

Abstract Harry Benjamin (1885–1986) is the founding father of contemporary western transsexualism. This article examines Harry Benjamin's work on transsexuality from the standpoint of the interrelations between science, politics and clinical intervention, with particular reference to issues concerning transsexuality and the 'problem' of heteronormativity. The article argues that Harry Benjamin's writings evidence a shift from a relative openness towards diversity in his original formulations, to an increasing endorsement of the heteronormative in his later publications. In the service of science, politics and good clinical practice, the time is ripe to reclaim the work of Harry Benjamin, without its later heteronormative cast, and return to his original openness to diversity as evidenced in his clinical experience.

Keywords diversity, Harry Benjamin, heteronormativity, transgender, transsexualism

Richard Ekins

University of Ulster at Coleraine, UK

Science, Politics and Clinical Intervention: Harry Benjamin, Transsexualism and the Problem of Heteronormativity

Introduction

Harry Benjamin (1885–1986) is the founding father of contemporary western transsexualism. This article examines Harry Benjamin's work on transsexuality from the standpoint of the interrelations between science, politics and clinical intervention, with particular reference to issues concerning transsexuality in relation to the 'problem' of heteronormativity. The tensions between science, politics and clinical intervention are particularly evident at the increasing number of interdisciplinary transgender conferences that have taken place since the mid-1990s. The detail

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of these tensions, however, remains inadequately addressed within the transgender literature (Denny, 1994, 1998; Ekins and King, 1996; More and Whittle, 1999).

Exploration of these issues in the light of the work of Harry Benjamin is particularly timely at present. In recent years, the association named in honour of Harry Benjamin – the Harry Benjamin International Gender Dysphoria Association (HBIGDA) – has gained increasing prominence and influence and has established itself as, perhaps, the major medical and clinical voice of contemporary western transsexualism. At the same time, HBIGDA's membership now includes a significant number of transgendered professionals, many of whom are increasingly activist in orientation. With this increase in activism has come a critical questioning of the name and public persona of the organization, which is seen by some to signify an outmoded conceptualization of transsexual and transgender phenomena. Specifically, critics object to the term 'gender dysphoria'. They argue that to speak of 'gender dysphoria' is to pathologize. It is, they say, to make an illness, a sickness or a 'disorder' of what is, in reality, a 'difference'. As Kaveney (1999: 7) puts it: 'Refuse the pathological medical model – we are not sick, just different.' Furthermore, such critics consider that the current name does not pay the proper respect to contemporary transgender diversity. Issues of science, politics and clinical intervention are all heavily implicated in these controversies and it is a purpose of this article to open them up for debate.

The article provides a contemporary reading of Harry Benjamin's work as founding father of western transsexualism with no intention of minimizing his contribution. Benjamin's clinical and political courage should be paid the proper respect. Rather, the intention of the article is to place Benjamin's work in the context of contemporary critique of the 'pathological medical model' and the critique of positivism as a model for the development of science and sexology (Gagnon and Parker, 1995). In short, it provides a reconstruction of the past from the standpoint of contemporary late modernism/postmodernism.

I introduce my position with two illustrations of aspects of my chosen themes drawn from recent transgender conferences. After briefly reviewing the life and work of Harry Benjamin, I will then consider Harry Benjamin's writings on transsexualism, and argue that they evidence a shift from a relative openness to diversity in his original formulations, to an increasing endorsement of the heteronormative in his later publications.

I use the term 'heteronormative' to refer to a perspective or ideological position that privileges heterosexuality, as set within a binary male and female gender divide, over other forms of sexual and gender expression. The term presupposes a normative congruity between sex (the body),

sexuality (heterosexual object-choice) and gender (role behaviour). Within this heteronormative perspective, those transsexuals who take steps to change their bodies to match their perceived identity on the 'opposite' side of the binary divide, and take up a heterosexual position from the vantage point of this 'opposite' side, are privileged over transsexuals who evidence other forms of transsexual experience. Transsexuality, to this degree, comes to be co-opted within 'the heterosexual imaginary' (Ingraham, 1996): 'that way of thinking which conceals the operation of heterosexuality in structuring gender and closes off any critical analysis of heterosexuality as an organizing institution' (1996: 169).

I argue that in the current climate of the relative celebration of transgender diversity, we need to unpack the heteronormative in Harry Benjamin and return to his original openness towards diversity as evidenced in reports of his clinical experience. Put another way, we need to reclaim Harry Benjamin's writings without their later heteronormative cast. In my view, we need to do this in the service of science, and politics and good clinical practice.

Two illustrations

At a transgender conference held at the University of Oxford in 1998,¹ I was struck by the number of speakers from Amsterdam who spoke in terms of their clinics and laws being at the cutting edge of transgender provision. Naively, perhaps, I raised a question in a public forum: why was it that in that particular place – the Netherlands – at this particular time, clinical practice and legal provision were so much in advance of other countries? The question was given short shrift by an activist Dutch transsexual living in North America. Far from being 'advanced', she argued, the Netherlands was reactionary on transsexual matters. For in no other place was such an orthodox, conservative view of transgender so institutionalized and medicalized. In terms of our themes, she opined, the so-called science and so-called therapy were in the service of a reactionary gender politics – a reinforcement of a rigidly perceived binary gender divide.² In the language I – with my colleague Dave King – have used elsewhere (Ekins and King, 1999, 2001b, 2001c), 'migrating' across the binary was privileged in the Netherlands over other forms of transgender experience: those that Ekins and King term 'oscillating' (moving to and fro across the divide), 'negating' (seeking to expunge the divide – becoming gender-less), and 'transcending' (seeking to move beyond the divide – becoming gender-full).

One year later, at the Harry Benjamin conference at Imperial College, London,³ Anne Lawrence presented two provocative papers on autogynephilia as a motivation for transsexual surgery (Lawrence, 1999a, 1999b). A leading figure in the United Kingdom transgender community

confronted Lawrence during a discussion session that followed her paper.⁴ Did Lawrence realize what a political disaster her views were? Would not all the good work in making transsexual surgery ‘respectable’ be lost if we let it be widely known that there was an erotic component in reassignment surgery – that many morphological males sought reassignment surgery to actualize their erotic fantasies? Lawrence’s critic seemed to be arguing that we should keep quiet about the realities, lest reassignment surgery ceased to be supported or tolerated if it were widely known that it frequently had an erotic motivation. Implicitly, the discussant was advising us to suppress unpalatable ‘sexual science’ in the interests of transsexual politics and treatment.

Harry Benjamin: An introduction⁵

Harry Benjamin had his first ‘transsexual’ patient referred to him in 1948 – a referral by Alfred Kinsey. Benjamin was 63 years of age at the time, and had an outstanding track record as a sexologist – in particular as an endocrinologist and a gerontotherapist – a sub-speciality to which he gave the name.⁶ In other ways, too, Benjamin was excellently equipped to be, potentially, the founding father of transsexualism. He was in private practice and thus largely independent of institutional constraints. He had a large potential referral network. He was a persistent pioneer. His advanced years gave him a freedom, denied to younger men and women mindful of their developing careers. Most important, perhaps, was his talent for listening to his patients and seeking to do what he thought was best for them.

