

UNIVERZITA KARLOVA V PRAZE

FAKULTA HUMANITNÍCH STUDIÍ

Katedra genderových studií

Bc. Alex Lorenzů

**Nezávislá analýza systematického znevýhodňování
transgender lidí v České republice**

**Systems of Transgender Oppression in the Czech
Republic: An Independent Analysis**

Diplomová práce

Vedoucí práce: **doc. Věra Sokolová, Ph.D.**

Obor: **Genderová studia**

Praha 2014

Prohlášení

Prohlašuji, že jsem práci vypracoval samostatně. Všechny použité prameny a literatura byly řádně citovány. Práce nebyla využita k získání jiného nebo stejného titulu.

V Praze dne 25. 6. 2014

Alex Lorenzů

Poděkování / Acknowledgements

First and foremost, I would like to thank Věra Sokolová for not acting merely as a thesis supervisor but as a true academic mentor in the best sense this term can assume. I owe an overall debt of gratitude to the Department of Gender Studies at Charles University, Prague, for fostering an inspiring environment where respectful intellectual exchange is the norm without losing sight of the practical applications of the theories we engage with. I thank my colleagues Helena Čechová, Dita Jahodová and Zdeněk Sloboda for infusing the phrase *trans* ally* with genuine meaning, while being just as genuine friends. I also thank Petr Agha, along with the organizers and participants in the conference Transgender Bodies of Law, for allowing me to present an earlier draft of this work to an appreciative audience. I am particularly grateful to Stephen Whittle for discussing the situation of trans* people in the Czech Republic in the European context and sharing his experience in trans* advocacy with me.

Finally, I thank my loved ones for the emotional as well as intellectual enrichment you bring to my life. You know who you are, and you mean more than I can put to paper here.

Obsah / Table of Contents

Abstrakt.....	5
Klíčová slova.....	5
Abstract.....	6
Keywords.....	6
I. Introduction	7
1. What Does It Mean to Study Trans* Issues?.....	7
2. Methodology.....	11
3. The Use of Language.....	13
II. How to Interrogate the System.....	17
1. Everything You Think You Know Is Wrong.....	17
2. Discipline and Dismiss: The Subjection of Corporeality in the Master Narrative.....	19
3. Paradigms versus People.....	29
4. The Etiology of Etiology.....	32
5. Life In Between, Life on the Margins.....	39
6. The Birth of the Expert and the Creation of the Transsexual.....	57
III. Discourse Analysis: Through Theory to Practice.....	64
1. The Text Body of Normativity.....	64
2. The Paradigm of Reality.....	67
3. Intimating the Intended Audience.....	68
4. The Structure of the Sexological Argument.....	71
5. The Content That Is Shaped.....	73
6. The Seductive Truisms of Biological Determinism.....	74
7. The Pathology of Discourse.....	87
8. Missing Critical Links: Apologia in the Guise of Analysis.....	93
9. Partial Morality: Religion As an Isolated Zone of Deference.....	99
10. “Transsexuality” As a Gender Stereotype.....	101
11. “Transsexuals” As Generic Men or Women.....	107
12. What Happens in the West.....	112
13. Exclusion through Lip Service: The Marginalization of Gender Theory in the Discourse of Transsexuality.....	115
IV. Conclusion.....	125
V. Bibliography.....	129

Abstrakt

Práce se zabývá normativním diskurzem transsexuality, a to jak z obecného kulturně-historického hlediska v kontextu západní vědy a medicíny, tak konkrétněji v kontextu české sexuologie. Na detailním rozboru knihy *Transsexualita: Diagnostika a léčba* ilustruje dnes dominantní pojetí transgenderu a/nebo transsexuality jakožto poruchy, která svým normativním působením předučuje nejen možnosti (sebe)identifikace trans* osob v České republice, ale také způsob, jakým s trans lidmi nakládá společnost a státní orgány (např. co se týče podmínek pro úřední uznání pohlaví, jejichž součástí je dodnes povinná sterilizace). Metodologickým rámcem práce je především diskurzivní analýza, ale zároveň v ní uplatňuji i etické hledisko ve vztahu k situaci českých trans* osob v právním a lékařském systému. Rovněž se věnuji faktické stránce transgenderu a dalších projevů genderové diverzity, primárně v kritickém vymezení se proti představám o jejich údajné poruchovosti, které se v diskurzu normativní sexuologie běžně vyskytují.

Klíčová slova

Biologie, diskurz, etika, intersex, lidská práva, normativita, patologizace, sexuologie, transgender, transsexualita.

Abstract

The thesis deals with the normative discourse of transsexuality, both from a general cultural-historical perspective in the context of Western science and medicine and more specifically in the context of Czech sexology. On a detailed analysis of the publication *Transsexualita: Diagnostika a léčba* (*Transsexuality: Diagnostics and Treatment*), I illustrate the currently dominant conceptualization of transgender and/or transsexuality as a disorder, which, due to its normative influence, predetermines not only the possibilities of (self)identification available to trans* people in the Czech Republic, but also their treatment by Czech society and state institutions (e.g. in the conditions to be met for legal gender recognition, which still include compulsory sterilization). Methodologically, the thesis is chiefly grounded in discourse analysis, but it also shows an ethical standpoint in relation to the situation of Czech trans* people in the legal and medical systems. I also consider the factual dimension of transgender status and other expressions of gender diversity, primarily in maintaining a critical distance from the notions of their alleged pathology, still widespread in the normative sexological discourse.

Keywords

Biology, discourse, ethics, human rights, intersex, normativity, pathologization, sexology, transgender, transsexuality.

I. Introduction

1. What Does It Mean to Study Trans* Issues?

The standard way to conceptualize trans* identities and the place of these identities in the world has historically involved the investigation of trans* people by third-party researchers. This approach has made it difficult to distinguish between how trans* people have personally identified and how they were categorized; specifically, the arbitrary nature of outside categorization has been complicit in obscuring self-identification or actively constraining it within limiting terms. In the context of the Czech medical establishment, these expectations, norms and methods of research are far from being a thing of the past – quite the contrary, they have long enjoyed a near monopoly in determining how trans* issues were to be understood. For example, the medicalized label *transsexuality* can be erroneously applied even to those people who would more accurately self-describe as transgender, trans*, non-binary, genderqueer or use another designation not supplied by the dominant discourse. In turn, the implication that *all* these people identify with one label, transsexuality, itself creates skewed representation that nevertheless seems to be empirically sound. Gender diversity, as opposed to gender pathology, is obscured or silenced by such a partial view.

The approach I have just attempted to sketch out can be summarized as an attempt to study trans* people as individuals from the position of institutionalized knowledge. Its difficulties are both epistemological and ethical. It has, due to being grounded in essentialist outlooks on gender and gender “disorder”, not allowed for a great deal of critical reflection on how the guiding concepts in such research are constructed and by whom. The question of what produces a certain normalized package constituting trans* issues sits in a position of irrelevance in relation to Czech sexologists, for who *else* could possibly produce knowledge on gender and sex? According to this paradigm, not trans* people themselves. The result has been a form of science that draws upon an objectified “transsexual” who exists solely to prove someone else's point by being *investigated into*, not to voice their own theory or share an unmediated lived experience that might employ vastly different terms from those offered up by the medical establishment. The research thus operates around “the essence of the data mine: the fact that colonised or marginalised peoples are sources of inert, voiceless objective data that is then free to be shaped according to the theorist’s will.”¹ In Czech sexology, this problem is compounded by the fact that the field views itself as evidence-based and unbiased; it likewise suffers from an absence of internal criticism/self-reflection, is

1 Katherine Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” in *Nuclear Unicorn*, <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>> 29 Oct 2010, 4 Jun 2014. The author frames her analysis around Raewyn Connell's *Southern Theory* in this piece, hence the conceptual parallels with postcolonial theory.

unable to distance itself from its privileged position in the discourse, and generally disregards the danger that particularly feminist methodologists have identified in attempts to “objectively” research people who are underprivileged relative to the researcher, and how such research may entail the abuse of power and trust while downplaying the effects of unequal power distribution in knowledge production.²

When I refer to the discourse of sexology in the context of this study, particularly Czech sexology, what is meant is the archaic (or perhaps self-consciously “old school”) discourse that has resulted in the outlook on gender and trans* issues that currently dominates in the Czech Republic. Far from becoming a niche market sustained only for its own consumption, it has arguably retained vital influence on both the medical profession and the letter of Czech law, which has not officially or systematically challenged its requirements and even explicitly enshrined them, most notably in the Civil Law Code of 2014 which mandates compulsory sterilizations for trans* people wishing to gain legal gender recognition. The centrality of gender and body policing to the running of the Czech state cannot be fully understood without taking into account the prestigious position of “old school” sexology in the society. With this new code of law being adopted, there is no doubt that the gap between the Czech Republic and countries taking a progressive stance on trans* rights is becoming wider rather than disappearing. Analogically, when I speak critically of the specific category of *transsexuality*, my problem is not with some individual trans* people opting to use the term for themselves for various reasons, but with the normative assumption, championed mainly by cisgender academics and health care providers, that transsexuality is the only valid trans* identity and that it universally manifests in the same way in all people “suffering” from it. In other words, what I critique is not a particular sort of self-identification, but a tool of establishing the “normal”.

As a trans* person who does not exist in the Czech Republic according to the pathologizing view of a singular measurable transsexuality *and* the law, I am interested in finding out how it is even possible that sexological theories of gender “disorder” are still free to exercise their power to such a totalizing extent. My aim here is chiefly the examination of discourse, first generally in the context of the historical development of the normative views on gender/sex in the Czech Republic and in Western science, and then more specifically with respect to a particular sexological text showcasing the decades of cultivation of what is now the dominant discourse on “transsexuality”. My main objections to this discourse and the situation it has contributed to are that 1) the needs of trans* people as related to personal choice, bodily autonomy, and recognition of gender identity are not being sufficiently met under the current Czech system, and 2) the justifications used by the

² Caroline Ramazanoglu and Janet Holland, *Feminist Methodology: Challenges and Choices* (London: SAGE, 2004) 158-159.

Czech state and medical establishment for perpetuating gatekeeping practices and coercive treatment “options” are at odds with the standards for human rights formulated by international bodies (e.g. the EU) as well as with more complex understandings of biology than the one still championed by Czech sexology. The codification of a discourse so patronizing that it treats trans* people as incapable or unworthy of having meaningful autonomy in medical protocols governing access to transition-related resources as well as in laws determining the (im)possibility of changing one's legal name and gender marker sends a clear message that respect for people in their genders in the Czech Republic is conditional at best. In contrast to the legal developments in countries considered to be pursuing an inclusive policy in matters of gender diversity (e.g. Argentina, the United Kingdom, Australia, Sweden, India, Germany), the Czech Republic is being shaped by different values in its treatment of gendered bodily autonomy. The reasons for this, I postulate, are not only political but rooted in pervasive misconceptions about gender and sexuality, made all the stronger by the “scientific” stamp of approval afforded to them by this specific school of sexology.

As such, the primary function of my analysis is not to make a case-by-case record in the form of interviews or other means of documenting the various personal experiences of trans* individuals. Rather, I analyze the dominant discourse surrounding and shaping trans* status with its leaning on pathologization (chiefly perpetuated by the medical establishment) and control (carried out both by the medical establishment and the state). While interview-based research has its own immense value in providing access to the individual opinions of the people being interviewed, analyses of marginalized groups should not stop at giving all their attention to the individual on the expense of the broader sociocultural context that these individually articulated positions are situated in. Furthermore, analyzing the dominant discourse rather than putting the marginalized under a microscope is an approach that by definition changes *what can be put into question*. Though I would undoubtedly differ in background from cisgender researchers who investigate trans* people, there is I feel a dearth of research devoted to “studying those who would study us” in any case. Interrogating a person's identity is in itself not transgressive of the status quo, even when done with the intention of rectifying past misrepresentation; interrogating the dominant mode of thinking is. This is not to say that *all* interview-based research is going to be fetishistic or uninterested in the social context; on the contrary, it can capitalize on personal experience so as to challenge widespread stereotypes (although, on the other hand, it can also be manipulated to only show a sample that reflects a particular sort of belief, as can be seen at the end of the publication *Transsexualita: Diagnostika a léčba / Transsexuality: Diagnostics and Treatment*, which I will return to later in this work). Discourse analysis simply offers a slightly different type of focus from field work: it emphasizes how discourse can preempt individual accounts and mould the

expectations of what “should” be articulated and how.

Contrary to the beliefs cementing the authority of the dominant discourse of science and “objectivity”, it is in fact important to examine how the Foucauldian “expert knowledge” is actively produced by researchers with agendas. In one of her essays, Anne Fausto-Sterling makes this precise conceptual leap when she explains the method of her criticism of the biologization of masculinity (and femininity) typical of positivist accounts:

My task [...] is to consider the truths that biologists extract from bodies, human and otherwise, to examine scientific accounts – some might even say constructions – of masculinity. To do this, I will treat the scientific/medical literature as yet another set of texts open to scholarly analysis and interpretation.³

Significantly, Fausto-Sterling takes issue with the oft unquestioned authority and primacy of normative science. Like Michel Foucault, she has to draw attention to the fact that even “scientific” accounts result in *constructions* (which then enter circulation and become “fact”) in order to make her criticism feasible – after all, a dogma cannot be reasoned with, regardless of its exact source. The scientific/medical literature Fausto-Sterling analyzes has to be put on the same level with all other literature produced by human beings with specific outlooks on the world, with internalized norms and prescriptions (like the demand for a rigid gender binary), informed by specific meta-narratives (like that of positivist “objectivity”). To do otherwise would be to deny human involvement in knowledge production and classification.

Following in the footsteps of Fausto-Sterling, who examined a concrete body of supposedly-objective medical texts and found not a testament to “pure nature” but a socially conditioned testament to heterosexism, sex negativity, gender stereotyping, destructive binarism and purposeful *denial* of inconvenient facts by medical professionals rather than their unbiased distribution among laypeople, I make an attempt to parse and critically assess the presence of explicit and implicit normatives in Czech medical literature on transsexuality, the only term recognized by said literature as fully valid. The privileging of the pathology model in the literature – the “problem” addressed by Czech sexologists in general is never gender *diversity*, but gender *disorder* – frames the discussion in a manner that is inherently advantageous to the dominant mode of thought (gender is a binary, transsexuality is a disordered condition where the binary has encountered a mismatch, etc.). The distinctly bioethical implications of the present treatment of trans* people in the Czech Republic as legal subjects and as “clients/patients” of medical professionals are thus hidden from view. As opposed to the essentialist paradigm espoused by the medical texts, an approach grounded in social constructivism not only allows for considerations of how the categories of male/female (with no

³ Anne Fausto-Sterling, “How to Build a Man” in Roger N. Lancaster and Micaela Di Leonardo (eds.), *The Gender/Sexuality Reader: Culture, History, Political Economy* (New York and London: Routledge 1997) 244.

room for blending or rejecting these categories in the dominant discourse) are established, but also poses a challenge to the organization of legal and medical transition in the Czech Republic itself. My outlook is not at all dismissive of biology; rather, it is informed by critical texts on the subject that factor in its social dimension (revealing how mainstream science constructs biological “reality”) and strives to disentangle biology from hetero- and cisnormative assumption. After all, numerous studies are now emerging that document biological diversity across the realm termed nature, as if to begin to compensate for the historical damage wrought by the fact that “researchers have often silenced, erased, or variously accounted for these [gender-diverse, sexually diverse] behaviors such that any confrontation[s] with norms are minimized”.⁴ Other considerations important to my analysis include gender as a tool of social organization, trans* issues as discussed outside of the pathologizing sexological discourse of the Czech medical establishment, and the concept of autonomy in conjunction with human rights – and whether these rights are being upheld by the current Czech system. The thesis should thus serve as a resource covering the current legal and medical protocols, while at the same time providing an argument for their transformation grounded in conscientious approaches to personal autonomy, gender, human rights – and yes, biology.

2. Methodology

Broadly speaking, this study can be categorized as following the paradigm of social constructivism, which is distinguished by taking a non-essentialist approach to social norms, “common sense”, and other constructs largely serving to rationalize existing power structures. I also draw upon the more specific field of feminist methodology, which seeks to maintain an approach conscious of systemic inequities and of how those may be reflected in academic work. It emphasizes that researchers must be held accountable as regards their relative social position. Feminist methodology criticizes the myth of neutrality in research, citing that it is impossible for any researcher to be completely removed from social reality⁵ and that the presumption of “objectivity” and neutrality has, in fact, resulted in much of the oppression perpetuated by institutionalized academic and scientific disciplines in the modern era⁶ – including, in the purview of my analysis, the policing of genders and bodies that trans* people routinely encounter.

For a general critique of the scientific establishment and its notion of universal and “objective” authority, the thesis draws upon Michel Foucault's deconstruction of modern scientific

4 Myra J. Hird, *Sex, Gender, and Science* (New York: Palgrave MacMillan, 2004) 117.

5 Gayle Letherby, *Feminist Research in Theory and Practice* (Philadelphia: Open University Press, 2003) 68.

6 Shulamit Reinharz, *Feminist Methods in Social Research* (New York and Oxford: Oxford University Press, 1992) 261.

discourse with special emphasis on the power differential generated by a system in which some people are relegated to the role of passive “patients” of supposedly knowledgeable doctors and institutions. The issue of power is indispensable to developing an understanding of how the present hierarchies displace the power over trans* people's bodies – away from those bodies' owners and into the hands of medical and state institutions to an extent that is almost without parallel in cisgender people, barring certain specific instances like forced sterilization as a consequence of racism against some ethnic/racial groups.

Given that one of the goals of my analysis is to elaborate upon the differences between the non-essentialist discourse of trans* and trans* ally academics/human rights activists and the essentializing, pathology-oriented discourse of the Czech medical system and subsequently the letter of the Czech law, I will be referencing a wide variety of materials ranging from medical treatises to academic criticisms of the dominant social order. To address the discourse of pathology critically on all fronts, it is necessary to examine it through the lens of some of the more recent developments in the humanities (gender and queer studies in particular) as well as in the natural sciences (particularly in light of non-normative viewpoints on biology). In analyzing the normative texts as primary materials, it should become clear where the essentialist discourse not only imposes restrictive norms on the population it supposedly represents, but also where it fails to account for its own presuppositions by delivering essentialist conjecture rather than so-called objective fact.

As far as research methods are concerned, the main focus of this work is on content/text analysis of the primary sources (laws and medical guidelines), while secondary materials will be used to provide theoretical grounding and to aid in the assessment of the implications of the current legal-medical system as described in the primary sources. The citation format for all the contents of the bibliography and footnotes is MLA. Where there is a single author for multiple texts, I add the title of the text being cited in each particular instance to the shortened footnote for easy differentiation; otherwise, the author name suffices in repeat attributions.

The majority of the secondary materials quoted are written in English, but as for the primary sources, most have been written in Czech. All translations in such cases are mine unless otherwise indicated. While the bulk of the secondary materials are academic texts, I have not shied away from also incorporating articles and other materials produced by grassroots activists, usually found online. This is for two main reasons: firstly, the elitism that sometimes accompanies scholarly inquiry in itself represents a barrier to the transparency of information and often disregards crucial insights simply because they were published in the “wrong” medium. Secondly, and perhaps more importantly in this context, considering only certain sources (the institutionally guaranteed ones) to matter is symptomatic of the very mode of knowledge that I aim to criticize: the exclusionary

“expert” discourse that is closed off even from the people it concerns. A particularly pernicious effect of excluding online texts would be the disproportionate exclusion of precisely those voices which are already marginalized, as the advent of Internet has made it easier than ever for “minority” communities to reach out, exchange information, and share their outlooks and experiences – to an extent that is not yet fully understood, but would not have been possible in the traditional media landscape.⁷ To omit or trivialize the Internet then would be to gloss over a central element of the challenge to the hegemony of the clinic. In including it, and treating trans* people's writings published online as serious voices rather than quaint flavour texts safely outside the “legitimate” part of the discussion, I treat trans* people's varied identities and insights as fundamentally valid.

3. The Use of Language

My use of language maintains a distance from the ideology of trans* pathologization, and so the terms used in this text differ from the terminology employed by Czech sexology and law. Most importantly, instead of the label *transsexual*, which has often been used in pathologizing and normative ways by health care providers and others, I will maintain consistency in using the umbrella term *trans** (the asterisk being a “wildcard character” that can stand for *transgender*, *transsexual*, and a variety of *non-binary*, *genderqueer* and *agender* identities) except when quoting or evidently referring to a text not cognizant of the fact that there can be gender identities other than the binary. The exception to this consistency is, ironically, the title of my study, the reason being pragmatic insofar as *transgender* is a more established umbrella term that will render the subject accessible to those not familiar with the newly coined language (or to a cursory database search). As for why I otherwise opt for *trans** inclusive of the asterisk to denote a multiplicity of identities, I am in agreement with the explanation of the difference in emphasis that trans* (as opposed to transgender or just trans) engenders that is offered by Nat Titman of *Practical Androgyny*:

“[T]rans*” was suggested as a way to explicitly include the genderqueer, gender variant, gender role nonconforming, crossdressing, fluid gender, agender etc people who didn't feel “trans enough” to know if they would be included otherwise. [...] It's meant to be a shorthand when space is limited, and it's meant [to] be backed up by actual inclusion in both words, policies and actions. But it exists as a quick and easy way to show those people who are used to being pushed out of trans spaces that yes, this is for you too.⁸

7 Věra Sokolová, “Konceptní pohled na 'sexuální menšiny' aneb vše je jen otázka správné orientace...” (“Conceptual view of “sexual minorities” or everything is just a matter of the right orientation...”, original author's translation of title) in Hana Hašková, Alena Křížková and Marcela Linková (eds.), *Mnohohlasem. Výchovné ženských prostorů po roce 1989* (Prague: The Institute of Sociology of the Czech Academy of Sciences, 2006) 254-55.

8 Nat Titman, “About that often misunderstood asterisk” in *Practical Androgyny*, <<http://practicalandrogyny.com/2013/10/31/about-that-often-misunderstood-asterisk/>> 31 Oct 2013, 21 May 2014.

With respect to binary genders, *trans men* and *trans women* in accordance with gender identification is preferred to “transmen” and “transwomen”, the “trans” being a modifier rather than a completely inseparable part of the man or woman in question (and also to avoid confusion with the potentially related but conceptually distinct phenomenon of transhumanism). In general, *trans* people* or *trans people* will be used rather than “transpeople”, “transsexuals” or “transgenders”. Not only is the last example a total misnomer in how it only refers to gender itself and not to a person whose status is trans*, but like “transmen/women” and “transsexuals”, all these terms construe a category of people who are in some way trans* as a sort of separate species. By treating *trans** as a modifier to the individual *person, man, or woman*, it is possible to avoid some of the othering that is so often present in the discourses surrounding trans* identity and visibility.

With respect to ethics-related terminology including decision/choice, agency, self-determination, authenticity, and autonomy, I am aware of the questioning of these terms by feminists and other theorists of power, particularly with regard to the illusions of purely individual responsibility for success they confer. I view these criticisms as vital as well. However, there remains the problem that in the master narrative of transsexuality, agency and its related notions are still too often absent completely. That narrative has not even yet reached the point where there could be a more nuanced and context-based understanding of agency, as there currently is none to speak of. For this reason, I think the inclusion of agency, choice and autonomy can be productive in challenging a broader system of insidious power dynamics masquerading as “things all transsexuals want”, walling off meaningful choices all the while.

To return to the notion of visibility, which is both embodied and ethical, the widely circulated term “passing” will be avoided except in direct quotations when used in reference to trans* people being read correctly in their genders. Semantically speaking, “one passes as something one is not”.⁹ The requirement to “pass” simultaneously exerts pressure to physically conform and discredits trans* identity as being invalid by definition:

[I]f someone tells me I am “passing” as a man, then I am being framed as “really” a woman. I am being complimented on an excellent deception. Thus the term “passing” undermines the fundamental fact of a trans person's life: that we transition to our true genders. [...] To think of a trans man as a “fake” man is the essence of cissexism.¹⁰

Significantly, there are other common applications of the term “passing” in circulation: a person of colour can be “white-passing” (and have conditional privileges that even be life-saving in some situations) if their appearance and/or cultural affiliation are perceived as “white” as a result of

9 Cary Gabriel Costello, “On Passing” in *TransFusion*, <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>, 26 Jul 2011, 2 Jun 2014.

10 Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

racial stereotyping,¹¹ and a non-heterosexual person can “pass as straight” in certain situations and/or relationships. Here “passing” clearly denotes a split between the given person's actual identity and the way they are *incorrectly* perceived and categorized by others as belonging in some other group; the usage has “a weighty history, referring to concealment of one's marginalized true identity, in order to avoid violence and discrimination”.¹² Using *the same term* for trans* people in situations when they are perceived *correctly* by the surrounding society and there is *no* identity-versus-perception split being experienced would make no sense; trans* “passing”, intentionally or not, has been one of the terms that have accommodated the dominant worldview. It can even create intra-group hierarchies among trans* people, based on “the argument that the suffering of other trans people is irrelevant to a post-transition person who “passes,” because they are no longer trans men or women, but “just” men or women.”¹³ For all these reasons, “passing” should not be considered aspirationally ideal, value-neutral, or descriptive.

In reference to people not covered by the trans* umbrella, the recently-coined term *cis/cisgender* – the Latin prefix *cis-* meaning “on the same side” – will be used, replacing value-laden descriptors like “regular”, “normal”, “natural”, “biological” or “genetic” (all of which are more or less euphemisms for “real” to start with, and therefore markers of a biased viewpoint that construes trans* existence as invalid by definition; also, I disagree with the assumptions that genes are always easily inferred from morphology or that trans* people are less “biological” than cis people). The language of gender and sex in this thesis takes into account the problems inherent in the essentialist sex/gender system and its presupposed binary, which, as the research of authors such as Fausto-Sterling has shown, is far more a social construct than it is a biological reality. To reflect these facts, terms such as “biological sex” or “born a boy/girl” or “man in a woman's body” will be avoided as well. Narratives of misplacement are inherently oversimplifying when generalized to the entire trans* population, and they also remove, or at least render somehow disputable, trans* people's ownership of their own bodies. Even in some well-intentioned instances, such as “male/female-bodied”, the underlying assumption is some arbitrary bodily norm (conveniently congruent with the dominant notions of sex difference) and the end result is patronizing. On their own, “biological” or “genetic” will be replaced contextually, or used in conjunction with appropriate qualifiers depending on which part of sex/gender assignment and identification is being discussed and how it actually ties into biological and social context.

On the subject of surgeries, my tendency is to name the different procedures where pertinent,

11 For specific historical examples and a more detailed discussion of this see also Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

12 Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

13 Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

rather than subsume them under general labels that can in some cases make it difficult to see what exactly is being referred to with respect to surgical transition. I avoid the term “gender confirmation surgery” because, while definitely well-intentioned, it insinuates that some manner of surgery should be *the* normative measure of gender status and that those trans* people who do not have surgery leave their genders perpetually “unconfirmed”. When it comes to the surgeries that still act as the prerequisites of legal recognition in the Czech Republic, I opt to use “sterilization” for the removal of reproductive capacity regardless of the organs involved, since “sterilization and castration” has the unfortunate effect of making trans women sound like “castrated men”, a familiar trope in transphobic rhetoric. Moreover, in the context I examine, it is the removal of reproductive capacity (“being sterile”) that is treated as the crux of legal recognition, not the morphological alterations of organs that can be produced in the process of rendering a person sterile.

In reference to infant sex determination, *(coercively) assigned fe/male at birth* will be used. This term is perhaps the most necessary to question the pathologizing discourse that uses insidiously naturalistic language to accommodate cisgender interpretations of biology:

Not only is the M or F on our birth certificates an assignment, but it is coerced. Parents cannot say no, (just as many parents could not say no to doctors who wanted to mutilate intersex infants and reconstruct their bodies), and *you* cannot say no, can you? The term “coercive” adds needed meaning that reveals the truth behind natal nomenclature and assignment: the truth of its constructed nature and its oppressive effects. This is why language is important. To use the cis-centric language of “well I was born male...” as a trans woman or non-binary person is to paint one’s self into a corner before one even begins to speak at length. It immediately sets you at a disadvantage and imports the “truth” of cis power.¹⁴

Indeed, for language to be inclusive and accurate, it must resist casting oppressive gender ideologies as “truth”. Replacing the value-laden cis discourse with a more factually correct and respectful one is not, as some detractors would have it, a mere matter of “semantics” with a derisive frown attached; on the contrary, inaccurate terms that devalue people's experiences in their genders or take these experiences out of context pave the way for a whole host of human rights abuses couched in the assumption that no autonomy is being disintegrated by state-mandated interventions into a person's bodily structure, since no body ownership was presumed to begin with. The question of language and its policing is a vital one to the trans* discourse and can alone drive home the realization that, as Katherine Cross puts it, “the truth is, it is *their* [cis people's] language that is fake when it comes to describing who we are.”¹⁵

14 Katherine Cross, “A Cliché Trapped in a Metaphor's Body” in *Nuclear Unicorn*, <<http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor%E2%80%99s-body/>>, 21 Oct 2010, 4 Jun 2014.

15 Cross, “A Cliché Trapped in a Metaphor's Body” <<http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor>

II. How to Interrogate the System

1. Everything You Think You Know Is Wrong

At a cursory glance, due to the immense clout of pathologizing and stigmatizing discourses in the present conceptualization of gender/sex dominant in the West, there might appear to be little room for doubting what “transsexual” means and how it as a subject position relates to the cis “normal”. These normative ideas are nevertheless being gradually eroded by other, less totalizing discourses. The advent of the Internet as a decentralized information venue has facilitated public criticisms of, for example, the sort of objectifying cisgender research that treats trans* people as medical curiosities, a “riddle” to be solved only because cis research chooses not listen when trans* people do verbalize themselves.¹⁶ Crucially, these criticisms have increasingly been voiced by trans* people. They have been aimed not only at the specific methods and designs of “research into trans* issues” by cis academics and medical professionals unwilling to acknowledge their own power, but also at the very paradigm that has historically allowed such a vast body of what is ultimately fetishizing research to develop. It would seem that the greatest oversight of the authoritative, “expert” discourse was the assumption that the people it researched would forever be unable to see through the paradigm itself. Yet, in an outspoken rebuttal to “trans studies” as an objectifying field defined by essentially selfish outsiders, Anne Tagonist writes:

Let me tell you something: trans people have already been studied. We've been interviewed, sampled, tested, cross-referenced, experimented upon, medicated, shocked, examined, and dissected post-mortem. You've looked at our chromosomes, our families, our blood levels, our ring fingers, our mothers' medicine cabinets, and our genitalia (over and over again with the genitalia – stop pushing condoms on us, dumbass, we know what they're for.) You've watched us play with dolls, raise children, fall in love, look at pornography, get sick, die, and commemorate ourselves. You've listened to our ears. You've listened to our fucking ears! But you've never listened to our voices and you need to do that now.¹⁷

The trappings of the discourse that only treats trans* people as valuable but silent primary data are exposed quite well here. The fact that its criticism, impossible to articulate through sexology or any other mode of knowledge production that refuses to interrogate itself, has often been brought up online rather than in more “authoritative” settings is already indicative of one

%E2%80%99s-body/>.

16 Katherine Cross, “I Am Whoever You Say I Am” in *Nuclear Unicorn*, <<http://quinnae.com/2010/10/01/i-am-whomever-you-say-i-am/>> 1 Oct 2010, 20 Jun 2014.

17 Anne Tagonist, “Fuck You and Fuck Your Fucking Thesis: Why I Will Not Participate in Trans Studies”, <<http://tagonist.livejournal.com/199563.html>> 10 Dec 2009, 1 Jun 2014.

persistent hierarchy. As will be seen in the Czech context, it is precisely the authority of sexology *as a discipline* that decides the normative position on trans* issues and actively prevents widespread questioning. Academic credit is neither neutral nor a guarantee of “correct” findings in this context. In fact, it may well be detrimental to the facticity and quality of the information being presented, as we should consider that

[w]hat constitutes valid theory is still often fenced off in the black and white pages of officially printed, peer-reviewed journals still completely dominated by cis people who have either barely heard of us or theorise against us in incompetent ways.¹⁸

I would draw particular attention to Cross's use of the word *incompetent*: she argues, against the grain of positivist academia that holds that the only good knowledge is allegedly-neutral knowledge produced by disinterested experts,¹⁹ that the largely exclusionary and sometimes outright hostile cis-dominated academic landscape cannot by definition be *competent* on trans* issues. I will apply this same criticism to tenets of Czech sexological normativity in due course. The point here is of course not to instate some essentialist gatekeeping practice (that is, the primary message is not “if you are cis, you should never approach trans* issues in any form”), but to reject what boils down to “a nearly complete exclusion of trans intellectual product, and the theories we make about our own lives.”²⁰ This exclusion is not without parallel and the many problems it introduces should be readily apparent on closer reflection, but for the sake of establishing just why it is problematic beyond doubt, consider the following quote from trans* and intersex theorist Cary Gabriel Costello on the intersection of social position with academia and knowledge production/transmission:

Should I as a Jew not be able to address religion in my courses, because as a religious minority I am not “objective”? Should my colleagues who are people of color not be able to teach about race in their classes? Taken to its logical extreme, are the only suitable sociology professors cis, straight, white, middle-aged, middle-class, Christian men without disabilities? (Of course, the opposite is in fact true [...] You won't find me taking a SCUBA diving class from someone with only academic book-knowledge of diving. . .)²¹

Although both Cross's and Costello's analyses are addressed mainly to the social sciences, I believe they are generalizable even to those sciences that do not share that background – or that

18 Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>>.

19 On the general divisions among paradigms see Egon G. Guba and Yvonna S. Lincoln, “Competing Paradigms in Qualitative Research” in N. K. Denzin and Y. S. Lincoln (eds.), *Handbook of Qualitative Research* (London: SAGE Publications, 1994) 105-116.

20 Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>>.

