

Abstract Elements of feminist and queer theories and of phenomenology are used to engage with Cartesian dualism, in order to clarify the political implications of medicalized male-to-female (MTF) discourses. Particular attention is paid to descriptions of MTF as being in the 'wrong' body. The author argues that this idea depends on a 'shallow' model of corporeality, and suggests that a chronotopic model, by which the body is conceptualized as a process existing in both time and space, is more useful in counter-hegemonic theory.

Keywords androvagina, corporeality, gender, transsexualism

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Out/Performing Our Selves: Sex, Gender and Cartesian Dualism

Introduction

This article grows out of a need to interrogate my own uneasiness about the notion of a woman trapped or concealed in a man's body, a notion which I believe has implications for anyone whose being-in-the-world is constrained by their own ascribed location within white, heterosexual, ruling-class masculinist discourses of corporeality.¹

I stress that this article is not 'about' transsexual *people*, but about medicalized *discourses* of MTF transsex and, although I recognize that such discourses both produce and are produced by transpeople, it is the discourses themselves and their wider effects on the gendered politics of sexuality that I am interrogating.²

However, the medical model of transsexuality participates in authoritative discourses which make strong claims about the nature of gender. As someone engaged in resisting my own encryption within and by such accounts, that makes it very much my business. As Germaine Greer comments, when men undergo surgery to gain female status, they 'have not consulted the actual members of the sex so honoured' (Greer, 1974: 191).

Greer's statement can be read as gender-defensive. However, as I hope to demonstrate, more is at stake here than mere territorialism.

As a lesbian and as a queer feminist I continually strive to perturb the narratives of gendered sexuality and sexualized gender by which my social disenfranchisement is produced and maintained. As Hare-Mustin and Marek insist:

Debates about gender are not merely exercises carried out in the halls and laboratories of academe . . . rather, the outcome of such debates has a broad range of consequences . . . The meaning of gender . . . has an influence on behaviour, social arrangements, and the organisation of such crucial social institutions as work, reproduction, child care, education and the family. (1990: 4–5)

MTF accounts, while deeply personal, are nevertheless inevitably political. The MTF claim to be in the wrong body speaks from a position which depends on a master-discourse of gender and the erotic – heteropolarity – for its coherence (Wilton, 1996). Although feminists and queers³ have approached transsexuality from opposite directions (for example, compare Shapiro, 1991 and Califia, 1997), the implications of MTF discourse should trouble both groups on three key levels.

First, the discursive package which makes credible the contention that one can 'be' a woman, despite a corporeality that 'is' a man, operates in the interests of hegemonic regimes of gender. Second, there is a strong tendency for MTF discourses to police gendered performativity in a remarkably rigid way, reinscribing conservative markers of masculinity and femininity into lexica of 'manning' and 'womanning' (Ekins, 1997) in ways that stand in opposition to the liberatory potential of constructionist accounts. Finally, MTF discourse participates in constructs of the sexed body which are themselves sexist, and which contribute to a female corporeality which is, as I hope to demonstrate, complicit in the invalidation of queers and women.

Parameters

It is important to acknowledge that claims of 'being in the wrong body' mark only one strand of the many which currently characterize the transsexual/transgender experience. In recent years the performativities of those for whom attributed sex is at odds with their sense of self have proliferated beyond the always-fragile bounds of the medical model of transsex, to incorporate gender-transience, blurring and other transitionality. Such strategies – perhaps best characterized as *paracorporeal* – are of a different order and do not concern me here.

My focus also excludes female-to-male (FTM) trajectories, although FTM accounts complicate the politics of sexuality in intriguing ways.

Gender is a set of social relations through which disciplinary and material power are deployed and which exists in a particular dynamic relation to bodies and their (often eroticized) behaviours. Although intersecting with relations of ordination such as 'race' and dis/ability, gender relations operate in the interests of men in general, and of (white) heterosexual men in particular. MTF and FTM are therefore very different journeys.

Given lively dissensus among the clinical community, and an observable shift away from genital determinism and towards paracorporeality within the transgender community, transsex must be regarded as an enterprise characterized by instability and contestation. I both take as read and hope to contribute to this instability. But my key question is to what extent medicalized MTF discourses expose a theoretical and political inadequacy in liberatory accounts of gendered corporeality based on Cartesian dualism.