Benjamin did not coin the term ‘transsexual’, as is sometimes said. Magnus Hirschfeld had done that way back in 1923 (Hirschfeld, 1923: 14). Moreover, David Cauldwell had written quite extensively about transsexuals in the late 1940s and early 1950s.⁷ However, Hirschfeld had not developed a distinguishable clinical entity of transsexuality and Cauldwell was largely opposed to transsexual surgery, which impeded the development of his thought on the topic. Benjamin took the revolutionary step of seeking to secure ‘sex change’ surgery for suitable applicants. He was making tentative steps in this direction before the publicity surrounding the case of Christine Jorgensen in the 1950s. But once he read of Jorgensen and wrote to her (Ettner, 1999: 16–17), it was only a matter of time before transsexuality became a distinguishable clinical entity – a diagnosis with a treatment programme. This did, of course, take some time. But with the opening of the first ‘gender identity’ clinic at Johns Hopkins University, Baltimore, USA, in the mid-1960s, the momentum became unstoppable. Slowly but surely, gender identity clinics began to span the globe. For every false start and backtracking step, expansions

elsewhere took place. Throughout these developments, Benjamin's influence was paramount – particularly after the publication of his *Transsexual Phenomenon* in 1966, 'the first serious book on the topic', as Charles Ihlenfeld (1978: 243) was to describe it.

In terms of the themes of this article, Harry Benjamin was, perhaps, first and foremost, a clinician who sought to do the best for his patients. He was also a scientist with a penchant for entering controversial new pastures. In addition, because he met such opposition in advocating 'sex-change' surgery for selected patients, inevitably, he had to be politically astute if he was to secure his aims. We may suppose that his experience, contacts, wisdom, tact and basic humanity were each an important weapon in his political armoury. What is more controversial is whether he consciously or unconsciously distorted his 'science' in the service of securing the clinical intervention he desired for his patients. Was this, too, a part of his political armoury? I argue in what follows that if we read his entire output on transsexualism chronologically, there is evidence to suggest that the logic of 'treatment' and 'politics' (the art of the possible) did, indeed, lead to the compromise of his 'science'. In particular, his frequent later emphasis on the 'normality' of his transsexual patients and their emergence as unremarkable members of their reassigned sex, typically heterosexual and conventional, led inevitably to a privileging of a certain sort of transsexual experience and outcome at the expense of other kinds.

The 'transsexual' articles and the transsexual phenomenon

Benjamin was not a prolific writer and there is considerable repetition in his published output on transsexualism. Remarkably, he was almost 68 years of age when he published his first article on transsexualism, in which he distinguished transsexualism from transvestism (Benjamin, 1953),⁸ proposed a biological etiology, and called for surgical conversion in appropriate cases. A similar article followed in 1954, this time in a journal of psychotherapy (Benjamin, 1954). The publication '7 Kinds of Sex' appeared in 1961 in the popular sex education magazine *Sexology* (Benjamin, 1961). This article made brief references to transsexuals in its concluding section. It formed the basis for the opening chapter of Benjamin's landmark book *The Transsexual Phenomenon* published in 1966. He published two articles, both in 1964 (Benjamin, 1964a, 1964b), prior to *The Transsexual Phenomenon* and five articles in scientific and professional journals in the period following 1966 up to 1973 (Benjamin, 1967d, 1969c, 1971; Benjamin and Ihlenfeld, 1970, 1973). This period also included his valuable 'Reminiscences' in 1969 (Benjamin, 1969d).

After 1973, Benjamin had effectively retired from writing – at the age of 88! Subsequently, the occasional ‘Response’ (e.g. Benjamin, 1978) and ‘Interview’ (e.g. Benjamin, 1979, 1985) completed his output. He died in 1986 at the age of 101. In short, Benjamin’s publications on transsexuality included just one book, and some nine articles (two co-written with Charles Ihlenfeld) in scientific and professional journals, together with a number of lesser pieces (Benjamin, 1955, 1961, 1963, 1964c, 1967a, 1967b, 1967c, 1969a, 1969b, 1969d, 1978, 1979, 1985; Benjamin and Masters, 1964; Benjamin and Pauly, 1969).

Walter Futterweit (1988: 20) refers to Benjamin as ‘a colossus’. ‘Such a creative, such a wonder of a man,’ said Leah Schaefer on the same occasion (Schaefer, 1988: 15). However, Benjamin was not a major research scientist – like John Money; far less was he a major theorist like Sigmund Freud. Nor was he a sophisticated gender theorist, nor even a significant conceptual innovator – like Norman Fisk, who gave us the term ‘gender dysphoria’ (Fisk, 1973) – a term that came to be favoured by Benjamin (1985). He is best placed, perhaps, in the sexological tradition of such important figures as August Forel, Havelock Ellis and Magnus Hirschfeld. He is part of what might be called the liberal wing of sexology which was tolerant of sexual variation and diversity. In his ‘Reminiscences’ (Benjamin, 1969d) he speaks of the great influence of Forel, and singles out Forel’s ‘unaccustomed objectivity and refreshing common sense’ on sexual matters, for special praise. He refers to Hirschfeld as ‘the outstanding sexologist of his day’, before acknowledging the tremendous impact of Eugen Steinach (Benjamin, 1945) and his fascination with Steinach’s sex-changing experiments on guinea pigs. Benjamin first visited Steinach in 1921 and studied with him in Vienna every summer until the late 1930s.

The early sexological tradition is notable for its emphasis upon systematic description of clinical pictures (nosography) and their classification (nosology), accompanied by etiological theorizing. In short, though the ‘disease’ status of sexual variations may be variously questioned by the early sexologists, the early sexological tradition does follow the ‘medical model’ insofar as its collection of biographical and psychological data is followed by classification, diagnosis and etiological theorizing.

Initially, Benjamin classified his transgender patients into transvestites, Types 1, 2, and 3. From around 1953, he began to refer to his Type 3 transvestites as transsexuals. By 1966 he had extended his types into what he referred to as his ‘sex orientation scale’ (S.O.S.). Specifically, Benjamin (1966) classified ‘sex and gender role orientation and indecision (males)’ into three Groups which contained six Types. Expressed as a scale, it classified Type 0 (‘normal’) through Types 1–6. Benjamin listed the types thus:

Group 1	Type I	Pseudo TV
	Type II	Fetishistic TV
	Type III	True TV
Group 2	Type IV	TS, Nonsurgical
Group 3	Type V	TS, Moderate intensity
	Type VI	TS, High intensity

Table 1. 'Type' classification (Benjamin, 1966: Table 2)

For Benjamin (1966: 24), his S.O.S. serves a 'pragmatic and diagnostic purpose' until 'future studies and observations may decide which [conception and classification] is likely to come closest to the truth and in this way a possible understanding of the etiology may be gained'. Benjamin stresses that 'the clinical pictures are approximations, schematized and idealized, so that the TV and TS who may look for himself among the types will find his own picture usually in between two recorded categories' (Benjamin, 1966: 23). Benjamin did, however, stick with his S.O.S scale until his death and made frequent reference to it throughout his work.