21 Cary Gabriel Costello, “On Teaching (Trans) Gender” in *TransFusion*, <<http://trans-fusion.blogspot.com/2013/07/on-teaching-trans-gender.html>> 24 Jul 2013, 4 Jun 2014.

strategically claim, as Czech sexology can be seen doing, that there is little common ground between their “hard science” mode of knowledge and sociological theories. There is not much to modify in the operation of hierarchical structures if their tacit aim invariably is to keep producing roughly the same result across the board (articulating “truths” about entire marginalized demographics without their meaningful participation). It would no doubt make it easier to preserve the societal status quo if all knowledge producers were of the most privileged demographic, but that already goes to show that the knowledge gleaned from this group would be far from unbiased or innocuously descriptive; rather, it would be a dystopia organized around a monopoly on “appropriate” knowledge. That dystopia has long existed, however, and in relation to trans* people, it is still largely normalized or even praised.

Those who would argue that sexologists do not theorize *against* trans* people but only seek to help and therefore their theories are *for* trans* people should consider precisely that theorizing “for” someone – that is, theorizing in their place – is no less problematic than making a theory explicitly against that person. In the case of the transphobic/transmisogynistic would-be feminists that Cross analyzes in detail in her essay, the position of those theorists is at least obvious and proudly owned by them. The outlook of, in my example, Czech sexologists on trans* people is not condemning in the same manner. Yet their authoritative position in the discourse and their lack of personal experience of being trans* is still *a* position, one that has gone largely unacknowledged for strategic reasons, particularly with respect to effecting the “neutrality” of sexologist research and theory. The problem with the lack of accountability of any such paradigm should be self-evident, but to give feminist criticism of positivist academia its due, I close this section with a statement on research ethics and integrity from Shulamit Reinharz who openly states, “I have feminist distrust for research reports that include no statement about the researcher's experience. Reading such reports, I feel that the researcher is hiding from me or does not know how important personal experience is. Such reports seem woefully incomplete and even dishonest.”²²

2. Discipline and Dismiss: The Subjection of Corporeality in the Master Narrative

While the problematic nature of certain modes of knowledge production is undoubtedly important to call out for what it is, it only represents one part of how the dominant discourse “deals with” trans* issues. The subject of the body and to whom that body belongs, long sidelined by a population that has systematically been taught that feeling ashamed of and alienated from the body

22 Reinharz 263.

was the appropriate course of action, can play an equally vital part in changing the narrative that holds trans* bodies hostage for gender recognition and other resources. In a rewriting of what is commonly termed the “Trans 101”, Asher Bauer effectively debunks the traditional sex/gender division and its most common uses in transsexual narratives:

The entire concept of “sex” is simply a way of attaching something social – gender – to bodies. This being the case, I believe the most sensible way to look at the question of sex now is this: a male body is a body belonging to a male – that is, someone who identifies as male. A female body is a body belonging to a female – that is, someone who identifies as female. Genderqueer bodies belong to folks who are genderqueer, androgynous bodies belong to androgynes, and so forth, and so on.²³

This is a complete paradigm shift from the notion that there should only be one way for a male and female body to be (not even to speak of any non-binary bodies) and, crucially, this shift emphasizes that the body belongs to the person who is actually being embodied, not to some abstract concept that would mark that body as (meta)physically “wrong”. There is no normatively gendered body that would set a universal standard for male or female and stand in eternal opposition; rather, “self identification is the *only* meaningful way to determine gender. Any other method is wholly dependent upon what that doctor said way back when we were still wrinkly, writhing, screaming newborn messes, completely unformed as individuals and without any identity at all to speak of [...] The fact is that cis people self-identify too – they just happen to agree with what the doctor said all those years ago.”²⁴ Thus the sexual/gender diversity actually found in the population (even in areas where it is subject to exclusionary laws, such as in the Czech Republic) should not be treated as a deviation to be hidden away or eliminated, but as *the standard mode* in which something as complex as human biology and society operates. By contrast, Czech sexology unquestioningly works with the binary concept of prescriptively “male” versus “female” bodies, often with the intention of undermining the legitimacy and/or authenticity of trans* people's genders by insinuating that trans* people are something other than what they say. It is important that Bauer's rewritten “Trans 101” anticipates the tropes of that discourse and challenges them before they are allowed to take hold again:

Who is to say we ever *were* the “opposite sex?” Personally I will never again describe myself as “born female.” I was born a trans *male* and my years of confusion were due to being forcefully and repeatedly told that I was something else. This body is not a

23 Asher Bauer, “Not Your Mom's Trans 101” in *Tranarchism*, <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>> 26 Nov 2010, 1 Jun 2014.

24 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

woman's. It is *mine*. Neither am I trapped in it.²⁵

Similarly to how disability can be understood as a condition that occurs in context of the wider society and its standards for fitness rather than any inherent individual “wrongness”,²⁶ trans* status can also be reframed by shifting the focus from the concept of individual abnormality in dire need of expert intervention to the realization that gender diversity is being arbitrarily assigned the status of a problem by the dominant social order. This paradigm shift enables the “problem” of trans* identity to no longer be embedded within the marginalized individual and instead highlights that the problematic nature of gender diversity only emerges during the interaction of the dominant society with marginalized trans* identities. But what has made it possible for sexology to create and maintain a narrative of transsexuality that has steered people, cis and trans* alike, away from recognizing facts about body ownership and agency that, once thought about, should become almost painfully obvious? In order to begin to understand, I believe it is needed to consider not only the intersection of gender and the body, but also of the body and science itself.

Under the paradigm of Western dualism, reflected in the positivist approach to science, the body has been conceptualized as something that exists apart from discourse, answering only to what is commonly termed “the objective reality”. While this outlook is no longer difficult to deconstruct on the intellectual and conceptual level, it remains difficult to displace due to the hegemonic power of positivism and postpositivism.²⁷ What results is the marginalization of nuanced thinking, or indeed questioning, of imparted positivist “truths”. The pernicious effects of this epistemological framework have been commented on by multiple authors, including Myra J. Hird, when she describes the beliefs about gender and sex held by the students in her class:

Students, echoing a modern discourse infused with a lingering faith in science, seem to accept that “gender” is to a large extent socialized, but maintain that the object of socialization remains concrete, material bodies which can be neatly differentiated on the axis of “sex.” [...] The specter of nature, through scientific discourse, effects a continual return to hormones, chromosomes, genitals, gonads, and sexual reproduction as the material determinants of sexual difference, and my students seem to offer up these libations with utter confidence.²⁸

Hird proceeds to identify this confidence as an inherently problematic outlook, drawing critical attention to the students' “blind faith” in the tenets of mainstream science and to the limitations these tenets impose onto the possibilities of deconstructing matter.²⁹ In short, the

25 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

26 Cross, “A Cliché Trapped in a Metaphor's Body” <<http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor-%E2%80%99s-body/>>.

27 Guba and Lincoln 116.

28 Hird 1.

29 Hird 1.

epistemology Hird criticizes posits *only* gender as malleable while sex is perceived as utterly fixed, in an apparent analogy to the respective subjects of the so-called “soft” and “hard” sciences. While the above examples are all highly specific, they all have one trait in common: they are based on a binary structure in which two alleged opposites are placed into a relation of hierarchy as well as mutual exclusion, which is then treated as the blueprint for all subsequent thought and investigation into the categories thus established, which are likewise projected onto a multitude of other conceptual “opposites”.³⁰ Be it sex and gender or mind and body, we are conditioned to accept that one in no way intervenes into the other and – as Hird illustrates on her students privileging “sex” over other considerations – that even within these allegedly binary couplings of concepts, *only one* of the extremes is conceded to incorporate societal influence. “Gender”, it would seem, is a concession by which the terminology of “sex” is able to constitute itself as though somehow beyond the scope of constructivism or indeed any sociological paradigm, as beyond change.³¹

If, as Hird succinctly puts it, “Western understandings of 'sex' are based less upon an actual knowledge of sex 'differences' rooted in morphology than in a cultural discourse that emphasizes sex dichotomy rather than sex diversity”,³² it is relatively simple to deduce that there will be a strong tendency towards body prescriptivism masquerading itself as biological fact in Western culture and, by extension, in that culture's science. This normativity will obviously affect different demographics in different ways. Early feminist theory dealt most abundantly with the effects of the sex/gender-normative system on “women” as a sweeping category, only later organizing these women into more concrete groups demarcated along the lines of sexual identity, race and ethnicity, dis/ability, class and other factors. While these differences can by some logic be seen as further solidifying the problematic binaries, they still appear to be necessary in the task of analyzing the different effects oppression takes in a system that *does* presuppose each of these binaries to be universally and unproblematically valid in reality. By the same token, while the notion of binary sex and/or gender difference has long been questioned and even shown to be a fiction by context-conscious biologists such as Hird or Fausto-Sterling, it is still useful to examine how the pervasive culturally conditioned idea that so-called sex difference should always fall into two discrete categories affects people by way of discrimination.

When it comes to people whose gender identity and/or bodily appearance falls outside of the dictate of the binary, body prescriptivism is not deterred. Ever since the discourse of transsexuality-as-disorder gained traction, “corrective” narratives typically target the body as that specific

30 Gerlinda Šmausová, “Proti tvrdošijné představě o ontické povaze gender a pohlaví” (“Against a Relentless Conviction of Belief in an Ontic Existence of Gender and Sex”, original author's translation of title) in *Sociální studia (Social Studies)*, Vol. 7/2002 (Brno: FSS MU, 2002), and Sandra Harding quoted in Šmausová, 17-18.

31 Hird 1-2, 25.

32 Hird 2.

component of the individual which is “wrong”.³³ At the same time, it is presumed that the body without express intervention would have no say in its strictly defined “sex” as described in Hird's criticism above. In the normative transsexual narrative (which, as I have outlined, is not only pathologizing of transsexuality but also fails to account for the genuine diversity found under the larger trans* umbrella), there is no allowance for the body to have agency in a positive sense. Quite the contrary, the body is conceptualized as something that starts out as an obstacle to the person's singular identity. The idea of the static, intact self is yet another cornerstone of Western thought, where “the self's identity is located in consciousness, and this self-reflexive consciousness comes before, causes, and remains unchanged within the act.”³⁴ Within this paradigm, consciousness is active and has a determining function in relation to the person, whereas the body is fixed and has no agency to speak of (or indeed a voice at all). It is interesting to note that unlike the perceived dichotomy of sex/gender, it is the mind that is perceived as definitive in the mind/body split described in the citation above. Against this schematicism, however, Rosalyn Diprose argues for the notion of “performing a body-identity”.³⁵ According to Diprose, the static identity model itself is what solidifies oppressive social structures: it enforces homogeneity under the supposed “normal” and maintains a status quo where people are inescapably bound to their “proper place” in their passive bodies.³⁶ Under the social order imposed by these fixed categories and subject positions, Diprose concludes that each person is only given a correspondingly binary set of options: “to change my mind or to change my body.”³⁷

The link of this restricted choice to the issue of trans* so-called normalization is evident. If medicine accepts the premise that the mind is solely responsible for trans* people's identification, then every trans* body *must* be changed. It is this notion of uniform necessity that is problematic and lends itself so readily to oppression, not the possibility of attaining body modifications *per se*. Ideally, trans* people (and indeed all people by extension) would be free to choose whether and how to modify their bodies, based on the same individual considerations that are supposedly so indispensable to identity in the modern sense. By contrast, oppressive practices arise from the presupposition that changing the body – but only in certain predetermined ways – is a foregone conclusion as soon as a person has been relegated to a negatively marked social category such as “the transsexual”. In addition, the responsibility for there *being* such an oppressed class is diverted

33 The general idea of “wrong bodies”, which I will return to shortly, is discussed in detail by Nikki Sullivan, “The Role of Medicine in the (Trans)Formation of 'Wrong' Bodies” in *Body & Society, Vol. 14, No. 1* (Los Angeles, London, New Delhi and Singapore: SAGE Publications, 2008).

34 Rosalyn Diprose, *Corporeal Generosity* (New York: SUNY Press, 2002) 61.

35 Diprose 61.

36 Diprose 62.

37 Diprose 62.

from social hierarchy onto the individual, who is then asked to conform more closely to what is presumed to be the ideal: “to 'pass' you must have the proper body, the body that signifies the identity desired by the law”.³⁸ The “sex” status of a person is likewise never a matter of straightforward description taking place in some universal, unproblematic reality. Rather, what allegedly constitutes a person's affiliation with a specific normative “sex” is prescriptive, “desired by the law” – in the Czech Republic, literally so. Along with this, the general imperative to “pass” – that is, to project the one appearance that is seen as the most respectable and the most readily intelligible for a given identity – has arguably been a feature of the normative discourse of transsexuality from its very conception. A trans* person who is happy without body modifications or with only select ones does not “pass” either. Although, as argued earlier, the terminology of passing itself is misleading if it refers to society correctly gendering a trans* person, it can be useful in identifying a set of norms for appearances and how they are policed/demanded of trans* people: “Passing generally means 'looking cis.’”³⁹

Powered by the image of the inert body as something that always needs the same intervention in order to be rid of its alleged pathology, a plethora of stereotypes that disempower trans* individuals and simplify diverse experiences into one homogeneous mass emerge. These are then treated as somehow more valid than personal identification or experience. The concept of the “wrong” body is also dangerous for other reasons, all of which act together to create further epistemological and physical barriers. According to Nikki Sullivan,

in conceiving of the wrong body as merely a thing which is separate from, and at odds with, the self, such an analogy not only fails to account for bodily specificity, but ultimately perpetuates the phenomenological conditions, the sense of profound alienation, that requires wrong body narratives in the first place.⁴⁰

As illustrated by Diprose earlier as well, dualism along with exclusionary binarism bring about a situation where the mind-self is simultaneously given priority over the body and deprived of agency through the ideology of the fixity of the body (and identity). Significantly, Sullivan identifies the “wrong body” as a trope and a “required narrative”.⁴¹ It goes without saying that the requirement to present a particular narrative is not being made by “nature” or by the body itself. The body becomes a prime object to be manipulated not because it would be such an object “in reality”, but because the overlapping discourses of fixity, homogeneity and arbitrary wrongness that constitute the dominant transsexual narrative construe it as such. The homogeneity and

38 Diprose 62.

39 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

40 Sullivan 106.

41 Sullivan 105-6.

“correctness” of identity are both salient to the narrative, as Sullivan notes when critiquing “the opinion that while transsexualism is an unfortunate aberration and sex reassignment surgery (as a corrective procedure that enables the transition from one sex to another) is acceptable, transgenderism (or the modification of bodies in ways that do not render them either male *or* female) is a kind of madness we cannot really afford to condone.”⁴² Though I believe that defining specifically and only non-binary body modifications as “transgenderism” is somewhat incorrect since transgender is an identity category that does not *necessarily* presuppose any surgical or hormonal treatments, Sullivan's point goes a long way to highlight the moral panic associated with gender transgression as well as the patronizing idea that genital surgery is only desirable when it serves to “correct unfortunate aberrations.” The fact that “transsexualism” as a pathology is the only category that is viewed as presenting a necessity is typical of the medical discourse as well.

A vital axiom in the sexological text I focus on in the second half of my analysis is just the assumption that it should not be allowed for *both* the mind and the body to be right on some level if a person is trans*. The legitimacy of one depends on the rejection of the other, resulting in a discourse that forces the trans* subject to accept some form of pathology in order to be seen as “correctly” articulating their identity. It is as though the normative transsexual narrative has two subjects: the person's identity and the body, both of which are only “made subjects” through “a law of truth” by which they recognize and are recognized, in “a form of power that subjugates and makes subject to.”⁴³ The measure of correctness is thus the intelligibility of a normative trans* identity to cisnormative gatekeepers, policy-makers, and society at large. While adapting to this discourse can, in the current arrangement, bring some material support to the individual (such as HRT or surgery if desired), it does so at the cost of giving up the capacity to describe and conceptualize one's own body in a way tailored to the person in question rather than to a predetermined discursive package. In other words, “to express the ‘wrong body in the right way’”⁴⁴ means to give up authority and self-determination as far as corporeality goes. HRT or other bodily modifications “need” to be framed as a medically necessary intervention in order to be accepted by the dominant discourse. Making them contingent upon individual wishes – even though the notion of respecting individual wishes that do no harm to others is otherwise a cornerstone of modern democracy – appears to be unacceptable to traditional sexology. This creates the paradoxical situation that in a society that valorizes self-determination and autonomy, trans* people are subject to special rules where pathology and “correctly” articulated necessity, not personal autonomy, are

42 Sullivan 110.

43 Michel Foucault, “The Subject and Power” in *Critical Inquiry*, Vol. 8, No. 4 (The University of Chicago Press, 1982) 781.

44 Jordan quoted in Sullivan 110.

being viewed as the standard and valid means to assert identity because of the way in which a particular discourse, expecting a particular sort of subjectivity, has rendered the body expendable and established a whole narrative that ensures that “the soul is the prison of the body”.⁴⁵

It is no accident or one-purpose pun that Sullivan's title speaks of “the (trans)formation of 'wrong' bodies” by medicine: the fact is not that bodies would simply be transformed from “wrong” to “right”, a one-way street made accessible by the miracle of the clinic. It is medicine itself that transforms bodies into “wrong” bodies, and then again into “right” ones through normalizing mechanisms. It bears saying that in the Czech context, this assumption is even written into common slang surrounding medical transition, such as one phrase that roughly translates to “getting oneself operated [into the 'opposite' gender]” (*nechat se přeoperovat*). This terminology goes out of its way to assert that it is medicine, specifically surgery, that determines gender affiliation. It also incorporates the assumption of a simple binary switch that will, with the application of the proper surgical method, produce a “normal” man or woman who will not trouble the binarist worldview to which humanity is subject here. This “normal” man or woman must of course conform to what constituted the norm in the first place: “Under the binary phallographic founding myth by which Western bodies and subjects are authorized, only one body per gendered subject is 'right'. All other bodies are wrong.”⁴⁶ Hence all the generic and generalizing claims about what it means to have a “male *or* female” body.

While it is a credible enough claim that *some* trans* people (“some” being the “forgotten word” Sandy Stone's groundbreaking essay alludes to)⁴⁷ may feel as though their body is a “wrong fit”, the idea that *all* trans* people will share that feeling is neither empirically provable nor academically sound (like any other absolute generalization). Many trans* people, for instance those I have quoted so far, have already transparently stated that the “wrong body” trope is not how they conceptualize their embodied selves. Some point out the discrepancy between the normalizing discourse and their lived experience outright, as well as the entrapping nature of the narrative: “The prison was not my body, the prison was what society was doing with it.”⁴⁸ Rather than assume in absolutes, then, it would be more constructive to ask whether the requirement to self-describe in terms of the “wrong body” creates a kind of self-fulfilling prophecy in the extent to which it can be internalized, which in turn appears to confirm the norm circulated in society about “wrong” bodies.

45 Foucault quoted in Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York and London: Routledge, 1999/2002) 172.

46 Sandy Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0 (sandystone.com under Creative Commons, 2014; originally published in *Body Guards: The Cultural Politics of Gender Ambiguity* [New York: Routledge, 1991]), page unnumbered in text.

47 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

48 Cross, “A Cliché Trapped in a Metaphor's Body” <<http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor%E2%80%99s-body/>>.

To return to Sullivan's analysis, this norm is clearly identified as one that is tied to the provision of medical services or their refusal:

[T]he image of the self trapped in a body that is alien and alienating. 'I am a woman in the shell of a man. . . . I am marked by Nature as a male, but I have the . . . heart and soul of a woman' (letter from anonymous correspondent, cited in Cauldwell, 1949: 7) is a refrain with which we are all familiar. Indeed, this split between body and self, sex and gender, has come to personify the transsexual condition and to be regarded as one of the primary criteria for sex reassignment.⁴⁹

The usual reference to rigid conceptual binaries is coupled with the legitimization of "the transsexual condition" by suffering, resulting in a thoroughly negative view with a toxic potential for being internalized by trans* people as well as turned into a homogenizing stereotype by the surrounding world. The body is not only alienated and presented as pathological, but also "constitute[d] as im-proper, that is, as *not* the property of the subject, and [...] surgery as the means by which to overcome somatic non-ownership".⁵⁰ While surgery is being touted as the one-size-fits-all solution to this perceived "non-ownership", the cultural assumption that trans* people do not own their own bodies *unless* they have surgery is not being interrogated either. In sum, the "wrong body" trope produces its own normativity and polarization of arbitrary "right" and "wrong" physical configurations just by virtue of being *the* dominant mode of narration that has come to serve as the standard legitimizing device for transitioning surgically:

[T]hose seeking surgery have been required to express the 'wrong body in the right way', that is, to articulate a 'wrong body and a right mind' (Jordan, 2004: 339). Further, insofar as the sex/gender distinction constitutes the body as neutral and passive with regard to the formation of consciousness, it reproduces a rationalist agenda (Gatens, 1996: 7) in which the specificity of bodily being, the 'identity of one's difference' (Diprose, 1994: 110) is, in effect, erased.⁵¹

Again, there is a commingling of ideas crystallizing as a normative image with a "normalizing" impact. In further contrast to the paradigm applied to non-trans* subjects that simply privileges the mind over the body, trans* subjects (all generalized as being the same flavour of transsexual by the medical narrative) are accorded *neither* body ownership *nor* a perceived freedom of decision in the mind. After all, the paternalistic "correction" of the body can only occur on the condition that a certain set of mental prerequisites is met, or at least affected for the benefit of the doctor in order to gain access to treatment in the unequal power relations between doctors and clients, between the medical discourse and stigmatized subjectivity. Like the metaphorical rift

49 Sullivan 106.

50 Prosser quoted in Sullivan 107.

51 Sullivan 110.

between mind and body, nature and culture, or indeed sex and gender, the separation of the self from the body performed by the dominant narrative of transsexuality discursively erases the complex functioning of society, “nature” and identity. This is why, in cautioning against the spectre of reifying binarism among trans* people, cisgender researchers must take into account how such reification is actually demanded by *other cis people* and by the “fixations” of a discourse tailored to their epistemology.⁵² It is easy and, in my view, even quite right to argue that transition options should be available to be pursued in ways that “do not reinforce problematic gender ideologies and binaries”,⁵³ but the onus to make this possible is not on the trans* people seeking out medical transition options, but on the health care professionals and legal policy-makers who act as gatekeepers to and mediators of said options. As the medical system currently stands, not performing in accordance with the binary can lead to outright refusal, whether or not the trans* person in question feels adequately represented by binary presuppositions.

To clarify the exact point of contention with regards to embodiment and the normative discourse around it for good, it is not the fact that some trans* individuals might find the language of bodily dysphoria and misalignment useful to describe their situation. Problems only arise when this specific kind of dysphoria (or even dysphoria in general) is posited as a mandatory requirement for “qualifying” as trans* and being worthy of respect as far as gender identity goes. Not only is this the essence of arbitrary gatekeeping, but it also, crucially, equates trans* status with discomfort. That is neither accurate nor ethical. The inaccuracy is obvious: it is impossible to prove that *all* trans* people will relate to their bodies in the dysphoria-determined way, let alone that they would all share the *same kind* of dysphoria even if they did. There is no essential reason why trans* people's relationships to their bodies should be any less varied than those found within any other population; insisting that it *is* uniform is a hallmark of the normative transsexuality discourse. The ethical dimension is a little more opaque but no less vital to acknowledge: the moment trans* people are defined solely or mainly in terms of discomfort, it becomes easy for the dominant discourse to justify causing *more* discomfort by making certain medical interventions mandatory – after all, discomfort is a given for the trans* population either way according to this outlook, so there is no body integrity to respect. (This idea of disintegration is notably echoed in the rhetoric of a mind-body “split”, which itself posits an insurmountable “gap” in trans* existence). I point all of this out mainly because it demonstrates that the negative connotations of trans* identity in the dominant discourse encompass far more than surface stereotyping that would be remedied by mere

52 Cross, “I Am Whoever You Say I Am” <<http://quinnae.com/2010/10/01/i-am-whomever-you-say-i-am/>>.

53 Betsy Hartmann, “Old Roots, New Shoots: Eugenics of the Everyday” in *Different Takes*, No. 47 (Amherst: The Population and Development Program at Hampshire College, 2007) 2. While extremely important in content, the paper itself sadly “reinforces a problematic gender binary/ideology” in the conceptualization of transition, stating on the same page that HRT makes bodies “more *biologically male or female*” [emphasis mine].

avoidance of the most blatant sorts of transphobia; rather, the negativity is foundational even to the institutions that supposedly focus only on “helping”. It is also a strategic feature of any paradigm that is predicated on keeping the stigmatized subject subordinate. A condition that is only understood as a negative phenomenon can be swept into coercive “corrections” easily.

3. Paradigms versus People

The concept of trans* identity along with its embodiment should immediately have been a game-changer to the entire society's outlook on gender and who can “count” as a member of one. Normative sexology would, of course, prefer even trans* people to think of their situation as nothing more than an exception to the rule, but this view has steadily been losing credence in the international context, notably even in authoritative organizations such as WPATH. There is now also a push for the trans* community, if one can be established in political terms, to mobilize along the lines of a much reconceptualized “Trans 101” that, instead of serving the status quo, actually represents the empowerment to resist and dismantle it, as opposed to its older versions likewise criticized by Bauer: “Trans 101 is generally not only dumbed-down, but also declawed. There are truths that I must speak here that are incredibly threatening to a cissupremacist worldview, that attack its very foundations.”⁵⁴ This assertion is far from overstated or grandiose. If the reality of gender diversity were less threatening, the discourses of sexology and conditional legal recognition would not have dedicated such resources to reframing it in those “declawed” terms.

Constructivist, and particularly feminist, criticisms of positivist approaches generally point to the problem that researchers can never completely avoid bringing their beliefs into their field, nor should they attempt or pretend to do so: “Feminists insist that it is not possible for researchers to be completely detached from their work: emotional involvement cannot be controlled by mere effort of will and this subjective element in research should be acknowledged, even welcomed.”⁵⁵ With respect to marginalized identities and social groups, the question of why subjectivity is stigmatized by positivists and what effects that stigmatization has becomes even more pressing than when discussed in the abstract. The people who directly experience the “condition” and who negotiate their (trans*)gender identities within the system laid out for them by “experts” are precisely those whose input is *not* considered to be the authoritative one. While this is clearly a conundrum, the illusion of expert neutrality and maintenance of the disconnect between “expert” and “patient” are both necessary for the positivist-essentialist paradigm to function. Acknowledging personal experience with the subject matter or its lack is viewed as impermissible in positivism.

54 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

55 Letherby 68.

This is precisely what feminists, as here Reinharz and others, have drawn attention to:

“Starting from one's own experience” violates the conventional expectation that a researcher be detached, objective, and “value neutral.” In 1971 British sociologist Ann Oakley had already written that these approaches were themselves not “value neutral” but rather were “often simply a cover for patriarchy.”[140] Other feminist scholars challenge the concept of objectivity, concurring instead with biologist Ruth Hubbard, that what passes for “objective” is actually the position of privileged white males.⁵⁶

The patriarchy is an intersectional player, not a contained one. By demonstrating, as Bauer does in his comments on bodies *not* running contrary to gender identity, that being a certain sex and/or gender is not necessarily innate or immutable (or at least not the way patriarchal society and science imagine it should be), heterosexuality – perceived as the default and most valuable sexuality – loses its symbolic definiteness, and so do all the concepts that make its exclusive position possible, gender and sex being no exception. As Judith Butler famously urged us to realize, the performance of gender disguised as an “organizing gender core” is intimately linked to the practice of compulsory heterosexuality,⁵⁷ and though much has been rightly argued against the conflation of gender identity and sexuality, the problem remains that the dominant gendered order *does* perceive marginalized sexualities and genders as two sides of the same devalued coin. If trans* identities did not destabilize the entire system supporting the primacy of heterosexuality-as-norm that depends on simplistic definitions of what it means to be a man *or* a woman (and only those identities), the backlash against their very existence may not have manifested itself on every level of social organization the way it has. The dominant gender order is both cissexist and homophobic *at the same time*. That is not to say that transphobia and cissexism should be relegated to mere subcategories of homophobia or vice versa, but to point out that intersectionality, conspicuously missing from the discourse of Czech sexology, is necessary to understand not only how gender oppression interacts with other areas of oppression, but also how it acts *within itself*. A potentially infinite range of sexualities is perceived as equally undesirable as a potentially infinite range of genders and sexes, by the patriarchal order and by the trendsetters of Czech sexology.

That transsexuality has become the go-to category for the dominant discourse to interpret and *de facto* appropriate gender diversity is not the effect of a single insular belief, as would be tempting to say with restrictive thought systems exemplified here by the normative sexology discourse. Rather, it is a whole system of beliefs – which are barely understood as such – resulting in a

56 Reinharz 261.

57 Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York and London: Routledge, 1999/2002) 173.

multitude of effects all incorporating the dominant mode of knowledge. The obligatory treatment of the sex binary is the central tenet of this belief system. The privileging of this model is admitted, though without the added critical reflection, even in the *Transsexuality* manual when one of the guest authors responds to the all too common variant of transphobia that engineers a sense of moral panic around fluctuating gender roles and designations that “no transsexual denies the dyadism of human sex”.⁵⁸ Countering the usual argument against transitioning in such a way is convenient and safe, of course, because the contentious part is banished to an area that is perceived as being secondary to the “general” issue (particular morals as being secondary to the broad two-sex system, into which binary transition is easily incorporated), and only *that specific part* of the argument is then refuted (“transsexuals” are not immoral or threatening, because they do not call the concept of exactly two sexes into question, *ergo* transition is acceptable). This kind of reasoning can be the easy defence not only to sexology, but even to some trans* people who either want to avoid being put into a position where the onus of explaining why the two-sex system is simplifying would constantly be on them or genuinely feel themselves to be covered by the two-sex system as it stands. Taking the moral deflection logic to its extreme, “transsexuals” are not a subversive or dangerous category because their only “sin” is being unlucky enough to have had their “wires crossed” – but if they could, they too would choose the unproblematic cis designations and can be counted on to uphold these by performing their identified gender “correctly” regardless. To what extent all this is latently transphobic and patronizing in content would require its own analysis; for now, in terms of how the discourse functions, the defensive strategy illustrates the broad problem that “changing the terms of an argument is exceedingly difficult, since the dominant definition of the problem acquires, by repetition, and by the weight and credibility of those who propose or subscribe it, the warrant of 'common sense'.”⁵⁹ The way the Czech discourse of transsexuality functions is a textbook example of this problem: it is sexology that defines the terms due to its authority, and all dissenting or “alternative” readings are either marginalized or utterly unknown. The expectation even for critics of the dominant discourse to accept its terms – that there are only two easily defined “sexes”, that “transsexuality” is a disorder, and so on – in other words, “perform[ing] with the established terms of the problematic in play”⁶⁰ is evidenced both by the resistance of the sexologist discourse to gender theory and/or human rights concerns and by the fact that many trans* people never do think of themselves as anything other than “transsexuals who need correcting”. It is difficult to abandon the coerced legitimization of trans* identities through medical

58 Jiří Skoblík in Hana Fifková et al., *Transsexualita: Diagnostika a léčba (Transsexuality: Diagnostics and Treatment)* (Prague: Grada, 2002)114.

59 Stuart Hall, “The Rediscovery of Ideology” in Julie Rivkin and Michael Ryan (eds.), *Literary Theory: An Anthology* (London: Blackwell Publishers, 1998) 1062.

60 Hall 1061.

“common sense” reasonings, or to bypass these discourses altogether and assert that whether or not one views human sex as dyadic, access to transition resources should be based on a meaningful personal decision that should not *need* additional legitimization from gatekeepers to begin with.

4. The Etiology of Etiology

The drive to find precisely that additional legitimization – through “hard data”, preferably – is arguably a mainstay in the pathologizing discourse of transsexuality. Trans* people are viewed as a problem of insufficiently explained origin yet with potentially far-reaching consequences for the present order, a kind of random cancer of gender. With respect to *Transsexuality* in particular, the opinion that “a disorder as severe as transsexuality doubtless is”⁶¹ necessitates etiological investigation is made explicit. The placement of this assertion – and a whole chapter on etiology (an extremely outdated and conceptually sloppy one, as I examine later on) – near the beginning of the book speaks volumes about the authors' priorities in treating trans* people as a medical aberration that cannot be allowed to exist without a clear etiology behind it, an etiology that would “prove” that being trans* cannot be a “choice”, since choice is demonized as illegitimate in this context, retroactively feeding into the broader demonization of any and all agency in conjunction with trans* people. My aim for the time being is not so much to disprove particular studies and their assumptions with specific data, but to investigate why something as conceptually perilous and empirically patchy as a supposed trans* etiology is being privileged by cisgender sexologists and other positivists to such an extent and what effects this has on the broader medical discourse of transsexuality. On the one hand, it clearly has to do with the objectifying mode of cis research into trans* people brought up earlier (and how that legitimizes academic exploitation), but it also seems to function to keep the issue of gender identity apolitical and thus rendering society irresponsible for gendered oppression (and thus legitimizing social exploitation and bigotry).

