

Living a Whole Life

Linnae Edmeier

Writer's comment: My goal for this piece was to objectively research and present transgender issues. Finding scientific research that separated transgender issues from homosexuality proved to be the real challenge for this piece. Ironically, this helped sharpen my focus. I hoped to bring the subject of transsexualism out of obscurity – the same obscurity that had marginalized my friend Frank for most of his life. My personal relationship with Stephanie (Frank) and her sister Kate made the article possible, but also presented some ethical challenges. I had to remain objective in order to compose the article, but I had to remain subjective in order to ensure their confidentiality.

The use of the Library's Subject Specialists was the greatest lesson I learned from this project. I located two references immediately, but needed the expertise of someone who could dig deep in a short amount of time. Subject Specialist Diana King and I communicated through Email which saved even more time. Whatever is studied, researched, discovered in the realm of all gender studies, I am extremely proud of my friends for being courageous enough to let go of their comfortable lives despite their fears and strong enough to hold on tight to what each knew was the answer for her.

—*Linnae Edmeier*

Instructor's comment: In my journalism course (English 104C), I assign students a long (2,000–3,000 word) research-based feature. Even though students choose the topic for this piece, it often proves more difficult for them than they had imagined. It's not that they haven't written long research-based papers before—in fact, I think it's partly because they have done such papers before that this assignment is difficult. As you'll see in reading Linnea's paper, it takes real skill to not only get the research right, but also to get the writing right. "Living a Whole Life" does a brilliant job of synthesizing the primary information Linnea collects in her interviews with the secondary material she obtains in her library research. The resulting piece is a riveting piece of scholarly reporting that is written in a style that's a pleasure to read.

—*Eric James Schroeder, English Department*

FRANK, AN ARMY-TRAINED CAREER HELICOPTER PILOT, enjoyed mountain biking, his friends and living on a sailboat off the California coast. At the age of 43, Frank was diagnosed with Gender Identity Disorder. The bouts of depression and alcoholic episodes Frank experienced his entire life, are now, five years later, a distant memory for Stephanie, a post-operative transsexual.

Ken, the married father of five children, at the age of 44 was diagnosed with Gender Identity Disorder. Four years later, post-operative Kate continues to make adjustments in her life as she and her family experience the issues of transsexualism.

What makes Kate and Stephanie unique and important to new research and theories of gender identity, its development, gender ideology and Gender Identity Disorder (previously called transsexualism), is the fact that they are siblings.

Gender Identity Disorder (GID), a relatively rare condition, frequently marginalized by many conventional researchers, had been researched far less than other more widespread conditions. Although there are no exact numbers, experts suggest that Ken and Frank represented roughly one in 10,000 to one in 30,000 persons. Early research of GID produced many theories, most of which lacked sustainable, reproducible results. Is it biological or psychological? Nature or nurture? Is it a choice? Recent studies have produced alternative, respectable theories suggesting a less conventional approach to the understanding of gender. The result has been a shift in perspective on what was once a narrowly researched topic.

The terms *gender identity*, *gender identity development*, *gender ideology* and *Gender Identity Disorder* are the result of studies done in the mid to late part of the twentieth century as a variety of experts began more encompassing research. As Joanne Meyerwitz explains in her book *How Sex Changed: A History of Transsexuality in the United States*, "By the end of the century the earlier understanding of sex had given way to three categories of inquiry and analysis: "biological sex" referred to chromosomes, genes, genitals, hormones, and other physical markers, some of which could be modified and some of which could not; "gender" represented masculinity, femininity, and the behaviors commonly associated with them; and "sexuality" connoted the erotic, now sorted into a range of urges, fantasies, and behaviors." To each of these three categories—biological sex, gender, and sexuality—theorists, scientists and activists have added their own perspective and variable

definitions, but most agree on the fundamental representation of each term.

At the center of the transgendered/transsexual issue is gender identity. The sense of being male or female is a part of our psyche most of us take for granted. Our assumption is that we are biologically male or female at birth, our self-perception (gender identity) matches our anatomical sex, and we grow into a gender role that exhibits characteristics common to that anatomically defined sex. With Frank and Ken, who were anatomically male at birth, gender identity did not match anatomical sex—each self-identified as female even at an early age.