When Benjamin turns to etiology he is consistent in his view that some hidden biological factor would explain the phenomenon. He thought that environmental influences were important, but the genetic and endocrine constitution must provide a 'fertile soil' in order for them to have any effect. As he put it in Benjamin (1953: 13): 'if the soma is healthy and normal no severe case of transsexualism, transvestism or homosexuality is likely to develop in spite of all provocations'. In 1967 Benjamin summarized thus:

Most satisfying to me is a working hypothesis based on the experiments of brain physiologists and psychobiologists . . . Their possible explanation for the transsexual phenomenon would be neuroendocrine in nature . . . If something interferes, perhaps an abundance of the mother's estrogen or lack of response of the neural target organ, this particular center (a hypothalamic brain center) remains female, determining the later sexual behavior and possibly causing gender role disorientation. (1967c: 430)

In the case of female transsexuals he suggests that the female hypothalamic centre may have been masculinized by an endocrine abnormality of the mother during pregnancy.

Benjamin thinks 'such an explanation plausible', but is quite prepared to acknowledge 'other causative factors', such as genetic disorder, or a form of imprinting. After acknowledging that 'childhood conditioning and the identification with the wrong parents may play its part, but perhaps only if a prenatal disposition', he concludes: 'I must leave the question

open. Perhaps, in the future, someone else may supply the answers' (Benjamin, 1967c: 430).

However, while Benjamin left it to others and future research to determine what the genetic or endocrine components might be, he was particularly and repeatedly critical of those who argued that transsexualism was entirely a matter of 'nurture' over 'nature'. Institutionalized American psychoanalysis, from the 1940s onwards, increasingly came to emphasize nurture over nature and some American psychoanalysts were in the vanguard of those critical of the Christine Jorgensen reassignment, in the early 1950s. Benjamin was scathing of these critics – as John Money and Richard Green are today, for example. In point of fact, Freud, himself, gave great weight to what he referred to as 'constitutional' factors in influencing development. On this matter, like so many others Freud was no Freudian, a point that Benjamin, himself, made from time to time (Benjamin, 1979: 12). In any event, even most of those working within the medical model who do favour the view that there is a genetic or endocrinal 'cause' for transsexualism would agree that their case is still unproven. For many others – myself included – of course, this whole way of framing the question is suspect. People may wish for, or undergo sex-reassignment surgery for any number of reasons. Moreover, as Anna Freud used to stress so frequently, making a point about psychological development generally, the 'same' outcome may have very different underlying developmental paths.

Rather than speculate further on the question of etiology, I will turn to Benjamin's output on transsexualism, which I divide into three major phases I term 'Beginnings', 'Constituting' and 'Consolidating'. I argue that from an initial relative openness to diversity in phase 1, Benjamin moves towards a classification and typologizing in phase 2 which builds up an inexorable momentum towards the privileging of the heteronormative in phase 3.

Phase 1: Beginnings (1938–1954) – transvestites, Types 1, 2 and 3 – transvestites Type 3 become transsexuals

In the 15 years from 1938 to 1953, Benjamin saw his first 10 transgender patients (Schaefer and Wheeler, 1995). Wheeler and Schaefer (1988) take it for granted that a primary function of clinicians and other professionals is to make a diagnosis, so they asked the question: How did Benjamin do this in the beginning? Wheeler and Schaefer consider that these 10 patients are representative of the full spectrum of gender patients seen today.

As Wheeler and Schaefer (1988: 181) put it:

It is fascinating to realize how representative these first ten patients were of every combination and complexity known to the gender-concerned world today; the

true cross-dresser; the male to female; a gender-changed couple; the true transsexual who does not require genital surgery; the very young and the very old, both seeking surgeries and both successful; the very public and the very private; from sympathetic and rejecting families; those who maintained original spouses, and those who were ostracized [sic] and abandoned; those whose transsexual conditions existed in addition to, or as part of, borderline psychotic condition; and much more.

What is notable in this listing, however, is the omission of comment upon the diverse sexualities of these first 10 patients. Using the Kinsey Scale ratings, they have previously noted the sexual orientation of the 10 patients as ‘Two *heterosexual*, five *bisexual*, and three *homosexual*’ (Wheeler and Schaefer, 1988: 181).

To Wheeler and Schaefer (1988), the fact that, despite the varieties, all 10 patients’ characteristics appeared at an early age and ‘were exactly the same symptoms as we hear today’ is an exceptional argument in support of the belief that transsexualism is an in utero position. More particularly, the entire thrust of their articles (Schaefer and Wheeler, 1995; Wheeler and Schaefer, 1988) argues for the fact that there is a ‘truth’ about the transsexual condition which Benjamin is fearlessly approaching and gradually approximating to.

The end of the ‘beginnings’ phase (1954) marks Benjamin’s first two publications on transsexualism (Benjamin, 1953, 1954). Prior to their publication he was dividing transvestites into Types 1, 2 and 3 according to the intensity of his patients’ wishes to cross-dress and/or belong to the opposite sex. With these publications he makes the first step in distinguishing ‘transvestites’ from ‘transsexuals’. His transvestite, Type 3, becomes a transsexual, the name he gives to people who want ‘to belong to the opposite sex and correct nature’s anatomical “error”’ (Benjamin, 1953: 12). In Benjamin (1953: 13) he writes: ‘The most disturbed group of male transvestites are those who want to be changed into women, even anatomically. They are the transsexualists.’

Phase I pre-dates the period of a sophisticated terminology of sex, sexuality and gender. There is no language of gender identity or gender dysphoria for Benjamin to draw on. Benjamin, himself, makes no attempt to develop such a terminology. Rather, he restricts himself to stating that the intensity of the transsexual urge and the fact that it brooks no contradiction indicates ‘its sexual roots’ (Benjamin, 1953: 12), and that it is almost certainly rooted in biology. Further, he argues that as no known form of clinical intervention, in particular psychotherapy or psychoanalysis, can ‘cure’ the ‘transsexualist’ of his wishes for sex reassignment, then, in appropriate cases the intervention should take the form of sex conversion surgery. At the end of this first of the three phases, he states that his patients are ‘invariably homosexual’ (from the standpoint of their

morphological sex, that is); that his ‘transsexualists’ are ‘extremely deviated’ (Benjamin, 1953: 13); and that ‘[s]ex, being genetically determined cannot be changed. It is only possible to transform the secondary characters’ (Benjamin, 1953: 13). He also considers a transsexualist’s sexual life to be largely non-genital, adding that ‘[a]n artificial vagina would not serve the patient, except indirectly by serving a male sex partner’ (Benjamin, 1953: 14).

His 1954 paper (presented to the Association for the Advancement of Psychotherapy in December 1953) repeats many of the points made in the earlier 1953 article. Benjamin is still, for instance, regarding transsexuality as a ‘sexual deviation’ (Benjamin, 1954: 220). He does, however, make the new point that what distinguishes transvestites from transsexuals is that for the transvestite, genital organs (body) are a source of pleasure, whereas they are a source of disgust for the transsexual. As he puts it: ‘The transsexualist, on the other hand, only lives for the day when his hated sex organs can be removed, organs which to him are nothing but a dreadful deformity’ (Benjamin, 1954: 220).

Phase 2: Constituting (1955–1966)

According to Wheeler and Schaefer (1988), from 1953 to the mid-1960s Benjamin saw approximately 350 transgender patients.⁹ The end of this period is marked by the publication of his magnum opus, the so-called ‘Transsexual’s Bible’ – *The Transsexual Phenomenon* (1966). This text marks a considerable development from his early 1950s’ position, particularly in his elaboration of the distinctions between homosexuality, transvestism (now called TV), and transsexualism (now called TS).