It seems to me that feminism and, in different ways, queer have reacted to the Cartesian problem by attempting in various ways to transcend the (policed, abjected, marked) body. This has led to a headlong flight from essentialism, evacuating the shadowy terrain of the gendered body and leaving it to be colonized and appropriated. Is MTF praxis one such colonizing enterprise, or is it part of the flight?

A body has been found

Cartesian dualism is, famously, premised on the irreconcilable difference of the material body from that which inhabits and motivates it. Descartes' teaching underpins some of the more curious anomalies of modern science and of medical science in particular, and has, I think, bequeathed feminists and queers a difficult legacy.

One major point of the post-Cartesian notion of the universal, transcendent subject is that *he* is constituted in the radical separation of mind from body. The privileging of the so-called higher faculties of reason, intellect, spirit and so on over the material and mundane grounds a two-tier system in which women, tied as they ostensibly are to their bodies, and most particularly to their reproductive bodies, have been deemed largely incapable of autonomous rational thought. (Schildrick, 1997: 167)

It has been necessary for women to challenge their discursive location/production within this system, as it has – somewhat differently – been for gay men. Indeed, all the various hegemonic projects of incarnation of difference depend on the Cartesian system, and Terry warns us of the consequences of this:

Bodies were territorialized in certain ways and treated as sources of scientific evidence about perversion. And thus they became sites of phantasmatic

projections both from scientists studying those bodies and from the subjects who inhabited them. (1995: 138)

I take the MTF body to be one such phantasmatic projection.

In a remarkably short space of time the absence of the body from social and cultural theory which so many commentators noted in the early 1990s has given way to a veritable flood of material (Arthurs and Grimshaw, 1999; Butler, 1993a, b; Epstein and Straub, 1991; Gatens, 1996; Halberstam and Livingston, 1995; Shildrick, 1997; Terry and Urla, 1995; to name but a few). The call to 'retrieve [something] under the sign of the body' (Butler, 1993b: 28) resulted in renewed attempts to develop post-modernist and constructionist theories of the body which could contribute to counter-hegemonic projects.

Wrong body, wrong sign?

Of course, theories of embodiment are concerned with more than the merely somatic, as are statements about being 'in the wrong body'. The 'wrongness' of the body is phenomenological; about the *lived experience* of embodiment rather than somatic form alone. Indeed, 'embodiment' suggests, precisely, a paying attention to something other than the body, that which 'is' embodied. It is whatever *inhabits* the transsexual body that matters. The MTF transsexual experiences pain because of his inability to ensure that his body is not 'read' in ways dissonant with his 'self'. The surgeons act *on* the body to ease the pain of the dys/embodied self 'inside'.⁴ Cartesian dualism haunts every turn of phrase here.

There remain, clearly, inconsistencies and gaps in our understanding of the relationships between bodies and whatever animates them. We lack even a basic vocabulary, for all available words seem both inadequate and pregnant with excess implication. Words such as personality, persona, ego, mind, self, will or identity are firmly located within a psychological paradigm which is itself complicit in the Cartesian problematic. Soul, psyche, anima, spirit or essence belong properly to religion or spirituality. 'Subjectivity' or 'agency' are technical-sounding enough not to embarrass social scientists, but are difficult to identify with. Who among us can feelingly lay claim to a subjectivity?

And how to describe the interplay between this whatyoumaycallit and the body? Phenomenologically, we appear to ourselves to inhabit our bodies, the 'certain grounds of our daily experience' (Shildrick, 1997: 168) they feel as if they contain 'us'. Like Koestler's ghost in the machine, we walk 'with' our legs, see 'with' our eyes, fuck 'with' our genitals and – things get complicated here – think 'with' our brains. This radical dys-integration, long predating Descartes, seems to be a core dilemma of human self-awareness.

It is also an often-unacknowledged presence in the political and theoretical problematics that cohere around discourses of sexuality and gender. While researching this article I came across the following passage by Emily Jenkins which struck me as richly suggestive:

Your body is the vehicle for your wildest adventures – Of course, you can't get out if the motion starts to sicken you. You can't even brake. None of us can, because the body is also a prison in which we are forced to live out our days. You are captive forever in your skin. (1999: 3–4)

What *is* this 'you' that is contained within skin, and to what extent may 'it' be gendered or sexed independently of the contours bounded by skin?