The first question to ask is whether etiology ever constitutes a credible source of recognition for an oppressed group. The reason I pose it in such absolute terms is not to encourage dogmatic thinking but to highlight that the answer of “yes” or “no” to this question corresponds to two fundamentally divergent paradigms. The first paradigm, which I will provisionally call the sexological one, believes that etiology is necessary both because this corresponds to the traditional endeavour of positivist “problem-solving” and because it views the existence of trans* people as not a strong enough indicator of their place in the world by itself. Interestingly, trans* people in particular are not even the first subjects of this sort of etiological legitimization of gender and sexual diversity, as Betsy Hartmann summarizes in context here:

61 Hana Fifková and Petr Weiss Fifková et al. 21.

[Q]ueer rights activists find themselves on tricky ground when it comes to the search for a genetic basis of homosexuality. “Of all the groups targeted by biological determinism,” writes Ordover, “queers seem to be the only ones who have looked to eugenics to deliver us from marginalization.” Ordover is referring to the push by several gay male scientists in the 1990s to locate a “gay gene,” partly as a strategy to win greater social acceptance and legal rights for homosexuals.⁶²

Two points warrant heightened attention in this analysis: one, that biological determinism is practically inseparable from eugenics, especially in dealing with marginalized groups to whom negative connotations are attached by dominant society, and two, that etiological/eugenic theories supplant political and social activism particularly in relation to LGBTIQ* rights by safely establishing this presently marginalized status as a non-choice. Sure enough, making an appeal to “nature” is tempting in light of the accusations of LGBTIQ* people’s “unnatural” behaviour (particularly by the religious right in the US context), but it is debatable to what extent eugenic ideology can ever come close to approximating what “nature” is, as it strives to eliminate biological diversity. It is precisely diversity that is inseparable from biology, including in the area of sex/gender, as e.g. Myra Hird outlines in her chapters on such diversity “In Nonhuman Animals” and “In Human Animals”.⁶³ Therefore, arguments from “nature” that only serve to cement conventional preconceptions about how sex, gender and sexuality “should” function are particularly dangerous, because their primarily ideological slant is easily masked and can even appear to have a beneficial *telos*. The illusionary quality of doing “good” through eugenics is likewise pointed out by Hartmann and Nancy Ordover:

The search for a gay gene is not only scientifically flawed, Ordover argues, but politically flawed, reinforcing eugenic thinking in other arenas (race, crime, urbanization and class) and posing no substantive challenge to homophobia. She urges queers “to opt out of nature versus nurture arguments altogether.”^[9]⁶⁴

Have LGBTIQ* people opted out? On the one hand, political activism around cis people with marginalized sexualities (gay, lesbian, bi-/pansexual, etc.) is now much less plagued by biological determinism, at least on the surface. The continuity between what is now assumed to be the “etiology” of gender diversity and those outmoded notions of “explaining” marginalized sexualities becomes clear, however, in the below analysis by Costello:

Once upon a time, in the fairly recent past, people often asked what made a person gay or lesbian – taking the perspective that

62 Hartmann, and Ordover quoted in Hartmann 2.

63 Hird 90-142. In Hird's case, the reference to “animals” with respect to humans is not designed to play into simplifying narratives that would only serve to naturalize sexist social norms, making her use of this “animal language” a responsible one, unlike the various essentialist conceits of evo-psychology and/or pop biology.

64 Hartmann and Ordover quoted in Hartmann 2.

homosexuality was a pathology that needed explanation. Various theories were proposed: psychological (could a domineering mother and passive father be the cause?); moral (was it a failure to embrace “traditional Christian family values?”); and biological (was there some hormone imbalance or brain abnormality at fault?).⁶⁵

As will be shown later on in my examination of *Transsexuality*, these questions are akin to what the authors of that publication outline as having been the major theories surrounding “the etiology of transsexuality”, before they alight on the hormone imbalance/brain abnormality theory as their preferred hermeneutics. The religiously moral dimension is mostly missing from the Czech context, given that the role of Christianity in public life is much lesser there than in the US, but the psychological and biological theories could as well have been verbatim. The notion of a “pathology needing explanation” is central to the discourse of etiology. The sexologists' investment in being the custodians of this deterministic explanation of gender diversity becomes transparent when we consider, again, that etiology can easily distort or altogether supplant social and political activism. Etiology can go so far as to give even the marginalized group concerned the motivation to perpetuate the alleged necessity of explaining its constitutive “disorder”:

[T]rans people today face such virulent bigotry that many trans people hope finding scientific proof that there is some immutable, physical reason for trans gender identity, beyond the individual's control, will lead to greater social acceptance. [...] many trans people (it must be clear by now that I am not one of them) are looking for a brain structure housing gender identity. They argue that people are born with a “brain sex,” and that if this “brain sex” differs from the individual's genital sex, they suffer from an intersex condition that must be treated via gender transition.⁶⁶

Along with the erosion of trans* people's autonomy and agency from within and from without, the instrumentalization of intersex status is typical of etiological approaches. In *Transsexuality*, the section on etiology says remarkably little on trans* identity and a whole lot on questionably categorized intersex “disorders” as if they in and of themselves “proved” anything about trans* status in general. Furthermore, as an intersex trans man, Costello is obviously right to point out that intersex and trans* statuses are far from interchangeable. To equate the two means to engage in a sort of appropriation that inexcusably erases that “the issues intersex people face center on forced sex assignment in childhood – something which advocates of the intersex brain thesis tacitly support when they argue that since trans status arises from an intersex brain, it 'must' be

65 Cary Gabriel Costello, “On Trans Gender Identity and the 'Intersex Brain'” in *TransFusion*, <<http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>>, 3 Aug 2012, 2 Jun 2014.

66 Costello, “On Trans Gender Identity and the 'Intersex Brain'” <<http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>>.

treated medically.”⁶⁷ In sum, it is ongoing justification of non-consent, not empowerment, that results from the etiological paradigm and marks it as unfit for any truly progressive agenda for trans* or intersex issues; “[t]he solution to transphobia is not neurology, but political activism.”⁶⁸

Even when appropriation is not present, the idea that taking a stance against transphobia *must* be predicated on some biological “truth” is flawed because it implies that unless being trans* is unequivocally involuntary (or perhaps pre-voluntary, according to the fetal exposure hypothesis), transphobia is not bigotry. What this says about the moral bankruptcy that likely goes into such unabashed denial of societal responsibility for transphobia could easily be its own research project; for the time being, suffice it to say that condemning transphobia only under certain conditions is not in itself an ethical stance at all. Like in other areas where human rights considerations and their ethical aspects have become the main reference point, one “should avoid bigotry because it’s simply the right thing to do.”⁶⁹ Demanding an additional reason to abstain from transphobia is an admission that no ethical stance is actually being taken on its own merits.

What other problems does emphasizing etiology present? As will be shown in specific examples from *Transsexuality* later in this study, the idea of etiology espoused by the sexologist discourse presupposes uniformity and fixity in several key areas: in the brain (disregarding brain plasticity and the effects of experience on neurological structures)⁷⁰, in developmental patterns, in gender roles. Although my criticism of the body of research that the authors of *Transsexuality* rely on as being out of date can be seen by some as self-serving (as if just by being “old”, research automatically became invalid regardless of its content), I do believe that using decades-old studies to the exclusion of contemporary ones is an outrageous manipulation of the discourse in this case. To start with, acceptable gender roles and thinkable gender identities have observably changed in the past decade, let alone the past two or three. Some view these changes as positive and long overdue while some others view them as threatening, but remarkably there is little denial in the discourse of the popular media as well as various morally normative institutions about these changes *happening*. To divorce them from investigations into “transsexuality” is a tactical decision that frames an uncomfortable sociocultural truth as irrelevant to the matter being investigated, as if there were *no* sociocultural components to gender identity and human development at all. Likewise, to act as though there have been no significant developments and conceptual shifts in the fields of

67 Costello, “On Trans Gender Identity and the 'Intersex Brain” <<http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>>.

68 Costello, “On Trans Gender Identity and the 'Intersex Brain” <<http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>>.

69 Katherine Cross, “Raiders of the Lost Etiology” in *Nuclear Unicorn*, <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>> 27 Jan 2011, 16 Jun 2014.

70 Costello, “On Trans Gender Identity and the 'Intersex Brain” <<http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>>.

sociology, biology, neurology, or indeed in our understandings of gender, sex and sexuality since the mid-20th century is both factually baseless and ethically unconscionable if one purports to do “good”, accountable science.

The truly interesting way to look at etiology would be to consider where the dominant concepts – such as heterosexuality or cisgender identity – “came from” and how they ascended to such a privileged position that all other identities are now treated as marginal and/or pathological to keep the current hierarchy in place in Western culture. These research interests are rendered practically unthinkable in the sexological take on etiology: “Where are the studies that inquire why cis people are cis? Or why heterosexual people are het? Because this is the presumed, normal default of society it goes unmarked and unquestioned”.⁷¹ The etiology of the normative positions and their lack of self-reflection alike is rooted in no vaguely defined brain centres, but in society, and the refusal to acknowledge that fact is, like most features of normative discourses, purposeful. That heterosexuality is as historical and culturally specific as anything else, contrary to the fiction of its ahistorical nature, was unmasked with particular efficiency by Jonathan Katz.⁷² The emergence of discrete sexual identities as organizing blocks of society had been mapped out by Michel Foucault even before that in relation to the category of homosexuality, when “the homosexual was now a species.”⁷³ As for the overarching model of sex all these identities become discursively predicated on, Thomas Laqueur concludes from his analysis of the *differently hierarchical* one-sex model that gained currency in antiquity that

the physiology and even the anatomy of generation are but local instances of a way of talking about the body very different from our own. Visible flesh and blood cannot be regarded as the stable “real” foundation for cultural claims about it. Indeed, the interpretive problem is understanding the purchase of “real” and the degree to which biology is only the expression of other and more pervasive truths.⁷⁴

The fact that Laqueur's observation need not be confined to the model of sex employed by the ancient Greeks is readily apparent; it is social context that endows biology with meaning and “truth”, not vice versa. That much can be said about the current two-sex model with its own host of symbolic, not “natural”, hierarchies and preconceptions as to how humans ought to be divided. The argument that the ancient Greeks and their Renaissance followers were simply wrong and our present-day society, being more advanced on some linear scale of progress, has arrived at the

71 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

72 Jonathan Ned Katz, “The Invention of Heterosexuality” in Kathy Peiss (ed.), *Major Problems in the History of American Sexuality: Documents and Essays* (Boston: Wadsworth, Cengage Learning, 2002) 348-350.

73 Michel Foucault, *The History of Sexuality, Vol. 1: An Introduction*, trans. Robert Hurley (New York: Pantheon Books, 1978) 43.

74 Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Massachusetts and London: Harvard University Press, 2003) 43.

“right” idea of sex differentiation (as opposed to ancient superstition) may be a beloved rhetorical strategy in essentialist hermeneutics, but the absence of self-reflection in this outlook should not mislead its audience into thinking that self-reflection is not necessary here. Let us revisit the insights of Myra Hird, who has this to say on the positivist notion that the current schematics of sex are beyond social/symbolic influence and beyond (now purportedly scientific) superstition:

Rather than demonstrating the advance of modern understandings of the body, these analyses suggest that objects do not express meaning in and of themselves, but are made meaningful in their interpretation; that we continue to superimpose dichotomies onto shades of variability. Thus, Renaissance drawings depicting the vagina as an interior penis reveal that dominant discourse, not accurate observation, determines how the body is seen and understood. Therefore, it is not that we now know the “truth” of the body: rather that “gender” discourses *are already at work* on any discussions of “sex,” before they begin.[12] In short, like “gender,” “sex” is an invention.⁷⁵

Here we thus have a genealogy – or etiology, if you will – of *social forces* privileging certain constructs while ostracizing others, an observation that is of course unacceptable to any essentialist discourse couched in the presumption of a decontextualized biological “wrong” with the people who fall in the currently ostracized categories. Behaviours and perhaps in some differently context-dependent way identities that would nowadays be considered homo- or heterosexual, or indeed trans*, likely did physically occur in history prior to the last few centuries and outside of the West. What is fallacious is the assumption that these identities would have been conceptualized the same way they are today in the West across historical periods and across cultures. In the hands of conservative theorists, such ahistorical projections usually do not serve to assert the legitimacy of queer and/or trans* identities anyway; rather their purpose is to solidify the current norms, which need their “others” to be intelligible in an “interdependent, hierarchical relation of signification.”⁷⁶ Yet, at the same time, there is a certain internal irresponsibility, almost ungratefulness, present in any outlook that advocates for a total assimilation of “abnormal” bodies and identities into the existing order. (With respect to trans* people, this position can encompass anything from the sexological insistence on “blending in” and not acknowledging a trans* identity at any cost to abusive conversion “therapy” to “turn the person cis”.) Fausto-Sterling's commentary on “biological investigators” who define intersex conditions only to pursue an agenda of engineering them out of existence is readily applicable here as well:

75 Hird 20.

76 Steven Seidman, “Identity and Politics in a 'Postmodern' Gay Culture: Some Historical and Conceptual Notes” in Michael Warner (ed.), *Fear of a Queer Planet: Queer Politics and Social Theory* (Minneapolis and London: University of Minnesota Press, 1993/2004) 130.

They [biologists] use the infrequent to illuminate the common. The former they call abnormal, the latter normal. Often, as is the case for [John] Money and others in the medical world, the abnormal requires management [...] management means conversion to the normal. Thus, we have a profound irony. Biologists and physicians use natural biological variation to define normality. Armed with this description, they set out to eliminate the natural variation that gave them their definitions in the first place.⁷⁷

This is perhaps the most elegant summary of both the *unnatural* etiology of “normality” and its destructive effect on the diversity that does occur in nature. Another painful failure of single-issue, single-source etiology is that it fails to account for biological diversity within genders and within groups (including the diverse group of trans* people that it so erroneously simplifies into one uniform aberration from the cis normal), and that it disregards the interplay of biological, social and personal factors in its attempts to separate them from one another for an easy explanation.⁷⁸ When gender diversity, particularly of the intersex variety, is mentioned, it is conventionally misconstrued to fit the existing sex classification, considering that “intersexuals, seen as deviations from the norm who need to be 'fixed' in order to preserve a two-gender system, are also studied to prove how 'natural' the system is to begin with.”⁷⁹ (I will revisit this self-contradictory trope with respect to Czech sexology in the second half of my analysis as well.) Drawing upon Fausto-Sterling's detailed work on the subject of brain gendering in mainstream science, Cross offers a high-level summary of the insufficiencies of the etiological outlook, particularly when it singles out intersex and/or trans* people as problems that need to be “solved” by articulating a singular biological explanation:

I say this [that there is no universal, prediscursive, innate basis for gender/sex] because this is true of *absolutely everybody*. Not just trans people. [...] Everyone's gender is constructed, no one is born a man or a woman. The subtle implication of a lot of trans research is that there *are* male brains and female brains when reality proves to be far, far more confounding on that score than not. When we think we've found the key to gendered brain difference, we get tripped up. “Women have a bigger corpus callosum than men! Wait, no do they don't. Wait, yes they do! Sometimes! Behold my small data set!”⁸⁰

The deliberate tone of ridiculousness that concludes the above quote is an effective way to highlight that the concept of a unified trans* or cis male/female etiology is not simply lacking in refinement or data, but that it also glosses over its own conceptual inadequacy to the task it purports to do in order to produce the illusion that “essential” differences have already been proven and can

77 Fausto-Sterling, “How to Build a Man” 245.

78 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

79 Anne Fausto-Sterling, *Sexing the Body* (New York: Basic Books, 2000) 74.

80 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

be meaningfully generalized to entire populations. The role this plays in the constitution of authoritative interpretations of gendered belonging should be obvious. Lest it be thought that prenatal etiology for gender/sex diversity would somehow pave the way to acceptance (as opposed to eugenic abortion and IVF selection against these “defects”⁸¹ or tests “whereby folks in white coats will be able to objectively prove that someone is trans”⁸²), it should be noted that discourses where the constructs of medical etiology are pervasive, such as the Czech sexological one, are far from being renowned for their acceptance of gender/sex diversity as a legitimate reality in its own right. What is absent from these discourses is the realization that research into etiology, whether conducted well or not, “is an academic curiosity. It *must never be the fulcrum upon which our rights and dignity as human beings rest.*”⁸³ In addition, though this may be obvious, the very notion of archetypal “male” and “female” brains is a cissexist one at its core, what with being based on theories that treat a limited understanding of cis men and cis women's brains as *the* definitive concept. The extent to which they purportedly accommodate for the existence of trans* people only goes so far as some study finding trans* people to share what is theoretically the *cis* gendered brain structure, only “switched”. Projecting this reductionist, cis-oriented schema onto trans* people cannot by definition explain gender diversity in any meaningful way. All it does is turn it into an inverted image of the “normal”.

5. Life In Between, Life on the Margins

The problem of the two normative gender identities – male and female, tied to masculinity and femininity respectively – being extensively policed and sustained by repeated performance “as a strategy of survival within compulsory systems” is well documented by Judith Butler in *Gender Trouble*.⁸⁴ Butler draws attention to the compulsory nature of *binary – heterosexuality – reproduction* and highlights their cultural construction. Contrary to the fancies of those who downplay gender theory as a niche interest, Butler's analysis is useful for understanding broad dynamics of regulation and oppression; coercive gendering accomplishes much more besides “just” gender policing as one distinct area of discrimination. Butler's explanation of this is concise:

Discrete genders are part of what “humanizes” individuals within contemporary culture; indeed, we regularly punish those who fail to do their gender right. Because there is neither an “essence” that gender expresses or externalizes nor an objective ideal to which gender aspires, and because gender is not a fact, the various acts of gender create the idea of gender, and without

81 OII Australia, *Submission on the ethics of genetic selection against intersex traits*, <<http://oii.org.au/25621/submission-ethics-genetic-selection-intersex-traits/>>, 29 Apr 2014, 1 Jun 2014.

82 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

83 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

84 Butler 177-79.

those acts, there would be no gender at all. Gender is, thus, a construction that regularly conceals its genesis; the tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions is obscured by the credibility of those productions—and the punishments that attend not agreeing to believe in them; the construction “compels” our belief in its necessity and naturalness.⁸⁵

More than a juxtaposition of innocent descriptions, “discrete genders” carry the mixed baggage of making the people who perform them intelligible (and privileging them over those who do not) and exerting pressure to perform these genders “right” (and effectively engaging in identity policing). The fact that gender affiliation is treated as one of the preconditions of humanity is in part what fuels the pressure on people (whether or not they expressly identify as some subcategory of trans*) to unequivocally “pick one” of the normative designations, regardless of how well either of these represents the person's desired identification and/or recognition by others in the world. Butler's criticism is crucial in pointing out that people who do not conform to normative genders without reservation are not only derided as not being “proper” men or women, but also as not “proper” *human beings*. Trans* people are viewed as less than ideally human just by virtue of not being cis. It is thus not only the gendered social order that this discourse regulates, but humanity itself. Objections to compulsory binarism need not be only social, as biology (“nature”) is no more in favour of sex dichotomization than social constructivism is:

It makes as much sense, biologically speaking, to talk about zero sexes (we are much more similar than we are different) or a thousand tiny sexes (to acknowledge the symbiotic relationships bodies share with other bodies – bacterial or otherwise, as well as the myriad of ways in which we reproduce other than sexually) as it does to talk of two sexes.⁸⁶

To sum up, the notion of exactly two sexes as *the way* to understand biology is not sustained in its exclusiveness by biology. Hird actually remarks on the productiveness of joining together sociological, particularly feminist, inquiry with critical biology, arguing that it is “counterproductive” for feminists to disregard the natural sciences because “new materialism argues so strongly for concepts (contingency, nonlinearity, selforganization, and diversity) that are keenly supported by social constructionist (and particularly poststructural) analyses.”⁸⁷ She recognizes that “by challenging 'sex,' we challenge not only assumptions about 'gender' but the binary itself.”⁸⁸ Fausto-Sterling also voices a dire warning against projecting any sort of facile separatism on the categories of “biological” sex and “cultural” gender, because these categories are inseparable:

85 Butler 178.

86 Hird 151.

87 Hird 152.

88 Hird 152.

In ceding the territory of physical sex, feminists left themselves open to renewed attack on the grounds of biological difference. [14] Indeed, feminism has encountered massive resistance from the domains of biology, medicine, and significant components of social science. [...] Our bodies are too complex to provide clear-cut answers about sexual difference. The more we look for a simple physical basis for “sex,” the more it becomes clear that “sex” is not a pure physical category. What bodily signals and functions we define as male or female come already entangled in our ideas about gender.⁸⁹

That these rejections of traditional “sex” concepts are grounded in biology, not social theory that would “cede the territory of physical sex” to normative science, is an act of reclaiming biology from those who would appropriate it for the distinctly culturally determined purpose of legitimizing essentialism. Butler's notion of *gender* performance can just as easily cover *sex* performance, since the prescriptive views that necessitate those performances are ultimately social in both instances.

For those people who perform a gendered category (masculinity or femininity) that is perceived as somehow deviant from the norm but who are still read by the discourse as “essentially” (however debatable any such notion of essence is) men or women, gender policing and its attendant oppression is a reality but may not completely exclude them from even the claim of being one of the two normative genders. But what complications arise in this model when someone is not performing a “correct” masculinity/femininity (gender) and also not conforming with the normative physical expectations of their “sex”? As my analysis of the contemporary discourse Czech sexology demonstrates, the missing “correctness” of trans* people's physical characteristics vis-a-vis normative sex is compensated – not on the level of every single person, but on the level of the very same discourse that usurps the power over “approving” every single person's gender identity – by an ever more stringent demand to adhere to the performative characteristics associated with each of the major genders. If, since the advent of the “sex complementarity” system during the Enlightenment, “biology, as the purveyor of stable, ahistorical, and impartial 'facts' about 'sexual difference,' became the foundation of political prescriptions about social order”,⁹⁰ the demand for trans* people to work especially hard to bring their divergent bodies and, if not subscribing to the “correct” masculinity or femininity, divergent gender identities and performances into line with the status quo is revealed to be a line of defense against gender/sex diversity. The myth of scientific impartiality that Hird alludes to serves to defend the status quo particularly well, because it makes it possible for the dominant paradigm to legitimize itself, and only itself, as a paradigm immune to pejorative accusations of being “political”. In effect, the Enlightenment model has created at least two fictions: the fiction of sex complementarity and the fiction of “neutral” inquiry.

⁸⁹ Fausto-Sterling, *Sexing the Body* 4.

⁹⁰ Hird 23.

In Czech-written scholarship of the turn of the millenium, we find the article by Gerlinda Šmausová in which the author pulls no punches in stating that “gender has a predominantly normative character, since there has been no time or place where reality would have corresponded to gender dualism.”⁹¹ In spite of this discursive origin of gender dualism (or binarism), Šmausová argues, “even sociologists often overlook hybrid forms of [gendered] behaviour [...] as well as bodies that are unclearly defined. The existence of many [pejorative] monikers suggests that these are not uncommon phenomena, but neither 'common sense' nor sociology has so far viewed these 'exceptions' as a regular part of reality”.⁹² The selective character of this silence best diagnoses it as what Foucault terms “a stubborn will to nonknowledge”.⁹³ It is not that the people involved in mainstream knowledge production, be they sociologists or sexologists, would lack any and all exposure to gender/sex diversity, but they appear to view the existence of people who do not embody the prescribed binary as either too marginal to matter in grand theories or as being completely in the sphere of medicalization and thus not a “regular” group to adjust the perceptions of reality for. Trans* people are not the only victims of this erasure and willful exclusion from the epistemological canon, considering that the existence of intersex people has historically been so difficult to stomach for proponents of the “truth” of universal binarism that non-consenting and usually medically unnecessary surgery became the go-to method of “managing” intersex status:

The current “management” of intersex in Western culture reveals that the *authenticity* of sex resides not on, nor in the body, but rather results from a particular nexus of power, knowledge, and truth. People with intersex conditions’ experiences of “sex” challenge Western society to the extent that society is predicated on the sex/gender binary to operate.⁹⁴

The coercive and compulsory character of the socially constructed gender binary dressed up as “nature” should thus be clear. Being situated in the middle of these conceptual negotiations has been dangerous ground for trans* people throughout the history of the medical establishment. At present, trans* people – both binary and non-binary identified – find themselves facing a conundrum. It is simultaneously impressed upon them that they can never meet all the prerequisites for “correct” manhood or womanhood under the binary sex system, but that even those who would prefer not to relate themselves to the two-sex system and instead carve out different categories altogether should refrain from doing so because manhood and womanhood are viewed as *the only categories possible*. Due to the power disparity between these individuals and structures such as the

91 Šmausová 20.

92 Šmausová 22.

93 Foucault, *The History of Sexuality, Vol.1: An Introduction* 55.

94 Hird 15.

state or the medical establishment, “should refrain” is more than a moralizing admonishment: the non-dominant identities will be, if not stigmatized, then certainly disregarded on the level of administration, legal recognition (except in the minority of countries that do currently recognize non-binary genders legally) and medical practice. The supposedly evidence-based model of science has thus found a way to suppress precisely the evidence that stands in contradiction to its axioms.

In 2001, a notable attempt to popularize something other than the axiomatic outlook of positivist sexology appeared in the form of a special transgender issue (with *transgender* as the blanket term) of the journal *Gender, Equal Opportunities, Research (Gender, rovné příležitosti, výzkum)*. This is interesting on several levels. It is, despite the pressure to view it as such, a testament against the idea that Czech society is fully united in perceiving gender diversity as pathological. The impact of this text, however, was considerably lower than that of the discourse of sexology, which shows how ingrained the normative approaches are, especially in a society where strict binarism and gender conformity are treated as givens in the abstract sense as well as in trivial daily interactions. It is all the more necessary, then, to devote the appropriate attention to the critical voices that do sometimes appear, both for their actual contributions to the debate and for the insight into how untenable the suppositions of uniformity in opinion regarding gender diversity in the Czech Republic really are.

While the special issue of *Gender, Equal Opportunities, Research* is not the only nor, in my view, the best executed example of resisting the dominant discourse of sexology, it was striking for its time in its attempt to establish transgender as a distinct topic worthy of non-pathologizing attention. The intent of the publication was unquestionably positive in this regard, though to what extent it managed to deliver on the non-pathologization and de-stigmatization is another matter. On a superficial level, there are linguistic issues. *Transgender* is often used as a noun where it would have been more correct to say *trans(*) person* and is partly conflated with “transsexual” [noun] in the volume's glossary, which also contains “transgenderist” to mean a non-op transitioner, refers to discrete “biological sexes” as starting points for trans* people, and posits only FtM and MtF as viable trans* identities.⁹⁵ That the language is dated and occasionally incorrect is in itself not surprising, particularly as this may well have been the first venture to introduce more nuanced terms into a discourse where the totalizing medical “transsexual” had been the go-to concept for decades by the time this special issue was published. What perturbs me more is the fact that, although the volume advertises itself as a non-sexological appraisal of its subject matter, it employs the same mechanism of taxonomy that sexology does in much the same terms (barring *transgender/-ist* and

⁹⁵ No author given for section, “Definitions” in Marcela Linková (ed.), *Gender, rovné příležitosti, výzkum (Gender, Equal Opportunities, Research) Vol. 3/2001* (Prague: The Institute of Sociology of the Czech Academy of Sciences, 2001) 2.

intersex which, to the authors' credit, is unequivocally preferred to “hermaphrodite” in the volume). Still, my impression is that more or less all the core concepts of the normative sexology discourse are transferred into these supposedly sociological definitions: the idea that there are universal “biological sexes”, the idea that gender identification can only be binary, and the idea that trans* people only perform a straightforward border-crossing between the major genders. If the “Definitions” section was intended to meet the people who had never heard any other terminology than the pathologizing one halfway, it feels like it rather went the extra mile to render most of its eye-opening value moot – or, to bring back Asher Bauer's term, became “declawed” in the struggle against the normative discourse.

The issue also has a peculiar internal relationship to a normative sexological text, none other than *Transsexuality: Diagnostics and Treatment*, which was released the following year. The editor of the transgender issue was Marcela Linková, the same sociologist who was included in a very brief segment at the end of *Transsexuality* (I will examine all this in greater detail in my section on *Transsexuality*). In the transgender issue of *Gender, Equal Opportunities, Research*, Linková wrote the introduction and, interestingly, some of the language she used there made it across to her text for *Transsexuality* as well. For example, the problematic reference to trans* people's lived experience as “a schizophrenic gendered prison” persists; on the flip side, in both articles Linková comments on the pressure for trans* people, particularly trans women, “to 'prove' that they 'deserve' to live in their chosen role by the ability to conform.”⁹⁶ Between this volume and *Transsexuality*, it is significant that only one gender theorist was consulted to participate in the latter, even though – as is the case with the sexologists – her being treated as *the* expert on trans* issues with respect to sociology must have had a similarly monopolizing effect to the one being effected with sexology, whether it was intended or not.

The second link of the special transgender issue to *Transsexuality* is still more troubling. After the introduction, a passage dealing with gender identity and the short glossary, what follows is a chapter titled “Transsexuality from the Perspective of a Sexologist”, written by the *de facto* headliner of *Transsexuality*, Hana Fifková. To put this in perspective between these two connected publications: when a sociologist was invited to participate in a medical text on trans* issues, her contribution was relegated to the very end and, as I analyze in its own section, denigrated by the peer reviewer to boot – but when a sexologist was invited to provide her perspective in a sociological publication, her contribution was front and centre. The highly privileged status of sexology, even in publications advertising themselves as alternative, is again confirmed in this scenario because rather than being a true conceptual alternative, the special issue cooperates with

⁹⁶ Linková in Linková (ed.) 1.

the sexologist discourse. This is further compounded by the fact that Fifková's name in the table of contents is the only one that explicitly indicates the author's academic title at the first glance.

Nevertheless, my main problem with including – and privileging – a sexological perspective in this sort of publication relates to its necessity, since the sexological perspective *already is* the standard mode of addressing trans* issues in Czech society and does not need further showcasing. This kind of territorial patrolling of the part of sexology is not confined to a decade ago or more, either. One of the few autobiographical trans* narratives currently available in mainstream media outlets in the Czech Republic, Mike Perry's *Klec pro majáky* (literally *A Cage for Lighthouses*), closes with an “Expert Opinion” by Fifková,⁹⁷ clearly intended to be the last word on the author's gender trajectory. The year of publication is as recent as 2011. It is as though representatives of sexology *must* always be consulted when gender diversity is discussed – even in the periodicals of other academic fields, even in books by trans* people about their individual experiences. This marking of “the expert's territory” is a power strategy that ensures nothing can be said on trans* issues in print without sexologists' basically unchanging essentialist input.

Though preempted by the sexological framework to a large extent, the transgender issue did yield some writings that were pioneering efforts in the Czech context. There is a contribution by Dominika Sandová titled “The Subjectivity of a Transgender” that, the problematic noun form of “transgender” notwithstanding, articulates an early criticism of gatekeeping practices in transition services geared towards extreme binarism: “We [sexologists] will ensure your [trans* person's] legalization, if and only if you swear not to disrupt our view of humanity.”⁹⁸ The author likewise condemns the fact that trans* people are consistently being conceptualized from the outside by sexologists and (cis) theorists of gender, just like (cis) women have historically been conceptualized by (cis) men, and “seen merely as a correctable problem”.⁹⁹ Like Linková in her texts, Sandová remarks on the pressure for trans* people to conform to conventional gender roles even more than cis people are pressured to do,¹⁰⁰ only in Sandová's case the analysis is grounded in lived experience. She articulates what could nowadays be termed one potential genderqueer or non-binary identity in her approach to her sense of self:

I present myself as a woman because this is much closer to my nature. [...] For the hunters of perfect correctness – I am not a real lesbian (I fall in love with women, but I wasn't born one), I am not a real transsexual (because I don't think the appearance

97 Hana Fifková in Mike Perry, *Klec pro majáky (A Cage for Lighthouses)* (Zlín: Kniha Zlín, 2011) 333.

98 Dominika Sandová, “Subjektivita transgendera” (“The Subjectivity of a Transgender”) in Linková (ed.) 6. The translation could also go “The Subjectivity of *the* Transgender”, but because Sandová steers clear of generalizing her experience or treating it as archetypal, I opt for the optimistic translation in my reading of the text.

99 Sandová in Linková (ed.) 6.

100 Sandová in Linková (ed.) 6.

of one's genitals determines sex, let alone gender), and as I've said, I don't even go as far as to stake my claim to being a woman at all. What I know is that I am not a man – I have no doubts on that score.¹⁰¹

While there is some residual essentialism in the above quote (“I wasn't *born a woman*” [emphasis mine]), not elaborating on whether the notion of “perfect correctness” is used genuinely or in a sarcastic sense), on the whole this is in open disagreement with the sexologist discourse that has for so long styled itself as the only manner of explaining trans* identities (or the single identity that it posits as being valid, transsexuality). Sandová's claiming of a non-binary identity is enthusiastic and positive, although it takes place in a discourse that would have presupposed it to be downright impossible. She also stops short of generalizing her sense of self to the entirety of trans* people in a way that would issue a blanket denial of their right to be men or women, a tendency that has been criticized about a *gender outlaw* of much farther-reaching English-written fame, Kate Bornstein.¹⁰² Specifically to the Czech context, the fact that Sandová resists the rhetoric of uncompromising cis assimilation is doubly transgressive because that is precisely what the discourse of sexology does not want, in addition to the general cissexism of society. *Transsexuality* makes only a brief acknowledgement of the fact that some trans* people may be happy without even seeking medical assistance, but relegates this to a “subvariant” of situational adaptation (which clearly does not recognize trans* identities without medically assisted transition as being valid in their own right) and proceeds to conflate this “adaptation” with cis-compliant “homosexual orientation”.¹⁰³ After that misleading bit of lip service, the book resumes treating only those trans* people who follow the prescribed narrative of transsexuality as bearers of the “correct” transsexual identity.

The sexological argument thus holds that trans* people should *only* identify as men and women without modifiers and that claiming a trans* identity during or after transition, although “not indicative of a greater or lesser success of therapy”,¹⁰⁴ is in practice the opposite of “identifying with the group of one's gender *without problems*”¹⁰⁵ [emphasis mine]. Articulating a trans* identity that does not use cisgender as its main reference point is undesirable, or at least suspect, to a discourse that considers the state of being seemingly cis to be the *raison d'être* of trans* identity. This makes it easy for the specific human rights needs of trans* people to be dismissed (after all, once they “become” men and women approved by sexology, they are no longer a “special” human rights concern). Trans* activists have voiced objections to this narrative, particularly to how it

101 Sandová in Linková (ed.) 6.

102 See the entirety of Katherine Cross, “An Open Letter to Kate Bornstein” in *Nuclear Unicorn*, <<http://quinnae.com/2010/11/17/an-open-letter-to-kate-bornstein/>> 17 Nov 2010, 17 Jun 2014. Credit where credit is due, Bornstein responded to and acknowledged the criticism publicly.