Benjamin is now beginning to make a distinction between sex and gender. He states, for instance: “‘Sex’ is more applicable where there is the implication of sexuality, of libido, and of sexual activity. ‘Gender’ is the nonsexual side of sex . . . Gender is located above, and sex below the belt’ (Benjamin, 1966: 3). But he finds it often impossible to make the distinction and uses the words interchangeably on occasions. Benjamin sticks with his earlier formulation that what distinguishes the male transsexual from the transvestite is his disgust with his genitalia. In his book he variously writes that ‘[t]ranssexualism is a sex and gender problem’ and ‘[t]he transsexual has a gender problem’ (1966: 27–8). However, there is still no use of the concept of ‘gender identity’, rather Benjamin writes: ‘The transsexual man [sic] is the man who suffers from a reversed gender role and false gender orientation. He wants to change sex’ (1966: 46). He does, however, talk of a psyche that may be variously masculine or feminine, and he introduces the term ‘gender discomfort’. His Type VI True Transsexual/High Intensity, for instance, is listed as ‘gender discomfort intense’ (1966: 22).

The Transsexual Phenomenon is structured around his S.O.S. and the various types of transsexual and transvestite that the scale embraces. While the 'Transsexuals' Lives' section does hint at the diversity of sexual orientations in his patients, Benjamin, stresses the male 'true' transsexuals' (1) weak libido, (2) their preoccupation with body alteration, making sexual activity secondary, and (3) their sexual preference for a heterosexual partner post-operatively. A 'happy ending' is that of the male to female patient 'H', for instance. Benjamin refers to her as 'an attractive young lady'. He writes (1966: 63–4): 'Life seemed good indeed and [she] met her Prince Charming', who became her devoted husband. Benjamin cites a letter from 'H': 'I adore being a girl . . . A girl's life is so wonderful. The whole world looks so beautifully different. The only thing that would add to my life now, would be a baby girl. 'D' [her husband] says that after all legal matters are settled, maybe we will adopt one.'

Benjamin reiterates his earlier views as to etiology, though he does state in his concluding remarks to the book that '[t]he etiology of the transsexual state is still largely obscure' (1966: 163). On occasions, he argues fairly aggressively for the medical and legal recognition of transsexuals. Shortly before completing *The Transsexual Phenomenon*, a Health Department report 'in a large eastern city' (Benjamin, 1966: 165) had refused to recommend the changing of transsexuals' birth certificates 'and with it their sexual status' (1966: 165). Benjamin gives no reference for this 'report'. His point, rather, is to stress how this decision left 'the transsexual patient abandoned by the medical profession and dependent upon judicial decision' (1966: 165).

Phase 3: Consolidating (1967–1979)

In the final 15 years of his working life from 1965 to the late 1970s, Benjamin saw a further 1200 patients (Wheeler and Schaeffer, 1988).¹⁰ The publications of this period are marked by an increasing consolidating of his position on transsexuality. Much of the tentativeness of his earlier formulations disappears, and the tone becomes more didactic. Some might discern a proselytizing tone.

In this 'consolidating' phase, there is much more emphasis upon the reassigned transsexual 'passing' and taking their place as 'normal' members of their preferred sex, once they have been assisted in their endeavours by an enlightened medical profession. 'Normal' in this context means heterosexual in the reassigned sex, often seeking (and capable of) marriage, and a settled family life.

Benjamin and Ihlenfeld (1970: 28), for instance, emphasize the transsexual's own overriding desire to 'pass' as 'normal': 'Their most pressing desire is usually "to lead a normal life".' Paradigmatic of this phase is his article in the *American Journal of Nursing*, co-authored with

his collaborator Charles Ilhenfeld (Benjamin and Ilhenfeld, 1973). In the phase 3 writings, the language of gender is increasingly superseding the language of sexuality. The article starts boldly: 'Transsexualism is a disorder of gender identity' (1973: 457). Again, there is the emphasis upon a neuroendocrine theory of causation. Now a further reason for sex conversion surgery is offered. 'Gender identity is so firmly established by the age of four that traditional psychotherapeutic approaches have been quite unsuccessful in resolving adult gender identity conflict' (1973: 458). Now the principal distinction between transsexuals and transvestites is 'the degree of gender discomfort and the measures necessary to relieve that discomfort' (1973: 459). The transsexual's disgust with his/her pre-assignment body is not mentioned.

When the transsexuals' sexuality is considered it is done so in terms of a privileging of the heterosexual.¹¹ The article states that those transsexuals who lead a homosexual life before reassignment 'are, in fact, looking for heterosexual partners who will accept them as the transsexuals think they are rather than as they physically appear to be' (Benjamin and Ilhenfeld, 1973: 460). Included in the section 'Living in the New Life' is emphasis not only on 'passing successfully as a member of the desired sex', but 'also accepting the social, economic, and familial consequences of the change' (1973: 460). Concluding the 'Surgical Treatment' section is the statement: 'Socially they are usually indistinguishable from their neighbors – ordinary members of everyday society' (1973: 461). In short, one particular form of transsexual experience is summarized as though it is the experience of all transsexuals.

Discussion

There is a major irony in the writings of Harry Benjamin and others like him who work within the medical model. Medical science has taught us much about the fact that we are all an admixture of the sexes. It has taught us much about the great range of existing sex, sexuality and gender variations. Indeed, Benjamin, himself, opens his *Transsexual Phenomenon* with a chapter 'The Symphony of the Sexes', in which he states:

The more sex is studied in its nature and implications, the more it loses an exact scientific meaning. The anatomical structures, so sacred to many, come nearer and nearer to being dethroned. Only the social and legal significances of sex emerge and remain. (Benjamin, 1966: 3)

The chapter then goes on to detail the major kinds of sex: chromosomal, genetic, anatomical, legal, gonadal, germinal, endocrine (hormonal), psychological, and social sex, and so on, before introducing the fact that in the case of transsexuals, transvestites and others, 'nature or life (nature

or nurture)' has created 'a dissonance in their sexuality' (1966: 10). Yet, by setting the parameters in terms of 'symphony' and 'dissonance', it is not surprising that the language of pathology soon emerges. Transsexuals and transvestites are considered by Benjamin (1966: 17) to be 'symptoms or syndromes of the same underlying psychopathological condition, that of sex or gender role disorientation and indecision'.

Whereas other health professionals had wanted to treat the 'psychopathology' by seeking to cure the patient of his wish for 'sex change', Benjamin, as we have seen, took the revolutionary step of advocating a change of body for selected patients. I believe he did this in the spirit of his role model, August Forel – out of concern to relieve the suffering of his patients, and also because of his pioneering spirit and what he referred to as his 'common sense'.

His courage, his humanity and his canny politics led him to pioneer what became a new clinical sub-speciality. However, his work came to fruition in the mid- to late 1960s just at the very time it was becoming clear that the sexological paradigm within which he worked 'was in serious trouble', as Gagnon and Parker (1995) put it. In particular, as Garfinkel (1967) and others were arguing so persuasively, those working within the medical model – for all their alleged commitment to 'science' – were doing so from a standpoint rooted in what ethnomethodologists and phenomenological sociologists refer to as the 'natural attitude'.