Ken and Frank, brothers who as adults had little contact with each other, were the third and fourth siblings in a traditional family of six children, five boys and one girl. Ken and Frank were six and five when their only sister was born, so their early childhood play was with their brothers in traditional roles and with traditional toys. Despite this, their gender identity development showed signs of conflict in early childhood. It is important to note that their recollections are independent of one another, and until each was diagnosed in his forties, neither was aware of the other's experience.

During gender-related development, children like Ken and Frank learn what behaviors, attitudes, and traits are traditionally associated with being male or female by what is encouraged and reinforced by teachers, parents, and peers. Cross-dressing behavior as a child, (using his mom's clothes) brought Ken severe scoldings. One memory stands out from the rest for Kate, "By the tone of her voice, I now realize that this wasn't the first time she had scolded me for this, and she was more than just disappointed with having her clothes strewn about." Frank received a reprimand he couldn't understand when in kindergarten he used the girls bathroom instead of the boys. "I didn't have a sense of such a clear distinction between boys and girls," Stephanie recalls. But it was at this point she learned a distinct difference was important, and Frank would have to conform to the value being placed on him as a boy.

The confusion that each experienced marked a pivotal point in his gender identity development. Research suggests that by the age of four to five years, children recognize that one's sex is a constant aspect of oneself that is not variable over situations. The fact that Ken and Frank, independently, cite this age as their earliest memory involving recognizable confusion confirms a cognitive awareness of a conflict between their biological sex and the gender with which they were self-identify-

ing. It also suggests that their original gender identity may have been female, but because of the provocation each received to develop a male identity, the conflict that would progress throughout their lives was born.

In adolescence Ken was attracted to girls so, as Kate now puts it, “I knew I wasn’t gay, but something wasn’t right. I was attracted to women but at the same time I wanted to be like them. Because as kids you don’t talk about things, I wondered if maybe everyone had those feelings, or maybe it was something I was going through, you know, as a kid.”

Frank was also having a difficult time. Stephanie recalls having “weird” feelings while dating, like being at a dance with a girl and not being able to act the part of a boy well enough. “It was like two shy girls just sitting there,” she now jokes.

What wasn’t funny for Frank or Ken was the slow and “scary” experience each had trying to figure out his feelings. Stephanie recalls hearing the word transsexual and then looking it up in the library. “It was really scary. It said things like *deviant*; and I thought, that’s not me. And where I came from being homosexual was like being less than human. There was confusion on everybody’s part—they expected me to act like a boy but I didn’t *feel* like a boy.”

Gender roles were far more restricting during Ken and Frank’s childhood. The expected or supported behaviors that constitute gender roles not only vary within our culture, but they also change over time. Gender Ideology, as agreed to by most experts, is a cultural construct to define what a particular culture will or will not accept. It is this cultural construct that provides the best place of departure for new theories of gender identity and transgendered issues—theories that question the traditional binary, dualistic nature of defining genders.

Current ideology recognizes that masculinity and femininity co-exist as fluid traits within personalities. The Encyclopedia of the Social and Behavioral Sciences (ESBS), 2001, states, “The simple dichotomy of biological sex has been questioned, as has the cultural gender dichotomy of male/female.” Today, although it is common to assume that all babies will be born obviously biologically male or female, sex is sometimes ambiguous as in the case of intersexed babies. Many experts are now in favor of waiting until the individual is old enough to make their own decision as to what, if any, surgery they feel is necessary. Some of the philosophical, ethical questions about the appropriateness of surgery on intersexed newborns are questions shared by GID indi-

viduals—is enough known about gender identity and its natural development to impose or deny surgery based on our culturally constructed binary gender ideology?

