualism as a deviation from a healthy/ normal/ ordinary state. One could say – referring to Foucault – that transsexuality had been recognized and categorized by the panoptical system of the medicalization of gender. This new category was later inscribed in the procedures defining the treatment of patients.

By 2019, seven more updates of this document had been released. Significantly, the last – seventh – version concerns not only transsexual people but, as the name of the document indicates, also transgender people and those who cannot be conventionally defined. In the seventh edition, its authors emphasize that transsexuality, transgenderism or other forms of crossing gender borders should not be treated as a pathology, as they are an expression of people's cultural diversity.

In her work *Gender Given or Imposed. Strategies for Negotiating (Non) Transgender Identity in Poland*, Anna Kłonkowska critically reviews subsequent editions of the disease classification. *Diagnostic and Statistical Manual of Mental Disorders* (in short DSM) described the concept of transgender for the first time in 1980. This phenomenon was included into the psychosexual disorder category as Gender Identity Disorder (GID). The term transsexualism appeared as one of the subcategories of GID. In the DSM IV from 1994 and DSM IV-TR from 2000, the term transsexualism was withdrawn.

In both these editions, the typology of transgender concepts is the same. Within the general category "Sexual and Gender Identity Disorders" there is a subcategory: "Gender Identity Disorders", which includes: "Gender Identity Disorder in Children", "Gender Identity Disorder in Adolescents and Adults" and "Gender Identity Disorder Not Otherwise Specified" (Kłonkowska 2017: 29–30).

The analysis of medical classifications and subsequent editions of documents shows when the concept of transsexual appeared and what transformations and distinctions it underwent. As Kłonkowska notes:

The classifications of the phenomena associated with transgenderism are controversial. Not only due to the fact that divisions and categories created in relation to transgender will always be arbitrary, simplifying and reducing the whole variety of human experience related to (non) gender identity into accepted patterns (...). However, the very fact of creating nosological categories relating to sexual or gender non-normativeness and their inclusion in disease classifications, such as DSM or ICD, provokes discussion. The question arises of whether transsexuality is a disease or an alternative identity and gender expression. Labelling it with a nosological category can lead to stigmatization, as was the case with homosexuality at the time when it was still in the abovementioned classifications (...). The perception of transsexuality in terms of a nosological unit or disorder also leads to its pathologization in social assessment and has an impact on the self-presentation of transgender persons (2017: 39).

In 2015, a polemical article by Anna Karnat-Napieracz and Zbigniew Liber was published, referring to the book *Transsexualism in Poland. The individual and social dimension of crossing the binary sex system* (2012). This article is written from the perspective of the medical discourse, focusing on the genesis of gender disapproval syndrome, medical definitions, classifications of transsexuality. The tone of this text is harsh, and the content can be reduced to one implicit thesis, namely that transsexuality is not a sociological topic. When describing transsexuality, the authors adhere very rigidly to how medicine sees it and how medicine attempts to fix it. According to Karnat-Napieracz and Libera, transsexuality cannot be considered a social phenomenon because it is a disease entity. What is more, every manifestation of social gender and identity construction is discredited here (see Karnat-Napieracz, Libera 2015). This text epitomizes how medical discourse dissociates itself from knowledge that comes from the social sciences.

When examining people with transsexuality, you can come face-to-face with what I have called the “mask of transsexuality” –

(...) transsexual people use what I call, the mask, the official mask of a transsexual person. This is a certain facade, behind which lies the real, personal, unique experience of being a transsexual person. However, these people generally have an excellent insight into what stories are expected from them (in their opinion), and therefore they narrate their own experiences so that they will fit in with the transsexual’s classic traits. In all likelihood, this mask is created for the purpose of convincing experts (a sexologist, a psychiatrist, a judge) that they are transsexual in order to legitimize this experience as a disease and be able to take further medical and legal steps. If you are aware of such a trap, the use of a nondirective interview remains an ideal research tool (Bieńkowska 2012: 50–51).

To sum up, the medical paradigm boils down to the following assumptions:

- Transsexuality is a deviation from the norm.
- It is something to be fixed.
- The reference point is the explicit binary sex division.
- The narrative of gender reassignment.
- Typology creation (a true trans person versus GID).
- Creating treatment procedures (fixing).
- Giving choice – (hormones and surgery and/ or hormones).