The 'natural attitude' is rooted in 'common-sense' knowledge, as opposed to scientific knowledge. The 'natural attitude' towards gender assumes that all human beings will belong to one of two or more discrete social categories permanently determined on the basis of biological ('naturally' given) characteristics. Congruence is expected between sex, sexuality and gender.

From this standpoint, when, therefore, Benjamin is faced with patients with incongruities – what he terms 'dissonances' (Benjamin, 1966) – his task is to effect harmony within the 'natural attitude'. He is not concerned to render problematic the binary divide and its maintenance. Rather than making the natural attitude and the binary divide a topic of study – the ethnomethodologist's and social constructionist's standpoint, from the mid- to the late 1960s (Zimmerman and Pollner, 1971) – Benjamin's work is embedded within the 'natural attitude'. For him it is a resource from within which to generate and develop a new clinical sub-specialty – later to be termed the 'science' of 'gender dysphoria'. He does this, in my view, not so much because he is unaware of sex and gender role stereotyping, but because his commitment to securing sex reassignment surgery for selected patients led him to 'respectabilize' and 'normalize' these patients. For this, it was necessary for Benjamin to be seen to be upholding sex, sexuality, and gender congruity, particularly in the public domain.

In his endorsement of the autobiography of Christine Jorgensen, for instance, he writes of Christine Jorgensen's childhood (Benjamin: 1967b: ix): 'This was a little girl, not a boy (in spite of the anatomy).' When speaking of her sexuality, he writes (1967b: xi): 'Since the psychological status of a transsexual male is that of a female, it is natural that sex attraction centers on a male.' This may have made for good politics and good clinical intervention at the time, but it did not make for good science.

In short, from the standpoint of the ethnomethodological and social constructionist critique of 'science' (Garfinkel, 1967), Benjamin is shoe-horning his gender 'dissonant' patients into a common-sense, as opposed to a scientific, conception of the arrangements between the sexes. He does so in the alleged interests of his patients and their 'happiness'. His clinical intervention may be said to be 'humanity' based and clinical intervention based, rather than 'science' based.

There is no doubting Benjamin's clinical and political courage. He was an extraordinarily brave pioneer who, with hindsight, may be seen as playing a major role in enabling contemporary manifestations of transgender diversity to flourish. In this lies, perhaps, his major contribution. However, for all the successful 'politics' in his life and work – his enabling the establishment and development of a medical power base with which to establish his new specialty – it must be said that his position is ultimately a political conservatism, vis-a-vis the binary gender divide. In particular, all those transgendered people who wish to negate or transcend the binary (Ekins and King, 2001b) will be hindered to the degree that Benjamin's conceptualization and construction of transsexualism is privileged over that of others.

As a result of the influence of his formulation, it was not until 1984, for instance, that Dorothy Clare felt the need to coin the term 'transhomosexuality' (Clare, 1984) in recognition of the fact that many male to female transsexuals maintained sexual relationships with women after sex reassignment. More radically, it was not until 1991 that Sandy Stone wrote her germinal article (Stone, 1991) forcefully articulating a conceptualization of transsexuals as 'outside the boundaries of gender'. The floodgates were then open for trans men to link transgender to revolutionary socialism (Feinberg, 1996); to radical lesbianism (Nataf, 1996); to radical body configurations and pansexualism (Volcano, 2000); and to the beginnings of a hitherto neglected transgender approach to class, race and masculinity (Volcano and Halberstam, 1999). Following a quite different stream of thought, Blanchard, from the late 1980s onwards (Blanchard, 1989), began to highlight the sexual motivation for many sex reassignments, a line of thought to be later popularized by Lawrence (1999a, 1999b) and Bailey (2003).

It is, perhaps, necessary for me to emphasize that I have given a reading of Benjamin's corpus on transsexuality from the standpoint of that corpus

itself (a textual reading), from a contemporary standpoint on transgender diversity, and from the standpoint of a contemporary critique of heteronormative 'science'. To some this might seem churlish, indeed, unfair to Benjamin's contribution. As an anonymous reviewer of an earlier draft of this article put it: 'the visual acuity of 20/20 hindsight is always lucid'!¹²

As I have written elsewhere, transsexual identities are emergents within a complex set of interrelations between 'expert', 'member' and 'lay' conceptualizations situated in particular times and places (Ekins, 1997). This complex relationship has yet to be satisfactorily explored in the case of Benjamin and his clients, although we do now have the necessary backdrop for a detailed investigation (Meyerowitz, 2002).

Arguably, many – possibly, most – of Benjamin's clients shared a 'natural attitude' to gender and may have, therefore, preferred to present themselves in a more conservative gender role. We should not forget that Benjamin's early formulations were made at a time when all atypical 'sexualities' were seen as 'perversions', 'deviations', and so on. Moreover, many atypical sexualities, including homosexuality, were regarded as mental illnesses and many were, indeed, illegal.

Moreover, as sex-reassignment surgery became more widely available given certain (heteronormative) criteria, there is little doubt that clients began to conform to these criteria in their presentations of themselves (Billings and Urban, 1982; Prince, 1978: 264). Relatedly, these evolving identities were often, no doubt, influenced by evolving subcultural conceptualizations of transsexual identity. In short, therefore, Benjamin's evolving ideas might in part have reflected the evolving self-presentations and identities over time of his transsexual subjects, themselves.

Again, Benjamin, in what I have termed his second phase, and even more so, in his third phase, is clearly drawing upon the conceptualizations of gender and gender identity being developed, most notably, by Stoller, Greenson and Money (Green and Money, 1969; Greenson, 1978[1964]; Stoller, 1964). What now came to be conceptualized as psychological sex – 'gender identity' – was privileged over the 'apparent reality' of the body – anatomical sex. This led to transsexualism becoming a 'gender identity disorder' (as opposed, for instance, to a 'disturbed gender role orientation', Benjamin, 1967b: ix) and, relatedly, to the 'invention' of the modern 'transsexual' (Ekins and King, 2005: 381).

Instructive here is King's detailed sociological conceptualization of transsexuality as gender migration (King, 2003). Benjamin's patients might be seen as first generation gender migrants. Benjamin, himself, might be seen as amongst the first of the gender-migrating border policemen. First generation migrating and policing places the premium on conformity to the norms of the host culture. The aspiration of conformity

gave recognition, understanding and treatment to an area hitherto ignored. The strategy for promoting acceptance of the 'migrating' transsexual was to convey the picture of the transsexual, hitherto unknown and unaccepted, as a person trapped in the wrong body, but otherwise conventional. Undoubtedly, it was this strategy that led to its political success. However, from the standpoint of second-generation migrants, the position is very much more complex. Many discover that assimilation is not possible; many come to the view that they do not wish to assimilate. If we set these issues of migration within the late modern/postmodern shift towards fluidity and diversity then diversity becomes doubly valorized. It is in this contemporary context that Benjamin as clinician with a keen eye for diversity should take precedence over Benjamin as typologizer and gender border-crossing policeman.