Into adulthood social pressures to conform to a male gendered role continued for Ken and Frank. Ken's choice to marry and have children gave him the loving partner and family he always wanted—a marriage that Kate admits was emotionally over long before her transition. Frank remained alone, enlisted in the Army, and chose a variety of flying jobs that allowed him freedom from emotional and sexual intimacy. Although filled with anxiety, Frank did date a few women. "Most of the time," Stephanie jokes, "I just wanted to *be* them."

In their search for an answer, each explored transvestitism. Kate, with humor, recalls, "I started looking around on the Web, found this group, and went to a meeting. There were all types of guys, dressed in everything feminine you could imagine, and they would sit around drink beer, watch football or whatever. This *really isn't me*, I thought."

Stephanie also found a group and went hoping that she *was* TV (transvestite) because "I didn't know anything else was possible." As Ken and Frank explored the transgendered world, (still unaware of each other's transgendered issues) it became apparent that each was not TV. Ultimately, each was forced to confront decades of taboos, fears, and misinformation that had left them feeling marginalized and desperate.

In her book *True Selves: Understanding Transsexualism*, clinical sexologist and therapist Mildred Brown, states simply that transsexuals are "individuals who strongly feel that they are, or ought to be, the opposite sex. The body they were born with does not match their own inner conviction and mental image of who they are or want to be. Nor are they comfortable with the gender role society expects them to play based on that body." The fourth edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*, a reference used by many psychiatrists and other mental health practitioners, explains this definition in more clinical terms, adding, in part, that the conflict "causes significant distress in social, occupational, or other important areas of functioning."

Ken knew acting on his persistent cross-gender feelings would devastate his family, but years of internal conflict led him to examine his choices. With heartfelt emotion breaking up her words, Kate now says, "I knew I could lose everything if I transitioned—my job, my wife, my home—but I had to get through it with my kids. I kept telling the

therapist, 'I *have* to go through this with them.' My alternative was suicide, but I knew having me disappear would be worse for them. Because I had done dangerous things in the past, like skydiving and firefighting, I knew I could kill myself—I knew I could take that step, and make it look like an accident—for them." Stephanie was also at a critical point when she decided to seek therapy. For years she would seclude herself in a hotel room on weekends and live her life as a woman. She now laughs at her first attempts to interact with people during these moments, "I would leave the room and scurry down to the corner for the paper or coffee. I got braver each time. But when I had to return home I would feel horrible. I would take all the clothes and toss them into the dumpster on the way out." Stephanie moved onto her boat as a way of containing herself. Admitting that there was no room on the boat for all the feminine things she desired, she knew it was one way Frank could maintain his masculine life. "The group I was identifying with was so marginalized. I even thought it was weird. I felt I had few options. I didn't want to go to a therapist because I felt like it would be the beginning of the end—the hormones and everything—I thought, *no way.*" Stephanie's seclusion, drinking and frustration continued until she says, "I began asking myself what am I doing here? And what do I have to look forward to? At that point I didn't care if I lived or died. I was living half a life."

Kate and Stephanie express many of the feelings shared by those in the transgendered community—a community where socioeconomic, racial, and geographical boundaries blur amongst the emotional pain. Kate and Stephanie found out about one another by chance. Unknowingly, they had been referred, by different sources, to the same therapist. Each learned of the other before sex-reassignment surgery. Five years later, both post-operative, their relationship is much the same as it was before they met in therapy. They visit occasionally, and remain close through phone calls. Except for living on a boat, Stephanie enjoys her life much the way Frank did—she is a career helicopter pilot, she participates in recreational sports, and her friends know her as generous and optimistic. Kate is an employee of a prestigious nuclear laboratory and also an activist for furthering public education on gender identity and transgendered issues.

Many aspects of Gender Identity Disorder remain controversial. Its causes, methods of therapy, types of treatment, and the appropriateness of surgery are just a few. According to the ESBS, hormonal

influences in the womb, genetics, and environmental factors (such as parenting) are all suspected to be involved in GID. This suggests that both psychology and science have a challenge in its research. For sisters Kate and Stephanie, this research along with contemporary theories of gender identity, its development and gender ideology play very little into the routine of their daily lives, but have significant affects on their ability to live, what Stephanie calls, "a whole life."