## 5. I'm GID

In the fifth DSM update from 1998 one can read that the phenomenon of gender identification disorder occurs all over the world, but it is not treated in the same way. In those cultures where there is permission to cross gender boundaries, this behaviour is not stigmatized. The document also emphasizes that the goal of treatment (psychiatric, hormonal or surgical) is to achieve lasting sex-related comfort so as to maximize overall psychological well-being. There is no definitive statement that surgical operations are necessary. This is a kind of breakthrough, because in the early 1990s there was a sharp polemic within the organizations of transsexual people about who has the right to define themselves as transsexual. The environment was then divided into so-called “real transsexuals” and people who referred to themselves as “GID”. The “real transsexuals” believed that a transsexual person was only a person who, after being diagnosed, underwent the entire process of sex change and “simply” as a result of surgery became a woman or a man. This was a very radical position and was termed “transsexual fundamentalism”. Mitsuhashi lists the features of this fundamentalism, writing that, firstly, it is assumed that one can be either a woman or a man, and these are disjunctive categories, and therefore any temporary or partial transgression of the binary sex system is viewed in a bad light. Secondly, a person should strive for a complete change, and after becoming fully female or male, not come out, that is, reveal their past as a different sex. Thirdly, these people are strongly obsessed with being “normal women/ men” in line with the existing gender social order (Mitsuhashi 2003, cited in: Itani 2011: 291–292). This phenomenon was also reflected in the Polish environment of trans people, who made internal divisions and exclusions, assessing the transsexuality of others on the basis of whether someone changed sex (or intends to change it) or remains in an unchanged body (see Bieńkowska 2012: 132–139).

## 6. Voice recovery – a paradigm shift

Parallel to the development of medical knowledge in the field of transsexuality, people with transsexuality built their community, formed various associations, support groups, places to acquire knowledge and support, and also places to discuss what was happening around transsexuality. In Poland one can also observe the emergence of a transminority, which started to speak in its own voice, and not only hide within the activities of the LGBT&Q movement (for more detailed discussion of this issue, see Bieńkowska 2012: 181–182; 2013: 171–183). The voice of those interested was increasingly significant, and this was supported by the work of scientists from outside the medical community which revealed a much greater awareness of gender diversity than that demonstrated by medicine. The

spell of medical narrative has been lifted from transsexuality, as has been symbolically emphasized in the changes of terminology (no longer transsexualism but transsexuality or transgenderism, or even a person with transsexuality; instead of sex change, gender reassignment).

In 2006 Richard Ekins and Dave King published *The Transgender Phenomenon*, which was the result of their 30-year sociological research on transvestism and transsexuality. In the introduction, the authors note that, during the period they studied, transgender phenomena shifted away from the sociology of deviation and perverse behaviour to innovative theories in the field of culture or gender studies. They could also see a change in attitude towards transsexual people in the non-academic world. The authors mention transsexual people who were popular in the media, such as the transsexual Portuguese Nadia Almada in the British version of *Big Brother* (Ekins, King 2006: 1–20).

Marcin Rzeczkowski, an activist in the transsexual movement, writes:

A trans man is not, therefore, humiliated when people see his breasts or that these breasts are disgusting in themselves, but because the breasts are attributed to women and evaluated, and he is not a woman and does not want to be seen as such. In this sense, the concept of transgenderism as the intermediate link between transvestism and transsexualism, which consists of the need to function in society as a person of the biologically opposite sex without reassigning the body, or switching to hormones (and optionally a mastectomy in case of trans men) is simply unnecessary, just like andromimesis (“imitating a man”; I personally find the word dismissive and condescending) and gynomimesis (“imitating a woman”). “Transsexualism” is enough (Rzeczkowski 2012).

Medicine, and initially the social sciences, described transsexuality by focusing on the disapproval of body physicality. It was recognized that transsexual people do not identify with their own body, with their own gender; that they often refer to themselves as imprisoned in a foreign body. An example of such an approach is the definition that Małgorzata Fajkowska-Stanik coined in her work:

Transsexualism is defined as a phenomenon in which we are dealing with an overlap of an extreme gender identity disorder and sexual deviation. Extremely disturbed gender identification is manifested by a total discrepancy between the sense of gender and body composition, which results in sexual deviation, i.e. sexual orientation towards persons of the same sex. At its base lies the so-called sexual dysphoria (2001: 32).

However, what can be seen from social studies, and what can be heard in statements of people with transsexuality, is that something lies beyond the corrective programmes of medicine. Not all transsexual people seek surgical gender reassignment. According to Sally Hines, the term “[t]ranssexual refers to people who change their anatomical sex through hormones and/ or surgical methods” (2008: 99). Hines’ definition draws attention to the alternative contained in it. Transgender does not necessarily mean radical surgery, which is still emphasized in most definitions of transsexualism. Hines uses the term transgender, emphasizing that it includes transgender people, transsexual people,



bigender people, intersex people, transvestites, crossdressers, drag kings and drag queer (cf. 2008: 99)<sup>2</sup>.

In the 1990s, there was a breakthrough in the social sciences in the field of gender and sexuality research. Sandy Stone – a trans woman – protested against the anti-transsexual publication *Transsexual Empire* by writing her manifesto *The Empire Strikes Back: A Posttranssexual Manifesto*, published in 1987. This manifesto was recognized as a source for initiating transgender studies focused on the unique situation of trans people. Trans studies focus their attention on everything that goes beyond the interests of medical discourse: they show the history of trans people, literature describing the history of trans people, they move within interdisciplinary critical studies and cultural studies.

