

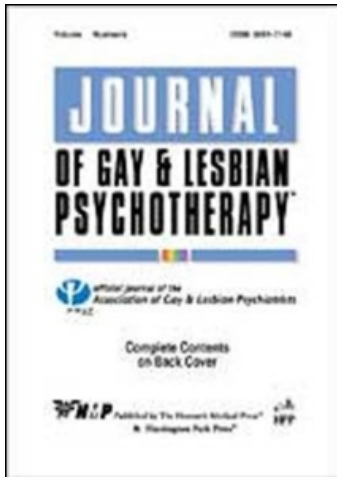
This article was downloaded by: [Rosario, Vernon A.][University of California, Los Angeles]

On: 4 January 2011

Access details: Access Details: [subscription number 918974530]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Gay & Lesbian Psychotherapy

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t904385604>

“Qué joto bonita!”: Transgender Negotiations of Sex and Ethnicity

Vernon A. Rosario^a

^a University of California-Los Angeles Neuropsychiatric Institute,

To cite this Article Rosario, Vernon A.(2004) “‘Qué joto bonita!’: Transgender Negotiations of Sex and Ethnicity’, Journal of Gay & Lesbian Psychotherapy, 8: 1, 89 – 97

To link to this Article: DOI: 10.1300/J236v08n01_07

URL: http://dx.doi.org/10.1300/J236v08n01_07

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

“Qué joto bonita!”: Transgender Negotiations of Sex and Ethnicity

Vernon A. Rosario, MD, PhD

SUMMARY. Recent transgender literature has been sharply critical of existing medical models of the psychosexual development of transsexuals and of the treatment of Gender Identity Disorder. Transgender authors have pointed out that subjects have deliberately falsified their reports in order to conform to medical and psychiatric models for the sake of gaining access to services. In newer transsexual narratives, gender and sexual orientation development appear far more fluid and ambiguous over the life span.

This paper reviews the nosological history of gender atypicality, from nineteenth century “sexual inversion” to transvestitism and transsexualism, examining how deviations of gender identity, gender role, sexual object, and sexual aim were often collapsed together. These imbrications continue to persist in both the medical and popular literature on transsexualism.

A topic that has especially been neglected is the relationship of ethnicity to the development of gender and sexual identity. Presented is case material gathered from dynamic psychotherapy with a Latina, trans-

Vernon A. Rosario is Clinical Instructor, University of California–Los Angeles Neuropsychiatric Institute.

Address correspondence to: Vernon A. Rosario, MD, PhD, 10850 Wilshire Boulevard, Suite 1210, Los Angeles, CA 90024 (E-mail: vrosario@post.harvard.edu).

[Haworth co-indexing entry note]: ““Qué joto bonita!”: Transgender Negotiations of Sex and Ethnicity.” Rosario, Vernon A. Co-published simultaneously in *Journal of Gay & Lesbian Psychotherapy* (The Haworth Medical Press, an imprint of The Haworth Press, Inc.) Vol. 8, No. 1/2, 2004, pp. 89-97; and: *Transgender Subjectivities: A Clinician’s Guide* (ed: Ubaldo Leli, and Jack Drescher) The Haworth Medical Press, an imprint of The Haworth Press, Inc., 2004, pp. 89-97. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST)]. E-mail address: docdelivery@haworthpress.com].

<http://www.haworthpress.com/web/JGLP>

© 2004 by The Haworth Press, Inc. All rights reserved.
Digital Object Identifier: 10.1300/J236v08n01_07

gendered sex worker which illustrates the articulations of ethnicity, gender, and sexuality in both the transgendered subject and her heterosexually-identified male partners. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Cross-dressing, ethnicity, gender dysphoria, gender identity disorder, GID, homosexuality, Latina, Latino, psychotherapy, sex reassignment, she-male, transgender, transsexual, transvestivism, vestida

THEORETICAL ORIENTATION

From the outset, I should say that my perspective avoids seeing transsexualism or transgenderism as pathological or as a disorder in itself, but as “normal”—albeit a rare form of normality—in other words, a natural variant of human sexuality. If we take this approach, how can it affect our understanding of gender and sexuality more generally? Can transgenderism even help us explain heterosexuality and conventional gender identity? Here, Freud’s comment on the mysteries of homosexuality and heterosexuality remain just as true today. In the “Three Essays on the Theory of Sexuality,” Freud wrote:

Psycho-analytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of a special character . . . [F]rom the point of view of psycho-analysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature. (Freud, 1905, p. 145)

The neurobiology and the developmental history of heterosexuality remain just as mysterious as that of homosexuality or transsexualism, perhaps even more so, since most people think of heterosexuality as not needing an explanation and just happening in the natural course of things. Transgendered individuals, as they self-consciously negotiate the vicissitudes of erotic and gendered life, can help us gain a different perspective on gender and sexual development.