At the same time, Benjamin as a scientist need not be compromised by Benjamin in his role as pragmatic liberal social/sexual reformer. Rather the clinician's sensitivity to diversity (Benjamin as observational scientist) might be combined with the contemporary 'gender outlaw' emphasis upon diversity and fluidity in 'transcending' the binary gender divide (Bornstein, 1994; Whittle, 1996; Wilchins, 1997).

Towards a conclusion

In 1998, Richard Green in his 'Reflections at 25 years' wrote of his co-edited *Transsexualism and Sex Reassignment*, published in 1969: 'Its legitimacy was promoted as "consistent with the tradition of scientific inquiry and medicine," examining "deviations from the norm in the hope of better understanding normal processes." In part to justify serious professional attention, transsexualism was packaged in time-honored wrapping' (Green, 1998: 419).

Were Harry Benjamin alive today, he might well have applied the same sentiments to his own writings. More fundamental points might also be made. Any perspective, conceptual scheme or typology is both enabling and constraining. Benjamin's formulations and the clinical interventions based upon them have had revolutionary impact for a significant number of people over the last 50 years. However, there comes a point of diminishing returns for any perspective and its attendant social practices. When this point is reached another perspective is likely to emerge to vie with its predecessor. Arguably, as we enter the new millennium, we have reached that point in regard to 'transsexual grammars' (More and Whittle, 1999).

It should be noted, too, that even from within the standpoint of the medical model and of clinical intervention adhered to by Benjamin, there is an increasing softening of the stance which sees transsexualism as pathological. The language of transgender diversity has been making inroads into

the medical profession's self-understanding, progressively since the mid-1990s. It came as no surprise to me, for instance, that following an initial presentation of this article (Ekins and King, 2001a), a senior psychiatrist with a major involvement in a major United Kingdom gender identity clinic felt the need to preface his article, about his clinic's work, with comments that he regarded transsexualism as a 'condition', as opposed to a 'pathology' (Dalrymple, 2001). He made an analogy with another 'condition', namely left-handedness. Furthermore, he opined that both 'conditions' were 'within the realm of normal human experience'. For all that, though, his article then went on to emphasize the importance of diagnosis for transsexualism, used the term 'disorder' frequently and advocated deliberately conservative and cautious treatment programmes for transsexuals.

As Moss and Zeavin (2001: 226) have argued persuasively, perhaps it is impossible to reconcile centre and periphery in the domains of sex, sexuality and gender:

One premise reads the periphery – difference and deviance – from the vantage-point of a posited centre. That posited centre gives this reading its elemental point of stability and coherence. In principle, from this point of view, difference, as such, is distance from centre, and distance, when marked, is deviance. From here the centre is not the product of circumstance or convention; rather it is the product of law, of necessity . . . The other premise reads the centre from the point of view of the periphery. The centre, then, becomes merely a 'centre', a construction. From here, the pertinent task is not, primarily, a critical assessment of deviance, but rather a critical assessment of the centre's claims – its metaphysical sense of itself, and of the norms grounded in this metaphysics – phallogocentrism, logocentrism, Eurocentrism etc. From the periphery, the centre ought not to serve as theory's source, but rather as theory's object. Difference, in principle, is to be read as a marker of multiplicity rather than of deviance.

Psychiatrists and other health professionals work very much from the centre. They are engaged in what might be termed a socio-practical activity in the world as it is, rather than as it might be. More specifically, they are in the business of trying to relieve individual distress in an imperfect world. If, in doing so, they reinforce an allegedly outmoded binary gender divide, so be it, they might well reply.

Perhaps, the most radical intervention that can be expected from clinicians is that if transgender people choose to put themselves on the front line by living daily in ways that challenge the binary divide, then it should be the work of any clinicians whom they consult to help them.¹³ Clinicians at the forefront of transgender clinical intervention are now beginning to articulate that standpoint (Bockting and Coleman, 1992). Furthermore, these same clinicians (Bockting, 1997a, 1997b, 1999) are beginning to detail something of the complexities of transgender sexualities 'beyond' the 'heterosexual imaginary'.

As this line of development gains momentum, it will become increasingly necessary to revisit Harry Benjamin's legacy, but a legacy shorn of its heteronormative cast, if his pioneering work is to maintain a contemporary impact. This article is offered as an initial contribution to that enterprise.

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Notes

1. The Third International Congress on Sex and Gender, University of Oxford, 1998.
2. The point is developed in Dana-Tabet (2001), in Haynes and McKenna (2001), a volume which includes a number of the papers presented at The Third International Congress on Sex and Gender, University of Oxford, 1998.
3. The 16th Harry Benjamin International Gender Dysphoria Conference, Imperial College, London, 1999.
4. For further discussion of Anne Lawrence's work, see Ekins and King (2001e).
5. See Ettner (1999), Ihlenfeld et al. (1988), and Schaefer and Wheeler (1995) for biographical details on Harry Benjamin.
6. Benjamin introduced the term 'gerontotherapy' to describe his application of endocrine therapy to geriatrics (Schaefer and Wheeler, 1987).
7. See Ekins and King (2001d): special issue on David Cauldwell.
8. Harry Benjamin was born on 12 January 1885. His first published work on transsexuality appeared in the first issue of volume 7 of the *International Journal of Sexology*. It is, therefore, a moot point whether he was 67 or 68 years of age at the time of publication.
9. Ettner (1999: 15) states that by December 1965, Benjamin had seen 307 'gender dysphoric' patients, these serving as the sample for Benjamin (1966).
10. Ettner (1999: 15) states that in the final 15 years of his practice, Benjamin treated an additional 1,000 patients for 'gender dysphoria'.
11. Note Benjamin (1967c: 429):

Transvestites are largely heterosexual, occasionally bisexual. Transsexuals are attracted only to members of their own anatomical sex; however, they cannot be called homosexual because they feel they belong to the sex opposite to that of the chosen partner. The transsexual man loves another man as a woman does, in spite of his phenotype and in spite of his genital apparatus which he feels he must change. The transsexual woman woos another woman as a man would, feeling herself to be a man regardless of her anatomical structure.
12. For the remainder of this section, I gratefully acknowledge a number of suggestions made by three anonymous reviewers of an earlier draft of this article.

13. An anonymous reviewer of an earlier draft of this article made this point. Walter Bockting (personal communication, 2003) adds: 'Yes, in general, but also sometimes clinicians challenge transgender clients on their binary conceptualizations of gender to prepare them for living life as a transgender or transsexual person'.