Don't fence me in: the body as cage

The body as cage or prison is a recurrent image in MTF discourse. The transition from one genital configuration to another offers the only escape. Griggs (1998: 88) writes that, 'I was trapped inside a living chamber of horrors', Cummings tells us that 'In the case of transsexuals locked inside a prison of flesh and blood, there is a constant ache for emancipation' (in Lewins, 1995: 14), while Morris insists, '. . . if I were trapped in that cage again nothing would keep me from my goal' (in Shapiro, 1991: 260). Within a paradigm that has come to be taken for granted, here are people who protest that their *self* is in opposition to their body.

What is more this self, invisible and unquantifiable, is claimed as the authentic core of be-ing. Startlingly it is medical professionals – for whom the phrase 'all in the mind' explicitly invalidates the accounts of their other patients – whose authority constructs transsexuality as a disorder amenable to bodily remodelling in the first place.

We're all in this (body) together

The sense of being betrayed by one's body is not unique to gender dysphorias. We are all 'locked inside a prison of flesh and blood'. As Jenkins (1999: 7) recognizes, 'The body is the single place no-one can leave'. She concludes, 'Perhaps death is teasing me whenever my body rebels, taunting me with an immanent putridity I can never prevent' (Jenkins, 1999: 231).

It is hardly a new insight that the experience of embodiment is always disturbing because it contains death (Grimshaw, 1999; Lingis, 1995). However, if we combine it with a Foucauldian account of power as enacted, capillary-wise throughout the body politic, on bodies by bodies, we may approach the trouble at the Cartesian heart of MTF discourse.

What does it mean that the intersecting fields of power which contain, constrain and construct bodies mandate that those bodies may be surgically altered in order to transfer ‘selves’ across one differential axis of power – gender – and not others?

Gatens argues that ‘gender is a material effect of the way in which power takes hold of the body rather than an ideological effect of the way power “conditions” the mind’ and cautions that ‘To make this kind of claim would involve using a notion of power and the body quite different from that used in dominant socio-political theories’ (Gatens, 1996: 66). This, I suggest, is of strategic importance to all groups whose oppression is founded on the various hegemonic projects of embodiment originating in the colonial paradigms of the nineteenth century (for discussion see essays in: Arthurs and Grimshaw, 1999; Terry and Urla, 1995).

Why gender?

Recognizing the validity of certain body-re/formations and the invalidity of others leads to the simple question: why gender? The transsexual experience where ‘the body stands in opposition to gender’ (Griggs, 1998: 54) does not ‘work’ in the same way if you try to apply it to other vectors of socio-political difference – such as race, age or disability – that have also been incarnated within and by the hegemonic project. The medical profession seem happy to take Michael Jackson’s money for repeated plastic surgeries to make his appearance less ‘black’, but there is no medical diagnosis of ‘transracialism’ for white people trapped in black bodies. Similarly, although they will cut, inject, staple, peel and burn you to help you appear younger than you are, there is no theory of the aetiology of ‘transageism’ to explain how such a young person came to be wrongfully imprisoned in an old person’s body. Gender seems to be the only paradigm of difference within which ‘self’ is authoritatively permitted to be at odds with ‘body’.

As already indicated, the concept of transsexualism which validates surgery originated with the medical profession (Bornstein, 1994; Tully, 1992), a group not known for its gender-radicalism. Famously, those who sought surgery then read everything they could get their hands on about the putative ‘symptomatology’ of this new syndrome, presenting themselves to gatekeeper clinicians as textbook cases. Never before in the history of medicine has a newly minted diagnostic picture been so faithfully mirrored in the patient population (Ekins, 1997).

This documented collusion suggests that those members of the medical profession working in the field had at least as strong an investment as their patients in the diagnostic category of transsexuality. It also makes explicit a barely concealed dynamic whereby authoritative discourses act through

subjects to produce bodies in the interests of those who occupy the positions of power in this process.

Vive la difference!