103 Fifková and Weiss in Fifková et al. 54.

104 Fifková, Procházka and Weiss in Fifková et al. 99.

105 Fifková, Procházka and Weiss in Fifková et al. 99.

facilitates the development of gendered hierarchies within the trans* group and can elicit alibism and apathy from those who are routinely taken to be cis:

I abhor the argument that the suffering of other trans people is irrelevant to a post-transition person who “passes,” because they are no longer trans men or women, but “just” men or women. I agree our genders as trans people are no less real than those of cis people – and I think that dropping the “trans” adjective in fact suggests the opposite.¹⁰⁶

Insinuating that the genders of people who do intentionally keep the modifier are less valid may well be what the cissexist paradigm of sexology needs to perpetuate its own vision of who “counts” as having a particular gender. What is more, *Transsexuality* describes trans women who do not completely assimilate to womanhood-without-modifiers as “the predominant group from which activists in the transgender movement are recruited”¹⁰⁷ (this is one of the few usages of the term transgender in the book, strictly confined to a political sense; the gender identities of these trans women are still being given as “transsexual” by the authors). Although in Czech the reflexive form of the verb “to recruit” (*rekrutovat se*) does not evoke a third party plucking out trans women to be activists but rather implies that these trans women *recruit themselves* into the trans* rights movement, the military metaphor clearly labels this type of situation a disturbance. (Trans men are not even thought of as potential activist “recruits” in the book, because the hegemonic masculinity they should “ideally” assimilate to is hostile to marginalized genders and necessitates both misogyny and an anxious identification only with itself. The authors perpetuate this idea in stating that trans men “very easily forget their personal history [...] Memories of this [pre-transition] time are humiliating and unpleasant to most of them, proportionally to the degree of complications brought on by transsexuality. The vast majority rank themselves among men long before surgeries and unequivocally afterwards.”¹⁰⁸ In this outlook, ranking among men is mutually exclusive with trying to effect social change around gender and gender roles, because not being a cis man already counts as a “humiliating” factor and a liability in personal history to be kept under wraps.) When viewed in this context, Sandová's article is decidedly radical because she does not eschew her trans* history and integrates it into her identity, which enables her to do what the “correctly” behaving transsexual subjects of sexology cannot, as “it is difficult to generate a counterdiscourse if one is programmed to disappear. The highest purpose of the transsexual is to erase h/erself, to fade into the “normal” population as soon as possible.”¹⁰⁹ Czech sexologists, as we have seen, would add “without problems” to this fading process to further mark it as the most desirable experience of

106 Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

107 Fifková, Procházka and Weiss in Fifková et al. 99.

108 Fifková, Procházka and Weiss in Fifková et al. 99.

109 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

gender diversity. What Sandová embodies in her responsible counterdiscourse is the reality of how tenuous any presumption of uniformity or even adherence to a strictly binary identity in all trans* people is doomed to be. Much as the sexologist discourse may hold that there is only one “transsexuality” that is the most correct and worthy of recognition, even in the Czech Republic over a decade ago any claim that *only* those “correct” identities existed does not hold water. On the contrary, at least one trans* theorist was already speaking from what Sandy Stone's aptly named “Posttranssexual Manifesto” identifies as “a life grounded in the *intertextual* possibilities of the transsexual body.”¹¹⁰

Articulating non-binary and/or intertextual trans* subjectivities is important because it shows that binary categorization is not necessarily synonymous with “reality”. Universalizing the cissexist vision of a gender binary can only wind up perpetuating a method of explaining the world at large which, as Asher Bauer argues, “has no room in it for us [trans* people]” since it is construed to always retain some degree of excluding trans* people, binary-identified or not, from the allegedly ideal forms of the approved binary genders.¹¹¹ Assimilating to it without interrogating how it functions as a regulatory mechanism can only be a self-defeating endeavour, since it grants symbolic primacy to all the metaphors of body wrongness that in themselves add to larger systems of oppression. At the same time, this does not mean that no trans* people should ever identify with binary genders if those genders were conceptualized as being inclusive of trans men and trans women along with their cis counterparts. It is imperative to steer clear of essentialism even on the non-binary side, as ironically that would also contribute to reifying binary cissexism and transphobia, both societal and internalized. There is sometimes a fine line between liberating departures from the binary and unwitting legitimization of precisely the line of thinking that works to bar trans* people from accessing male and female identities altogether.

The text “Life In Between” by Mirek Vodrážka, the longest article featured in the special issue of *Gender, Equal Opportunities, Research*, straddles precisely this fine line. On the one hand, the text succeeds in challenging the perceived necessity of the gender binary in many ways: it points out the futility and the oppressive application of “sex testing” in sports and elsewhere, argues against the primarily pathologizing outlook on trans* identities and their exotification by the mainstream discourse, brings up some of the biological objections to the binary sex model as well as to the dichotomous compartmentalization of “nature” and “culture”, and finally points to the effects of power on gender identity and presentation. That the language is not always ideal is something of a problem, but in the chronological context of the publication, the lack of refinement

110 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

111 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

in terminology in all the contributions is understandable. Where the text runs into problems is the entire assumption that the life of *all* trans* people, irrespective of where they fall on the gender continuum, is *always* essentially non-binary and not allowed to partake in the binary genders available to cis people. Vodrážka unfortunately perpetuates this in uncritically quoting Tereza Spencerová, one of the few Czech media personalities whose trans* status is publicly known, as saying that

I no longer care about any proclamations of what real sex is; it's more about the courage to admit reality to yourself. [...] It really is a question if, for example, after an operation from a girl to a guy you really do become a guy. You have no penis, you produce no sperm, nothing. And I'll never know what it's like to menstruate or get pregnant. I haven't become one with women, but I have become one with myself. That's enough.¹¹²

My purpose in rejecting the above quote is not to assert that Spencerová's sense of self is “wrong”; her identity is hers to own and articulate. To what degree the above quote *may* represent an internalization of quite a few of the cissexist tropes regarding what “counts” as sex could be a separate debate, but not to undermine Spencerová's agency in forming her own identity. What I do have the right to take issue with, however, is the generalizing and essentialist tone of her comment. Being “in between”, in her apparent outlook here, is an inescapable state of not matching normative gender definitions. This logic operates in precisely the paradigm that arbitrarily attaches gender to a set of prescribed physical traits clustering together in the cis-centric imagination, which is then assigned the status of “reality” that trans* people can either “admit” to themselves or not, but not fundamentally challenge. “In between” identification, then, becomes not a radical objection to compulsory binarism but a kind of consolation prize for not being an “ideal/real” man or woman. That Spencerová goes so far as to call the absence of a sperm-making penis “nothing” (completely devaluing all other genital configurations) and to bind sex to reproduction is not only cissexist, but ableist as well in presupposing only one kind of “correct/healthy” body that should always be off limits to trans* people. Bauer's “Trans 101” highlights these conceptual fallacies with such exactness that he may as well have been commenting on Spencerová's generalization:

“Female” in sex binary terms means having breasts, having a vagina, having a womb, not having a lot of body hair, having a high-pitched voice, having lots of estrogen, having a period, having XX chromosomes. “Male” means having a penis, not having breasts, producing sperm, having body hair, having a deep voice, having lots of testosterone, having XY chromosomes. Yet it is possible to isolate, alter, and remove many of these traits. Many of these traits do not always appear together, and before puberty and after menopause, many of them

112 Tereza Spencerová quoted in Mirek Vodrážka, “Život 'mezi” (“Life In Between”) in Linková (ed.) 4.

do not apply. And what about women who get hysterectomies? Or who have had mastectomies for reasons related to breast cancer? Are they not women? What about a soldier whose dick gets blown off by a mine? Is he not a man?¹¹³

There is one obvious explanation for the analogies between transphobia and general ableism not quite clicking in some commentators' minds, and that is the discursive othering of trans* people. If trans* people's genders are perceived as “self-identified” while cis people's genders are “self-evident”,¹¹⁴ cis bodies will not be totally de-gendered by selective modifications or “lacks” while trans* bodies will. This is one of the double standards constitutive of a cissexist discourse, and it ties into the rhetoric of not owning one's body (Vodrážka speaks of trans* people as literally “foreigners in the lands of their bodies”¹¹⁵ almost immediately after the quote from Spencerová). In the assumption that all trans* people, including trans men and trans women whose genders *are* binary, will always unconditionally “live in between”, the “in between” space loses its liberating and/or subversive potential. (This is not even touching upon the fact that “in between” is not necessarily the best way to frame the many possible objections to binarism: “Being trans is not always about falling “in between” binary genders, and as often as not, it’s about being something too expansive for those ideas to have meaning at all.”¹¹⁶ Articulating “in between” as the only possible alternative is still heavily dependent on the gender binary for its definition, rather than deconstructing the binary from the ground up.) Instead, “in between” merely becomes a less policed variant of transsexuality, perpetually kept separate from “just” male and female by design. Conveniently for the cis-centric gender order, this makes it impossible to redefine the categories of male and female in ways that would be more inclusive than their current normative contents.

Notions of some essential or, in Vodrážka's terms, “quite existential”¹¹⁷ in-between-ness of *all* trans* people can come both from sexological narratives that presuppose sex dichotomy and from equally generalizing counter-narratives that presuppose only non-binary identifications are possible. Either reasoning effectively reduces trans* people to cannon fodder, be it in the cis establishment's effort to protect the territory of its definitions of male and female at all costs or in the efforts to dismantle them (without factoring in the fact that for some segments of the trans* population, being recognized as male or female is a necessary component of well-being). Ultimately, the assertion that trans* people are by definition *never* male or female legitimizes what has long been done by the transphobic identity police. If cis theory of trans people is analogous to colonialism, then its policing of bodies and the categories “man” or “woman” is territorial, making sure that no one who

113 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

114 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

115 Vodrážka in Linková (ed.) 4.

116 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

117 Vodrážka in Linková (ed.) 4.

has not been preapproved can infringe on that beloved territory. In an analytically precise takedown of a transmisogynistic diatribe by Elizabeth Grosz, Katherine Cross notes that in arguments that utilize this type of essentialism, “the transsexual’ becomes a kind of third gender, which is itself something that completely disregards the lived and embodied reality of trans men and trans women”.¹¹⁸ The disregard of lived realities is a key concept here, as it is trope that returns time and again in the discursive strategies of both sexology and the Czech law, ascribing, just like transphobes of the sociological persuasion, mutual exclusion and “universality to three concepts: woman, man, and transsexual”¹¹⁹ in marking trans* people as distinctly and inevitably “other” from a position of authority.

This othering causes harm on a symbolic level, but that is not the full extent of its reach. In contrast to other European countries that have been making legal gender recognition more accessible and divorcing it from mandatory surgical interventions (such as the UK in 2004 or more recently Sweden), the current Czech code of law instead goes on to codify the requirement of sterilization and dissolution of any existing marriage or registered partnership as prerequisites of achieving legal recognition under “the sex change of the human being” (*změna pohlaví člověka*).¹²⁰ There is no room for legal quibbling with definitions here, given that the definition of the subject is as all-encompassing as “the human being”. That the law can engage in this is actually somewhat strange even in the Czech context alone, since the Czech Constitution or, more accurately, Article 3 of the *Declaration of Basic Rights and Freedoms (Listina základních práv a svobod)* that is part of the constitutional order of the Czech Republic,¹²¹ forbids discrimination on the basis of sex/gender. In a broader interpretation of its vague terms, sex/gender discrimination could indeed be extended to discrimination on the grounds of one's assigned versus identified sex/gender, especially considering that the Czech language subsumes both sex and gender under a single term (*pohlaví*), but such a claim is not being made anywhere in the primary sources I have touched upon so far. Viewing this legal code side by side with the medical normativity imposed on trans* people reveals some examples of how both discourses go hand in hand and how the pathologizing discourse has, in fact, succeeded in pushing trans* issues outside the purview of human rights as far as the Czech state is concerned. There is as of yet no lawsuit against these specific requirements,¹²² suggesting either a

118 Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>>.

119 Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>>.

120 Občanský zákoník 89/2012 Sb. §29.

121 My interpretation is that the inclusion of this document among the basic documents of the Czech Republic should still make the trans* rights violations unconstitutional, even if the clause forbidding sex/gender discrimination is included in the *Declaration of Basic Rights and Freedoms*.

122 Sokolová, “Koncepční pohled na 'sexuální menšiny' aneb vše je jen otázka správné orientace...” 251.

sense of futility in attempting to change the Czech bureaucratic system (possibly coupled with fears for personal safety) or a profound internalization of the pathologizing norm on the part of most Czech trans* people who have no choice but to navigate this system. This does not mean that there has been zero criticism of the new law. All the way back in 2011, before the current law code had been implemented, the nationwide LGBTIQ* organization PROUD published a report condemning its discriminatory contents, pointing out, among many other things, that the sterilization of trans* people before gender recognition “represents the only state-enforced sterilization in the Czech Republic at present” and that coercive sterilization is “incompatible with every person's right to have their body integrity protected” as likewise stated by the Council of Europe.¹²³ We are seeing Czech law outright resist human rights recommendations that have already been accepted by authorities pertinent to the EU, of which the Czech Republic is a member as well.

The letter of the law is not to the end all, be all of trans* oppression, of course. We need not look any further than naming conventions. In addition to the Czech Republic openly policing which given names can or cannot be used by individuals,¹²⁴ there is also a convention to attach the suffix *-ová* to denote the feminine form of surnames. In my view, this practice cannot be anything other than sexist because it designates women (and people mistakenly believed to be women) as inherently derivative from (primarily) cis men, whose surnames are permitted to use the base form with no qualifying suffixes. The hierarchical discrepancy is actually enforced by the Czech law on naming under the banner of grammatical purism, going as far as to define the base form of surnames as “male.”¹²⁵ A few exceptions from the *-ová* suffix occur through marriage or civil union with a national of another country and taking that name, or through being a foreign national living in the Czech Republic in the first place,¹²⁶ but apart from this, its enforcement is virtually unavoidable. Likewise egregious is the tendency to employ the *-ová* suffix even in reference to non-Czech surnames in most mainstream media, including in print, effectively renaming people to preserve a gendered double standard. The lack of respect in that instance is both towards individual (usually) women whose names are edited without their knowledge or consent and towards languages and cultures that do not share this linguistic grounding of binary gender, implying that they “should” share it or that they implicitly do and just fall short of marking it for effect. Additionally, when the culture/language being thus changed is non-Western, using these specifically

123 PROUD – Platforma pro rovnoprávnost, uznání a diverzitu, o. s. (The Platform for Equality, Respect and Diversity), “Nový občanský zákoník je diskriminující a nesystematický” (“The New Civil Law Code is Discriminatory and Unsystematic”) in a press release (Prague: PROUD, 2011), section 4).

124 For an overview of the areas that are policed see Matriční zákon 312/2013 Sb. (Law concerning the register of names) sections “Name”, “Surname” and “Changes to Name and Surname”.

125 Matriční zákon 312/2013 Sb. §69.

126 See the entirety of Matriční zákon 312/2013 Sb. §69 for the specific instances.

Czech suffixes to modify (usually) women's surnames is nothing short of colonialist re-inscribing. The fact that it still commonly occurs and is largely viewed as normal or even necessary demonstrates the power of binarist thinking, particularly in the institutions that encourage or even mandate it.

I say all of the above to make clear that I do not hold an especially favourable view of mandatory binarism, nor do I believe that the existing symbolic structure around naming is worthy of being preserved indefinitely, or at least not as *the only way* naming should be done (it would be easy, for example, to make the suffixes optional and employ them only with consent). Regardless of that, while the structure is in place and bestows symbolic legitimacy on names and related language use, it is striking in how trans* people are explicitly excluded from it under most circumstances by the very same structures that enforce it for cis men and cis women (and for trans men and trans women if they follow the only transition path considered “full” by sexology/the state and actually manage to achieve legal gender recognition). When it comes to naming, nothing has changed since the publication of *Transsexuality* in that during transition (at any point before being surgically sterilized), it is only acceptable for trans* people to choose expressly gender-neutral names,¹²⁷ even for those who *do* identify in binary terms and would prefer a binary name to go with this. It is expressly stated in law that if anyone who is legally regarded as male or female requests a name change to the “opposite” legal gender, the request will be refused.¹²⁸ At the same time, none of this offers trans* people any protection from having their birth assignment (legal gender along with a “birth number” that has sex assignment coded into it) revealed to others from a multitude of documents starting with mandatory ID cards, since legal recognition is contingent upon sterilization and requests to amend any of this information without undergoing one will be refused as well.¹²⁹ This lack of privacy protection is compounded by the fact that although trans* people in transition can only access name change to a gender-neutral form, no complementary gender-neutral identifier in documentation exists, although introducing could reduce discrimination in this area if handled appropriately.¹³⁰

Irrespective of how it is legally codified or not, *enforced* neutrality in a binary system cannot be liberating. The internal fragmentation of this mandatory “in between” position hints at the fact

127 Fífková in Fífková et al. 45.

128 Matriční zákon 312/2013 Sb. §72 (3).

129 Working Group for the Issues of Sexual Minorities of the Minister for Human Rights and National Minorities, *Analysis of the Situation of Lesbian, Gay, Bisexual and Transgender Minority in the Czech Republic* (Prague: Office of the Government of the Czech Republic, 2007) 38-39. This is the official English version of the document, which also exists in Czech as *Analyza situace lesbické, gay, bisexuální a transgender menšiny v ČR*. The full list of contributors is printed in the volume.

130 Working Group for the Issues of Sexual Minorities of the Minister for Human Rights and National Minorities 39-40.

that any sort of non-binary existence is a profoundly troubling thought for medical and legal norm-makers, though. The authors of *Transsexuality* believe that all trans* people will be binary-identified, yet they have no issue with expecting all trans* people to use non-binary naming conventions unless or until they obtain legal gender recognition. Czech law, regarding naming policy, explicitly states that “incorrect, diminutive or familiar forms of names” cannot be used as official given names¹³¹ or requested as part of a name change,¹³² yet in the case of trans* people, familiar and diminutive forms (or else non-Czech names) are almost the only names allowed because few others are gender-neutral in Czech. Explicitly gender-neutral suffixes are the only surname changes allowed by law during transition not inclusive of sterilization,¹³³ even though the binary forms are otherwise required in almost all instances. This is othering for the sake of othering. The discourse breaks its own main rule (the presupposition of universal binarism) just so no trans* people can be recognized as men or women without following every transition requirement arbitrarily laid out for them by the legal and medical systems. Those who would wish to be known as another gender than male or female lack the tools to accomplish this on all counts, since the mandatory gender-neutral naming does not affect legal gender or the gendered numerical identifier given at birth. This is not even touching on the fact that in a society as relentlessly binarist as the Czech one is, having a name that is recognizably “other” in terms of gender paints a target on trans* people's back regardless of how well it represents their sense of self. *Requiring* this effectively approves discrimination, contributing to all the other areas where trans* oppression occurs. Last but not least, although for some trans* people, the means to change their legal gender and use a desired binary name may become accessible with legal gender recognition (that is, after a surgical sterilization procedure), there is still the problem of being expected to change one's name not once, but twice, inclusive of all the bureaucratic difficulties in obtaining a name change. In a society where names are viewed as central sources of identity, it is alarming that certain segments of the population are expected to attach so little value to theirs.

Such a multifaceted denial of self-determination would never have been possible without being grounded in deeply held ontological convictions (which, ironically enough, can only be so deeply held under a particular epistemology, such as the whole patriarchal-essentialist set of beliefs about “men and women” or “gender and sex”). If, as Butler brings up, being recognized as a member of the “correct” socially approved gender is what “humanizes individuals”, then here we can clearly see how the lack of strict adherence to a gender binary is being used to *dehumanize* trans* people relative to their cis counterparts. This gendered non-belonging is established on

131 Matriční zákon 312/2013 Sb. §62.

132 Matriční zákon 312/2013 Sb. §72 (3)

133 Matriční zákon 312/2013 Sb. §75 (5) a).

several levels. There is the cis-centric notion of “biologically male/female” bodies, according to which trans* people are viewed as deficient members of their identified gender. There is also the discursive othering, particularly with respect to language, used to emphasize the idea that trans* people should not “belong”. It is this deep-seated delegitimization of trans* experience, coupled with an objectifying vision of trans* people as “problems” to be addressed by power-wielding cis specialists, that results in the state of things where it is acceptable for trans* people to be treated as deserving of something less than full human rights. A person who is automatically expected to change their name multiple times and to undergo major surgery just to obtain legal gender recognition is being held to standards that would without doubt be unacceptable if they were viewed as a human rights concern, but the conceptualization of trans* bodies as intrinsically “wrong” and of trans* people's identities as basically expendable ensures that a distinctly human rights prism is not applied to this situation by the state, period.

In observing that a human rights approach is a marginalized one (though not nonexistent, as evidenced by some emerging Czech non-profit organizations that either dedicate themselves to the struggle for trans* rights, such as the recently founded Trans*Fusion, or that include trans* rights among their activities, such as the major LGBTIQ* organization PROUD), we hit upon a specifically Czech situation. In the EU context, after all, the conceptualization of trans* people as *people with rights* has increasingly been the strategy for effecting change in the fields of legal recognition and medical assistance. It is also endorsed by important international bodies such as FRA, ILGA, TGEU or indeed WPATH. The admission of rights for trans* people ushers in a breakdown of the notion that such individuals should only be described in terms of pathology and treated only to some normatively prescribed “correction”. In the human rights outlook, trans* people's identities have inherent validity and should not be used as an alibi for exerting undue control over people's physical as well as social selves. That the Czech Republic is moving in the other direction and, instead of dissolving the time-honoured barriers to health care and legal recognition, actually codify them even more drastically than they were before is an aberration in much of the international context and definitely in the EU context. It would appear that, according to Czech law and medicine, whatever trans* people have in terms of sexual/gender identity is not the hallowed phenomenon of “sex” but something more malleable and, as a result, disposable to a binarist discourse. Rather than having a sex/gender that entitles them to certain protections, trans* people are seen as “giving up” whatever sex they could have had if they were cis.

There should in fact already be a legal argument against the compulsory sterilization law based on existing documents in the Czech Republic. One of these documents is of course nothing less than the Czech Constitution inclusive of the *Declaration of Basic Rights and Freedoms*, which

prohibits discrimination on the basis of sex/gender. It is due to the othering mechanisms I have described that in practice it only appears to be cis people who are entitled to these protections. It would only take a quick exercise in deductive reasoning to conclude that trans* people *are* systematically discriminated against on the basis of their state-assigned sex by being denied access to a number of legal and social rights (naming options comparable to those of cis people, legal gender recognition complete with matching documents, non-coercive choices between degrees and kinds of bodily modifications, the freedom to enter marriages and civil unions as one's correct gender and not having them dissolved against one's will, the freedom to decide whether or not to have genetic children, etc.). Denying trans* people rights based on their state-assigned sex and its relation to the person's gender identity can thus be framed as unconstitutional. The whole battery of disadvantages being unequally bartered for compulsory sterilization – presented as the one-size-fits-all solution to all of the disenfranchised trans* person's troubles, without regard for where these troubles may actually be originating from – should be our first warning against assuming that there are *no* elements of systemic coercion present in the “choice” to undergo the prescribed surgical procedure(s). Given the extremely taxing nature of living in a non-recognized legal gender, the “choice” of sterilization may seem appealing even to those trans* people who would otherwise not opt for it. Unperturbed by this ethical concern, even Fifková et al.'s canonical text on transsexuality goes as far as to state that it is not recommended to stay “in between”; that is, to follow a different transition trajectory from the one that is perceived as “complete” by the legal and medical systems or to keep the trans* identifier post-recognition. It is becoming clear how all of this adds up to form what might facetiously be called the *anti*-social model of gender, power, and disenfranchisement. The “problem” of being trans* is seen as a strictly individual trait, divorced from the broader social structure and perceived to be pathological *independently of* the social norms that surround it. This is both implicit in the discourse as a whole and occasionally literal in sexological texts: “if *one* member of a family *has the transsexual problem*”¹³⁴ [emphasis mine]. The “management” of this decontextualized “problem” is presented as nothing more than a likewise individual choice that is part and parcel of “curing” the alleged pathology and would always be the optimal solution. No elements of systemic and/or implicit coercion are acknowledged as playing a part in the decision-making process, rendering it comfortably apolitical.

My position is that using a strict set of arbitrary and even biologically doubtful categories to legitimize human rights abuses is an ethically indefensible act *regardless* of how each individual trans* person conceptualizes their identity, *regardless* of whether sterilization or another surgery is desirable to a particular individual or not. Both the trans* people who wish to avoid such procedures

134 Fifková and Weiss in Fifková et al. 55.

and the trans* people who wish to have them are being *decided for* under a compulsory sterilization system; both groups are denied meaningful agency in fundamental ways. While the procedures should be available – without arbitrary policing – to those interested in having them, they should not be the presumed default or the prerequisite of being recognized in one's correct identified gender by the state or by any other institution. Under the current Czech system where not undergoing sterilization is effectively grounds for extended punishment through systemic discrimination, othering, and non-recognition, reaching a decision on this matter *entirely* without coercion influencing the process along the way is impossible even for those who really might have opted for genital surgery and/or sterilization under a non-coercive system voluntarily. The coercive character of state-demanded sterilization actually works to obscure the critical distinctions between desiring a certain kind of bodily modification (be it surgical, hormonal or other) to facilitate a greater sense of well-being and being coerced into modifying a body one is happy with as it is. When this distinction is obscured, the former of the two situations – the one that the entirety of the sexologist discourse is predicated on – becomes the only one imaginable. Sterilization becomes legitimate not because some trans* people choose it but because, allegedly, they all *have to* “choose” it in order to be considered men and women by experts and the state.

6. The Birth of the Expert and the Creation of the Transsexual

Before progressing further in my analysis, I will consider a question that may emerge from the context, namely, that I am mainly relying on English-written criticisms informed by theoretical as well as human rights concepts popularized by American and British academic/activist discourses to theorize about trans* people and sexologists in the Czech Republic. How well does all of this translate, if it translates at all? The question in my view is not so simple as to label all English-written criticisms imperialism towards Czech culture since, for one thing, this would trivialize global instances of imperialism and colonialism that are simply not paralleled in the contemporary relationship between the Czech Republic and the US or the west of the EU. The critical theories I drawn upon are not *more* culturally imperialist than the “expert” discourse that they seek to displace, which is itself a Western phenomenon based on distinctly Western, yet mistakenly universalized, symbolic categories.¹³⁵ In terms of political affiliation as well as in terms of the general characteristics of its culture, the Czech Republic is indeed part of the global West and, I would argue, cannot be exempt from participating in broader Western imperialism just by virtue of being a “small” country (even the text of *Transsexuality* conveys some manner of Western universalism of gender/sexual identity). The oft-quoted argument by various Czech political

135 Šmausová 17-18.

conservatives and, poignantly, sexologists that feminism and gender studies are alien and inappropriate to Czech culture (a red herring I will examine further in this work) can hardly be accepted when the dominant discourse on gender roles and designations that these reactionary critics champion is already rooted in Western symbolic hierarchies. In short, the conceptualization of the Czech Republic as “not Western [enough to apply Western academic criticisms to]” is in itself largely appropriative of postcolonial criticism. On a separate note, the idea that gender theory should not apply to Czech culture (or that it has no proponents in Czech academic and activist spheres) does little more than paint a stereotypical picture of the entire society as one destined to remain uniformly patriarchal, hetero- and cisnormative. The interplay between the Western Enlightenment model of science, the “old regime” marking the history of the Czech Republic, and the present-day tensions between the positivist-essentialist paradigm of Czech sexology and its critics takes place within a dynamic far more complex than a struggle between two opposites could capture. What is designated as “Czech” is both specific to Czech culture *and* produced within the broader Western mode of thought.

The currently normative texts representing Czech sexology, most importantly the publication *Transsexualita: Diagnostika a léčba (Transsexuality: Diagnostics and Treatment)* by Hana Fifková et al., are partly derived from some outdated international norms such as previous versions of the DSM and the WPATH (then HBIQDA) *Standards of Care*, but it would likewise be an oversimplification to claim that their problematic nature is *entirely* an American/Western sociocultural export or that their incorporation of international scholarship only started happening after 1989 with the change in the political regime. As pointed out by Věra Sokolová, “unlike its counterparts in other East European countries, [pre-1989 sexology in Czechoslovakia] followed international trends, was familiar with cutting edge research, and discussed developments in the field in the 'western' countries.”¹³⁶ To maintain that the Czech context now is somehow fundamentally different and historically fully separate from Western scientific production and its conceptual frameworks would be a disservice to the fact that Czechoslovak sexology was informed by that international context even in the era of the Iron Curtain. However, Sokolová also argues elsewhere in relation to the discourse of gender and sexuality in pre-1989 Czechoslovakia that discussion of diversity in this area was a taboo topic in general society while at the same time being considered a legitimate matter of *medical* concern, leaving indelible marks on the perception of LGBTIQ* issues in the Czech Republic today.¹³⁷ The pervasiveness of the “medicine first” outlook

136 Věra Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* (Prague: Faculty of Arts of the University of Pardubice, 2013) 85. Unpublished thesis as of this writing, lent to me by the author.

137 Sokolová, “Koncepční pohled na 'sexuální menšiny' aneb vše je jen otázka správné orientace...” 251.

in the culture cannot thus be sufficiently explained by Czechs' slow adaptation to current Western standards of care alone (which, as of WPATH *SoC Version 7*, are in line with the discourse of human rights much more than they would support the discourse of pathologization like the HBIGDA *SoC Versions 1-6* did). Unlike homosexuality, which was finally removed from the Czech classification of diseases in 1992,¹³⁸ “transsexuality” (*transsexualita*; sometimes alternatively termed transsexualism) remains “diagnosis F 64.0” in the Czech Republic to this day. The framing of trans* people as patients is predictably at the core of their patronizing treatment, a situation shared with other contexts of scientific subjugation:

Since the seventeenth century, science has “owned” the study of the body and its disorders. This proprietorship has required that the body's meanings be utterly transparent and accessible to the qualified specialist (aided by the appropriate methodology and technology) and utterly opaque to the patient herself.¹³⁹

Susan Bordo's assertion here is primarily about women, but it holds relevance to *all* marginalized gender identities, including trans* people of various genders – the particulars may differ, but the base mechanism of this strain of gendered oppression is the same in principle. Categories of pathology coupled with “the appropriate methodologies and technologies” of their management are instrumental in the expropriation of those bodies which diverge from a certain normative standard; they are no longer owned by the people who inhabit them, but by institutionalized medicine. In the case of trans* people, even many of the formal measures that could mitigate the impact of this expropriation are still absent or actively undermined. In *Transsexuality*, the voices of trans* people are only tangentially present while graphic pictures of genital surgeries along with their results occupy a central place in the book for the curious reader to peruse.¹⁴⁰ This fetishization of stigmatized genitals is not unique to the oppression of trans* people. Intersex people, particularly those identified at birth or early childhood, have been subject to similar treatment at the hands of the medical establishment, though much more often outright physically abusive beyond “just” the gawking component.¹⁴¹ In both these cases (and they are not an exhaustive list), the matter of sex and gender is perceived as only being sufficiently comprehensible to medical professionals who follow certain conventions of their practice.

It is with the tacit assistance of these discursive mechanisms of expropriation that “the transsexual” as *a medical entity* in need of management by outside specialists is constituted; “the

138 Sokolová, “Koncepční pohled na 'sexuální menšiny' aneb vše je jen otázka správné orientace...” 251.

139 Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley and Los Angeles: University of California Press, 2003) 66.

140 Several pages dedicated just to these pictures are inserted, unnumbered, between pages 88 and 89 of the main text (see Fífková et al.). One more is appended to page 90.

141 Cary Gabriel Costello, “The Intersex Peep Show” in *Intersex Roadshow*, <<http://intersexroadshow.blogspot.com/2009/05/intersex-peep-show.html>> 20 May 2009, 18 Jun 2014.

transsexual body is a tactile politics of reproduction constituted through textual violence. The clinic is a technology of inscription.”¹⁴² The extreme metaphor of creation I used in the title of this section can be applied in the symbolic sense, but in some texts – both generally Western and Czech – it is invoked literally. In what Sandy Stone terms “the earliest partially autobiographical account [of what the medical establishment would come to call transsexuality] in existence”, the book *Man Into Woman* written by Niels Hoyer in 1933,¹⁴³ this rhetoric is the lynchpin of the story. The publication presents a binary transsexual narrative of Lili Elbe in relation to her doctor, “whom [Elbe] calls The Professor, or The Miracle Man. The Professor is He Who molds and Lili that which is molded”.¹⁴⁴ Already we have a hierarchical relationship between “the expert” and “the patient”, in which the agency of the transsexual subject is zero. The book's author, who is not Elbe herself, goes to great lengths to present this hierarchy as not only desirable but as in some manner esoteric, unfathomable except through its constant manifestations, and in the final instance even erotic. The extreme language of medical as well as personal objectification is utilized to drive these points home on a level that purports to be existential:

It seemed to her as if she no longer had any responsibility for herself, for her fate. For Werner Kreutz had relieved her of it all. Nor had she any longer a will of her own...there could be no past for her. Everything in the past belonged to a person who...was dead. Now there was only a perfectly humble woman, who was ready to obey, who was happy to submit herself to the will of another...her master, her creator, her Professor. Between [Andreas] and her stood Werner Kreutz. She felt secure and salvaged.¹⁴⁵

The transsexual here is incapable of existing without “her master, her creator, her Professor” – but even with him she only exists as an extension and living reminder of *his* creative power. Why resort to a 1933 text about a trans woman who had not come from the Czech environment to illustrate a point about the Czech Republic and the discourse of its sexology? The answer sits in plain sight in the following quote from an autobiographical book by Mike Perry, a Czech trans man, narrating his “mystical transformation” at the hands of his own Professor:

All afternoon I gazed at the email from Radka [the sexologist's codename in the book], all afternoon I soaked up the greeting “Dear Mike”. For the first time someone was writing to me like that, for the first time I existed to someone in my new name; it read to me like Holy Scripture, although it was only two banal words. Suddenly I was “that Mike” [...] It was so incredible and so very intoxicating. And it was She who had made me into this

142 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

143 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

144 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

145 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

man, who flung open the doors to my new identity while infallibly leading me towards realizing who I was and who I wanted to be.¹⁴⁶

The only salient difference between Perry's first-person account and Elbe's mediated narrative is the fact that Perry's "creation" is not explicitly tied to surgery. The rest of the discourse is conceptually identical, particularly concerning the godlike character of the "expert" who enjoys a blessed monopoly on all the guiding, creating, intoxicating and salvaging. The sensual and somewhat sexualized relationships between the "Professors" and their transsexuals are mirror images of each other, both adding up to binary heterosexual fancies, although it is interesting that, as it turns out, there may not *always* be a male "Professor" moulding a female subject towards proper embodiment in this type of transformation narrative. Stone points out regarding *Man Into Woman* that "[t]he British sexologist, Norman Haine, wrote the introduction, thus making Hoyer's book a semi-medical contribution",¹⁴⁷ likewise I noted earlier that the afterword ("Expert Opinion") to Perry's *A Cage for Lighthouses* is supplied by the ubiquitous Hana Fiková, safely incorporating the text into the medical discursive apparatus again. Let us imagine for a moment an alternate universe where Perry is a cisgender gay man writing about his experience coming out, and his book closes with an "Expert Opinion" on how best to "treat" the "disorder" of being gay. In 2011, the odds of this would not have been high in the mainstream media of a country where civil unions, though still kept symbolically and legally apart from marriage-as-defined-through-heteronormativity, are practiced with little impediment to cis gay and lesbian couples in affirming public ceremonies where no one feels compelled to verify whether a medical doctor is present to "set the record straight". Accounts of pathologized transsexuality, by contrast, remain discursively trapped in a 21st century enclave of the 1930s, where every text needs to be at least quasi-medical.