HISTORICAL REVIEW

For a century, transsexuals have been masked by their medical construction (King, 1987). The 19th and early 20th century medical literature includes

many clinical case studies that, in retrospect, we might identify as manifestations of transsexualism. Patients described themselves as being female souls trapped in a male body or vice versa. But at the time these were labeled as cases of “sexual inversion” which later became synonymous with “homosexuality.” Felix Abraham (1931) labeled as “homosexual transvestites” the two patients upon whom he performed the first “genital transformation” (*Genitalumwandlung*) surgery in 1931. Likewise, the diagnosis of “genuine transvestitism” was applied to Christine Jorgensen, whose surgical sex change drew enormous media attention in 1953 (Hamburger, Stürup, and Dahl-Iversen 1953; Meyerowitz, 1998). That same year, at the Symposium on Transsexualism and Transvestitism, its organizer, endocrinologist Harry Benjamin, presented transsexualism as the “extreme degree of transvestitism” (1954). Although the term “transsexual” was coined by Magnus Hirschfeld in 1923 (in an article on “intersexuals”), it did not gain widespread usage until it was used in 1949 by David O. Cauldwell in describing a case of severe gender dysphoria (Hirschfeld, 1923; Cauldwell, 1949).

The psychiatric model that evolved in the 1950s viewed transsexualism as a mental illness that, uniquely, could be treated with a combination of psychological, hormonal, and surgical interventions. In 1979, The Harry Benjamin International Dysphoria Association proposed standards of care for gender identity disorders (GID); these have been revised five times since then. These required a sequence of real-life passing (originally one year, now reduced to three months), at least one year of hormone therapy and passing, and finally surgical genital and breast reconstruction. Through a complete course of sex reassignment, transsexualism could be cured, erased. The patients were usually encouraged to delete their past lives, move to a new town, and start up again as a “normal” male or female. For decades, then, transsexualism was a liminal and pathologized subject position frequently conflated with homosexuality and transvestitism.

According to this medical model, transsexualism had an infantile onset in effeminate boys or tomboy girls, and a lifelong sense of gender difference turning to dysphoria. The ideal, successfully treated transsexuals underwent full gender transition, becoming heterosexual and exhibiting stereotypical gender roles. However, as was already becoming evident in Garfinkel’s discussion of “Agnes” (a male-to-female transsexual patient treated at UCLA by Robert Stoller) patients were deceiving their doctors (Garfinkel, 1967). Patients had read the medical literature, knew the medical model, and parroted this back in order to gain access to hormonal and surgical treatment.

THE EMERGENCE OF TRANSSEXUALISM

In the past decade, transsexuals have come out of the closet and been more honest about the complexity of their erotic and gender experiences and de-

sires. A new line of transgender theory has been developing in print, at conferences, and on the World Wide Web, thanks to transgender academic and community theorists. The Web especially is becoming the major means of exchanging information (including tips on hormone self-dosing and home breast enlargement).

The Web has also exploded with sites catering to those erotically interested in transsexuals. "Transgenderism" has, therefore, become the current umbrella term to include a diversity of unorthodox gender positions, roles, or explorations including: transsexualism under the old medical model; transvestitism; part-time passing; androgyny or gender-fuck; and passing with few or no hormonal or surgical interventions ("nontransitioning transsexuals"). The distinction between transsexual and transgender is a highly policed one, and to some extent falls along generational lines. Older transsexuals, particularly male-to-females who have undergone full sex reassignment surgery (SRS), often view younger transgender individuals who do not want SRS as fence sitters who are not "real" transsexuals, just gender dabblers. Elkins and King (1997) describe the phenomenon as "gender blending."

Transgender theorists informed by feminist and queer theory have been especially critical of the biomedical constructions of transgenderism, the phallogentrism of medicine (particularly surgery), and gender normativeness in psychiatry. The very notion of GID has been much debated. Some activists argue for its elimination from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in the same way that homosexuality and ego-dystonic homosexuality were eliminated in the 1970s and 1980s, respectively. Others see GID as a necessary evil for justifying insurance coverage of medical services.