References

- Bailey, J. M. (2003) *The Man Who Would be Queen: The Science of Gender-Bending and Transsexualism*. Washington, DC: John Henry Press.
- Benjamin, H. (1945) 'Eugen Steinach, 1861–1944: A Life of Research', *Scientific Monthly* 61: 427–42.
- Benjamin, H. (1953) 'Transvestism and Transsexualism', *International Journal of Sexology* 7: 12–14.
- Benjamin, H. (1954) 'Transsexualism and Transvestism as Psychosomatic and Somatico-Psychic Syndromes', *American Journal of Psychotherapy* 8: 219–30.
- Benjamin, H. (1955) 'Sex Transformation' (Letter to the Editor), *Journal of the American Medical Association* 148: 217.
- Benjamin, H. (1961) '7 Kinds of Sex', *Sexology* 27: 436–42.
- Benjamin, H. (1963) 'I Want to Change My Sex! Dr. Benjamin's Reply', *Sexology* 30: 292–5.
- Benjamin, H. (1964a) 'Clinical Aspects of Transsexualism in the Male and Female', *American Journal of Psychotherapy* 18: 458–69.
- Benjamin, H. (1964b) 'Nature and Management of Transsexualism with a Report on Thirty-One Operated Cases', *Western Journal of Surgery, Obstetrics, and Gynecology* 72: 105–11.
- Benjamin, H. (1964c) 'Transsexualismus, wesen und behandlung', *De Nervenartz* 35: 499–500.
- Benjamin, H. (1966) *The Transsexual Phenomenon*. New York: Julian Press.
- Benjamin, H. (1967a) 'Comment on Doe, J.C. Autobiography of a Transsexual (10 Years as a Woman)', *Diseases of the Nervous System (Suppl.)* 28: 255.
- Benjamin, H. (1967b) 'Introduction', in C. Jorgensen, *Christine Jorgensen: A Personal Autobiography*, pp. ix–xii. New York: Bantam Books.
- Benjamin, H. (1967c) 'The Transsexual Phenomenon', *Transactions of the New York Academy of Sciences* 29: 428–30.
- Benjamin, H. (1967d) 'Transvestism and Transsexualism in the Male and Female', *Journal of Sex Research* 3: 107–27.
- Benjamin, H. (1969a) 'Appendix to Chapter 20 – For the Practicing Physician: Suggestions and Guidelines for the Management of Transsexuals', in R. Green and J. Money (eds) *Transsexualism and Sex Reassignment*, pp. 305–7. Baltimore, MD: The Johns Hopkins Press.
- Benjamin, H. (1969b) 'Introduction', in R. Green and J. Money (eds) *Transsexualism and Sex Reassignment*, pp. 1–10. Baltimore, MD: The Johns Hopkins Press.
- Benjamin, H. (1969c) 'Newer Aspects of the Transsexual Phenomenon', *The Journal of Sex Research* 5: 135–41.
- Benjamin, H. (1969d) 'Reminiscences', address given at the 12th Annual Conference of the Society for the Scientific Study of Sex, 1 November.

- Benjamin, H. (1971) 'Should Surgery be Performed on Transsexuals?', *American Journal of Psychotherapy* 25: 74–82.
- Benjamin, H. (1978) 'Response' (Presented at the 4th International Conference on Gender Identity), *Archives of Sexual Behavior* 7: 247–8.
- Benjamin, H. (1979) 'Sex Change: Do the Benefits Last?' Garrett Oppenheim interviews Harry Benjamin, *Transition*, No. 10, pp. 1, 12, 14–15.
- Benjamin, H. (1985) 'The Transatlantic Commuter: An Interview with Harry Benjamin (b. January 12, 1885) on the Occasion of his 100th Birthday', Interviewer: Erwin J. Haeberle, *Sexualmedizin* 14(1).
- Benjamin, H. and Ihlenfeld, C. (1970) 'The Nature and Treatment of Transsexualism', *Medical Opinion and Review* 6(11): 24–35.
- Benjamin, H. and Ihlenfeld, C. (1973) 'Transsexualism', *American Journal of Nursing* 73: 457–61.
- Benjamin, H. and Masters, R. (1964) 'A New Kind of Prostitute', *Sexology* 30: 446–8.
- Benjamin, H. and Pauly, I. (1969) 'The Maturing Science of Sex Reassignment', *Saturday Review* 52: 72–8. '1. Background' by Harry Benjamin, p. 72.
- Billings, D. and Urban, T. (1982) 'The Socio-Medical Construction of Transsexualism: An Interpretation and Critique', *Social Problems* 29: 266–82.
- Blanchard, R. (1989) 'The Concept of Autogynephilia and the Typology of Male Gender Dysphoria', *Journal of Nervous and Mental Disease* 177: 616–23.
- Bockting, W. O. (1997a) 'The Assessment and Treatment of Gender Dysphoria', *Directions in Clinical and Counseling Psychology* 7(11): 1–23.
- Bockting, W. O. (1997b) 'Transgender Coming Out: Implications for the Clinical Management of Gender Dysphoria', in B. Bullough, V. L. Bullough and J. Elias (eds) *Gender Blending*, pp. 48–52. Amherst, NY: Prometheus Books.
- Bockting, W. O. (1999) 'From CONSTRUCTION to Context: Gender through the Eyes of the Transgendered', *SIECUS Report* 28(1): 3–7.
- Bockting, W. O. and Coleman, E. (1992) 'A Comprehensive Approach to the Treatment of Gender Dysphoria', in W. O. Bockting and E. Coleman (eds) *Gender Dysphoria: An Interdisciplinary Approach to Clinical Management*, pp. 131–55. New York: Haworth Press.
- Bornstein, K. (1994) *Gender Outlaw: On Men, Women and the Rest of Us*. London: Routledge.
- Clare, D. (1984) 'Transhomosexuality', *Proceedings of the Annual Conference of the British Psychological Society*, p. 6, University of Warwick.
- Dalrymple, D. (2001) 'The Work Undertaken by Charing Cross Gender Identity Clinic', paper presented at the Conference *Transgender 2001*, University of East Anglia, September.
- Dana-Tabet, A. (2001) 'Making a Transgenderist: The Construction of Gender Identity in Boston and Amsterdam', in F. Haynes and T. McKenna (eds) *Unseen Genders: Beyond the Binaries*, pp. 51–7. New York: Peter Lang.
- Denny, D. (1994) *Gender Dysphoria: A Guide to Research*. New York: Garland Publishing.
- Denny, D. (ed.) (1998) *Current Concepts in Transgender Identity*. New York: Garland Publishing.