I am not a Trekkie,⁵ but I am intrigued that *Star Trek's* Captain Kirk should insist that, 'The ideas of male and female are universal constants', as he did on star date 3220.3 (terrestrial transmission BBC2, 11/4/97). *Star Trek* is a pop-cultural representation of American wish-fulfilment, and when the lynchpin of its moral system spouts this kind of authoritative statement, it strongly suggests that America (and I use the word as a shorthand for a global value system as much as a place name) very much *wants* the ideas of male and female to be universal constants. And what better way of ensuring this than by using surgery to 'help' those individuals made strongly uneasy by a binary system of gender fit more neatly into one gender or the other?

The character of Kirk is a stalwart apologist for high modernism. From a postmodern position, of course, male and female are understood to be no more (and no less) than the highly contingent product of shifting discursive processes. Far from a universal constant, gender is seen as radically inconsistent; as a role, a display, a performance, a narrative or a career.

Yet for every Queer Nation activist arguing that gender is apartheid (Jarman, 1991: 36) there is a surgeon offering 'gender confirmation surgery' to men who state that they are women. For every gender transient refusing to sign up for either role there is a psychiatrist insisting that 'gender is immutable' (King, 1996: 94). For every drag king pushing the envelope of gender-performativity, there is a post-op transsexual insisting that 'gender is as physical as a heart-beat' (Griggs, 1998: 69). The clinical praxes of MTF are predicated – necessarily – on a resolute gender fundamentalism:

Because psychotherapy will not change the profound incongruence between the objective biological sex and subjective gender identity experienced by transsexuals, hormonal and surgical treatment to change the body towards the experienced gender is the only way out of this dilemma. (Hage et al., 1997: 266)

This is a face-off. Clearly we need a more strategically effective model of the relationship between self, body and the social in order to begin a dialogue between these two camps. If gender is such a powerful construct that the medical profession are prepared to cut out healthy tissue in order to flesh it out, what relation between gendered self and sexed body is implied, and what does this import for the relations of gender that provoke and discipline us all?

Hairy Marys: policing the surface of gender

One product of MTF transsex discourse that is troublesome from a queer and a feminist perspective is a straightforward sexism which is mapped on to the body and participates in a particularly rigid medicalization of gender-normativity. Once an individual born male has undergone SRS, many existing physical characteristics become 'read' as insignia of masculinity and are hence disordered. Hair on the chest, back or face, for example, is assigned the diagnostic label 'hypertrichosis' (Raulin et al., 1997), thus enabling plastic surgeons not only to police the transsexing body, but to exert disciplinary power over the gender-performance of women.

Similarly, the use of breast-enhancement, bony facial corrections and other interventions to 'facilitate passing as a member of the opposite sex' (Becking et al., 1996) reifies norms of femininity to a degree that sometimes MTFs are themselves uncomfortable with. One confesses 'Once you have developed the taste for cosmetic surgery, you start to get the feeling you can totally remake yourself . . . surgery . . . can become addictive.' (Betty, 1985), a revelation oddly reminiscent of the confessions of non-transsexual cosmetic surgery junkies anxious to uphold gender norms.

Some radical MTFs (for example, Griggs, 1998) argue that, following Butler's famous proposition that the drag queen exposes femininity as performative whatever the sex of the performer, establishing surgically attainable 'norms' of femininity exposes corporeal femaleness itself as an artifice contingent on gender-ascription. This argument depends on a 'shallow' and chronologically static model of the gendered and sexed body which bears little resemblance to its phenomenology.

Everything but the girl? And surgeons made woman

Feminist critics have characterized transsex discourse as being obsessed with the penis (Raymond, 1979). This interpretation is only accurate up to a point. In my reading of MTF transsex, it is the vagina, rather than the penis, which holds centre stage.

Following upon Merleau-Ponty's (1990) distinction between the *objective* and the *phenomenal* body – that is, between the physically 'real' body and the body as it is experienced by its owner/inhabitant – I would like to acknowledge that there are many vaginas. Merleau-Ponty's 'objective' vagina is amenable to sensory exploration by women and anyone intimate with women. However, it seems to me that the objective body itself may only be experienced as mediated by discourse, and the phenomenal vagina inevitably partakes of authoritative discourses that claim to represent the 'real' vagina. This tends to suggest a circular, or spiral, dynamic of discursive productivity of/by processes of corporeality.