Apart from the critique of medicine, transgender individuals have explored and expanded on the stereotypical models of transsexuality. Sandy Stone's "Post-Transsexual Manifesto" (1991) was a rallying call to transsexuals to deliver honest autobiographical narratives that challenge or even subvert the model of passing. These newer transgender narratives point out a far more complex relationship between gender identity and orientation. Newer transgender stories now acknowledge a later onset of gender questioning, exploration, and fluidity. Sexual orientation often also becomes a part of this exploration, whether during the time of gender questioning or after sex reassignment.

Another aspect of this efflorescence of transgenderism is the decentralization of treatment away from a handful of academic centers to outpatient clinics. Hysterectomies are increasingly being performed by transgender-sympathetic gynecologists not as SRS, but as the treatment for severe dysmenorrhea. Breast surgeries are more available as elective, cosmetic procedures in the US and in Mexico, creating "she-males."

She-males are individuals with a penis and varying degrees of hormonal or surgical breast enlargement, who largely pass as women. The "she-male phe-

nomenon” was first described in the medical literature in 1993 under the label of “partial autogynephilia” (Blanchard, 1993). As for those who love them, they have been given the awkward but scientifically reifying label of “gyn-andromorphophiles” (Blanchard and Collins, 1993). A new market has cropped up around she-males, with magazines like *Transformation* catering to them and those who desire them. There are even transsexual sex toys, and a proliferation of she-male porn videos.

What has not been examined much in this new literature is the role of ethnicity. Third Wave feminism undermined the notion of a universal or uniform female identity or “women’s experience” by analyzing how race, ethnicity, and class significantly color gender. I feel it is necessary now to examine the articulations of transgenderism and ethnicity—as demonstrated in the following case study/psychoethnography of a patient I saw for psychotherapy for a year.

CASE STUDY: FRANCES

Frances is a 39-year-old Mexican-American, who presents herself in the clinic in casual, loose-fitting clothes. Although she is very slight and pretty, and could easily pass as a woman, she uses makeup only occasionally and sparingly, and generally appears androgynous.

Frances was born and raised in San Diego, and is the eldest of three children, with a brother a year younger and a sister 2 years junior. Her father is a military man who was very strict, terse, and cold. Her mother is a homemaker whom Frances describes as emotional, loving, and close. She reports having been a quiet, introverted child with crushes only on boys since age 9, but no real sense of gender or sexual difference per se. At age 12, he began having an erotic interest in boys and began developing an identity as a gay man. He was also increasingly teased by his peers and chastised by his father for being a “sissy.” His first romantic involvement was with a classmate at age 15. All hell broke loose when his mother discovered their love letters, and prohibited the two boys from seeing each other. The word of their affair spread at school: he was further taunted and his boyfriend avoided him entirely. (The boyfriend, Frances later learned, had married and become a father.) His parents forced him to see a psychiatrist—who, fortunately, did not pathologize his behavior. At this time, Frances began suffering from severe, recurrent depression and made his first suicide attempt by overdosing on his mother’s medicines. He dropped out of school.

At age 19 he met a cultured, somewhat effeminate gay man, 5 years Frances’s senior, who became his boyfriend for 9 years. They lived together and socialized as a gay couple. However, Frances never felt that he totally fit into

the gay identity. He never felt comfortable sexually: he avoided using his penis and never ejaculated when having sex with his boyfriend. Instead he preferred, then and now, to masturbate alone when he was really horny, and felt that he had to “get the testosterone out of [his] system.” He completed his high school equivalency diploma and earned a college degree in art. He dreamed of becoming a painter. She recalls this as her “Boy George phase,” when he dressed flamboyantly and wanted to stand out. He was out to his family as a gay man. His mother accepted his homosexuality, although she made it clear she would prefer him to be straight, marry, and have children. His father never wanted to discuss it.

When he broke up with his boyfriend, he moved to Los Angeles and began working in a corporate trading firm. It was a very straight environment. He also began hanging out at Latino gay clubs all of which featured elaborately choreographed drag shows and lip-synched impersonations of Latina singers. The original female singers, with their hyperfeminine, dramatic style, already seem to be imitating drag performances. Frances began socializing with the drag artists. He began exploring cross-dressing at night while dressing in a business suit by day. But he was increasingly overwhelmed by the yoke of a tie. He gradually began acknowledging a transgender identity in his early 30s, and started hormone therapy.