- Ekins, R. (1997) *Male Femaling: A Grounded Theory Approach to Cross-Dressing and Sex-Changing*. London: Routledge.
- Ekins, R. and King, D. (eds) (1996) *Blending Genders: Social Aspects of Cross-Dressing and Sex-Changing*. London: Routledge.
- Ekins, R. and King, D. (1999) 'Towards a Sociology of Transgendered Bodies', *The Sociological Review* 47: 580–602.
- Ekins, R. and King, D. (2001a) 'On the Father of Transsexualism: Harry Benjamin (1885–1986)', paper presented at the Conference *Transgender 2001*, University of East Anglia, September.
- Ekins, R. and King, D. (2001b) 'Tales of the Unexpected: Exploring Transgender Diversity Through Personal Narrative', in F. Haynes and T. McKenna (eds) *Unseen Genders: Beyond the Binaries*, pp. 123–42. New York: Peter Lang.
- Ekins, R. and King, D. (2001c) 'Telling Body Transgendering Stories, in K. Milburn and L. McKie (eds) *Constructing Gendered Bodies*, pp. 179–203. London: Palgrave.
- Ekins, R. and King, D. (eds) (2001d) 'Special Issue on David O. Cauldwell (1897–1959)', *International Journal of Transgenderism* 5(2): <<http://www.symposion.com/ijt/cauldwell>> (accessed October 2004).
- Ekins, R. and King, D. (2001e) 'Transgendering, Migrating and Love of Oneself as a Woman: A Contribution to a Sociology of Autogynephilia', *International Journal of Transgenderism* 5(3): <http://www.symposion.com/ijt/ijtvo05no03_01.htm> (accessed October 2004).
- Ekins, R. and King, D. (2005) 'Transgendering, Men and Masculinities', in J. Hearn, M. Kimmel and R. Connell (eds) *Handbook of Studies on Men and Masculinities*, pp. 379–94. London: Sage.
- Ettner, R. (1999) *Gender Loving Care: A Guide to Counseling Gender-Variant Clients*. New York: W.W. Norton.
- Feinberg, L. (1996) *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman*. Boston, MA: Beacon Press.
- Fisk, N. (1973) 'Gender Dysphoria Syndrome (The How, What and Why of a Disease)', in D. Laub and P. Gandy (eds) *Proceedings of the Second Interdisciplinary Symposium on Gender Dysphoria Syndrome*, pp. 7–14. Stanford, CA: University Medical Center.
- Futterweit, W. (1988) 'Walter Futterweit', pp. 19–20, in C. Ihlenfeld et al., 'Memorial for Harry Benjamin', *Archives of Sexual Behavior* 17: 1–31.
- Gagnon, J. and Parker, R. (1995) 'Conceiving Sexuality', in R. Parker and J. Gagnon, *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*, pp. 3–16. New York: Routledge.
- Garfinkel, H. (1967) *Studies in Ethnomethodology*. Eaglewood Cliffs, NJ: Prentice Hall.
- Green, R. (1998) 'Conclusion to *Transsexualism and Sex Reassignment: Reflections at 25 Years*', in D. Denny (ed.) *Current Concepts in Transgender Identity*, pp. 419–23. New York: Garland Publishing.
- Green, R. and Money, J. (eds) (1969) *Transsexualism and Sex Reassignment*. Baltimore, MD: The Johns Hopkins University Press.
- Greenson, R. (1978 [1964]) 'On Homosexuality and Gender Identity', in

- R. Greenson *Explorations in Psychoanalysis*, pp. 191–8. New York: International Universities Press.
- Haynes, F. and McKenna, T. (eds) (2001) *Unseen Genders: Beyond the Binaries*. New York: Peter Lang.
- Hirschfeld, M. (1923) 'Die intersexuelle konstitution', *Jahrbuch für sexuelle Zwischenstufen* 23: 3–27.
- Ingraham, C. (1996) 'The Heterosexual Imaginary: Feminist Sociology and Theories of Gender', in S. Seidman (ed.) *Queer Theory/Sociology*, pp. 168–93. Oxford: Blackwell.
- Ihlenfeld, C. (1978) 'Dedication' (Presented at the 4th International Conference on Gender Identity), *Archives of Sexual Behavior* 7: 243–6.
- Ihlenfeld, C. et al. (1988) 'Memorial for Harry Benjamin', *Archives of Sexual Behavior* 17: 1–31.
- Kaveney, R. (1999) 'Talking Transgender Politics', in K. More and S. Whittle (eds) *Reclaiming Genders: Transsexual Grammars at the Fin de Siècle*, pp. 146–58. London: Cassell.
- King, D. (2003) 'Gender Migration: A Sociological Analysis (or The Leaving of Liverpool)', *Sexualities* 6(2): 173–94.
- Lawrence, A. (1999a) 'Lessons from Autogynephiles: Eroticism, Motivation, and the Standards of Care', paper presented at the 16th Harry Benjamin International Gender Dysphoria Association Symposium, London, August.
- Lawrence, A. (1999b) 'Men Trapped in Men's Bodies; Autogynephilic Eroticism as a Motive for Seeking Sex Reassignment', paper presented at the 16th Harry Benjamin International Gender Dysphoria Association Symposium, London.
- Meyerowitz, J. (2002) *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, MA: Harvard University Press.
- More, K. and Whittle, S. (eds) (1999) *Reclaiming Genders: Transsexual Grammars at the Fin de Siècle*. London: Cassell.
- Moss, D. and Zeavin, L. (2001) 'The Real Thing? Some Thoughts on *Boys Don't Cry*', in G. Gabbard (ed.) *Psychoanalysis and Film*, pp. 221–8. London: Karnac.
- Nataf, Z. I. (1996) *Lesbians Talk Transgender*. London: Scarlet Press.
- Prince, V. (1978) 'Transsexuals and Pseudotranssexuals', *Archives of Sexual Behavior* 7: 263–72.
- Schaefer, L. (1988) 'Leah Cahan Schaefer', pp. 11–15, in C. Ihlenfeld et al., 'Memorial for Harry Benjamin', *Archives of Sexual Behavior* 17: 1–31.
- Schaefer, L. and Wheeler, C. (1987) 'Harry Benjamin's Early Cases, 1938–1953: Historical Influences, Part 1', paper presented at the Eighth World Congress for Sexology, Heidelberg, Germany.
- Schaefer, L. and Wheeler, C. (1995) 'Harry Benjamin's First Ten Cases (1938–1953): A Clinical Historical Note', *Archives of Sexual Behavior* 24: 73–93.
- Stoller, R. (1964) 'A Contribution to a Study of Gender Identity', *International Journal of Psychoanalysis* 45: 220–6.
- Stone, S. (1991) 'The *Empire* Strikes Back: A Post-transsexual Manifesto', in K. Straub and J. Epstein (eds) *Body Guards: The Cultural Politics of Gender Ambiguity*, pp. 280–304. New York: Routledge.

- Volcano, D. (2000) *Sublime Mutations*. Tübingen: Konkursbuchverlag.
- Volcano, D. and Halberstam, J. (1999) *The Drag King Book*. London: Serpent's Tale.
- Wheeler, C. and Schaefer, L. (1988) 'Harry Benjamin's First Ten Cases 1938–1953: Historical Influences', in W. Eicher and G. Kockott (eds) *Sexology*, pp. 179–82. Berlin: Springer-Verlag.
- Whittle, S. (1996) 'Gender Fucking or Fucking Gender? Current Cultural Contributions to Theories of Gender Blending', in R. Ekins and D. King (eds) *Blending Genders: Social Aspects of Cross-Dressing and Sex-Changing*, pp. 196–214. London: Routledge.
- Wilchins, R. (1997) *Read My Lips: Sexual Subversion and the End of Gender*. New York: Firebrand Books.
- Zimmerman, D. and Pollner, M. (1971) 'The Everyday World as a Phenomenon', in J. Douglas (ed.) *Understanding Everyday Life*, pp. 80–103. London: Routledge & Kegan Paul.

Biographical Note

Richard Ekins is a psychoanalyst in private practice and reader in cultural and media studies at the University of Ulster at Coleraine, where he directs the Transgender Archive. His books include *Centres and Peripheries of Psychoanalysis*, with Ruth Freeman (1994); *Blending Genders*, with Dave King (1996); *Male Femaling* (1997); *Selected Writings by Anna Freud*, with Ruth Freeman (1998); *Unconscious Mental Life and Reality* (2002) and *Pioneers of Transgendering: The Contribution of Virginia Prince*, with Dave King (2005). He is an editor of *The International Journal of Transgenderism*. His latest book, *Tales of Transgendering*, with Dave King, is due to be published in 2006. Address: School of Media and Performing Arts, University of Ulster, Coleraine, Co Londonderry, Northern Ireland, BT 52 1SA, UK. [email: rjm.ekins@ulster.ac.uk]