The element of MTF discourse most unsympathetic from a feminist perspective is its reproduction of a counter-empirical male fantasy of the vagina which reinforces a peculiar form of sexism which might be called 'genitalism'. As far as the surgeons and most MTFs are concerned, a vagina is a hole large enough to be penetrated by a penis. 'If you have a hole then you are a woman' (Betty, 1985: 150). This fantasy – not one that would stand up to lengthy discussions with someone who grew up with a vagina – casts a particular doubt on the 'femaleness' purportedly located in the MTF body, both pre- and post-operatively.

A cursory engagement with the clinical literature relating to HIV transmission will familiarize the reader with the notion of the 'rugged' vagina (Treichler, 1988). Gynaecological and obstetric texts tend to reinforce this, speaking of the 'powerful muscles' involved in childbirth. The 'objective' vagina is a complex organ, muscular, self-maintaining and dynamic. If it happens to belong to a cow, it can easily break your arm. The labouring uterus is the largest muscle in the human body and works away for 20 hours or so with a degree of effort which would flatten your average gym addict, while the clitoris remains the only human organ exclusively dedicated to sexual pleasure. As a lesbian I cheerfully admit to bias, but to call the vagina, as Richards does, an 'introitus' (cited in Garber, 1992: 105) is somewhat to miss the point.

So how do you surgically construct 'female' 'genitals'? You flay⁶ the penis, turn it inside out, and insert it into the pelvic cavity between the bowel and the abdominal wall. Some surgeons also use part of the colon, which has the added 'advantage' of producing secretions constantly, thus reducing the need for artificial lubrication during intercourse, while some claim to be able to construct a functioning clitoris from the glans penis (Lewins, 1995; O'Keefe and Fox, 1996).

From transsexuals' own accounts, in autobiographies, self-help literature and as reported from survey research, the functionality of this 'neo-vagina' is perceived primarily in terms of accommodating a penis,⁷ and what matters is keeping it from closing over as it heals, so that the post-operative MTF may fulfil (or know they have the *potential* to fulfil) the 'female' role in sex with men. According to one self-help manual:

Apart from the ability to give birth, it is now possible for a competent, gifted surgeon in the field, to create an amazingly fully functional vagina . . . After the formulation of the pleasure dome of womanhood, it is time to ensure good maintenance of the vagina in order to retain its condition . . . There can be a tendency towards shrinkage, so a regime of daily dilation with a surgical dilator for the first three months helps elasticize and maximise the capabilities of the new vagina. (O'Keefe and Fox, 1996: 71, 74)

The felt need to maintain an open introitus in this way reifies to an

extraordinary extent the patriarchal mandate that femaleness derives from availability for penile penetration (Jeffreys, 1989). It bears little relation to women's accounts of their own desires and pleasures as vaginaed people engaging in sexual encounters with others, nor to the phenomenal vagina located in such accounts (e.g. Hite, 1987).

MTF accounts often attribute to this vagina the power to engender peculiar qualities of passivity:

A female body is that which is done to . . . and the male body is that which does it. (m>f transsexual interviewed in Tully, 1992: 120)

The cultural role of the penis as the 'absolute insignia of maleness' (Garber, 1992) is familiar. Given the association of maleness with physical power and muscularity, it is perhaps unsurprising that the spongy, cavernous tissue of the penis is routinely represented as muscular and strong, but this representation actually constitutes a bizarre act of cross-sexual appropriation which merits more attention. Jan Morris's famous autobiography, *Conundrum*, provides an account ripe for deconstruction:

A neurotic condition common among women is called penis envy, its victims supposing that there is inherent to the very fact of the male organs some potent energy of spirit. It is not merely the loss of androgens that has made me more retiring, more ready to be led, more passive: the removal of the organs themselves has contributed, for there was to the presence of the penis something positive, thrusting, and muscular. My body then was made to push and initiate, and it is made now to yield and accept . . . (cited in Garber, 1992: 97)

Forced as we are to the level of genital functionalism by such accounts, the only possible rejoinder is that it is the vagina, not the penis, which is 'made to push and initiate'. Setting aside for the moment cultural feminist diagnoses of womb envy, the genitalist 'neo-vagina' of transsex discourse, together with its antitype, the muscular penis, invites further scrutiny.