Generally speaking, the similarity between the two primary texts (*Man Into Woman* and *A Cage for Lighthouses*) is one made possible by social, cultural and historical context rather than by any essential property of transsexual subjects in the institution of medicine. Stone's erstwhile summary of the forces at play in this entire power ecosystem still holds almost uncannily true in the present Czech context, further showing that what is happening in the Czech Republic is linked to the entire enterprise of the Western medical establishment and how it "treats" gender:

"Making" history, whether autobiographic, academic, or clinical, is partly a struggle to ground an account in some natural inevitability. Bodies are screens on which we see projected the momentary settlements that emerge from ongoing struggles over beliefs and practices within the academic and medical communities. These struggles play themselves out in arenas far

146 Perry 165.

147 Stone, "The *Empire* Strikes Back: A Posttranssexual Manifesto" rev. 4.0, page unnumbered in text.

removed from the body. Each is an attempt to gain a high ground which is profoundly moral in character, to make an authoritative and final explanation for the way things are and consequently for the way they must continue to be. In other words, each of these accounts is culture speaking with the voice of an individual. The people who have no voice in this theorizing are the transsexuals themselves. As with males theorizing about women from the beginning of time, theorists of gender have seen transsexuals as possessing something less than agency.¹⁴⁸

“Something less than agency” is actually an understatement with respect to the primary sources cited above; their elision of trans* agency is absolute. The issuing of normative directives regarding gender identification, proper embodiment, and proper articulation to stigmatized individuals from authority figures/institutions who usurp for themselves the power to validate or dismiss identities is nonetheless dispersed throughout the medical transsexuality discourse. The very fact that there *is* a designated authority for the “proper management” of trans* status lends credence to the observation that “transsexuals are infantilized, considered too illogical or irresponsible to achieve true subjectivity, or clinically erased by diagnostic criteria.”¹⁴⁹ The invisibility of this discursive strategy that systematically undermines the independent validity of trans* existence – and of the fact that it is discursive rather than demanded by some “natural” order – is at the heart of the almost uninterrupted operation of the sexological framework of transsexuality in the Czech Republic. Věra Sokolová comments that “the persistent monopoly of sexologists, psychologists and psychiatrists, who have dominated discussions of homosexuality (and sexuality in general, for that matter) at the expense of qualified gender analysis by sociologists or historians” owes its development both to the repressive pre-1989 political regime and to a general climate of “virulent anti-feminism”¹⁵⁰ (where we must remember that the rejection of *intersectional* feminism includes the rejection of gender theory that could be useful to trans* people, among other distinctly marginalized groups). That analyses couched in history and/or sociology are disparaged as being unnecessary or “less than” the the dominant essentialist discourse is exactly what works to make sexology seem critique-proof. Interestingly, critique from the field of biology is likewise omitted; *Transsexuality: Diagnostics and Treatment* does not cite researchers like Anne Fausto-Sterling whose chief complaint concerns the dearth of nuanced and accurate representations of biology in influential theories of gender, sex and sexuality.

As I proceed to examine the prime example of the sexological management of trans* identity

148 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

149 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

150 Věra Sokolová, “Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989” in Jiřina van Leuween and Nicole Richter (eds.), *Mediale Welten in Tschechien nach 1989: Genderprojektionen und Codes des Plebejismus* (Munich: Kubon und Sagner, 2005) 32.

in the Czech Republic, the aforementioned monograph *Transsexuality: Diagnostics and Treatment*, I would like to draw attention to one more parallel between the oppression of cis women and the oppression of trans* people of all genders. We have already seen in the applicability of Bordo's commentary concerning doctors and patients that the mechanisms involved in medical objectification are similar across marginalized genders; conversely, Stone links the “infantilization” of trans* people and the erosion of their agency to the same being done to cis women by institutionalized cis male-centric theories.¹⁵¹ In the context of what is now the Czech Republic, infantilization has historically taken on the form of literal commissions/committees that regulate various aspects of embodiment, supposedly for the subject's own good. The right to have an abortion, for example, was to be granted by an officially appointed committee in the past, which, like in the case of trans* people seeking surgical transition procedures to this day, was supposed to gauge the “necessity” of the request on the basis of arbitrary medical and moral criteria, not on the basis of the right to bodily self-determination and freedom of choice, which was instead presented as “selfishness”.¹⁵² Radka Dudová elaborates that the discourse embraced the notion of women seeking abortion as “in need of education, resocialization/re-education (*převýchova*) and help”;¹⁵³ she also notes the framing of women “as objects of care, decision-making and control, not as independent actors” in the texts of gynecology and psychology.¹⁵⁴ As with trans* people seeking medically assisted transition and/or legal gender recognition today, the medical discourse surrounding abortion during the years of abortion committees preempted human rights considerations.¹⁵⁵ The overall patronizing tenor of the discourse along with its power to discipline, to allow or to deny, is shared between the treatment of abortion in recent history and the still practiced “management” of medical transition and gender recognition in the medico-legal establishment. The discourse produces a situation where, regardless of the declared or implied intent of these normative institutions and authority figures, “there are no subjects in these discourses, only homogenized, totalized objects.”¹⁵⁶ I believe that it is precisely the suppression or outright absence of genuinely emancipatory efforts, as opposed to practices of pathologization and control, that play a central role in the invisibility of trans* status as a site of human rights in the Czech Republic today.

151 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

152 Radka Dudová, *Interrupce v České Republice: zápas o ženská těla (Abortion in the Czech Republic: The Struggle for Female Bodies)* (Prague: The Institute of Sociology of the Czech Academy of Sciences, 2012) 47-50. Because the discourse was hetero- and cisnormative, it is not clear how people who could get pregnant but did not identify as women could have been affected by the legislation, or if such cases are documented at all. Even Dudová's critical appraisal of the period counts on the cisnormative category of a “female” body.

153 Dudová 50.

154 Dudová 75.

155 Dudová 76.

156 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

III. Discourse Analysis: Through Theory to Practice

1. The Text Body of Normativity

If anything traps us, it is that cliché of being trapped in the “wrong” body. In the end, the phrase is not ours, it was developed by a few well meaning cis people to render our experience patriarchally intelligible.

— Katherine Cross, “A Cliché Trapped in a Metaphor's Body”

Patriarchal intelligibility may well be the underlying idea of all normative “explanations” of gender diversity. That any notion of a unified, existentially “wrong” trans* existence is much more a cultural construct than it can be a useful descriptor of the varied experiences of trans* people should now be sufficiently established. At the same time, it does bear acknowledging that some of the now increasingly rejected concepts of trans* identity and how it should be “managed” may originally have been well-intentioned: for example, construing the body as the only site that “should” need treatment aided in the abandonment of “reparative” therapies. However, if good intentions are to be maintained by sexology, this necessarily has to include reconsidering and reflecting upon the dominant narrative so that it can be prevented from becoming a form of enforced normativity for the only “correct” trans* identity in turn. That is exactly what has happened in the Czech discourse, where sexology's erstwhile vision of “true transsexuality” has become the hegemonic narrative that now generates further oppression. To my mind, the only way to meaningfully reinstate an ethical goal would be for sexology to take a step back, leaving gendered and bodily self-determination up to trans* people and providing individualized support when requested without arbitrary prescriptivism and without disseminating overly simplistic stereotypes in the media and society at large. So far, the codification of sexological normativity that treats sterilization as a foregone conclusion into coercive law has accomplished the opposite.

In this section, I will attempt a more detailed analysis of how an authoritative text presents itself and what strategies it employs to achieve the look of absolute credibility and “objectivity” characteristic of its genre. The collective monograph *Transsexualita: Diagnostika a léčba* (*Transsexuality: Diagnostics and Treatment*) by main authors Hana Fifková, Petr Weiss, Ivo Procházka, Ladislav Jarolím, Jiří Veselý, and Vladimír Weiss is primarily designed as a text to be read by the general public – which demands that the attitudes presented therein be fairly unified – but it is also clear from its contents and structure that it popularizes at least some of the categories and practices that have long been employed by discourse of sexology behind closed doors. At the

same time, it is intriguing that this essentialist version of sexology resistant to meta-criticism has come to represent the dominant take on sexology in post-1989 Czech Republic, as Věra Sokolová's comprehensive study of pre-1989 sexological texts found that

official sexological writings from the socialist era also contain arguments, which one would not expect from the allegedly strictly essentialist and heteronormative medical discourse during the communist regime. For example, in 1976, sexologists Eva Brauerová, Viera Satková and Antonín Topiař astonishingly started their article by arguing that the “relative insignificance of the biological differences between the sexes ... mean[s] that “male” and “female” are in the end nothing more than erotically conditioned ideals, which are subordinated to historical and individual changes.”[121] In other words, sexological discourse was far from uniform and much more liberal than it is often presented.¹⁵⁷

In light of this information, it would be irresponsible and indeed misleading to treat Czechoslovak/Czech sexology as a discipline that has been uniform at every point in time and across research teams. All the same, the level of context-awareness and interdisciplinary openness exemplified by Brauerová, Satková and Topiař does not seem to have “made it” to the discourse that is at present the normative sexological viewpoint – or perhaps we may further speculate that it had been characteristic of a separate school within sexology all the while and thus espoused by authors whose views did not ascend to the same plane of privilege in subsequent years as those of Fifková and colleagues. Why is it that the current, post-1989 paradigm of Czech sexology as presented in this influential text appears to be *more* essentialist and heteronormative than at least some strains of sexology under the former regime? For that matter, why is the text by Brauerová, Satková and Topiař absent from the bibliographical section of *Transsexuality*, considering that many if not most of its sources are by now decades old and a Czech article from 1976 would have fit right in?

I do not believe that all of this can be answered through examining a finished product of a particular sexological school. Sokolová remarks that the article quoted from above was “rather an exception” and that the majority of sexological texts “build their study of human sexuality on the presupposition of stable and oppositional male and female body, and thus also gender”, that being “the view that sexology was trying to sell to the public.”¹⁵⁸ In this context, the primary reason I focus on *Transsexuality* is precisely that it remains the authoritative text on gender diversity (subsumed under “transsexuality”) in the Czech Republic to this day and may very well constitute a “view to sell” in its drive to showcase largely unified arguments. The fact that this text is the target

157 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 71-72.

158 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 96.

of the majority of my criticism thus corresponds to its normative function and to the fact that it contains almost every major trope related to the master narrative of transsexuality as a medical condition. A critique of these tropes can be generalized to other contexts, even if they are embodied by a particular publication; that is, if transsexuality is a “genre”,¹⁵⁹ it pays to investigate who has enjoyed the most power to determine what this genre should be comprised of.

On an institutional level, the authors themselves are or have been active practitioners who directly deal with trans* people as “clients/patients”, which endows their normative definitions with considerable practical power (although we cannot surmise from their collaborative writing alone that they all share the exact same views, as *Transsexuality* must have been negotiated to an extent within the team behind the scenes). The publication is peer-reviewed by Jaroslav Zvěřina, another eminent Czech sexologist, suggesting that the discourse formulated in such a closed group will be fairly resistant or perhaps even impermeable to substantive dissent. This concentrates the “expert knowledge” on gender diversity (“transsexuality”) into the hands of a small group of people. What is being presented as an objective and universal account is limited already by the exclusionary manner in which contributors were selected and their work incorporated. The fact that this is largely not perceived as a problem – instead, it can be seen as a guarantee of quality by positivist standards – illustrates the privileged position the medical discourse occupies among the sciences in the Czech context. Rather than engaging in an open discussion, *Transsexuality* presents a series of “facts” to be taken at face value; it essentially showcases *one* possible interpretation of gender diversity to the exclusion of all others. The damage done is compounded by the symbolic value ascribed to the “hard sciences” in the Western worldview.

I hope to show in the following pages that the textual as well as epistemological strategies in *Transsexuality* total up to a discourse that conceptually destroys any authority, autonomy or agency trans* people could have had over their own gender identity and lived experience. Gender diversity is simultaneously established as a diagnosis/disorder and as a rarity (this latter is further compounded by the fact that sexological surveys on the “prevalence” of gender diversity or “transsexuality” are limited both in what they recognize under the transsexuality label and in their contact with only those trans* people who seek access to medical transition in institutions). I also note that the framing of trans* people in the publication is overwhelmingly negative, their key associations being with disorder, helplessness, self-loathing and other pathologizing and/or patronizing concepts. The image of uniform “transsexual” that emerges is so compelling because it mixes two hallowed notions: authority (because “expert knowledge” was involved in its production) and general applicability (because almost every trait that the authors ascribe to trans* people is

159 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

uncritically generalized in the book). All this crystallizes as a norm – abstract, static, generic – that corresponds with the depoliticized and stigmatized approach to gender diversity and trans* identity in the dominant Czech discourse, both medical and legal. To put it in the crudest way possible: if you do not own your body (since some imaginary man or woman does), then it might as well be owned by the state and by medicine, both of which will then feel entitled to mandate their own interventions. The tacit belief that trans* people do not own their own bodies can only emerge in specific discursive contexts; these will be further detailed below.

2. The Paradigm of Reality

Though academic discussion couched in the constructivist paradigm has long included trans* status as a subject of inquiry with a great level of complexity, the same cannot be said about approaches based on positivism. This paradigm is evidently the prevailing one in Czech medicine, and it itself constitutes a particular discourse. The defining trait of positivism is the belief that there is a single reality which is observable and can be examined “objectively”.¹⁶⁰ The conventional association of positivism with the so-called “hard” sciences contributes to its prestige and enduring authority which, at least in the Czech context, manifests itself as a remarkable resistance to criticism (and when criticisms are raised, they are often arbitrarily discredited due to their provenance without engaging the actual argument they make). As a result, the assumption that positivist findings equal “objective” ones is widespread. Texts founded on sometimes outright naïve positivism are often treated as if exempt from criticism and uninfluenced by the many social phenomena that shape discourse; their discourse becomes near invisible *as* a discourse. The consequences of this are far-reaching: not only does an uncritical acceptance of essentialist-positivist conclusions stifle discussion and prevents said conclusions from being held up to scrutiny, but entire areas such as health care can become subject to policing.

It is not quite enough to point out that the position occupied by the medical establishment, represented in this case by sexologists with vested institutional power, is based on a positivist-essentialist paradigm: it is also the position with the power to define how “transsexuality” will be treated and which gender roles and gender performances will be considered legitimate. While the tone of *Transsexuality* masquerades as descriptive, it should not obscure the fact the authoritative background of the publication endows it with the power to prescribe. Jana Dvořáčková specifically addresses this problem in Czech medicine:

As a result of its scientific authority, sexology establishes [its] discourses as discourses of truth, strengthening their normative aspects considerably in the process – it delineates the

160 Ramazanoglu and Holland 12.

coordinates within which it is still possible to lead livable lives, and it pathologizes behaviour that is nonconforming with them.¹⁶¹

Dvořáčková provides a well-founded overview of the way the discourse of medicalized transsexuality operates, which is characterized by both paternalism and identity policing. Because of the privileged position of this perspective, it purports to be “objective” and even helpful, although like all normative outlooks in post-Enlightenment science it is a product of specific discourses showcasing systematically privileged opinions.¹⁶² In a broader sense, the paradigm espoused by sexology assumes the ideological role best exemplified by Stuart Hall's triad of “common sense” – “naturalistic illusion” – “reality effect”.¹⁶³ The role that sexology plays in the normative constitution of “reality” becomes difficult to discount once its typically undisclosed *modus operandi* is acknowledged. Firstly, “transsexuality” is established as a category signifying disorder and a deviation from what is “normal”. Secondly, *all* trans* identities are presumed to be part of a single, universal “transsexuality”, already labelled as a pathology. Although both of these conclusions are effects of discourse and at best “reality effects”, their authoritative position makes them foundational to the discussion. The pathologized status of gender diversity is not only the underlying assumption of *Transsexuality*, but also overtly emphasized in key phrases: “a disorder as severe as transsexuality doubtless is”.¹⁶⁴ The illusion of certainty the text consistently goes out of its way to impart ranks among its most powerful textual strategies. However, as history should have taught us many times over, “[n]o image, verbal or visual, of 'the facts of sexual difference' exists independently of prior claims about the meaning of such distinctions”.¹⁶⁵ These prior claims, rather than an empirical bedrock of unbiased data, primarily underline the discourse of *Transsexuality*.

3. Intimating the Intended Audience

Besides discourse itself, the issues of interpretation and reader reception are crucial to any text, particularly since, as Roland Barthes admonishes, these are not controllable by authorial intent.¹⁶⁶ Some authors may nonetheless attempt to steer the reader towards certain conclusions through introductory sections and other inserted commentary, which can be seen in *Transsexuality* as well. Speaking on behalf the collective of authors, Hana Fifková describes the intended reading of the book in the Foreword:

161 Jana Dvořáčková, „Diagnóza F 64.0: Transsexualita optikou sexuologie“ (“Diagnosis F 64.0: Transsexuality from the Sexological Point of View”, original author's translation of title) in *Sociální studia*, Vol. 1/2008 (Brno: FSS MU, 2008) 72-73.

162 Dvořáčková 57.

163 Hall 1057-58.

164 Fifková and Weiss Fifková et al. 21.

165 Laqueur 66.

166 Roland Barthes, *The Death of the Author*, reprint archived online, 13 May 2014 <http://www.tbook.constantvzw.org/wp-content/death_authorbarthes.pdf> 5-6.

The monograph is intended for experts dealing with the problem of transsexuality across medical fields. It can be a guide for colleagues on the front lines as well as for other assisting professionals, who are often the first to encounter transsexual clients and whose attitudes can determine the fates of these clients. There is also ample information for students in secondary and tertiary education; the monograph is a comprehensive study material as well as a source of knowledge for their future academic practice.¹⁶⁷

Whether the book actually delivers on its ambitious promises will be examined at length in the following sections; for now, it should be noted that “experts and students” constitute the primary audience. They are implied to be unfamiliar with the subject matter and expected to learn about it chiefly if not only from the publication presented. As such, they are not likely to be trans* themselves or have meaningful relationships with trans* people in their lives. The text clearly bills itself as a normative one with its certainty of meeting academic criteria and becoming the go-to publication on its topic. As the intended usage is both as a study material and as a manual, the reach of the text is expanded on two fronts: as a field guide for practitioners and as a textbook for people being educated in the field. The normative influence arising from such monopolization is obvious. Another alarm bell rings when Fifková phrases this segment as though the book will never need to be updated (although many of its source materials were already dated in 2002, the year of publication). This lack of self-reflection and downplaying of the need to update and amend existing bodies of knowledge represents a fatal flaw in the authors' presentation of the subject matter: the assumption that the book as presented in 2002 is a conclusive look. This aversion to the necessity of keeping up to date and responding to new developments will be shown to have particular repercussions in the chapters on etiology and whenever formulating overt taxonomies.

The expression “[our] colleagues from the front lines” is likewise of interest with how it paints sexology's treatment of transsexuality as a battle. It is not clear from the text what this battle is being waged against. It is most likely not the existence of “transsexuality” itself, as the concept is central to how sexology manages gender diversity by transforming it into a diagnostic category. Perhaps more probable is the explanation that these “front lines” refer not to battle but are instead an open analogy to colonialism, reaching out to colleagues who are on the “front lines” of transmuting the wild expanse of gender diversity into clearly demarcated “transsexuality”. There is a clearly identifiable parallel to historical and current colonialism and its “universalising vision of gender, one we still live with, where a hegemonic Western gender ideal is now popularly believed to be culturally and temporally universal”, which at the same time perpetuates the “exclusion [...] of

167 Fifková in Fifková et al. 12.

any theory generated by the colonised people.”¹⁶⁸ While in some forms of pretend-universal theory generated by the privileged about the marginalized, such conceptual exclusion is central to the enterprise but remains implied, in the case of *Transsexuality* it is acknowledged and positive value is ascribed to it:

Last but not least, we kept our current and future transsexual clients in mind. Hopefully, the book will help them in finding themselves and offer guidance along the difficult path to solving their problem. It can also provide support to their loved ones in understanding and accepting how transsexual people are different.¹⁶⁹

The paragraph may be intended as a gesture of goodwill and reassurance, but the normative aspect becomes sinister in the suggestion that trans* people should invariably “find themselves” in the definitions outlined for them by a limited group of cisgender authority figures rather than in anything else. Identifying “correctly” in the vision of normative transsexuality that Fifková et al. lay out means internalizing a whole paradigm that rests on having a “disorder”,¹⁷⁰ suffering from overwhelmingly negative feelings about one's body, presenting in a strictly gender-stereotypical fashion, abstaining from certain sexual practices, not wanting to have genetic children, etc. In addition, Fifková et al. presuppose that *all* trans* people will exhibit at least some of the above traits (and all for the same reasons) without regard for individual identification and preference. Likewise striking is the fact that any possible utility of the book to trans* people is relegated to the very end of the introductory section, allowing for little critical engagement with the content after all the “experts” have already defined and streamlined it as they saw fit. Judging from Fifková's division of “transsexual clients” from “experts and students”, there is discursively no overlap between the two groups, further cementing the notion that trans* people can never be the ultimate authority on their own identity and lived experience – quite the contrary, future cisgender “experts” need to be appropriately educated by the current ones without any substantive input from trans* people so that the discourse can continue to keep its subjects in line. Trans* people, meanwhile, are explicitly asked to be spoken for.

These are things that the introduction states quite clearly. Trans* people have a “problem”, to which the book is a solution. They cannot communicate their lived experience to their partners, friends and relatives; instead, they should rely on the book to “explain” them. The path of transition is described as “difficult” without taking into account how much of the difficulty may stem from having to navigate a prescriptive legal and medical system in a cissexist society, instead insinuating

168 Cross, “A Social Symphony: The Four Movements of Transphobia in Theory” <<http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>>.

169 Fifková in Fifková et al. 12.

170 Also pointed out in Dvořáčková 67.

that being trans* is in and of itself synonymous with toil and trouble. Under these conditions, we can only hopelessly echo Sandy Stone's old question: "How, then, can the transsexual speak? If the transsexual were to speak, what would s/he say?"¹⁷¹

4. The Structure of the Sexological Argument

In text analysis, content and form are not necessarily separable from each other. Assessing the structure of the argument is useful in that it reveals how the structure itself can be manipulative, whether this is done in a deliberate way or works more subtly through discursive practices that may not be fully realized even by the author. It is, after all, neither testable nor too relevant whether the imposing of a particular structure upon the text by its author is always fully deliberate – yet the structure informs how interpretation is produced and which meanings are privileged in its context, what reader responses are invited and what parts of the text are made important.

In terms of structure, then, *Transsexuality* strives to appear neutral. Its chapter list is fairly comprehensive in that it covers more or less all of the major categories employed by the medical discourse. The chapters (not yet inclusive of the introductory section, sub-chapters, appendices and bibliography) are as follows:

- Sexual Identity (pages 13-19, 4 sub-chapters)
- The Etiology of Transsexuality (pages 21-23, 2 sub-chapters)
- The Diagnosis [or diagnostic method] of Transsexuality (pages 27-37, 1 sub-chapter)
- Differential Diagnostics (pages 37-42, 8 sub-chapters)
- The Basic Stages of the Sex-Change Process (pages 43-49, 8 sub-chapters)
- Psychotherapy (pages 52-59, 3 sub-chapters)
- Endocrinological Aspects and Hormonal Therapy (pages 60-67, 4 sub-chapters)
- Surgical Procedures in FtMs (pages 67-80, 3 sub-chapters, the last with additional 4 sub-chapters)
- Surgical Procedures in MtFs (pages 83-90, 2 sub-chapters)
- Differences between FtM and MtF Transsexuals (pages 91-98, 7 sub-chapters)
- Transsexuality and Parenthood (pages 101-106, no sub-chapters)
- Legal Aspects (pages 107-111, no sub-chapters)
- Transsexuality and Religion (pages 112-117, no sub-chapters)
- Sociological Aspects (pages 118-122, no sub-chapters)

171 Stone, "The *Empire* Strikes Back: A Posttranssexual Manifesto" rev. 4.0, page unnumbered in text.

It would appear from this overview and the section names that the book attempts to be balanced and even take into account some societal aspects of its subject matter, which is probably the goal of the ToC. However, the lengths and detail given to the individual chapters are far from even. Judging from the number of sub-chapters as well as their page counts, the most detailed are the chapters dealing with “technical” information, such as surgical procedures, the prescribed trajectory of transition, and a taxonomy of sorts that outlines some supposedly characteristic differences between trans men and trans women. This corroborates the preoccupation positivist accounts have with “hard fact” and with categorization, although the arbitrary criteria of gendered “difference” assigned to trans men and trans women by cis sexologists present a decidedly different category from directly measurable and concrete objects of particular surgeries. According to the positivist-essentialist paradigm, though, there is no significant difference between these areas of inquiry, and hence the chapters are all treated similarly. This is not only misleading in that it puts the gender stereotypes imposed upon trans* individuals on the same level as precise surgical (or surgically precise?) interventions, but it also prevents the positivist discourse from conceptualizing the category of gender as anything other than an inborn “essence” divisible into neat categories.

From further comparison of the individual chapters, it appears that the least detailed ones are those which, if approached more deeply, would inevitably trouble the straightforward narrative presented in the “core” chapters. The chapter titled “Sociological Aspects” [of transsexuality], arguably a field which would warrant a far more thorough examination given its immediate relevance to the social standing of trans* people, spans a grand total of four pages. Moreover, the chapter is slotted at the very end of the volume, just before the bibliography and appendices, further compounding its marginal status. Similarly marginal is the chapter titled “Legal Aspects” [of transsexuality], again a subject which could be troubled with questions regarding the human rights of people who are legally required to undergo surgery and, if living in a state-recognized partnership, a divorce as well, in order for the state to recognize their gender as valid. “Transsexuality and Parenthood”, along with “Transsexuality and Religion”, are also brief and disconnected from the other chapters in the book.

Aside from length and detail level, what also signals the marginal status of the chapters without a primarily medical subject matter is their grouping towards the end of the volume, as if they merely constituted an afterthought to the “objective” findings in the previous sections. This interpretation is supported by the fact that there is no logical progression among the final four chapters. They are fragmented, unlike the previous ones, which follow a clear chronology of etiology – “diagnosis” – treatment – details of treatment and its outcome – legal recognition and assimilation into society. It is to the detriment of the minimum of non-medical perspectives that

appear in the publication that they are not granted similarly logical tie-ins. Sociological and legal aspects could have been, for example, brought together to form a more in-depth analysis and to achieve a greater cohesion of the subject matter (insofar as they could have been a coherent whole, being written by different authors), but they are separated by the chapter on religion, which actually *precedes* sociology in the book's structure.

Of great interest is the juxtaposition of the introductory section and the appendices. By way of introduction, the book opens with “Excerpt from Peer Review” by Jaroslav Zvěřina, designed to provide the authoritative foundation upon which the rest of the publication builds. The content of this short segment will be examined further in a later section, as it offers a fascinating – if unintended – insight into the ideological operation of the normative discourse when confronted with counterdiscourses. At the other end of the book, after the bibliography, we finally find the appendices: The Harry Benjamin International Gender Dysphoria Association *Standards of Care* (Appendix 1), the informed consent forms for sterilization (“sex change”) surgery and for HRT (Appendix 2), Testimonials of Transsexual Clients (Appendix 3) and Contacts (Appendix 4). With the exception of Appendix 2, which does not have a unified title, these are the actual titles of the individual sections when translated. As we can see, it is *only in the second-to-last appendix* that some select trans* people are formally granted some space in which to express their views.

5. The Content That Is Shaped

While structure shapes its content in many ways, the content itself is indispensable. A closer look will be taken here at the language used in the publication, the actual message conveyed by the authors and, finally, the implications and broader context of this message.

As a preliminary note on the language, it can generally be described as clinical, pathologizing, and not in accordance with the preferred usage in the LGBTIQ* community today. *Transsexuality* is the accepted name of the subject matter in the publication, a few times complemented by *transsexualism* and *transvestitism*; *transgender* is never used as the normative category. With regards to the people concerned, in a minority of cases the adjectival phrase “transsexual person (people)” is used, but the majority of usages is the noun “transsexual(s)”. Other currently preferred terms like “transgender/trans/trans* person (people)” or “trans man/trans woman” are not employed in the normative definitions. All this suggests that the linguistic grounding of the text is located in the medical register, which is in this case closed off to other available discourses, such as self-description by trans* people, the language of human rights activism, or the critical vocabulary employed by researchers and theorists whose work interrogates the discourse of biological essentialism.

Among the pathologizing terms we find “disorder” (*porucha* in Czech), “disease/illness” and its related adjectives (*choroba, nemoc, nemocný*), “diagnostics” and “diagnosis”, “fetish/fetishistic”, “patient” (sometimes alternated with the less pathologizing “client” but not consistently), “dysphoria” (*dysforie, rozlada*), “disgust/distaste” (*odpor*), “problem”, “syndrome”, “handicap”, being positioned outside of “the normal population”, something to be “admitted to” or “suffered from” (*trpět, trýzeň*), at odds with “classic heterosexuality”, etc. This framing creates a strong negative connotation around gender diversity, strengthening the already polarizing rhetoric of gender “disorder”.

Fifková et al. devote several chapters to describing the various ways in which the trans* body “should” be made to better comply with the preconceived norms of what a male or female body is supposed to look like.¹⁷² Not only that, the authors do not conceive of those trans* people who have *not* undergone all of the prescribed procedures as “really” being their identified gender, as shown even by such trivial indicators as chapter titles. In the section “Differences Between FtM and MtF Transsexuals” (notice the noun form of “transsexual” and the conspicuous absence of “people”), there is a sub-chapter titled “Sexual Life in the Role Psychologically [the person's] Own *After Completing the Sex Change Process*” [emphasis mine].¹⁷³ Clearly, according to the authors, the male or female sexual role cannot be “*psychologically* one's own” until the individual has been through all of the prescribed *physical* interventions. Aside from being obviously normative and dismissive of even the option of there being an individual component to sex life or to one's preference in bodily configuration, this phrasing does away with the possibility of being respected as a person of a certain gender/sexual role purely on the basis of identity and agency. It also confuses its own body/mind dualism by making the mind suddenly read as dependent on first modifying the body. Similar examples of conditional would-be acceptance litter the pages of *Transsexuality*. Diversity is thoroughly undermined by pathology, and pathology can only be navigated by “agreeing” to follow a predefined transition path ending in compulsory sterilization, a *de facto* eugenic requirement being exerted over an entire demographic subsumed under one pathology-insinuating umbrella.

6. The Seductive Truisms of Biological Determinism

The overall view of “sex” as a biological category in the publication is in the vein of simplistic binary categorization: the existence of exactly two sexes is considered to be a given, and to each sexes a set of normative characteristics is attached. The resultant blueprints for each “sex” are treated as pre-discursive and defining for what it means to be a man or a woman in general. The concept of “biological sex” the authors outline in the beginning presumes an uncomplicated and

172 Fifková et al. 43-90, spanning multiple chapters with various combinations of the individual authors.

173 Fifková, Procházka and Weiss in Fifková et al. 94.

uniform relationship between chromosomes, fetal development, sex organs, and hormones. Not all of these “facts” are clearly sourced in the text; for example, the chapter “Sexual Identity” where the normative definition of “biological” (as in chromosomal) sex is provided does not appear to source any of its claims about fetal development. Worryingly, there is no direct mention of any of the scholarship that has challenged the notion of “sex” as a clearly divisible binary that can be applied universally (e.g. Thomas Laqueur and Anne Fausto-Sterling's major works in the field, both of which had already been published by the time *Transsexuality* hit the shelves). *Transsexuality* further presupposes that there is a clear distinction between “culturally specific differences between the sexes” and “biological and psychological differences” which, the authors claim, “are preserved” even as social changes happen.¹⁷⁴ This level of simplification, along with the assertion that the spheres of society and biology can clearly be separated, is a textbook example of what Hood-Williams and Hird call into question about the ingrained notions of “biology” and “biological sex” as something that precedes society/culture (a “natural” phenomenon), is in no way shaped by it, and, unlike gender, “is immutable”.¹⁷⁵ The question is less of whether the outline of “sex” and “biology” in *Transsexuality* is insufficiently complex and non-exhaustive – there can be no question that it is – but what purpose the simplification serves in the overall narrative of the publication and, by extension, of the very medical establishment that takes it upon itself to regulate gender identity. While biological essentialism is obviously problematic in itself, its effects in relation to “transsexuality” as *the* normative framework under which all gender diversity is fallaciously subsumed legitimize a practice that, as will be shown in the following sections, ultimately hinges on gender policing and on systematic denial of trans* people's agency in their gendered development, not on medical beneficence.

The uncritically defined “biological sex” of *Transsexuality* (the authors' consensus is that sex chromosomes constitute “the basic sex”)¹⁷⁶ will develop into a kind of default reference point in the book, whether it be in contexts of general biological determinism (which, somehow, always seems to be in convenient agreement with heteronormative institutions despite sexology's insistence that “humans are closed units, the social being relegated only to their surface”)¹⁷⁷ or while emphasizing how trans* people supposedly fall short of the binary ideal. This of course presupposes “that biology itself consistently distinguishes between males and females”, when “shades of difference and similarity [occur] much more often than clear opposites”¹⁷⁸ would have been a far more descriptive (as opposed to prescriptive) assertion.