Some of the most important researchers who are part of this trend are Judith Butler, Jack (Judith) Halberstam, Vivienne Ki Namaste, and Susan Stryker, who edited *The Transgender Studies Reader* (2006). Stephen Whittle describes the way to transgender studies as follows:

In the 1990s, a new scholarship, informed by community activism, started from the premise that to be trans was not to have a mental or medical disorder. This fundamental shift was built upon within academia, and enabled trans men and women to reclaim the reality of their bodies, to create with them what they would, and to leave the linguistic determination of those bodies open to exploration and invention. To this extent, trans studies is a true linking of feminist and queer theory (Whittle 2006: XII).

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<sup>2</sup> Transvestitism (TV) – is considered to be “an extreme form of transgenerity, that is, one that has been diagnosed medically and described in detail. By definition, transvestism (or rather dual-role transvestism) means putting on clothes of the opposite sex, which is accompanied by the pleasure of temporarily feeling that one belongs to that sex. It is not characterized by a desire to reassign gender, especially by surgery. One should avoid confusing dual-role transvestism with fetishistic transvestism (this is the mistake I encounter most often). The second phenomenon mainly focuses on sexual feelings, that is, the aim of putting on clothes of the opposite sex is to look like the opposite sex and get sexually aroused at the same time. It happens, however, that transvestite behaviours (of both types) result from suppressed transsexualism, but this is not the rule. It is often heard that among transvestites the majority are gay – this statement contains in itself two myths. 1. Transvestism is the domain of men, 2. It is characteristic of homosexual men. In order not to overdo with the number of theories, I decided to counter these claims clearly. So, first of all – there are female transvestites (transvestites f/m), however, due to female clothing emancipation, less attention is paid to them, and secondly – the percentage of gay men among transvestites is similar to that in the whole society, and it can even be a lot lower (...)” – Dynarski W., *T like trans*, <http://www.innastrona.pl/magazyn/bequeer/transseksualizm-transplciowosc.phtml> (accessed 1.06.2012).

Intersexualism – a modern term for hermaphroditism, i.e. a situation when people are born with the external (or/and) internal features of both sexes.

Drag king (women dressing up as men), drag queen (men dressing up as women) – a form of artistic expression, of a performance nature – usually playing the role of a known character, an icon.

Crossdressing – a term referring to people who, mainly through the clothes they wear, violate social norms connected with the division into the feminine and the masculine. It may be – but does not have to be – associated with transvestism, drag king/queen or transsexuality.

In 1997, the first scientific journal focused on the subject of trans was created – “The International Journal of Transgenderism”. In 2014, another TSQ scientific journal was established: “Transgender Studies Quarterly”. On its website one can read that in the last 20 years transgender has become the subject of cultural analyses and new research approaches. The mission of the journal is to create a scientific space to understand “variability, contingency of gender in time, space and culture”.

## 7. Conclusion

Since the 1990s, a fundamental, qualitative change in the perspective of transsexuality research can be observed. From a strictly medical approach to the problem, which focused on curing the disease and fixing the body so that it matched identity to biological sex, you can see the transition to a deeper knowledge of transsexuality. The medical paradigm begins to take into account the voice of transsexual people and their perception of their own situation. The discourse of disease and its treatment are being abandoned. An important role in changing the way of scientific thinking about transsexuality belongs primarily to the people concerned. Trans activists began to fight for their rights, not only when it concerned medical care itself, but also the issue of legal regulations. They also referred to the scientific community that was undertaking research on the phenomenon of transgender people. Jacob Hale has developed guidelines for non-transgender researchers undertaking transgender research. The Hale list contains several guidelines<sup>3</sup> constituting the ethical backbone of the researcher. What is important is that the researcher is not supposed to behave like someone who knows better, a technocrat ordering the world according to scientific standards. Hale’s position also warns against treating trans people as the subject of the study; instead, they should be granted subjectivity and the right to express themselves (Hale 1997).

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<sup>3</sup> The Hale list has 14 or 15 points, depending on the publication date.

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## **ODZYSKIWANIE GŁOSU – ZMIANA PARADYGMATU W BADANIU TRANSPŁCIOWOŚCI**

**Abstrakt.** Celem prezentowanego tekstu jest ukazanie, jak zmieniło się w ciągu ostatnich lat to, jak na gruncie nauki analizuje się transseksualność/ transpłciowość, jak ścierają się ze sobą dwa rodzaje dyskursów – medyczny i społeczny. Efektem tego starcia stało się zmienienie medycznego zawłaszczania transseksualności jako zjawiska wyłącznie medycznego, klasyfikowanego jako odstępstwo od normy. Konsekwentnie też w tekście będą stosowane terminy ukazujące pewną przemianę w podejściu do opisywanego zjawiska – od transseksualizmu, przez transseksualność do współczesnego trans osoby/ osoby z transseksualnością. Ta nomenklatura odzwierciedla bowiem pewną dostrzegalną zmianę paradygmatu.

**Słowa kluczowe:** transpłciowość, dewiacja, paradygmat, medycyna.