In an effort to foreground the ideological content of transsex discourses of the 'neovagina', I suggest the term 'androvagina' to refer both to the fantasy vagina produced in MTF discourse and to the corporeal outcome of MTF sex-reassignment surgery. The idea of an 'androvagina', or male vagina, also emphasises the gender-disruptive, rather than the gender-docile, potential of transsex, as well as contesting the genitalism of MTF discourse.

The MTF claim to *be* already female, however, makes little reference to vaginas. Rather, it is almost exclusively predicated on the social. The qualities taken as markers of femaleness, such as weakness, emotionality, a dislike of stereotypically male activities and behaviours, a love of bright colours and pretty things, a wish to be cared for or to be dominated

(Ettner, 1997; Griggs, 1998; Lewins, 1995; Tully, 1992) are all social (and all arguably embedded in an understanding of gender that is already archaic).

The MTF seems, therefore, to long for a body that gives permission to behave in ways dissonant with masculinity. Griggs (1998: 4) writes of nothing less than a ‘war between internal gender and external body’. To return to Merleau-Ponty, surgery becomes a way in which MTFs *dilate* their ‘being-in-the-world by developing fresh bodily skills or appropriating fresh instruments’ (Grimshaw, 1999: 111). The body-that-can-be-read-as-female then becomes an appropriated instrument for this dilation. If we take Butler’s ‘performativity’ as one element of ‘being-in-the-world’, this appropriation suggests that the phenomenology of the gendered body must be understood as productive of and produced by the ‘matrix of power’ which Butler (1993b: 22) insists we acknowledge as the ground of being.

Having an androvagina is subjectively important – and this is present with great explicitness in the literature – in so far as it enables an individual to be read as a woman in social and sexual interactions. Betty (1985: 149) reassures us that hatred of the penis is less important; ‘I had a lot of fun with my penis. But think about it; most of my lovers are lesbian women . . . imagine the consternation that would occur if I wasn’t operated on.’

The notion of relaxation appears in many autobiographical accounts as precious and rare, and is contingent upon the safety that reassignment surgery appears to offer. What is feared – and understandably so – are the various punishments meted out to those who transgress gender rules or whose gender is illegible – social exclusion, mockery, rejection and sometimes violence (see Malone, 1998).

To make selves

Certainly the social plays a crucial part in the constitution of identity. As FTM Jacob Hale explains, ‘a sense of self is relational’ (in Griggs, 1999: 42). But the body cannot be abstracted from this process since it is, as Grimshaw puts it, ‘our general medium for having a world’ (1999: 102–3), and ‘self’ is surely produced in that ‘having’.

Of course, in one sense the body is quite literally productive of selves. Indeed, selves cannot be produced without bodies. The genitalism of transsex discourse forces us to engage with the old stumbling block of reproduction, precisely because it ignores or attempts to erase that fact. The reproductivity of the ‘female body’ is routinely dismissed in discourses of transsex – as indeed it must be for the transsexed body to ‘make sense’ at all. The clinical literature routinely describes the surgically constructed androvagina as ‘functionally’ successful (for example, Hage et al., 1997), while MTF autobiographical accounts often contain dismissive or openly

hostile references to reproductivity, fairly typical of which is the following from Bornstein:

Are you a woman because you can bear children? Because you bleed every month? Many women are born without this potential and every woman ceases to possess that capability after menopause. Do these women cease being women? Does a necessary hysterectomy equal a gender change? (1994: 56–7)

To which the answer is, of course, no. But the throwaway reference to menopause signals to me (currently learning to appreciate hot flushes) a profound lack of understanding of the phenomenology of women's embodiment. Bornstein is here slipping, as s/he often does, into the tricky and rhetorical. However, a Cartesian dualist account (allowing for the strange concept of a gendered mind) cannot support a rebuttal of this position. A few pages on, Bornstein reaches a conclusion: 'I think everyone has to work at being a man or a woman. Transgendered people are probably more aware of doing the work, that's all' (1994: 66).

But that is *not* all. Neither the phenomenal body nor the social experience of a woman who is unable to menstruate or bear children is of the same order as that of a man who undergoes surgery in order to be read more effectively as a woman in social and sexual encounters. As for menopause, non-clinical accounts (Komesaroff et al., 1997; Le Guin, 1989; Lynch and Woods, 1996) suggest that it is as much a self-producing as a self-absorbing experience. The (bloody and painful) passage of transsexing, although superficially containing elements similar to menarche or birthing, gives access not to 'woman' but to a specifically transsexed set of phenomenologies and performativities to which accrue specific cultural, social, psychological and political values.