174 Procházka and Weiss in Fifková et al. 14.

175 Hird, and Hood-Williams quoted in Hird 25.

176 Procházka and Weiss in Fifková et al. 13.

177 Dvořáčková 68.

178 Hird 25.

It is precisely the institution of “opposite sexes” that is so vital to *Transsexuality*. It is repeatedly stressed that even for those trans* people who choose medical transition inclusive of surgeries, the procedures “will not be able to create the organs of the opposite sex perfectly” and “it cannot be guaranteed that the new tissues will fully conform to anatomical, functional and aesthetic norms”¹⁷⁹ in an unacknowledged nod to eugenic classifications of “ideal” bodies.¹⁸⁰ The HRT consent form the authors provide reads as almost sarcastic in this regard, telling the prospective client that “the effect [of HRT] cannot be perfect” and that “in men, there will not be a complete cessation of facial hair growth.”¹⁸¹ The signal words “perfect” and “norms”, along with the reference to “biological” sex in trans women, are all symptomatic of one larger problem: the discourse of transsexuality seeks to avoid or to rephrase gender diversity rather than to affirm it. Rather than conceding that the categories of “man” and “woman” are in reality not as simple as matching up uniform chromosomes to uniform genitals, the discourse is framed so that people whose bodies are not within the normative blueprints into a position of only partial legitimacy. What makes this tactic particularly egregious is that it is not, as *Transsexuality* itself will continue to betray over and over, due to some simple ignorance of gender/sex diversity existing:

[S]cience has historically recognized the diversity inherent in “sex” diversity across many animal and plant species, including humans.[68] Despite this, modern discourses produce a specific knowledge about what is “*natural*” about “sex.” That is, that “sex” consists of two mutually exclusive typologies: female and male. This sociopolitical belief “is maintained and perpetuated by the medical community in the face of overwhelming physical evidence that this taxonomy is not mandated by biology” (Hausman, 1995: 25).¹⁸²

So, although reality here makes a case for “sex” being, to use the cliché, a spectrum, the discourse still wilfully pretends that it is a rigid binary and that trans* people are in the wrong for not matching this imposed binary in every respect. This is of course assuming that “sex” exists at all as something other than a socially mandated construct: “Despite growing scientific evidence to the contrary, sex *must* exist.”¹⁸³ To further this perceived necessity of binary sex, then, instead of being treated as a valid identity in its own right, trans* status is regarded simply as partial assimilation to cisgender maleness or femaleness (one of the guest authors of *Transsexuality* even mistranslates sex *reassignment* as “creating a likeness” [*připodobnění*]¹⁸⁴). The very premise of there being an “ideal” cis blueprint of unproblematically delineated “sex” for trans* people to assimilate to (and fall short

179 Fifková et al. 159.

180 Hartmann 2.

181 Fifková et al. 160.

182 Hird 136.

183 Fausto-Sterling, *Sexing the Body* 192.

184 Skoblik in Fifková et al. 112, 115.

of) marks trans* existence as somehow inherently deficient next to that normative blueprint.

Intersex (incorrectly referred to as “true hermaphroditism” or “pseudohermaphroditism” in the book) is mentioned only in passing among the various definitions, predictably treated as an anomaly and a disorder.¹⁸⁵ I note here that the concept (and, in some usages, actual term) of “Disorders of Sexual Development” is controversial at best in light of major intersex organizations and even some world legislature now recognizing that intersex status is not a disorder at all.¹⁸⁶ The dictum of a disordered anomaly makes intersex, too, into an exception that supposedly proves the rule, based on the authoritative notion that “doctors know better. With Science they can tell the 'true sex' of these people, and eliminate the challenge to sex dyadism.”¹⁸⁷ In effect, this prevents intersex status from being recognized as just another case in point that “sex” is not as straightforward as binarist impositions would have it. This non-recognition is, again, a discursive strategy, or as Costello puts it, the “belief that intersex people 'really didn't exist' when they were standing right there was like some oddly theoretical genocide.”¹⁸⁸ His is not a lone voice to this effect; for example, Myra Hird would concur that “it is ironic that *biology* is routinely used in contemporary society to sustain the *cultural notion* of sex dimorphism” [emphasis mine].¹⁸⁹

One more use of intersex in *Transsexuality* and by extension the sexological outlook – literally *use*, as it entails the instrumentalization of intersex status to further the discourse of normative transsexuality – appears in etiological theories, where the outcomes of studies of intersex people are treated as though they simultaneously proved something about trans* people. The premises the authors use to further that claim are riddled with contradictions. At one point, they reference a study carried out by Imperato-McGinley et al. in the Dominican Republic in 1979, which followed a group of 33 XY people with deficiency in 5- α reductase, 19 of whom had been “mistakenly” raised as girls before developing sexual characteristics regarded as male.¹⁹⁰ The authors, both of the original study and of *Transsexuality*, operate on the premise that said intersex people were “really” male (because genetic sex criteria are privileged), a questionable assertion in and of itself given the non-correspondence of intersex status with the binary genders/sexes. The resolution of the study was that 17 of those 19 “mistakenly raised” people came to identify with a normatively male gender role post-puberty, one continued wearing feminine clothing “but his

185 Procházka and Weiss in Fifková et al. 13.

186 OII Australia, *Submission on the ethics of genetic selection against intersex traits* <<http://oii.org.au/25621/submission-ethics-genetic-selection-intersex-traits/>>.

187 Cary Gabriel Costello, “On Being Called a 'True Hermaphrodite'” in *Intersex Roadshow*, <<http://intersexroadshow.blogspot.com/2009/05/on-being-called-true-hermaphrodite.html>> May 14 2009, Jun 1 2014.

188 Costello, “On Being Called a 'True Hermaphrodite'”, <<http://intersexroadshow.blogspot.com/2009/05/on-being-called-true-hermaphrodite.html>>.

189 Hird 151.

190 Fifková and Weiss in Fifková et al. 24.

mannerisms and behaviour were male and he provably had [sexual] contact with women”, and one “lived as a woman, got married [...] denied any attraction to women, desired genital surgery to female, and wore a faux bust.”¹⁹¹ Fascinatingly, instead of concluding that this last person may have after all been a heterosexual trans woman – because, despite being classified as male by the medical establishment, she openly identified as female – the authors contend that such behaviour “is consistent with the assumption that in the cohort of men, there will be at least one homosexual.”¹⁹² Being intersex and being trans* are perceived as mutually exclusive, just as it is stated in the ICD 10 definition used by the authors elsewhere,¹⁹³ and so the only explanation that remains by their logic is being an “effeminate” gay man. The authors are simultaneously under the impression that, somehow, trans women enjoy unquestioned social acceptance as opposed to “a homosexual boy who was raised as a girl [...] being stigmatized by society as a gay man”.¹⁹⁴ While, of course, homophobia remains a real problem and should not be diminished, pitting it against transphobia and claiming that the latter is less stigmatizing or easier to live with on a social level indicates profound ignorance of oppression dynamics. The most ironic part of this supposed morality tale of intersex status as a vehicle for binary cis gender based on genetics, though, is that the original study was set in the Dominican Republic, which, although dismissed by the authors as “conservative”¹⁹⁵ and thus implicitly backwards next to “our” Western society, is actually among societies that do not exclude or intervene into intersex bodies in the same way that “our” society customarily does. Fausto-Sterling clarifies that deficiency in 5- α reductase in XY children is common in certain geographical areas and that

in both the Dominican Republic and New Guinea, DHT-deficient children – who in the United States are generally operated on immediately – are recognized as a third sex.[82] The Dominicans call it *guevedoche*, or “penis at twelve,” while the Sambians use the word *kwolu-aatmwol*, which suggests a person’s transformation “into a male thing.”[83] In both cultures, the DHT-deficient child experiences ambivalent sex-role socialization. And in adulthood s/he most commonly – but not necessarily with complete success – self-identifies as a male.¹⁹⁶

Thus the attempts to describe the experience of intersex people in the Dominican Republic in the binary terms that *Transsexuality* champions as the supposedly universal terminology for gender diversity is not only cis- and heteronormative, but also socioculturally misplaced (and indeed

191 Fifková and Weiss in Fifková et al. 24.

192 Fifková and Weiss in Fifková et al. 24.

193 Procházka and Weiss in Fifková et al. 17.

194 Fifková and Weiss in Fifková et al. 24.

195 Fifková and Weiss in Fifková et al. 24.

196 Fausto-Sterling, *Sexing the Body* 109.

symptomatic of Western imperialism). The existence of dedicated language for the condition suggests that this particular form of intersex is regarded as an integral part of the societies it frequently occurs in, and the “ambivalent sex-role socialization” of these people evokes a rather more complex process than “boys mistakenly raised as girls”. As for the resignification of the one person in the studied group who identified as female rather than male as the token “male homosexual”, Dvořáčková describes the attitude (and illustrates it with a different quote from *Transsexuality* in her text, no less) as “a way in which the mechanism of repression operates [...] which rests on not recognizing the situation as one of transsexuality, but translating it into a different terminology – on classifying the desire to transition as a desire to solve one's problem with homosexuality.”¹⁹⁷ Both intersex and transsexuality are thus instrumentalized to further heteronormative thought patterns.

A similar case of comparing the incomparable occurs in the example of a group of 27 children surveyed at the Johns Hopkins Hospital. The children had been born with XY chromosomes, testes and androgens, and without a penis. They were operated on (with two exceptions) and raised as girls (with the same two exceptions), and they all went on to identify as male.¹⁹⁸ While this example is yet another compelling case against infant genital surgery, it is clearly not equivalent to trans* identity. For all intents and purposes, if these children had been left alone and assigned male straight away, they would have effectively grown up cisgender (with a somewhat atypical body). They would have identified with their birth gender/sex assignment as well as with the chromosomal sex privileged by the authors of *Transsexuality* themselves. Their example is thus hardly analogical to anything that would have had to do with trans* people's experience of the medical system. The last example the authors use of an intersex child who was raised female but “correctly” went on to identify as male regardless¹⁹⁹ would have been the equivalent of assuming gender identity from chromosomal sex, and therefore distinct from “transsexuality” yet again. It is indeed a positive point that the authors do not support non-consenting genital mutilation in intersex infants (although they do not use the terms I use in doing so) and the attendant attempts to indoctrinate intersex people into gender roles arbitrarily picked for them by practitioners,²⁰⁰ but they compare incomparable and often questionably construed categories in their arguments. If they emphasize Stoller's 1968 belief that “in hermaphrodites [sic] raised in the opposite sex role than the one corresponding to their chromosomal sex, the success rate of changing their gender identity falls dramatically in later months of life”,²⁰¹ they have *still* not managed to explain how any of that should be relevant to

197 Dvořáčková 62.

198 Fifková and Weiss in Fifková et al. 25.

199 Fifková and Weiss in Fifková et al. 23.

200 Fifková and Weiss in Fifková et al. 25.

201 Fifková and Weiss in Fifková et al. 26. Stoller's assertion is paraphrased in the book, not a direct quote.

trans* people. After all, it is usually assumed that the identified gender of most trans* people is precisely the one that is *not* congruent with their “chromosomal sex”, making Stoller's above quotation completely moot in said scenario. (There is also no demonstrated “upper limit” on when a person may come to realize their trans* status and the associated gender identity.) In their eagerness to make an airtight case for biological determinism with “hard data”, no matter how old or how ambiguously categorized, the authors confuse and conflate their own categories of analysis.

The conflation continues, as has already been hinted at in some of the previous citations, when it comes to sexuality and gender identity. Heterosexuality in particular is suggested as a method to “diagnose” trans* people multiple times, which is troubling not only because of the implication that a gender identity is only valid when it adds up to heterosexuality in the end, but also because it is repeatedly proposed that heterosexuality should be determined not by the person's own estimation, but through phallo- or vulvoplethysmography.²⁰² Aside from the fact that trans* people have the same range of sexualities as cis people available to them and thus heterosexuality in itself can hardly be a reliable indicator of gender identity, it is particularly unethical that gross violations of bodily integrity are suggested over listening to how the people in question define their sexual identities and/or preferences. One available criticism of the plethysmograph is telling:

The only places where this device is still used on gender-variant people are countries where [Kurt] Freund worked. A transgender activist in the Czech Republic writes: “This machine is used in diagnostics of transsexuals (both Females to Males and Males to Females) here in the Czech republic. Some of the doctors ask the clients to undergo the test with PPG as the obligatory test for making a diagnosis of transsexuality! They show erotic photos to transsexuals. Of course, we transsexuals consider this to be total nonsense. They think it is science... We consider this test to be very humiliating and at the same time absolutely useless in these cases.” (Carroll 2003)²⁰³

Further criticisms of plethysmography have included scientific unreliability, lack of standardization of the testing, lack of accuracy in results, vulnerability to “faking”, openness of the data to interpretation and manipulation, and outright abuse of the technology by practitioners.²⁰⁴ All these are major issues that should have prevented the authors from claiming that plethysmography is “one of the most important psycho-physiological diagnostic methods”,²⁰⁵ such a statement implies a consensus where there clearly is none. Neither PPG nor VPG is recommended as a relevant procedure even by the otherwise extremely gender-policing and pathologizing HBIGDA *SoC*,

202 Fifková, Procházka and Weiss in Fifková et al. 28; Procházka in Fifková et al. 39; Fifková in Fifková et al. 44.

203 A.J. James, “Plethysmograph: a Disputed Device” in *tsroadmap.com*, <<http://www.tsroadmap.com/info/plethysmograph.html>> 16 May 2004 (revised 12 Apr 2006), 12 May 2014.

204 James, “Plethysmograph: a Disputed Device” <<http://www.tsroadmap.com/info/plethysmograph.html>>.

205 Fifková, Procházka and Weiss in Fifková et al. 28.

which are translated and reprinted in full in the volume. While *Transsexuality* does not insist that PPG/VPG necessarily be done in all cases and only suggests it as “an auxiliary differential diagnostic method”²⁰⁶, the ethical concerns around the procedure alone should have prevented its inclusion in what is intended to be a serious “diagnostic” manual. The methodological difficulties only add to this point.

Another problem with the line of reasoning that ties gender identity to sexuality, both conceptual and ethical, is the sexualization of trans* identity that is inevitably created when sexual arousal is used as a method of differentiation. While the historical explanation of why the method has retained such befuddling clout in the Czech Republic is a compelling one, a significant contributing factor may be the authoritative position of sexology in the Czech medical context. Already Foucault comments on “the functional requirements of a discourse that must produce its truth” in the relation between sexuality and the *scientia sexualis*.²⁰⁷ The discourse of the phlethysmograph vis-a-vis “transsexuality” easily fits in as another transmogrification of the Foucauldian obligation to “produce a truth” that fits into the discourse's axioms. In practice, the result is the belief that it is not enough to trust people with their own genders and sexualities; there must be some authoritative “expert” knowledge that “objectively” verifies these identifications based on *some other data*, even when the data is itself easily discredited and collected via unethical as well as methodologically unsound means to boot.

To return to the heading of this section, it is a disconcerting feature of the book that many essentialist claims are provided as “facts” with zero sourcing and zero openness for debate. Many of these incidences are casual, which compounds the observations of critics that positivists “treat masculinity and femininity as commonsense ideas that don’t require explicit definitions.”²⁰⁸ They include pleas to “the testosterone of male values and generally the more instinctual biological component of male sexuality”²⁰⁹ or to “biologically oriented men [as opposed to emotionally oriented women]”,²¹⁰ not to mention sweeping statements hinging on problematic classifications such as that “there is practically zero predisposition in majority men to accept a male body in a potential [female] partner.”²¹¹ These ideas are virtually indistinguishable from the pop psychology books of the *Men Are from Mars, Women Are from Venus* variety, both in their candid absolutism

206 Procházka in Fifková et al. 39.

207 Foucault, *The History of Sexuality* 68.

208 Rebecca Jordan-Young quoted in Bridget K. Gorman, “Book Reviews – *Brain Storm: The Flaws in the Science of Sex Differences and The Mirage of a Space between Nature and Nurture*” in *American Journal of Sociology*, Vol. 116, No. 6 (The University of Chicago Press, 2011) 2020. The comment originally relates to scientists in the field of brain organization, but as my analysis here demonstrates, the belief is not unique to scientists whose only research interest is the brain.

209 Fifková, Procházka and Weiss in Fifková et al. 100.

210 Fifková, Procházka and Weiss in Fifková et al. 32.

211 Fifková, Procházka and Weiss in Fifková et al. 31.

and in their touting of binary ideology as indisputable and correct, a tendency which has already been unmasked as “how science is being used and abused to legitimise gender stereotypes.”²¹² Except, in many cases in this book, the authors do not even go the extra mile towards cherry-picking a study for said legitimization; they simply state that there is an innate “biological” difference that conforms with Western gender stereotypes and leave it at that. It will be demonstrated many more times that this facile biologization of masculinity and femininity is among the cornerstones of the normative transsexuality concept, since it provides both the post-Enlightenment ideological framing of “men” and “women” as non-overlapping categories²¹³ and props up all the notions of trans* “diagnoses” and “sex changes” needing to be standardized and policed so as not to conflict with that deterministic narrative. The binary-generating stereotype itself is occasionally repurposed to serve a cis (healthy) vs. trans* (disordered) binary instead, for example, when the authors argue that trans* people's “psychosexual development is delayed compared to their [cis] peers on average” – and then proceed to detail some of the ways in which trans* people can have relationships before transition, suggesting that no “delay on average” might actually be happening as a result of not (yet) having transitioned.²¹⁴ The adage that discourse actively shapes reality is old and worn in sociological theories, but the above statement is nothing if not an unintentional testament to it. The researchers' perceptions of reality are actively engaged in the *production* of their findings here, but instead of engaging in critical reflection of this fact (developing a “theorized subjectivity”),²¹⁵ their level of involvement is denied or conveniently omitted.

The academic cherry-picking occurs reliably whenever etiology is mentioned, however, and also whenever normative definitions and taxonomies of the (exactly two) different types of “transsexuals” are laid out. The area of etiology is a notoriously contested one, but the authors limit their coverage of these controversies to dichotomizing “the etiology of transsexuality” into two oppositionally construed paradigms: “psychological” and “biological” theories. By psychological theories, they chiefly mean behaviourism, which, it later turns out, they oppose because of its (demonstrably damaging) tendency to take on the form of conversion therapy.²¹⁶ Meanwhile, the rest of the etiology chapter is devoted to making a case for biological essentialism, much of which is based on the conflation of intersex status with trans* status as discussed earlier. Aside from this

212 Madeleine Bunting, “Men Are Not Hardwired for Infidelity: Why Does Pop Culture Insist on Biological Differences Between the Sexes?” on *AlterNet* <http://www.alternet.org/story/148866/men_are_not_hardwired_for_infidelity%3A_why_does_pop_culture_insist_on_biological_differences_between_the_sexes?page=0%2C0> 15 Nov 2010, 12 May 2014.

213 Hird 22-23.

214 Fifková, Procházka and Weiss in Fifková et al. 32.

215 Letherby 70-72.

216 Fifková and Weiss in Fifková et al. 52.

misappropriation of intersex, the authors also point to a 1959 study in guinea pigs, which supposedly proved a causal link between fetal testosterone exposure and later “male behaviour” (which they fail to explicitly define in the book, lending yet more credence to the observation, quoted earlier, that researchers treat masculinity and femininity as self-evident realities).²¹⁷ Without a single sourced footnote, the authors quickly add that this particular observation in guinea pigs had been corroborated in “dogs, mice, sheep, monkeys and some birds”.²¹⁸ They go on to state that the same premise has been proven in humans, but instead of identifying whether at least one analogical study exists at all (or admitting why a truly analogical study of this sort would be highly unlikely to be approved in any present-day institution), they deflect attention to the *hypothesis* of three brain centres that supposedly take part in some unspecified “prenatal programming” that *could theoretically play a role* in the formation of sex difference (or its “disorders”), and they present all this as empirical fact that “leaves no room for doubt”.²¹⁹ While the authors are free to subscribe to any theories they wish, presenting these theories as evidence-based and final is unconscionably misleading. Dvořáčková points out that any possible analogy between those animal experiments and effects of prenatal testosterone in humans are merely extrapolated by sexologists, to whom the idea of a brain centre for gender identity that forms safely “before” any sociocultural influences represented the last chance to submerge gender identity in some allegedly universal *essence* of masculinity and femininity.²²⁰ More damningly still, Fausto-Sterling ventures facts that undermine the whole idea of transferring methodologically ambivalent research in rodents to humans:

Humans are learners, and proudly so. [...] It seems ironic, therefore, that our most prominent and influential accounts of the development of sexual behaviors in advanced mammals omit learning and experience. Because the control of hormone synthesis differs between primates and other species,[181] a case can be made that studies on the hormonal basis of sexual behaviors in nonprimates tell us little, if anything, about primates, including humans. [...] I make a broader claim: that the theories we have derived from rodent experimentation are inadequate even for rodents.²²¹

One of the reasons Fausto-Sterling calls (among other things) determinism through prenatal hormonal levels insufficient even in the context of the original studies is that there is no reason why factors of experience and socialization should be excluded in rodents either: “Even rodents engage in extensive periods of social play, activities that influence the development of the nervous system and future behaviors. It is at least plausible that play activities alter hormone levels and that the

217 Fifková and Weiss in Fifková et al. 23.

218 Fifková and Weiss in Fifková et al. 23.

219 Fifková and Weiss in Fifková et al. 23-25.

220 Dvořáčková 65.

221 Fausto-Sterling, *Sexing the Body* 232.

developing brain can respond to such changes.[180] Hormonal systems, after all, respond exquisitely to experience, be it in the form of nutrition, stress, or sexual activity (to name but a few possibilities).”²²² Incidentally, the particular 1959 guinea pig study the authors of *Transsexuality* base their etiological argument on failed to follow up on its results throughout the guinea pigs' lifetime and thus did not prove “permanence” of the prenatal changes it documented or verify whether the original findings still held in varying situations years later.²²³ Yet the assumption of permanence and comparability to humans is presented as a given, including at the end of the “Etiology” chapter, where the authors stress that behavioural theories have been inconclusive or disproved, while remaining completely silent about *that same inconclusiveness* being exhibited by their theories of choice. More than that, they assert that there is “no reason for doubt” of those biological theories and that their supposedly uncontested status in the academic sphere is “evident.”²²⁴ Both of the implications of this – that several highly idiosyncratic experiments have definitive and generalized validity in “the etiology of transsexuality”, and that the only alternative to poorly formulated biological determinism is equally poorly formulated behaviourism *ergo* conversion therapy – are prime examples of engineering “science” to create a false sense of indisputable facticity out of inconclusive data or out of patchy bodies of research whose methodological and conceptual relevance to “transsexuality” is debatable. It is yet another application of the repurposed binary (here it becomes “fully inborn/fully environmental”), functioning analogically to what Eve Kosofsky Sedgwick identified in the homo-/heterosexual binary as a “master cultural term marking not only sexual definitions but [other] categorical pairings” that underline Western culture.²²⁵ That the multifunctional binary applies itself so readily and often to my analysis could mean that it may not even be the specific contents of this binary that matter but the structure of thought they engender; homo-/heterosexual can just as easily be trans*/cisgender. In sexology, medicalized transsexuality is repurposed to serve as a component of the broader discourse of binarism, which is envisaged as a blueprint for society as a whole.

In addition, as ever in the discourse of transsexuality, sexology posits itself – not human rights, not self-determination, not personal autonomy – as the benevolent saviour of trans* people from abusive conversion and aversion “therapies”, as though acknowledging that gender identification is complex somehow legitimized *another extreme of simplification* (that people's identities are “convertible” under duress). What does the rejection of experience as a factor in trans* people's (or anyone's) gendered development accomplish, exactly? Contrary to the belief that

222 Fausto-Sterling, *Sexing the Body* 232.

223 Fausto-Sterling, *Sexing the Body* 231.

224 Fifková and Weiss in Fifková et al. 25.

225 Seidman, and Kosofsky Sedgwick paraphrased in Seidman 131.

arguments from prenatal hormone exposure are beneficial or offer protection from unethical discourses and practices, I return to what Katherine Cross has to say on her personal trajectory versus the discourse of a singular etiology:

Accepting myself as a woman, as a person of trans experience, has had profoundly positive effects on my life. It would be a colossal misreading of my difficult and painful [prior] experience to say that I “woke up one day and decided to be trans” as some transphobes might have it. But that is not the only alternative to saying that I was ineluctably and unproblematically “born this way” with some purely biological cause that was not in some way socially and personally mediated.²²⁶

Interplay, complexity, and mutual permeability of factors would seem to add up to a much more sophisticated understanding of gender/sex development than resorting to the notion of a prenatal etiology. That notion is in fact quite patronizing, suggesting that trans* people (in this application of the theory) are completely at the mercy of factors beyond their control, and if they *had* agency, they would no longer be worthy of respect. Projecting the etiological premise beyond sexological clinics and treatises fuels legal systems that demand that trans* people jump through highly invasive arbitrary hoops (e.g. coercive sterilization) before achieving formal recognition. An added mechanism securing the primacy of this status quo is that criticisms of such gross biological determinism – even criticisms by trans* people who disagree, as Cross above does, with the way it relegates identity into the realm of congenital “defect” – are misconstrued as the suggestion that trans* people should instead be “cured” psychologically or give up medical transition options altogether. *Not* internalizing transphobic-ableist notions of how trans* identity is not “really” an identity but a “defect” is perceived as something that can do harm to trans* people by the sexological discourse. That belief, of course, is a political position, not a scientific one. The idea, grounded purely in one sub-field of positivist inquiry, that gender and/or sexual diversity can be explained through some straightforward chemistry contained in the womb ignores e.g. Fausto-Sterling's caution that “[o]nly nonhierarchical, multidisciplinary teams can devise more complete (or what Sandra Harding calls 'less false')[94] knowledge about human sexuality.”²²⁷

Beyond what the evaluation of the material covered in *Transsexuality* says about the privileging of positivist, “commonsense” research in the discourse, it is also symptomatic of another dichotomy: the idea that if it was asserted that trans* identity can have some social or voluntary elements to it, it would no longer be acceptable to support individuals' transitions, because transition is only justified if it is perceived as a necessity according to normative medical criteria that by and

226 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

227 Fausto-Sterling, *Sexing the Body* 255.

large exclude social context. This is more or less the basis of the now notorious “born this way” argument, already critiqued at some length above, which seeks validation in the alleged helplessness of LGBTIQ* people before their identities and lends itself easily to the internalization of pathologization, which is also one of the “rules of diagnosis” in the transsexuality discourse.²²⁸ This rationalization of equity does not address the underlying social reasons for *inequity*, and employing it is at best conceptually equivalent to being “sidetracked into asinine arguments about how some people are born Jewish and have Jew brains and, y’know, they just can’t help it and *that’s* why we should be ‘tolerant.’”²²⁹ In addition to its derailment of primarily ethical considerations, the definition of medical necessity-through-helplessness is grounded in the notion that there must be an “objective” reason why an individual may want to transition, failing to take into account the “subjective urgency” of the wish to transition and the fact that “although discursively constituted subjectivity is inherently unstable [...] this does not take away from its [individual] depth and realness.”²³⁰ The dichotomy that the authors construe between “real” (sexological) necessity versus “false” (subjective) necessity does not exist, because an individual's subjective wish to transition ultimately *is* what determines their personal motivation to do so, much as mainstream sexology would like to convince even trans* people themselves that their subjectivity in the area of gender is nothing more than a disorder of brain development “preceding thought.”²³¹ The demonization of agency that arises here then prevents the mobilization of identity politics against the dominant discourse, to which the patronizing dismissal of meaningful trans* agency is central.

I have drawn upon Fausto-Sterling's work heavily in this section, not only because it is factually pertinent but also because her insights should have been known to the authors of *Transsexuality*, having been published two years prior. Instead, the authors chose to selectively follow experiments that do not seem to have withstood the test of time and additional research too well. This brings us back to the observation that what may have been cutting-edge research in the 1960s is not cutting-edge, or even acceptable standard, in 2002 and later. The tendencies Fausto-Sterling notes in her analysis of a different segment of the medical discourse that uses, again, intersex conditions to argue for the innateness of binary and heteronormative gender categories are remarkably similar to what *Transsexuality* produces in using intersex to explain away stigmatized identities, most commonly homosexuality and transsexuality. While the particulars of the studies done in women with CAH and whether their CAH caused a “masculinization” of their sexual/gender identity (e.g. lesbianism when perceived as a “masculine” identity) that Fausto-

228 Dvořáčková 67-68.

229 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

230 Dvořáčková 68.

231 Dvořáčková 68.

Sterling covers are not directly relevant to my subject here and are better appreciated in full in her book, she traces a common thread between those theorists who seek to pathologize lesbian identity and the logic showcased in *Transsexuality* in its pathologization of trans* status through misrepresentations of intersex:

Thus, a critical look at the studies of masculine development in CAH girls reveals a weak, problem-ridden literature. Why, then, do such studies continue to appear? I believe these highly skilled, well-trained scientists,[133] return again and again to drink from the well of intersexuality because they are so deeply immersed in their own theory of gender that other ways of collecting and interpreting data become impossible to see. They are fish who swim beautifully in their own oceans but cannot conceptualize walking on solid ground.[134]²³²

In other words, these scientists are “highly skilled and well trained” in what is ultimately a solipsistic discipline. This is part of why discourse analysis, rather than a decontextualized concept of individual culpability for how the dominant discourse functions, should be employed to explain just what is happening here. Sexologists and other specialists who pursue etiological and similarly pathologizing arguments to classify and interpret gender diversity act in accordance with what their field has deemed to be the best practice in such scenarios. What is missing from this picture is a *meta* analysis; without it, questionable categories and methods go unremarked on as if they really were the only concepts possible. This seems to be a key area in which self-reflexive constructivism offers an epistemological advantage over essentialist truisms. From text analysis alone, it is difficult to determine whether the authors' beliefs in the framework of sexology really are as deeply felt as Fausto-Sterling would argue, but insofar as the book represents – both implicitly and by design – the definitive statement of their field on trans* issues, the end result might as well be fully compliant with Fausto-Sterling's estimation. Whether these researchers are actors with genuine beliefs in their interpretation of data as the most valid or whether they perform within “the functional requirements of a discourse that must produce its truth”,²³³ the “truth” they anchor in normative claims becomes the “truth” of power.

7. The Pathology of Discourse

A potent textual strategy in *Transsexuality* is the framing of the pathologizing discourse as a transcendent one while leaving out the voices that dissent from it. A read-through of the bibliography reveals that the authors are far from only using Czech sources, but whatever internationally available texts they use exemplify medical/pathologizing terminology with a heavy slant towards normativity. The majority dates from the period before 2000, although research into

232 Fausto-Sterling, *Sexing the Body* 75.

233 Foucault, *The History of Sexuality* 68.

trans* issues has become much more prolific in recent decades than the authors' silence on that matter would suggest. The general choice of materials, most in the positivist paradigm and some dating as far back as the 1950s and 60s (while those “classics” that paint a less convincingly binarist picture, such as Kinsey's iconic reports,²³⁴ are conspicuously absent) conveys a persistent sense of traditionalism and an unwillingness to incorporate new, updated, or dissenting material. A notable exception to this tendency are texts dealing with surgery and other medical procedures, in which the latest available methods are included along with the older ones, likely due to the “technical” nature of the field demanding a constant “improvement” of results. Significantly, there is no real mention of pain as part and parcel of any surgery there. This may be because the knowledge that surgery and recovery entail pain may appear obvious or – more probably in my view – it is yet another example of the attitude to trans* bodies as automatically open to anything that “needs” to be done to them as determined by doctors. While I do not wish to make a blanket argument against surgery “because it hurts”, it does bear pointing out that the idea that trans* people should always and without a second thought tolerate not inconsiderable levels of pain is a pernicious one.

The authors make a concerted effort to ground themselves in international authority that shares the same understanding of transsexuality as a disorder. There is an entire appendix dedicated to the standards of care formulated by what was then known as the Harry Benjamin International Gender Dysphoria Association. What particularly suggests a shared vision between the authors of *Transsexuality* and the sixth version of the Harry Benjamin standards is their conceptualization of trans* identity as GID (Gender Identity Disorder). The *Standards of Care* as presented at the time are problematic for largely the same reasons as the main text body of this publication: they actively enable trans* pathologization and gender policing which is then internalized by its subjects in what has been termed the “Harry Benjamin Syndrome (HBS)”.²³⁵ While these *SoC* themselves could be critically analyzed in much the same way as the main text of *Transsexuality*, I will omit a more detailed examination because my main purpose is to examine the pathologization of trans* identities in the Czech medical establishment in particular. The same reservation applies to the International Classification of Diseases (ICD-10) and the now outdated fourth version of the Diagnostic and Statistical Manual (DSM-IV), both of which are invoked by the authors as the definitive, “official” documents for the conceptualization of gender identity and its “disorders” (notwithstanding the status of the HBIGDA *SoC* as guidelines, not hard-and-fast rules).