For the past eight years she has worked in the sex trade as a she-male. Her escort ad reads: “I’d love to be your wife tonight, let’s play house. I pack 8 functional inches in my panties.” The emphasis on the penis is central to the phallic appeal of the she-male. Frances jokes that with the hormones it isn’t 8 inches any more and never becomes erect with her “johns,” but they all want her to hike up her dress and show off her penis. She notes that most of them are straight-identified men, many of them married. She feels most of them are “closet cases,” i.e., they are not out as she-male lovers. They report similar stories of having encountered a she-male prostitute by accident once and ever since then became hooked. They love gazing, playing, sucking her penis while they masturbate. “It’s crazy,” she says, “They pay me \$100 to suck *my* dick.” While early on she took all comers, she is now more selective. She avoids anyone with an accent—primarily Latinos. She finds the white men tend to be married, guilt-ridden, speedy, and more generous. The Latino guys are too rough, want to use drugs, come in groups, do not appreciate her humor, and are miserly. She has also noticed increasingly younger guys, in their early 20s, soliciting her and already being quite focused in their erotic desires for she-males.

Her search for a partner is equally selective. Her erotic ideal would be a hot, sweaty, super-masculine, straight, white guy, because they make her feel more feminine. Yet she also deeply yearns for someone intellectually and artistically compatible. Last year she placed an ad in an HIV-positive personals column, advertising herself as an androgynous, “cool, modern, HIV + dreamer.”

Through the ad she met a straight-identified, Italian-American man, whose previous girlfriend was also a she-male. They dated for several months before moving in together. She likes him because he is such a “masculine, regular Joe” and he loves her feminine looks. However, he is uncomfortable with her being boyish and is not emotionally supportive. They recently broke up after he hit her, precipitating a depressive tailspin, and another suicide attempt.

She still feels as if she is going through a chaotic period of gender construction. She sees herself alternating between two positions: a shy, weak boy, and a strong, mature woman. She regrets that as she becomes more of a woman, she has to leave the boy behind, and she feels divided, like a freak at times. And it’s when people (usually heterosexuals) regard her as a freak that she is most wounded. Nevertheless, like other transgendered individuals, she currently prefers the ambiguous position and is not interested in full SRS. She likes being confused for a cute gay man or spotted as transgendered: hence she was pleased with the catcall, “*Qué joto bonita!*” from some Latino construction workers.

She has very limited contact with her parents. She has explained to them that she is undergoing hormone therapy and now prefers to be referred to as a female. Her father refuses to acknowledge her gender change and continues to criticize her effeminate presentation. Her mother, on the other hand, while still mystified by the changes, wrote Frances a letter in December 1998 blessing her SRS.

CONCLUSIONS

Let me stop here and draw up some observations—albeit very tentative, given that I worked only briefly with Frances. Her case, nevertheless, highlights how, unlike models of transsexualism developed in the 1950s and 60s, transgenderism is not experienced or related as a linear narrative of sex switching to conform to congenital, fixed, ontologically authentic gender. This model is still dominant among many transsexuals (particularly older ones), who support genetic and neurobiological theories of transsexualism (Kirk, 1999; Norton, 1999). The evolution of Frances’s gender identity and sexuality has taken many twists and turns, and is still sensed as “work in progress.” She sees neither hormones nor surgery as a solution or a cure.

Her Mexican-American ethnicity also clearly shapes her notions of gender and sexuality—in terms of ideals and roles to be imitated or resisted. The differences in acculturation between her and her parents also pose challenges to being understood and accepted by them. Yet the high value of the family drives her mother’s sustained attachment and support (however uneasy). Frances’s selection of sexual partners and clients is strongly directed by ethnicity and

class, as these are culturally associated with differences in masculinity, aggressivity, and sexual orientation.

It is not necessarily ego-dystonic for a straight-identified Latino man to have sex as an active, penetrative “top” with effeminate men or transsexuals. As Prieur suggests in, *Mema's House* (1998), her ethnography of a community of working-class *vestidas* (male-to-female transgenders) in Mexico City, a man is a man as long as he remains impenetrable. A similar dynamic has been described in other cultures with strictly differentiated gender roles, as well as in the United States in the early 20th century and, still currently, in working class populations (Balderston and Guy, 1997; Murray and Roscoe, 1997; Green, 1999; Chauncey, 1994).

While this gender rigidity can contribute to hostility and even violence toward gender-unconventional people (as was the case with Brandon Teena as rendered in the movie *Boys Don't Cry*), the machista system of dichotomized gender roles also legitimizes special niches for transgenders: as drag performers or she-male sex workers, for example. However, we should also keep in mind that this dichotomized system is historically and culturally dynamic, since the commodification of the she-male has only occurred to a significant degree in the past decade.