To acknowledge this is not to slide into the bottomless pit of biological determinism, for I am concerned here with the *constitutivity* of the corporeal – its part in the making of social constructs and subjectivities – and the political implications of those processes. To understand this requires exploring the social and psychological impact of the unmistakably bodily events, such as menstruation, generally concealed in MTF discourse.⁸

Frailty, thy name is woman. Period

Feminist scholars have generally regarded menstruation as an element in the social control of women, paying attention to stigma, shame and disgust, or to the 'realness' or otherwise of pre-menstrual syndrome (Laws, 1990). However, the women Emily Martin spoke with *liked* menstruating. Their pleasure came from the *reinforcement* of their sense of themselves as adult women with the capacity to bear children, and from a bonding with other women and against men. 'The primary positive feeling

many women have about menstruation', writes Martin, 'is that it defines them as women' (1989: 101). The additional pleasures of female bonding came from the fact that the experience was generally secret from men, and from the spectacle of masculine ignorance:

A part of feeling joined together as women is feeling different from all men. Anne Frank spoke of menstruation as her 'sweet secret' and the women I interviewed also spoke of it as a 'secret', especially from men . . . Men were said to 'have no concept of it' and often to completely misunderstand the process. Women found it hilarious to recount their discovery of these misunderstandings . . . (Martin, 1989: 102)

This seems important, since it suggests that women's sense of self as female contains positive elements constructed through a semiotic exchange among women that takes menstruation as its matter, alongside (resisted) negative elements constructed through the reception of externally generated discourse that re-presents the same matter very differently.

Given time

The absence of periodic bleeding from MTF discourse, when it so often marks femaleness in both sexist and feminist accounts, suggests to me that sex reassignment clinicians and their clients collude in the manufacture of a 'woman' positioned quite specifically in relation to hegemonic schemata of genders and bodies, and dys-positioned in relation to subjective or phenomenological accounts. Women's expertise in 'womanning' is of little account in this rather ruthlessly material-izing discourse. The problem is how critically to engage with this.

A chronotopic model of corporeality may be useful here in trying to account for gendered embodiment. If we understand the body as a process, located in historical time, it becomes much more simple to integrate an idea of gender as performative into embodiment (Wilton, 1999). Clearly, the transitions of MTF are intimately bound up with time, but this is not the whole story. Hence I want to suggest that it is equally important to pay attention to the 'thing' that experiences chronotopic embodiment, and the phenomenology of women's relationship to cyclical bleeding seems of interest here.

Martin's interviewees clearly experience the constitutive effect of phenomenal corporeality on their sense of self. In other words, self-as-gendered is not purely socially produced, but a product of the meniscus between body and social. MTF Griggs (1998: 17) writes that 'Self is gendered. The body is an aspect of self.' But this fails to pay attention to the extent to which corporeality is mediated by the social rather than vice versa. For the women whose sense of self is enhanced by cyclical bleeding

– however *socially troublesome* that bleeding might be – phenomenal corporeality is positively constitutive of gendered subjectivity. Moreover, given the generally enforced cultural silence about cyclical bleeding (Martin, 1987) and its anxiously stigmatized aspect among men, such positive endorsement may have an effect that is almost seditious, a viral disruption of the social software packages of gender.

Of course, to some extent, Griggs is right. The body is an aspect of self in that it may be manipulated, clothed and disciplined in order to perform or enact ‘self’. Indeed, performativity depends on corporeality. Then too we must recognize that the social depends on corporeality, being both produced by and productive of particular disciplinary powers acting on and through bodies.

This leads us to conclude – departing from the Cartesian ‘onion-skin’ model of the self *in* the body *in* the social – that the *social* produces selves by its actions upon and through bodies. But – although always already mediated through the social – the activities and behaviours of bodies are neither restricted to nor inevitably restrained by the social. Nor are they (often) adequately or successfully contained within the signifying practices through which their effects are mediated. Thus, although the phenomenology of menstruation includes a powerful socio-cultural dynamic of shame and control, it is not contained within that dynamic.