While the then-HBIGDA *SoC* did represent the same problem as I have identified in the Czech medical discourse in their sixth version, they have since evolved in a way that puts them very

234 Fausto-Sterling, *Sexing the Body* 199.

235 Cross, “A Cliché Trapped in a Metaphor's Body” <<http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor-%E2%80%99s-body/>>.

much at odds with *Transsexuality*. The organization responsible for publishing the *SoC* has been renamed to World Professional Association for Transgender Health (WPATH), dropping the authoritative reference to Harry Benjamin and the conceptual grounding in gender dysphoria while simultaneously making *transgender* the new umbrella term. Its updated *SoC* “are intended to be flexible in order to meet the diverse health care needs of *transsexual, transgender, and gender-nonconforming people* [emphasis mine].”²³⁶ The broad inclusion of “transgender and gender-nonconforming people” is a far cry from the notion of a singular “transsexual” identity presumed by the previous versions of the *SoC* as well as by Fífková et al., who have not issued any amended version of their normative text since the publication of the new WPATH standards in 2011 or since WPATH's statement “urging the de-psychopathologization of gender nonconformity worldwide” in 2010.²³⁷ There is now also a clear acknowledgement of “the diverse needs” of different trans* people (whether based on each subgroup or on individual wishes) and an emphasis on flexibility. The updated *SoC* are a good example of authoritative bodies responding to evolving knowledge on a previously stigmatized subject, which is actually pointed out in the *SoC* themselves:

The Standards of Care (SOC), Version 7, represents a significant departure from previous versions. Changes in this version are based upon significant cultural shifts, advances in clinical knowledge, and appreciation of the many health care issues that can arise for transsexual, transgender, and gender-nonconforming people beyond hormone therapy and surgery (Coleman, 2009a, 2009b, 2009c, 2009d).²³⁸

While the authors of *Transsexuality* obviously cannot be faulted for not knowing how the international *SoC* would develop ahead of time, the problem remains that the book they wrote firmly on the premise of pathologization has remained the authoritative text on “transsexuality” in the Czech Republic, and there is no concerted effort on the part of the medical establishment to rectify this situation now that WPATH has altered its norms (and name) dramatically. The shift in the *Standards of Care* – from HBIIGDA to WPATH, from being predicated on dysphoria to recognizing individual transition processes and even using the words “gender diversity” – amply demonstrates that the pathologizing discourse cannot style itself as the last word, especially when even organizations that were previously its champions are now abandoning that sinking ship. Unfortunately, the development WPATH has been through is not reflected in the Czech medical establishment or in the Czech legal system. For this reason, an analysis of *Transsexuality* as the flagship text of Czech sexology on the matter of gender diversity can still offer useful insights into

236 Eli Coleman et al., WPATH Standards of Care, Version 7 in *International Journal of Transgenderism*, Vol. 13 (London: Routledge, 2011) 166.

237 Coleman et al. 168.

238 Coleman et al. 166.

the operation of the normative medical discourse.

Returning to the main text of the publication, special attention should be paid to how the discourse on trans* people is gendered, especially given the gender constraints imposed by the Czech language. In the Foreword, Hana Fifková actually elaborates on the terminology used, although she makes no mention of potential alternatives to the terms ultimately chosen for the publication. A few are mentioned later in the chapter titled “Sexual Identity”, but not used by the authors themselves further; these terms are “transgenderism” (equated with gender dysphoria in the paragraph) and “transpeople”, who are described as “bearers of not entirely determined sexual identity disorders” with “transsexuality” being “the most obvious form of gender dysphoria.”²³⁹ Thus even “alternative” terms like transgender are co-opted and medicalized as being identical with dysphoria and only a lesser form of “true” transsexuality. This is at odds with the WPATH definition of dysphoria and, if counting all the dates related in the following quotation from the *SoC V7*, possibly even with the old HBIGDA definition of dysphoria. The current WPATH standards unambiguously state that gender dysphoria

refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b). Only *some* gender-nonconforming people experience gender dysphoria at *some* point in their lives.²⁴⁰

“Only *some* people” at “*some* point in their lives” is vastly different from making dysphoria the *sine qua non* of all trans* and/or gender nonconforming identities (gender-nonconforming seems to be used as the broadest term in this section of the WPATH *SoC*, probably on the premise that gender-nonconformity is at least perceived in all trans* people due to society's privileging of birth assignment). Additionally, the WPATH definition of dysphoria relates primarily to a discrepancy between gendered self-identification and birth assignment, while “the associated gender role and/or primary and secondary sex characteristics” are *possible but not inevitable* components of dysphoria. Needless to say, identifying birth sex assignment as the source of potential dysphoria offers a much more nuanced understanding of dysphoria itself than *Transsexuality's* presumption that dysphoria lies in the divergence of identity from a simple “biological sex.”²⁴¹

Eliding nuance in favour of building a more binary or more simplistic system is a frequent problem in *Transsexuality*, although in some cases, it could have been preempted by a conscientious approach to language *per se*. Still in the introductory part, Fifková makes a point of justifying the

239 Procházka and Weiss in Fifková et al. 15.

240 Coleman et al. 168.

241 Procházka and Weiss in Fifková et al. 15.

collective choice to use the generic masculine and to ignore gender suffixes altogether in Czech:

We decided to prefer the term[s] transsexual people and transsexual clients. This is why, in this context, we use the masculine animate form in the past tense. We have thus avoided the complications and ambiguities that would inevitably arise had we tried to widen these suffixes depending on gender. Both groups of transsexual people are also referred to by the abbreviations FtM (female-to-male) and MtF (male-to-female). We tried to avoid the terms transsexual [noun, masculine suffix] and transsexual [noun, feminine suffix], particularly because it would always be necessary to explain whether the gender chosen referred to biological or psychological gender, before or after transition.²⁴²

It is no surprise that the label “transsexual” prevailed over transgender or another modern term, but Fifková's other assertions are intriguing on multiple levels, and not all of them turn out to be corroborated in the text that follows. For a start, the noun “transsexual” with the masculine suffix is a mainstay in the book, regardless of Fifková's opening assurance that “transsexual person” would be consistently preferred. She simultaneously argues that differentiating between trans men and trans women would create “complications and ambiguities”, which might not necessarily be the case either. A staggering example of textual ambiguity arising from *not* using identity-compliant language is the chapter dealing with surgical procedures in trans women (“Surgical Procedures in MtFs”), where the terms “patient” [both male and female suffixes], “male transsexualism” and “male transsexual person” (*mužská transsexuální osoba*) are used throughout. At the start of the chapter, we even see “the sick [person]” in reference to a trans woman undergoing genital surgery, also with the masculine suffix at the end.²⁴³ (By contrast, the chapter “Surgical Procedures in FtMs” contains no explicit misgendering. It also refers to surgically-created genitals in trans men opting for phalloplasty as penises – which is what they are – whereas the result of vaginoplasty in trans women is termed a “neovagina” instead of being acknowledged as just another vagina. These discrepancies suggest that both transmisogyny and the generic masculine are clouding the issue.) Textually, it would have been much clearer to use the term *trans women* in the “Surgical Procedures in MtFs” chapter (or, if the authors insisted on transsexuality as their term of choice, *transsexual women*), which would have aided reading comprehension as well as affirmed trans women's status in their correct identified gender. Nevertheless, they are incongruously treated as *men* whose genitals are being altered, even though the presumed reason for said alteration is their *female* gender identity.

Another interesting point is that almost every time whenever both the “MtF” and “FtM”

242 Fifková in Fifková et al. 11.

243 Jarolím in Fifková et al. 83.

groups are mentioned in conjunction in the text (or even in the table of contents), “FtM” is the label that comes first as if echoing the stereotypical phrase “men and women.” It appears that in the case of group references, the group is actually judged on the identified gender of its members, unlike in reference to individuals where identified gender is more often suppressed in the text. This is not to mention the fact that we frequently find the generic masculine suffixes in reference to specifically “MtFs” in the book,²⁴⁴ or the unbelievably self-contradictory sentence “[*FtMs*]’ social stigma was likely lower than that of their *male* counterparts [this actually refers to trans women], because they were usually already living in a *male* social role in their personal as well as professional lives” [emphasis mine].²⁴⁵ None of this is an example of textual integrity or clarity; rather, it is the arbitrary assignment of gender identifiers, coupled with frequent misgendering, that creates and actively perpetuates confusion here.

The deliberate refusal to acknowledge any individual trans* people, at least the binary-identified ones, as men or women is typical of the entirety of the book. The words “man” and “woman” are reserved for those whose gender identity matches their birth assignment. Additionally, Fifková concedes right at the start that the authors are conflicted on whether to respect trans* people's identified genders or refer to them by birth assignment (“it would always be necessary to explain whether the gender chosen referred to biological or psychological gender, before or after transition”). She does not reflect upon the fact that this alleged conflict is largely manufactured as well as internalized by the authors themselves, given their (and everyone else's) grounding in a cissexist/transphobic society that *a priori* treats trans* people as frauds whose gender cannot “really/biologically” be what it is. (As for how cissexist interpretations of biology determine the terminology of the transsexuality discourse, this sentence illustrates it quite well: “FtMs are more similar in temperament to the men they identify with than to the women *they biologically are*” [emphasis mine].)²⁴⁶ The authors' uncertainty is also evidenced in Appendix 3, where a small sample of trans* people is finally given voice. These respondents, instead of being referred to by their now valid names, are all identified as [birth name]-[current name], again hinting at an obsession with a “before-after” narrative predicated on rigid binary divisions between which the trans* subject is perpetually trapped, even after taking the prescribed transition path. Moreover, although Fifková mentions in her foreword that some trans* people “allowed us to quote from their fortunes”,²⁴⁷ there

244 The individual examples are too numerous to list, but an instructive one appears on page 96: “post-op' MtFs are better socially integrated [masculine adjectival suffix] than 'pre-op' ones.” Note that “MtF” appears to be mutually exclusive with “woman” in the discourse, even in cases when the normative transition requirements have all been met.

245 Fifková, Procházka and Weiss in Fifková et al. 96.

246 Fifková, Procházka and Weiss in Fifková et al. 97.

247 Fifková in Fifková et al., page unnumbered in text (Acknowledgements).

is no way of knowing whether they consented to their birth name being freely printed along with their current one as well. The omission of surnames may offer some degree of anonymization, but if the first names were not changed in any other way (we cannot know), it is obviously still inadequate for the purposes of privacy protection, especially when readers are given *two* first names to aid in a potential background search.

There is, needless to say, no ethically or intellectually supported reason why a trans woman or a trans man could not be referred to by their correct identified gender by default. Adopting a person's current gendered terms and using these in a consistent manner irrespective of the person's past status so as to preserve privacy and show a basic modicum of respect for the person's gender identity is actually the recommended standard, as reported e.g. in TGEU's *Best Practices Catalogue*.²⁴⁸ The fact that the authors felt so conflicted on this matter says less about trans men and trans women's gender status and more about the authors' reluctance to accept trans* people's gender status as a valid one without reservations. The whole situation can perhaps be seen as an example of how mere “tolerance” does not result in human rights advancement. The publication certainly “tolerates” and even promises to assist trans* people as long as their identities are articulated within a certain prescribed norm, but to achieve full acceptance of gender diversity as a non-pathological fact of life, there is still a long way to go.

8. Missing Critical Links: Apologia in the Guise of Analysis

It would be misleading to say that the authors never make an attempt to include non-medical perspectives at all, although their inclusion is limited and markedly absent from the most vital sections, such as the normative definition of transsexuality as a disorder. A relevant question would thus be whether the minority of non-medical perspectives included are permitted to challenge any of the deterministic claims elsewhere in the text. The chapter “Sociological Aspects”, where this does happen to some extent, is a departure from the others and will be addressed separately due to its relative complexity. “Transsexuality and Religion” is an exception in that the authors explicitly decline to comment on the various religious viewpoints presented. This leaves “Transsexuality and Parenthood” and “Legal Aspects” as chapters where social as well as medical norms could potentially be interrogated.

The inclusion of parenthood as something that can, despite state-mandated sterilization, still be of relevance at least to some trans* people is a positive choice. In a discourse characterized by its emphasis on prescribing changes to the individual body, it would have been easy to omit considerations of parenthood as an option altogether. On the other hand, the options recognized by

²⁴⁸ Silvan Agius, Richard Köhler, Sophie Aujean, Julia Ehrt, *Human Rights and Gender Identity: Best Practices Catalogue* (TGEU, 2011) 19.

the publication are far from limitless or even basically inclusive. “Transsexuality and Parenthood” opens with this:

A transsexual person can become a parent after a sex change via several standard methods: adoption, gaining custody of a child, and in the case of FtMs by artificial insemination of a [female] partner with the sperm of a donor.²⁴⁹

This statement not only implies that it is desirable for trans* people to become parents after a “sex change” (by which it is reasonable to assume in this context that legal gender recognition is meant, which follows compulsory sterilization), but it goes as far as to provide a list of three “standard” methods that should be adhered to. The assumption that sterilization, particularly in the case of trans men, will have already happened is in line with an earlier chapter in the book (“Surgical Procedures in FtMs”) also insisting that without at the very least the removal of the ovaries, it is “impossible to fully normalize their life” or to achieve “full effect” of therapy.²⁵⁰ All this makes the situation appear as though state-mandated sterilization were for the person's own good, even though there are few longitudinal studies on HRT and the effect of hormonal transition is demonstrably not stalled just by virtue of not having undergone a sterilization procedure.²⁵¹ The chapter on surgeries also claims, without citing the highly specific-sounding information, that ovarian and uterine cancer is a likely scenario in the absence of oophorectomy/hysterectomy and that these two procedures can even lessen the risk of breast cancer.²⁵² According to WPATH, however, the risk of ovarian, uterine, cervical and breast cancers in association with androgen HRT is in the “no increased risk or inconclusive” category of risk assessment.²⁵³ Moreover, even if the risk did demonstrably increase, regular health monitoring could be chosen to manage it, with hysterectomy and/or other sterilization surgeries being optional. Of course, it is the mixing of male- and female-coded hormones and organs that is *discursively* made to appear impossible here, even though the many differently embodied realities of trans* and intersex people call into question the usefulness of the commonplace notions of “male” and “female” bodies as a whole. The accompanying conviction that “estrogens [...] represent the opposite of male sex hormones – androgens”²⁵⁴ is typical of the discursive construct that results when “despite the fact that both hormones seem to pop up in all types of bodies, producing all sorts of different effects, many reporters and researchers continue to consider estrogen the female hormone and testosterone the

249 Fifková in Fifková et al. 101.

250 Marešová in Fifková et al. 73.

251 R. Nick Gorton, Jamie Buth and Dean Spade, *Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers* (San Francisco: Lyon-Martin Women's Health Services, 2005) 51.

252 Marešová in Fifková et al. 73.

253 Coleman et al. 190.

254 Marešová in Fifková et al. 73.

male hormone.”²⁵⁵ All in all, this particular example of a trans* body is being gendered as internally incompatible so as to legitimize the demanded interventions, not because these individual organs and hormones could empirically not coexist.

And yet, past this hurdle of body policing, some compliant forms of parenthood still remain: the ones outlined in Fifková’s summary of parenthood “after a sex change”. The degree of specification in the last method listed also indicates that parenthood – and by extension, the nuclear family – is understood solely as a heteronormative unit (the potential parents are “a FtM and a [female] partner”) that should go with heteronormative gender roles (only the “[female] partner” should consider pregnancy, not the “FtM”, barring that of course the Czech legal system itself is set up to prevent *that* scenario from occurring). Nor is it mentioned that two trans* people possessing the applicable organs could date and consider starting a genetic family with each other. It is fascinating that Fifková considers finding a sperm donor for a partner to always be more expedient or more applicable than the event that the trans man in the relationship could keep his reproductive capability and go through with the pregnancy himself (say, for example, with a cis gay man or a trans woman who has retained her reproductive capacity, or with the assistance of IVF in other scenarios). While trans men becoming pregnant are not commonly heard of and the action should not be expected of them by default (nor, for that matter, should cis women be uniformly expected to have children just by virtue of their reproductive capacity, although in a chapter that defines a “female” body’s role in intercourse with a cis man as “being given up for sex”²⁵⁶ some casual misogyny is to be expected), genetic reproduction should still be acknowledged as *a possibility*. That is precisely what does not happen, be it as a result of the legal system or as a legitimization strategy to keep that same legal system unchanged. The first paragraph is literally one sentence, and it lists the only approved forms of becoming a parent as “a transsexual person”. Using one’s own reproductive organs in a way that is at odds with the dominant conceptions of male or female status is not among them.

Within its limitations, the chapter does keep the idea of parenthood open to at least some trans* people in some situations, though it repeatedly stresses that being anything other than cisgender in a family with children requires “utmost caution” on the part of the trans* person in particular.²⁵⁷ Along with the three above “standards” for becoming a parent, it is acknowledged that sperm or fertilized eggs can be harvested and frozen in some “extremely rare attempts”,²⁵⁸ though their intended use is not elaborated on and likely presumed to fit into the “standard” scheme

255 Fausto-Sterling, *Sexing the Body* 179.

256 Fifková in Fifková et al. 101.

257 Fifková in Fifková et al. 104.

258 Fifková in Fifková et al. 101.

somewhere down the line. The rhetoric of parenthood is wrapped in essentialism and, paradoxically given that most trans* people will be rendered sterile in the Czech Republic, unabashedly derisive of people who do not wish to have any offspring. Rather than framing parenthood or lack thereof as value-neutral options that should be autonomously decided on without the intervention of gatekeepers, Fifková instead claims that it “mainly brings the possibility of experiencing, as a parent, the full value of one's own existence and natural happiness.”²⁵⁹ Aside from the obvious difficulty in defining “natural” or indeed “happiness” in anything even beginning to approach universal terms, the notion that people who do not become parents for any number of reasons fail to realize “the full value of their existence” can only be described as bigotry. It is, however, precisely this normative grounding that serves as the legitimizing moment for parenthood “after a sex change” in the chapter. Liberal concepts such as equality or the freedom of choice are absent from its reasoning; it is all about essentialist and *de facto* conservative claims that “nature” should be followed (as long as it can be appropriated by the current social norms) and that being a parent is morally superior to not being one.

The glorification of parenthood as a normative concept (rather than as a possibility that may be desired by some people and not others, for which neither group needs be negatively judged) probably contributes to the overall rhetoric of intended beneficence in the chapter – in short, because parenthood is so good, it should not be denied to those trans* people who make an effort to comply with all the prescribed standards for “correct” reproduction and gendered behaviour towards their children, extended family, wider social structures, etc. The bulk of the responsibility for getting all this “right” is noticeably projected onto the trans* parent, even superficially legitimized by a quote from a member of a US-based support group who likewise seems to believe that trans* parents cannot “force” others to accept their gender “right away” and that they need to be “reasonable” most of all.²⁶⁰ On one genuinely positive note, Fifková highlights the fact that a parent being trans* *per se* is not a “threat” to a child's well-being.²⁶¹ Unfortunately, similar sentiments are scarce in the chapter, and its normative tenor culminates at the end:

It can be expected that as diagnostic and therapeutic services as well as the information available to society at large improve, the number of cases when a transsexual person becomes a parent in their original gender role will decrease over time.²⁶²

Let us focus briefly on the terms “gender” and “gender role”, given their ambiguity in this paragraph. The narrative presented by Fifková only covers one of the identification possibilities of

259 Fifková in Fifková et al. 101.

260 Fifková in Fifková et al. 104.

261 Fifková in Fifková et al. 102, 106.

262 Fifková in Fifková et al. 106.

trans* people who become parents through sexual intercourse with a reproductive partner: it all happened “before they knew”, hence it was parenthood in their “original gender role.” Such cases may of course happen, particularly for trans* people who do not explore their gender identity until later in life. They do not represent the only identification possibility in this scenario, however. A trans* person may be well aware of their gender and still choose to biologically reproduce in what the larger society may mistakenly believe is still their “original gender role”, but this “original role” may only exist on paper (for instance, so as to appease the institutions that monitor and usually handle biological reproduction, or because gender recognition without sterilization is not legally possible yet). Assuming the person in question knows already what their gender identity is and does not find it conflicting with biological parenthood, they are hardly living in their “original gender role” at this point. The only thing that, under the state apparatus of the Czech Republic, remains “original” is the gender category in which the state and its institutions perceive the person to belong. Additionally, trans* people with non-binary genders may lack even an easily understandable way to express their gender identity to strangers, especially in situations that involve a great power disparity, such as the doctor-“patient” relationship relevant particularly in pregnancy.

What Fifková means is likely that it is not desirable for trans* people to become parents while still listed as their original legal gender. Such a statement would be prescriptive but not otherwise problematic if multiple ways to change one's legal gender were accessible on the basis of personal decision and not subject to arbitrary gatekeeping, and if parenthood were not treated as *a priori* a gendered phenomenon in an essentialist way. The more insidious and potentially destructive problem with Fifková's quoted statement becomes apparent when we take into account the current prerequisite for changing one's legal gender in the Czech Republic: compulsory sterilization. If Fifková assumes here that gender role corresponds to legal gender and supports the procedure for legal gender recognition as it stands, her position rewrites itself: it is not desirable for trans* people to become genetic parents, period. Much as the rhetoric of the paragraph may be cloaked in assertions of beneficence (and in many cases, more information and more transition options do indeed help), there is a term for targeting a specific group of people and taking systemic measures against allowing members of that group to genetically reproduce: eugenics.

The chapter that follows, “Legal Aspects”, is free of the kind of extreme commentary found in the chapter on parenthood, but shares its problem of insufficiently critical outlook on normative institutions. Its main purpose seems to be a guide to the legal system *as it stands at the time of writing*, which is not particularly conducive to questioning it. The only substantive criticism argues, quite progressively even by today's standards, that puberty blockers should be made legal in the

Czech Republic so as to prevent irreversible changes in trans* adolescents who wish to avoid them.²⁶³ Other than this, the tone of the chapter is conciliatory with the institutional and legal principles governing gender recognition, HRT, genital and/or sterilization surgery, marriage/divorce arrangements and other areas of interest in transition (going as far as to call the divorce requirement “quite understandable” because of the non-heteronormative marriage that would otherwise result).²⁶⁴ Even when it comes to the definition of “sex”, the chapter is consistent with the simplistic binary pertinent to the rest of the book; the most leeway it offers is in the patronizing reassurance that a trans* person will be treated “as if they really were of the sex they desire” post-legal recognition.²⁶⁵ There is thus no conceptual challenge to the essentialist paradigm of the “core” chapters here either.

One statement in particular stands out as the cornerstone of legitimizing the medicalized model of trans* identity:

Some attempts to de-medicalize the problem of transsexuality on the part of patients may lend credence to the opinion that such health care should be self-financed. Because if it really was no health disorder, then the demand for the patient to cover all financial cost related to sex change is legitimate.²⁶⁶

The rhetorical strategy is potent: “patients” who oppose being treated as though their gender identity were a medical condition are the really dangerous people in the equation, because their efforts will unquestionably lead to the loss of public health funding. However, the statement runs into obvious objections, starting with objections to the idea that only “disorders” ever receive institutional support. It also needs to be said that the notion of an inherently disordered state of trans* people is outright rejected in the WPATH *SoC V7*, which clarify that “transsexual, transgender, and gender-nonconforming individuals are *not inherently disordered*. Rather, *the distress of gender dysphoria, when present*, is the concern that might be diagnosable and for which *various treatment options are available*” [emphasis mine].²⁶⁷ Clearly, this understanding is more complex than summarily pathologizing trans* existence and hinging treatment options on it. More broadly than this, we can turn to the example of pregnancy, childbirth and early natal care as a condition that cannot in itself be called a disorder or disease by any stretch, yet systematically enjoys financial assistance from public health funds (at least in the case of cis women). This suggests that whether or not some form of health care will be financially supported is not contingent on its status as a disease or not, but on the perceived benefit of said “free” health care to society. The ultimate criterion is a *social* one. One can easily argue from the same basic premise that if

263 Raichlová and Procházka in Fifková et al. 110-111.

264 Raichlová and Procházka in Fifková et al. 108.

265 Raichlová and Procházka in Fifková et al. 107.

266 Raichlová and Procházka in Fifková et al. 110.

267 Coleman et al. 169.

gender diversity came to be depathologized and the comfort of trans* people seeking medical transition were regarded as *a social good*, the rationale for covering its costs from public insurance would be in principle the same as the rationale for covering childbirth and neo-natal care, only the specifics of each situation would be distinct. What sexology forgets in styling itself as trans* people's sole saviour from exorbitant health care costs is the fact that the moral, social good of bodily self-determination – inclusive of medical therapies or not – will remain unrecognized as long as certain forms of self-determination are viewed negatively as disorders. In addition, there are countries, such as Poland, where medical gatekeeping and testing of an even more invasive stripe than in the Czech Republic are performed by default, legal gender recognition involves “assessment suits” in court that can span years, and trans* identities are thoroughly pathologized – and yet the national health care plan does not cover any surgeries that can be part of a medical transition.²⁶⁸ The Polish situation rather drives home the point that pathologization *per se* is no guarantee of an alleviated financial burden.

Even if the authors' argument about the costs of HRT and sterilization/genital surgeries were left untouched, there would still be no inevitable link between the state *covering* medical transition costs and *demanding* some transition procedures (like sterilization) as prerequisites of gender recognition. While the authors' concern with preventing a gross financial burden on individual trans* people is likely a genuine one, any type of argument that stems from the premise that only “disorders” merit financial assistance results in precisely the kind of apologism that has allowed gender diversity to be pathologized and sterilization to be a required step towards gender recognition in the Czech Republic for decades. It is not necessary for medical assistance to stem from medical stigmatization.

9. Partial Morality: Religion As an Isolated Zone of Deference

It is interesting that in the famously secular Czech Republic, “Transsexuality and Religion” is the only time in the entire book when Czech trans* people are quoted as speaking for themselves aside from Appendix 3. They are, however, only granted this space after cisgender religious figures have been quoted first, including a detailed overview of what can only be described as one Catholic bishop's transphobic screed. Its inclusion is puzzling in its irrelevance, since the authors then go on to interview two priests (neither of whom are Catholic themselves) who take a much less absolutistic stance on the issue,²⁶⁹ and even the theologian who first provides the transphobic

268 Wiktor Dynarski, “Poland's Route to a Transgender (R)evolution” in *Gender Recognition in Poland: A Report on Court and Administrative Procedures* (Trans-Fuzja Foundation and the Polish Society of Anti-Discrimination Law, 2014) 4-7.

269 Jiří P. Štorek and Bohumil Baštecký's takes on the issue are reprinted in full in Fifková et al. 115-116.

overview makes objections to it.²⁷⁰ It is difficult to imagine why the overt transphobia needed to be included at all if it does not correspond to the actual beliefs of these relevant religious figures, unless of course it was to ground even the moral discourse on gender diversity in a primary rejection of trans* legitimacy.

“Religion”, although the chapter should really have been called “Transsexuality and *Christianity*” since no other faiths are represented in the authors' sample, can be said to assume the place of morality, as if all non-medical morality were predicated on religion. Either the singling out of religion is indicative of the limited scope of non-medical fields explicitly identified in the book, or its exceptional treatment could signal that religious faith is seen as personal domain that cannot – unlike gender, sex, sexuality, and the body itself – be regulated by a state institution. Even Fifková as the author of the chapter steps back with the assertion that “from a purely medical perspective, it is not up to us to influence our religious clients' decisions in any way”.²⁷¹ This is both deferential and alibistic, because the rest of the publication constantly makes statements with ethical ramifications (such as the claim that compulsory sterilization is a defensible and even beneficial practice); the only difference is that they are not addressed to *religious* ethics. The singling out of religion for respect produces the strange double standard in which religious trans* people are “qualified” (*povolání*) to discuss their experience as far as their identity as religious persons goes, but the same is not acknowledged by the authors as being true about trans* people's qualification to discuss their distinctly trans* experience in isolation. Still, the deference to specifically and only religion in this chapter produces some intriguing dynamics, which will be given in brief below.

The three trans* respondents in the chapter seem to be treated differently from the ones in Appendix 3. Their comments do not centre primarily on the transition process, but deal with more general questions of morality and self-acceptance. Some explicitly question or condemn authorities who have made it difficult or impossible for them to find adequate support within the community: “The church will be a good place when it realizes it can't be a prison where God is the top-tier guard” (respondent identified as D.A.), “I consider the church's [transphobic] behaviour incorrect” (respondent D.K.).²⁷² The respondents' names are anonymized as initials, but not in the [birth name]-[current name] format assigned to the respondents in Appendix 3. Another point of interest is that their responses do not appear to be curated or brought into line with one another (unlike the responses in Appendix 3, which are overwhelmingly focussed on transition and childhood dysphoria, and we can only speculate whether they were chosen to be included *because* they were mostly in line with the idea of transsexuality as a disorder). In the chapter on Christianity, some of

270 Jiří Skoblík in Fifková et al. 114.

271 Fifková in Fifková et al. 117.

272 Fifková in Fifková et al. 116-117.

the responses actually sound empowering rather than resigned to the status quo: “What I used to be angry with God over, why he did that to me, I thank him for nowadays” (respondent M.N.).²⁷³ The same respondent also identifies a need for a “better” language to speak about trans* issues: “One day I found out I was also a transsexual (I very much dislike that word, but there probably isn't a better one)”.²⁷⁴ The “better words” the respondent implicitly wishes for have existed for quite some time by 2002, but they had not been able to flourish in the atmosphere of medicalization that has pervaded the Czech discourse on gender diversity. Nevertheless, readers can only wonder how the client testimonials in Appendix 3 would have come across had the respondents been granted the same deference as the kind that religious affiliation extended to the above three.

10. “Transsexuality” As a Gender Stereotype

Despite the copious amounts of medical and often pathologizing terminology, it gradually becomes clear that the normative definition of transsexuality presented in the publication mostly hinges on gender stereotypes. To an extent, stereotyped “common sense” knowledge of what men and women are supposedly like is necessary for “diagnosis”: the client is presumed to identify with one set of gender-stereotyped traits to the exclusion of the other set, a situation viewed as one of the preconditions of “legitimate” transsexuality. Questioning of the rigid gender binary is not welcome in this paradigm; more than that, not adhering strictly to gender roles can even threaten a “diagnosis” being made at all. There is little to no concern over the impact of gatekeeping practices and how they contribute to existing power disparities. Last but not least, blatantly stereotyped notions of gender/sex and sexuality are imposed upon trans* people by (in this case) the medical establishment, yet treated as if they had originated from trans* people themselves, in

confusing our [trans* people's] psychiatric oppression with our own deeply held desires. We are certainly forced through cookie cutters of gender at the hands of conservative psychiatrists – much more so in the past than today, but this still happens – and were often made to fit hetero and cisnormative perceptions. But we were blackmailed into doing so. [...] We did not willingly and lovingly submit to it anymore than cis women loved the suggestion of having “hysteria.”²⁷⁵

It should be clear from this context that what I aim to deconstruct is not the fact that some trans* people use the *word* transsexual for themselves and attach their individual meanings to it, but the normative notions tied to the term when it is employed as a vehicle for pathologizing gender diversity. As for what definition the authors of *Transsexuality* find pertinent, there are several mentioned, all of which fit in the top-to-bottom paradigm; that is, they are authoritatively outlined

273 Fifková in Fifková et al. 117.

274 Fifková in Fifková et al. 117.

275 Cross, “I Am Whoever You Say I Am” <<http://quinnae.com/2010/10/01/i-am-whomever-you-say-i-am/>>.

by institutions and/or academic experts, and it is presumed that individual trans* people will adopt them so as to be intelligible to the discourse. This approach is symptomatic of the normative transsexuality discourse as a whole: very little attention is paid to trans* people's own voices and views, and when there is, they are curated and relegated to an appendix designed to be simply illustrative of what “the experts” have already “proven” about gender “disorders” in the text body. It is therefore not surprising that the authors provide several definitions made by other positivist academics. The sources are given in the text as Meyer (1974), Brzek and Šípová (1979), Kuiper and Cohen-Kettenis (1988), and Meyer and Kampffhammer (1993). In addition to being more than a little dated in light of all the scholarship on (trans*)gender that had already emerged by 2002, all these definitions hinge on the premise that being trans* is a disorder to be “diagnosed” and is constituted on the basis of two rigidly defined “opposite sexes” and the individual's “instinctive desire for a sex change.”²⁷⁶ In other words, these are theories based on biological essentialism and on the idea that there is no continuity between male and female (they are “opposite” sexes) and that the defining characteristic of all trans* identities is dysphoria and unhappiness (this is explicitly articulated in the segment by Kuiper and Cohen-Kettenis, while in the others it is an implicit presupposition). Besides these individual academics, there is a mention of the European Parliament's 1993 “dual personality” definition of transsexuality, which the authors distance themselves from.²⁷⁷ While “dual personality” is far from the definition of trans* identity preferred by critics of the medical discourse as well, it is intriguing that the only definition the authors actually feel the need to present as likely false is the one coming from the European Parliament, given the role of EU as one of the international bodies that recommend non-discriminatory access to legal gender recognition (including a recommendation against compulsory sterilization) and collect data on LGBTIQ* human rights abuses. The contrast is made still more striking by the fact that the EP's definition is followed by a full quoting of the ICD 10 (F 64.0) in bold letters, effectively silencing any possible discussion on whether the ICD model is accurate for all people who identify as trans* and whether it preserves their agency and right to self-determination. That the discourse is pathologizing and makes gender diversity into an illness goes without saying, considering that the ICD is being quoted as the ultimate authority.

Besides the ICD, one of the aforementioned academic definitions is given a somewhat preferential treatment: Meyer's “four conditions” of transsexuality as defined by the author in 1974. These are quoted in full at the beginning of the chapter, setting the tone for the other definitions, which appear to corroborate rather than dispute them. Meyer's criteria are paraphrased as follows:

276 Procházka and Weiss in Fifková et al. 17.

277 Procházka and Weiss in Fifková et al. 17.

- The feeling of inappropriateness or inadequacy of the role anatomically given.
- The belief that change will bring improvement.
- Selection of partners of the same anatomical gender along with perceiving oneself as heterosexual.
- The desire for a surgical sex change.²⁷⁸

Like the others, the definition is predicated on the idea that there are exactly two “opposite” genders/sexes which are “anatomically given” and can only be traversed in a linear, irreversible fashion by means of a “sex change”. Hormone replacement therapy (HRT) is not even mentioned as something the individual could “desire” as a way to achieve the presumed improvement brought on by surgery, which perhaps illustrates the totalizing discourse of binarism and biological essentialism (one can either have a “sex change” or one is bound to one's “anatomically given” role). Further cause for alarm is in that heterosexuality is not only automatically assumed to be the case for all trans* people here, but it is actually conflated with gender identity and used as one of the “diagnostic” criteria. Even within the limits of the binarist discourse, it would have been possible to include a caveat that the selection of partners of the “opposite anatomical gender” would have come with the self-perception of homosexuality – and yet, it is only the notion of heterosexuality that is treated as so central to gender identity that it becomes a diagnostic criterion, lending credence to Dvořáčková's observation of “the key role heterosexuality plays in the sexological conceptualization of normalcy.”²⁷⁹ It is only in later chapters that the authors acknowledge that homosexuality – but not bi- or pansexuality – in trans* people is possible (but rare). No issues are raised with Meyer's claim itself. The resulting impression is that the chapter featuring the strictly heteronormative quote is meant to symbolize the “ideal” definition on the most general level, whereas the later isolated acknowledgements of homosexuality are treated as minority concerns or exceptions. When Adrienne Rich and later Judith Butler spoke of compulsory heterosexuality as part and parcel of gender performance, they need not have looked farther than these medicalized “conditions of transsexuality” for an example.