Finally, I do not want to neglect or minimize the mental health problems of Frances and other transgendered individuals. Her mood disorder and characterological problems are certainly not independent of her gender and sexuality concerns; however, I choose not to interpret them as *caused* by her transgenderism. As with all of us, mental health is interwoven with the complex historical and cultural tapestry that constitutes gender, ethnicity, and sexuality. Teasing at the well-knotted threads of that tapestry in a personal probing and subversion is a courageous act, that is, not surprisingly, psychologically demanding. Given the hostile reception that most transgendered individuals have received from family, society, and medical providers, it is essential that mental health professionals provide a sympathetic and safe space for exploration. And it is particularly important a sensitive cultural perspective be brought to that exploration.

REFERENCES

- Abraham, F. (1931), Genitalumwandlungen an zwei männlichen Transvestiten. *Zeitschrift für Sexualwissenschaft und Sexualpolitik*, 18:223-226.
- Balderston, D. & Guy, D., eds. (1997), *Sex and Sexuality in Latin America*. New York: New York University Press.
- Benjamin, H. (1954), Transsexualism and transvestitism as psychosomatic and somato-psychic syndromes. *Amer. J. Psychother.*, 8:219-239.
- _____ (1966), *The Transsexual Phenomenon*. New York: Julian Press.

- Blanchard, R. (1993), The she-male phenomenon and the concept of partial auto-gynephilia. *J. Sex & Marital Ther.*, 19:69-76.
- _____ & Collins, P. (1993), Men with sexual interest in transvestites, transsexuals, and she-males. *J. Nerv. & Ment. Disease*, 181:570-5.
- Cauldwell, D. (1949), Psychopathia transsexuals. *Sexology*, 16:274-280.
- Chauncey, G. (1994). *Gay New York: Gender, Urban Culture and the Making of the Gay Male World, 1890-1940*. New York: Basic Books.
- Elkins, R. & King, D. (1997), Blending genders: Contributions to the emerging field of transgender studies. *IJT*, 1:1.
- Freud, S. (1905), Three essays on the theory of sexuality. *Standard Edition*, 7: 145-146n. London: Hogarth Press, 1953.
- Garfinkel, H. (1967), *Studies in Ethnomethodology*. Englewood Cliffs, NJ: Prentice Hall.
- Green, J. (1999), *Beyond Carnival: Male Homosexuality in Twentieth-Century Brazil*. Chicago: University of Chicago Press.
- Hamburger, C., Stürup, G.K. & Dahl-Iversen, E. (1953), Transvestism: hormonal, psychiatric, and surgical treatment. *J. Am. Med. Assoc.*, 152:391-396.
- Herd, G., ed. (1994), *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History*. New York: Zone Books.
- Hirschfeld, M. (1910), *Die Transvestiten. Eine Untersuchung über den erotischen Verkleidungstrieb mit umfangreichem casuistischem und historischen Material, Vol I-II*. Berlin: Alfred Pulvermacher.
- _____ (1923), Die intersexuelle Konstitution. *Jahrbuch für sexuelle Zwischenstufen*, 23:3-27.
- King, D. (1987), Social constructionism and medical knowledge: The case of transsexualism. *Sociology of Health & Illness*, 9:351-77.
- Kirk, S. (1999), The Brain: A brief look at our nervous system. *Transgender Comm. News*, 9:16-17.
- Meyerowitz, J. (1998), Sex-change and the popular press: Historical notes on transsexuality in the United States, 1930-1955. *GLQ* 4:159-87.
- Murray, S. & Roscoe, W., eds. (1997), *Islamic Homosexualities: Culture, History, and Literature*. New York: New York University Press.
- Norton, J. (1999), "You are a very beautiful woman, even though you are a man": The vestidas of Mexico City [book review of Prieur 1998]. *Transgen. Tap.*, 88:40.
- Prieur, A. (1998), *Mama's House, Mexico City: On Transvestites, Queens, and Machos*. Chicago: University of Chicago Press.
- Stoller, R. (1975), *Sex and Gender, Vol. II: The Transsexual Experiment*. New York: Jason Aronson.
- Stone, S. (1991), The Empire strikes back: A post-transsexual manifesto. In: *Body Guards: The Cultural Politics of Gender Ambiguity*, eds. J. Epstein & K. Straub. New York: Routledge, pp. 280-304.