Because the surgical ‘solution’ to the transsex ‘problem’ is predicated upon, and itself contributes to the construction of, an extraordinarily simplistic and static account of the body, it can never challenge the social relations of gender. For it is not body-as-object which underpins the disenfranchisement of women, but body-as-event. For example, whether or not a woman is able to conceive, conception as definitional of femaleness is an inevitable element in her narrativizing of her self as appropriately gendered. Heterosex cannot be detached from the reproductivity of the female body. If a woman is fertile, heterosex carries the possibility of impregnation. If she wishes to avoid that, she must contracept. Both have consequences for her bodied experience, her sense of her self as ‘properly’ female, and of her ability properly and responsibly to manage her female body. Sterility carries penalties, whether in the form of social exclusion (and in some parts of the world this means destitution) or of entry to medical management (Doyal, 1995). Bleeding, because it is so inextricably communicative of deeply meaning-laden events to do with fertility, cannot but impact on the gendered experience of corporeality, whether it happens or not. Likewise, lifecycle events such as menarche, menopause or hysterectomy.⁹

MTF transsex depends on a highly selective notion of the degree to which a sense of self is produced by corporeality. The co-constitutivity of our ‘selves’ and the social realm which we produce and which produces us operates *by means of* our bodies. It is an inevitable consequence of this

process that embodiment is itself as productive of selves as they of it. The 'female body' that is the product and goal of the MTF transition is always already mediated through masculinist discourse, and inevitably ignorant of the phenomenological elements which, in women's experience, act to subvert these discourses.¹⁰

It is not that a body-object 'goes through' events which gender it. Nor is it the case that subjectivity is located inside a body-object and responds to the changes which gender it. There is, rather, a chronotopic tripartite dynamism – of the social, of the body, of the self. The model that I propose might more honestly be called 'para-Cartesian' than post- or anti-Cartesian, since there is no erasure of the self/body distinction. However, if we understand 'self' as produced by the social (itself produced by bodies acting on bodies) acting *through* the body and as itself acting (both *on* itself and on the social) through the body, I hope it will at least oblige us to pay more effective attention to the phenomenal body as well as the discursive and socially produced body. As Terry Pratchett notes with customary wisdom, 'Bodies aren't just handy things for storing your mind. Your shape affects how you think' (1992: 99).

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Notes

1. Since I cannot think of anyone who doesn't fall within that category, perhaps that means all of us.
2. Trans theorist Kate More asked me, 'What if the ethicists listen to Tamsin Wilton's doubts, and the TSs, who, as we know are produced by medical discourses, decide to do it without medicine?'. To which the answer is that I cannot believe that medicine is the only or best advocate for gender transients/resisters. Kate was, I think, raising the spectre of autocastration, underlining that the pain spoken of by those seeking surgery may be only too real. Which doesn't change my argument.
3. . . . and, as a queer feminist, I recognize that these groups are not mutually exclusive.
4. I am here using dys/embodiment in the sense of an embodiment that is experienced as dysfunctional and painful, after Williams' useful work on pain (see Grimshaw, 1999).
5. For readers who have not come under its global domination, *Star Trek* is a cult science-fiction television series from the US, whose fans call themselves 'Trekkies'.
6. I have tried to find less emotive language, but 'flayed' most accurately describes what happens. 'Skinned' calls up images of successfully hunted animals, which is emphatically not useful here.

7. Kate More reminds me that Bornstein requested a small vagina, on the grounds that since s/he only intended to have sex with women postoperatively, penetration would not be at issue. I think this only reinforces my point. The assumption underpinning this request is *precisely* that the characteristics of a vagina are properly determined by their function vis-à-vis penile penetration. As for Bornstein's fantasies about what lesbians use our vaginas for, the less said the better.
8. Although far less so in FTM accounts, where reactions to the onset of menstruation include despair, disgust or fury.
9. I suspect that attention needs to be paid to the gendered construction of reproductivity in transsex, including the pattern, which seems to be fairly common among transsexing men, of signing up for reassignment surgery *after* having fathered children.
10. This may be one explanation for the greater success FTM transsexuals have in passing as their gender of choice. Male bonding being a more highly visible arena of social and cultural exchange than the privatized, domesticated world of female bonding, those who would 'man' from an embodied history of 'womanning' have a greater store of readily available scripts.

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