While text analysis is required to read between the lines in order to address the implications of the given material, the authors are often quite up-front about what they perceive as the inevitability of policing:

The sexological examination must not stop at confirming the duration of the patient's motivation, but it must focus on the typical signs of transsexual development, objectivize anamnestic data and evaluate the differential diagnostics. An important and

²⁷⁸ Procházka and Weiss in Fifková et al. 17

²⁷⁹ Dvořáčková 62.

indispensable part of the diagnostic process is cooperation with a psychologist.²⁸⁰

The underlying message of these meticulously enumerated requirements for “diagnosis” is clear: trans* people cannot be trusted to know their own identity, and they especially should not be given the authority to determine their identity without supervision. If they are not properly “cooperative”, they will not be “diagnosed”, which will place medical transition options beyond reach. The “sexological examination” is preoccupied with fitting every client into a non-inclusive, textbook model based on “typical signs” and diagnostic evaluation. Like elsewhere in the book, “transsexuality” is only legible (and controllable) if uniform. Everything *other than* how a trans* person may define their identity is being prioritized, as though to reassure readers that no one is going to “make stuff up” about their gender identity, because “experts” will sort the people who would dare right out. This interpretation is notably supported by the “Legal Aspects” chapter, which reassures readers of how “positive” it is that the stamp of approval for surgery is “unequivocally relayed into the hands of experts”,²⁸¹ and later in the reference to the “strict criteria for diagnosis” established by Czech sexologists (which is rather unabashedly glorified by Fifková as “a liberal and revolutionary act for its time, which only solidified the gains of Czech sexology on a global scale”).²⁸² It does not require scholarly analysis to see that what may have been revolutionary in the 1960s is not likely to be so in 2002, let alone as of my writing in 2014 when major international organizations are taking a stance precisely against the idea of “strict diagnostic criteria” in assessing gender diversity. What is “liberal and revolutionary” today is arguably what Czech sexology has come *not* to signify in the evolving context. The valorization of external authoritative management, as opposed to respecting people's identified genders on their own merits, is still indispensable to the discourse of Czech sexology.

The fact that the discourse of transsexuality capitalizes on gender stereotyping is further driven home in the chapter titled “Differences between FtM and MtF Transsexuals”. In this segment, the authors posit a taxonomic division of sorts between trans men and trans women. Barring that none of the “insights” presented here have actually been spoken by trans* people (as surely those would have been too “subjective” for the *modus operandi* of positivist academia), the taxonomy provided reads as little more than a game in free association of stereotyped traits with trans men and trans women. The style of writing is designed to read as simple description – there is little effort to explain where these presumed differences are thought to have originated from, and the general tone of the chapter is not dissimilar to pop-psychology books and their generalizing claims

280 Procházka and Weiss in Fifková et al. 18.

281 Raichlová and Procházka in Fifková et al. 110.

282 Fifková in Fifková et al. 43.

about “how men are, how women are.” Both trans men and trans women are expected to conform to sets of arbitrary stereotypes associated with “men and women” as well as to various authoritatively imposed attributes of “transsexuality”, such as negative attitudes to their bodies, heteronormative identification, particular activities in childhood, and other similarly genre-defining considerations.²⁸³ Because the authors are almost never open to social constructivist ideas, they fail to account for how these supposed “facts” about trans men and trans women are shaped by sociocultural factors, nor for how the narrative of transsexuality itself presupposes that trans men and trans women must adhere both to gender stereotypes in general *and* to the tropes of transsexuality as a normative condition.

Absolutist formulations, usually not even sourced from the kind of self-fulfilling research that is sometimes mobilized to “explain” trans* etiology, are frequent in the authors' coverage of the interplay of gender and sexuality, almost to the point of defensiveness. The fixation on etiology itself, of course, invokes the question of why etiology is covered “to the exclusion of more directly beneficial research, like longitudinal studies on the long-term effects of hormone treatment on trans people”²⁸⁴ in the discourse, but at the same time it is clear that privileging normative notions of etiology goes hand in hand with policing and universalizing subsequent behaviour. A particularly egregious example of disciplining sexual habits reads as follows:

If transsexual individuals are capable of starting sexual relationships or at least having random sexual encounters before a sex change, the realization of sexual activity is defined by their limitations within their bodily scheme. Especially FtMs often refuse to undress in partnered activities, they usually remain in underwear and a T-shirt. They also refuse their [female] partner's touches on the breast or often genitals. Some experience orgasm through clitoral stimulation, but they need a long-term, stable and safe relationship as well as an understanding [female] partner. They are more oriented towards her satisfaction than their own. Sometimes they use a vibrator or another erotic toy [unclear on whom]. If the FtM is homosexually oriented, he picks gays for sexual partners and would absolutely not allow vaginal intercourse with them (but anal sex may sometimes be acceptable).²⁸⁵

It is difficult to read this passage as anything other than an attempt to deny trans* people access to their own bodies by gross generalization. If one of the foundational claims of the cissexist/transphobic discourse is, in this context, that a man cannot own a vagina, the discourse of medicalized transsexuality furthers that prescriptive claim by phrasing itself in a way that really makes it sound as though trans men do not *own* the sum total of their genitals (and, by extension, should refrain from using the “forbidden” parts for pleasure). Even the occasional claims that could

283 Dvořáčková 69-71.

284 Cross, “Raiders of the Lost Etiology” <<http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>>.

285 Fifková, Procházka and Weiss in Fifková et al. 32-33.

have been positive in another context, such as the one about trans men taking care to please their partners during sexual activity,²⁸⁶ unfortunately presuppose that this is only because trans men cannot enjoy themselves, not because they would be attentive lovers *and* capable of experiencing their own enjoyment *at the same time*. It is times like these when *Transsexuality* hits the point where readers' suspension of disbelief becomes a relevant question. Have the authors honestly asked all trans men they could whether they would have vaginal intercourse and received a unanimous, unconditional negative in response? Have they asked a representative sample of trans men? Have they consulted trans men at all, or simply extrapolated from other normative studies grounded in the same self-fulfilling outlook on normative transsexuality? Is it even *possible* that any group of individuals – trans* or otherwise – would have such a uniform opinion of certain sexual practices? Of course, these are rhetorical questions, purposefully exaggerated to be on the same level as the authors' blanket assertions. This expropriation of body parts and the consequent erasure of sexuality (or at least sexuality that takes on forms that may differ from the normative ones) is a classic in pathologizing transsexual narratives. Sandy Stone reports an analogical construct imposed on trans women:

By textual authority, physical men who lived as women and who identified themselves as transsexuals, as opposed to male transvestites for whom erotic penile sensation was permissible, could not experience penile pleasure. Into the 1980s there was not a single preoperative male-to-female transsexual for whom data was available who experienced genital sexual pleasure while living in the “gender of choice”.²⁸⁷

“Textual authority”, not universally observable empirical fact, is likewise at the heart of the assumption that vaginal sex should be *verboten* for all trans men, as if trans men were a monolith united in some perceived hatred of vaginal stimulation by a partner (who, contrary to the authors' binarist definitions of gender and sexuality, may not necessarily be a cis gay man). The drive to pigeonhole trans* people seems to turn particularly vehement when it comes to the fact that like any other group of individuals, trans* people have individual preferences in sexual practice, some of which may not neatly fit into the archetypal divisions between masculinity and femininity. For instance, a trans man who enjoys vaginal intercourse would call into question the idea that all masculinity must be predicated on cis men's masculinity, in which receiving vaginal stimulation is absent. Of course, a trans man who openly articulates such a position will no longer “pass” as cis. There is no reason why not being perceived as cis should have to be automatically negative or lesser, though. On the contrary, “to be consciously 'read', to read oneself aloud – and by this troubling and productive reading, to begin to *write oneself* into the discourses by which one has

286 Fifková, Procházka and Weiss in Fifková et al. 33.

287 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

been written”²⁸⁸ is precisely the kind of intervention that is necessary to counter the dominant discourse, in the sphere of sexuality as well as elsewhere.

Transsexuality's lack of accountable methodological grounding and transparent sourcing of the data in this section, coupled with its dogmatic presentation of gendered self-perception and sexual embodiment, the expectation that sweeping statements about the sex lives of trans* people will be taken at face value rests *solely* on the assumption of authority. The authors effectively deny that their findings could ever be falsified in their phrasing, even though falsifiability is precisely what sets apart scientific research from dogma, as established in Karl Popper's comprehensive theory of the scientific method.²⁸⁹ Their insistence may perhaps be a defensive strategy of sorts – after all, it takes only a single trans man saying “I am all man and I love my vagina”²⁹⁰ for their overly generalized premise to crumble like a house of cards under the principle of falsifiability.

11. “Transsexuals” As Generic Men or Women

Earlier in my analysis, I focussed on the issue of corporeality and outlined how the ownership of trans* people's bodies is undermined in the master narrative of transsexuality. I will now return to this subject to see how this denial of body ownership, based on the invalidation of trans* identities more broadly, goes on to assign generic masculinity and femininity (as derived from cissexist stereotypes of men and women) to trans* people in place of masculinity and femininity shaped by each individual's unique context. Because the conceptualization of gender in *Transsexuality* is strictly binary, I will address mainly the generic and uniform representation of trans men and trans women in the text, since any affirmation of non-binary identities is missing from the publication's normative foundation. This will, I hope, help articulate another core notion that makes the transsexuality discourse as a whole so rife with problems.

On a general level, we have seen so far that in the normative transsexuality discourse, trans men and women (or FtMs and MtFs, as they are almost exclusively referred to in the text studied) are not considered to be men and women based on their identification alone. This is evidenced not only by the language employed but also by the character of the transsexual narrative: a clear one-way transition trajectory (the consent forms for HRT and sterilization surgery actually contain the condition that the client will not seek to reverse its effects in the future,²⁹¹ which explicitly condemns at least one potential manifestation of gender fluidity) monitored by the medical

288 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

289 Stephen Thornton, “Karl Popper” in Edward N. Zalta (ed.), *The Stanford Encyclopedia of Philosophy (Summer 2014 Edition)* <<http://plato.stanford.edu/archives/sum2014/entries/popper/>> 13 Nov 1997 (revised 17 May 2014), retrieved 23 Jun 2014.

290 Such as YouTube user thepowerisyrs says in the video *My Genital Affirmation: A Transgender Vagina Talks Back* <https://www.youtube.com/watch?v=j_IA1bJH4bU> 24 Jan 2011, 1 May 2014.

291 Fifková et al. 159-160.

establishment and its gatekeepers is treated as the means by which “FtMs and MtFs” *become* men and women. In such a system, the recognition of binary-identified trans people as men and women is not contingent upon their identity, but upon various seals of approval for each “step” of transition (controlled by the aforementioned gatekeepers) and upon the physical effects of transition as such. This represents a kind of “flipped” ontology from the one that conceives of gender identity as being primary, as in the following guidelines for trans men:

Deciding not to take testosterone, to delay taking testosterone, or to take a lower dose than others does not make you “less trans.” Gender identity can only be determined by you based on how *you feel inside*, not the choices you make about your medical care.²⁹²

In *Transsexuality*, however, the perceived validity of trans men and trans women in their genders is based on everything other than what the people concerned have to say about “how they feel inside.” Identity itself is sometimes co-opted as a “biological identity” that does not refer to each trans* person's unique biological configuration, but merely stands in for “biological sex.”²⁹³ Every component that could have constituted an independent trans* identity, psychological and physical, is expropriated and reframed in a way that “confirms” the presumption of a universal gender binary instead of threatening it. This strategy is founded upon the “devaluation of alternative definitions of reality [...] and in the final stage, giving these 'misguided' definitions the 'correct' meaning by reformulating them through [the dominant discourse's] own categories, which at the same time reaffirms the validity of the [dominant] definitions of reality.”²⁹⁴ Its perceived necessity on the part of the dominant discourse is a testament to the status of gender diversity as “something that significantly disturbs the symbolic order”.²⁹⁵

When someone is thought of not as a man or a woman, but as someone who “wants to be” one of these genders and can only expect to “become” it through an official channel of transition, that person's subjectivity is obviously suppressed. While the discourse may presume individual subjectivity to be the source of this “desire” to be a man or a woman (though some pathology or disorder is presumed to be the source ultimately), it does not validate the person's gender status by it alone; instead, it weaponizes this subjectivity against the person and transforms it into a tool of “wanting” to be that identified gender. This is what I propose to call aspirational transness. Its premise is simple: if you are “FtM”/“MtF”, you only “want to be” a man/woman, but you are not one until you have followed the “correct” transition path prescribed for your gender and internalized

292 Gorton, Buth and Spade 29.

293 Fifková, Procházka and Weiss in Fifková et al. 30: “Sometimes they succeed in concealing their *biological identity* for a long time” [emphasis mine].

294 Berger and Luckmann paraphrased in Dvořáčková 59.

295 Dvořáčková 59.

the “correct” values of masculinity/femininity. The medical establishment exercises its Foucauldian pastoral power, combined with its workings as “a technology of inscription” inseparable from “a tactile politics of reproduction constituted through textual violence”,²⁹⁶ to promise the benefits of medically assisted transition *as long as* the arbitrary conditions of access are (at least superficially) accepted on both sides of the equation. Along with these specific conditions, it is also expected that the transition-seeking person will internalize the idea of not “yet” being a man/woman and needing to undergo X number of procedures before “becoming” one. Once these procedures have been carried out, it is viewed as morally and developmentally appropriate that the person will eschew their trans* history altogether, otherwise their integration into society as is has failed:

[A]fter one gender transitions, one is no longer trans, but a “real” man or woman, and people who don't live mostly stealth lives are exhibiting some sort of arrested development. Stealth living is presented as a matter of personal maturity, rather than of having the luck and resources to have a body that meets cissexist expectations, and of making the decision to avoid risk by choosing to conceal one's trans status.²⁹⁷

Making a person aspire to be their gender rather than simply letting them *be it* (in which case medical transition procedures would be available but optional, and not treated as the primary determinants of gender status or authenticity) has another downside besides the denial of bodily autonomy and the validity of gender identity on its own merits. It also rests upon the assumption that, say, a trans man does not only “want to be *a* (real) *man*”, but that he wants to be *any* man. His masculinity is generic masculinity. All the simplistic taxonomic divisions between trans men and trans women, all the gender stereotypes ascribed to “FtMs and MtFs” as alleged proof of their male or female identification, all the sexual prescriptivism (including the assumption that trans men and trans women would never enjoy certain activities) and, last but not least, the emphasis on the “wrongness” of trans* bodies in relation to the people inhabiting them can be traced back to one central axiom: there is an “ideal” masculinity complementary with an “ideal” femininity, and trans men and trans women should match these polarized concepts in all areas of their lives if they are to be recognized in their genders. This approach insinuates that the universal goal of all trans* people is not only to assimilate into a binary society, but to do so in a way that makes them *generic*. The fundamental erasure of individuality and difference exemplified by this goes beyond even the gender stereotypes associated with cisgender men and women, because it posits trans* people as at best pale imitations of those.

The most persistent of the tropes that deny agency and body ownership exhibit striking characteristics of genericization as well. The “wrong body” trope, that arch-metaphor for the

296 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

297 Costello, “On Passing” <<http://trans-fusion.blogspot.com/2011/07/on-passing.html>>.

dysphoria that some trans* people may experience, is among the first things treated as relevant in the chapter on definitions; the phrase there literally says that “[transsexuals] feel trapped in a false body and instinctively feel a strong desire for a sex change”.²⁹⁸ The reference to “instinct” (*pud*) is itself convenient for the paternalistic discourse of medicine because it relegates trans* people into an inarticulate realm of “instinctual” cravings, denying their ability to speak for themselves. (Presumably, this is why “our transsexual clients and their loved ones” should read the book rather than discuss gender/sex together and potentially come to different conclusions than the ones viewed as desirable by the medical establishment.) It is also interesting that in a text that is concerned with imparting allegedly expert knowledge, we find such metaphorical and euphemistic language being employed (“false bodies, instinctual cravings”). Regardless, the main problem is that a trans* person's identity and their “wrong/false” body are *both* ultimately treated as generic, shoehorned into mutual incompatibility because the generic (“ideal”) forms of masculinity and femininity are incompatible.

The generic forms of trans men and women are even occasionally personified in the book. In “The Diagnosis of Transsexuality”, it is claimed that trans* people can be “diagnosed” by exhibiting certain highly stereotyped traits in several categories: their preferences in pre-school toys and games, preferences in clothing, exhibiting a “distaste” (*odpor*) for their primary and secondary sex characteristics and for the biological aspects of adolescence, their non-erotic dreams and daydreams, masturbation fantasies and wet dreams, romantic relationships, sexual activities, and gender role characteristics.²⁹⁹ Even without discussing the problematic content, the selection of categories alone creates a spotty retrospective narrative that has more in common with the archetypal clichés of classic psychoanalysis than with any account of individualized personal development. Generic traits are trumpeted over and over in this section, culminating every now and then in suggestive passages such as the one below:

From the beginning of auto-erotic activity, sexual arousal is usually associated with imagining oneself as a member of the opposite sex with all its attributes during intercourse: FtMs imagine themselves with a penis, making love to a [female] partner; MtFs imagine making love with a [male] partner in a woman's body with breasts and female genitalia.³⁰⁰

The fact that this is followed with a converse description of the same situation for “homosexually-oriented transsexuals” may be better than the compulsory heterosexuality found in the basic definitions chapter, but it offers no way out of the cissexist discourse of “right” bodies, of binaries and opposites (which is, after all, exemplified even by the inclusion of *heterosexuality and*

298 Procházka and Weiss in Fifková et al. 17.

299 Fifková, Procházka and Weiss in Fifková et al. 27-36.

300 Fifková, Procházka and Weiss in Fifková et al. 30.

homosexuality and nothing else). The often euphemistic language employed to describe genitals (instead of calling a vagina by its term, which is *in itself* gender-neutral and might not always be associated with cis women, they call it “[implied cis] female genitalia”) is another subtle way to solidify the normative notions that specific body parts always go with specific genders, even in a book that is ostensibly about how they might not.

My purpose is not to insist that those trans men and women who have fantasies like the one described by the authors are unenlightened or wrong, but that presenting the above quote as *the model and most correct fantasy* for trans men and trans women is an indefensible generalization that should not be treated as something that in itself predicates gender identity. Instead of allowing the existence of trans men and trans women to contribute to a more inclusive vision of maleness and femaleness in which the presence of a penis or a vagina is not necessarily constitutive of gendered/sexual belonging, the discourse *makes* these traits constitutive. Instead of acknowledging the observable and ultimately quite obvious fact that “the concept of binary sex is based on the fallacious idea that multiple sex characteristics are immutable and must always go together, when in fact many of them can be changed, many erased, and many appear independently in different combinations”,³⁰¹ the sex and gender binary is preserved at all costs, simultaneously serving as a reference point for “transsexuality” *and* delegitimizing trans* people for never conforming to it “well enough”. Erasure, not accurate representation of trans* existence, is the result.

Consider, also, that although the authors of *Transsexuality* do implore health care providers not to *consciously* impose their personal beliefs on clients,³⁰² they fail to take this caution all the way and realize how the very act of publishing a normative text that defines trans* existence in itself imposes an authoritative belief. This problem of systemically privileged interpretations becoming indefinitely reproduced “facts” is nothing new in the discourse of transsexuality, as pointed out by Stone with regards to the early stages of trans* clinical practice in the US:

It took a surprisingly long time – several years – for the researchers to realize that the reason the candidates' behavioral profiles matched [Harry] Benjamin's so well was that the candidates, too, had read Benjamin's book, which was passed from hand to hand within the transsexual community, and they were only too happy to provide the behavior that led to acceptance for surgery.³⁰³

This kind of effect, when “authentic experience is replaced by a particular kind of story, one that supports the old constructed positions”,³⁰⁴ can occur with any normative text, particularly when

301 Bauer, “Not Your Mom's Trans 101” <<http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>>.

302 Fifková and Weiss in Fifková et al. 58-59.

303 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

304 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

it is known that its authors may well soon be personally passing judgement on the prospective client who is reading the book in preparation, as Fifková herself candidly stated in the Foreword to *Transsexuality*. Proceeding to the logical extreme of this conundrum, we might conclude that it is in fact impossible for sexology to accurately hear and interpret trans* people's identities and lived realities, because the very existence of its normative texts confers hints as to which components of one's identity should *not* be revealed to health care providers if one hopes to access the resources of medically assisted transition. In the end, whether the identity being performed is genuinely felt or not, expecting and getting a normative performance is intrinsically how the medicalized narrative of transsexuality operates. Its ideal subject is a generic troubled “transsexual” who follows a generic transition path riddled with admonishments on how to best “become” a generic man or woman who confirms rather than disturbs the ideology of binarism, again construed as generic and all-encompassing. The prevailing treatment of “transsexuals” in normative texts furthers just such an image: passive, depersonalized, silent unless it is to verbalize suffering, lacking in any meaningful agency, and most importantly uniform. The discourse of pathologized transsexuality is in effect a discourse of generic and generalized claims that reinforce culturally privileged “truths” about men and women.

12. What Happens in the West...

It has been noted that gender stereotypes presented in the publication are pertinent to the Western cultural context and, despite the illusion of universality most of the book imparts, do not represent every culture – or even the Western culture at every point in time. Yet, because of the decontextualization that plagues the medical account of “true” transsexuality, meaningful acknowledgement of this fact is not part of the discourse. There may occasionally be brief allusions to gender and sexuality operating under different premises in different societies, but the underlying assumption remains firmly Western and represents a quintessentially colonial logic. Stone helpfully traces the genealogy of this conceptualization:

Suddenly the old morality tale of the truth of gender, told by a kindly white patriarch in New York in 1966, becomes pancultural in the 1980s. Emergent polyvocalities of lived experience, never represented in the discourse but present at least in potential, disappear; the *berdache* and the stripper, the tweedy housewife and the *mujerado*, the *mah'u* and the rock star, are still the same story after all, if we only try hard enough.³⁰⁵

And try the dominant discourse does. In *Transsexuality*, there are some minimal nods given to cultural differences *per se* in the “Sexual Identity” chapter, but these nods are internally inconsistent, probably because the discourse is structured in such a way that makes it difficult not to

305 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

resort to pathologization that inevitably points to the Western set of norms. The authors state:

From a trans-cultural perspective, various alterations and disorders of sexual identity can be considered a ubiquitous phenomenon. It would however be short-sighted to label all such expressions transsexuality or another disorder of sexual identity, as research carried out in cultural anthropology shows considerable variation and cultural diversity in similar behaviours.³⁰⁶

It feels as though the authors want it both ways. On the one hand, they acknowledge the existence of cultural diversity and the fact that not all gender expressions considered to be non-normative in the West are “transsexuality” or “disorders of sexual identity”, but on the other hand they still operate within the framework of “sexual identity disorder” as if it *did* apply to non-Western gender norms and expressions. That makes the formal mention of cultural diversity little more than lip service. They are, in other words, engaging in those “ahistorical and ethnocentric projections” that start by extending the normative notion of sex without qualifying it in the first place.³⁰⁷ The introduction into this section of *Transsexuality* sets the tone for the attitude:

Historically, first descriptions of behaviour resembling sexual identity disorders come from the period of antiquity. Herodotus describes the disease of the Scythians, a nation living on the coast of the Black Sea. Some men wore feminine dress, engaged in female labour, and were distinguished by their feminine behaviour and character. Their role was mostly that of priestesses.³⁰⁸

Whether or not this really is the first description of gender diversity in world literature, the whole paragraph is remarkable: it exoticizes gender diversity as something associated with a foreign religion and nation, so unknown it needs to be introduced to the reader along with its geographical location, and simultaneously calls this gender diversity a “disease” (*choroba*), establishing the perspective “we” should adopt along with Herodotus as we view the Scythians from the outside. The exoticization returns in the descriptions of Indian *hijras* (referred to in the generic masculine in Czech) and a few other identities. Some “famous suspected transsexuals” are name-dropped, including Joan of Arc, Pope Joan, and James Barry, all referred to by their birth assignment regardless of how these people (whether provably or supposedly) identified during their lifetimes. There is also a mention of Fielding's *Female Husband*, “about a woman who pretended [feminine suffix] to be a man and married [feminine suffix] another woman.”³⁰⁹ Clearly, none of this offers a glimpse of trans* people's own subjectivity – the perspective is firmly external and does not convey these people's identified genders (rather, their identified genders are undermined by using the

306 Procházka and Weiss in Fifková et al. 15.

307 Dvořáčková 65.

308 Procházka and Weiss in Fifková et al. 15.

309 Procházka and Weiss in Fifková et al. 15.

assigned gender forms). The problem is not new in the publication; it is part of the overall reluctance to refer to trans men as men and to trans women as women. Non-binary and genderqueer identities are totally invisible. Even the one time the authors acknowledge Leslie Feinberg's *Transgender Warriors*,³¹⁰ they omit Feinberg's radical objections to the normative discourse of transsexuality and/or strictly dual sex and simply state that Feinberg “describes this altered [Two-Spirit] gender identity in contemporary Indians [sic].”³¹¹ Feinberg is never treated as a relevant author in the sections that deal with the definition of trans* identity for the generic Czech/Western “us”. This not only further compounds the othering of (what the Western discourse may call) trans* identities in, broadly speaking, non-Western cultures, but also serves to silence even high-profile trans* people in the West on matters of gender identity that directly concern them.

The word “altered” (*změněný/á*) itself presents a conceptual challenge. In the above example, the authors referred to Two-Spirit Native Americans as having an “altered” gender identity, though they give no indication of what that identity is supposedly altered *from*. Given that Two-Spirit identities have historically been part of Native American societies in various culturally specific forms, it hardly seems appropriate to describe this reality as an “alteration” of something. Of course, the intended reader of the text would identify the Western gender binary as the norm, making Two-Spirit identities a deviation from and alteration of *those* standards, without recognizing the Western gender binary as an imposition in the first place. In her analysis of Czechoslovak sexological writings of the 1948-1989 period, Sokolová notes just such an internal conflict in the discourse:

Czech sexologists were the whole time struggling between their efforts towards emancipation of non-heterosexual sexuality in socialist Czechoslovakia [...] and at the same time their inability to step outside their own prejudices and beliefs in “normality” of heterosexuality and strong essentialist interpretations of gender. Logically, their writings are locked in conceptual imperialism, an uncritical acceptance of cultural categories without the ability to reflect their instability and dependence on contextualization.³¹²

Transsexuality, written a good while after this time period, does recognize that there should be at least a formal nod to context and how it varies across cultures, but in the absence of an in-depth understanding of contextualization and just how far cultural diversity extends (and that it must be extended in both directions; that is, against “our” culture) there is no way to break out of the

310 The Czech translation of the book's title as given in the text is *Pohlavní štvanci*, which would have much better corresponded to Kate Bornstein's *Gender Outlaws*. This suggests that either the word “warrior” was considered inappropriate for the discourse by the book's translator or that Feinberg and Bornstein were on some level erroneously conflated.

311 Procházka and Weiss in Fifková et al. 18.

312 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 100.

conceptual imperialism Sokolová identified as ubiquitous in the earlier period. Subtle ethnocentrism thus underscores the rest of the section, without regard for the fact that sociocultural categories “are invested with the power to project themselves beyond the culturally constructed border between the social and the psychological – they have the power to form (self)perception, emotions, actions, and attitude to the body, which means the power to generate difference even at the 'innermost' levels.”³¹³ A superficial acknowledgement of strictly “cultural” differences does nothing to explain the interconnected operation of “nature” and “culture”, but it does serve to cast the debate in terms that are difficult to dismantle. The difficulty is not caused by those terms being superior in logic because, as Hird says, “[t]he strict division between 'nature' and 'culture' evinced in many 'essentialist' versus 'constructionist' debates thus does not make sense insofar as it artificially separates two aspects of what ultimately produces behavior.”³¹⁴ Fausto-Sterling offers an overview of empirically tested brain-/gender-related phenomena that “back up an insistence that the environment and the body co-produce behavior and that it is inappropriate to try to make one component prior to the other.”³¹⁵ In short, if the simplistic framing of transsexuality in Czech sexology serves any purpose, it is not the purpose of reporting facts, but the purpose of building an authoritative take on how “facts” are construed and perceived, including the conceit that one behaviour-influencing sphere is antecedent to the other (and that there are only two of them, “nature” and “culture”). That not being in line with the Western binary norm is viewed as an “alteration” is, again, indicative of the pathologization of trans* identities and of intersex status, which is itself “distinctly Western [...] non-Western cultures do not routinely medicalize intersex conditions, and so do not advise surgical and hormonal treatment.”³¹⁶ Viewing trans* and intersex status as “a 'problem' in need of solution”,³¹⁷ then, already indicates a limited outlook that by definition cannot do justice to non-Western outlooks. Due to the medicalized vocabulary employed in this section of *Transsexuality*, we may argue that it cannot even convey the general content of the concepts employed by at least some non-Western cultures without linguistically and symbolically manipulating them in the process.

13. Exclusion through Lip Service: The Marginalization of Gender Theory in the Discourse of Transsexuality

So far, I have illustrated some key points in how gender/sexual identity is conceptualized in the core of the publication. Gender is not employed as much of an analytical category in

313 Dvořáčková 68.

314 Hird 8.

315 Fausto-Sterling, *Sexing the Body* 241.

316 Hird 126.

317 Hird 126.

Transsexuality, as evidenced by the fact that gender stereotypes are accepted as primary qualifiers for identity or by the book's trivialization of social factors as definitive components of gender and sexual development, even though arguably “development within a social system is the sine qua non of human sexual complexity.”³¹⁸ At the same time, the authors seem to have been aware of the fact that outright concealing the existence of gender theory (and, more broadly, of social constructivism) would not reflect well on the ethics of their publication. Holding back on such information would have made it far more difficult to maintain the argument that their position was impartial from the start. In this section, I will examine the context in which the chapter “Sociological Aspects” finds itself more closely.

As I mentioned when dealing with the structure of *Transsexuality*, the chapter covering sociology is short (only four pages total) and comes as the very last of the chapters featured. Its author, Marcela Linková, is not part of the collective given in the book's bibliographic data (see my bibliography for the list that does appear there), though she is mentioned in Acknowledgements. While there is nothing questionable about inviting a contributor on a subject that falls outside one's purview (as sociology often does for medical doctors), this usually relies on respecting the invited contributor as an authority, an “expert” in their field. Is this how Linková's guest contribution is treated; is her contribution to *Transsexuality* on par with Fifková's contribution to the “transgender issue” of *Gender, Equal Opportunities, Research?* The preliminary introduction provided by Jaroslav Zvěřina (“Excerpt from Peer Review”) suggests that rather than respect, there is distance between her (as a representative of gender studies/social constructivism) and the other contributors (as representatives of the medical establishment/positivism):

The text by sociologist M. Linková is an interesting example of the thought process of today's fashionable “gender research”, which is not yet well known to Czech medicine.³¹⁹

Certainly, this sentence conveys much, starting with the fact that this is not the kind of utterance that would typically be said of a colleague. At the discursive level, Zvěřina manipulates the image of gender theory/research and casts it as the following:

- A fad (“*today's fashionable 'gender research'*”);
- Not a legitimate scientific discipline (the scare quotes around “*gender research*”);
- A curiosity (the value of Linková's text lies only in being “an *interesting example*”);
- New and alien (“*not yet well known to Czech medicine*”).

This is less than lip service or tokenization; this subtly but effectively undermines the entire field of gender studies on a clearly arbitrary basis. If, as has been discussed earlier, the hermeneutics

318 Fausto-Sterling, *Sexing the Body* 243.

319 Zvěřina in Fifková et al. 9.

of sexology needs to reformulate gender diversity into pathologized transsexuality in order to maintain the symbolic order, it doubly needs to reformulate potentially dissenting scientific disciplines into harmlessness by presenting them as intrinsically less credible. (This tactic occurs in the main text of the book as well, e.g. when the authors seemingly neutrally state that despite what they view as sound empirical grounding for their claim that gender/sexual identity is determined by the same influence of prenatal androgens in animals and humans, “some experts still mistrust biological theories”,³²⁰ framing these dissenting experts as a fringe group that simply refuses to be “enlightened” by biological determinism.) While no one can pressure Zvěřina to accept the legitimacy of gender theory or to familiarize himself with its contents, it is not unreasonable to expect him to follow the minimum standard for academic writing and refrain from outright smearing the discipline before readers have even had a chance to skim through the brief (and in some respects quite conservative) article Linková contributed to the publication. This is leading up to the fact that “Excerpt from Peer Review” meets no criteria for actually *being* an academic text. For comparison, this is how Zvěřina refers to the chapters written from the perspective of the medical establishment [emphasis on key words mine]:

The clinical experience of H. Fifková and I. Procházka offers the reader *exceptionally valuable information* about often *very sensitive and subtle topics*. It is important that the authors follow internationally recognized standards, especially those *regularly published* by the American Harry Benjamin Society, a *medical classic of transsexualism*. Also *valuable* is the information on legal aspects[,] treatment methods and family situations of transsexual persons (chapter 11, 12). The psychological and psychodiagnostic chapters were written *in a very erudite manner* by psychologist Petr Weiss, who has been *dealing with transsexuality consistently* for many years. *Very interesting* are also the chapters about surgical procedures leading to sex change. These were written *by experienced surgeons* [...]³²¹

It would appear that medical practitioners and authoritative organizations personally respected by Zvěřina are all unquestionable in their expert knowledge, while researchers in fields marked by constructivist approaches will be presented in a way that automatically casts doubt on their expertise. The emphasis on “value” and tradition (“dealing with transsexuality consistently for many years”, “regularly published”, “a medical classic”) assigned to the core chapters and their authors is especially striking next to Zvěřina's framing of gender studies as something that is at best “fashionable today”. In sum, Zvěřina is *a priori* dismissive of gender studies, but the medical field he hails from he treats with near reverence in the review. This is at odds even with Fifková's take on the foreword to the same publication, as she does at least formally acknowledge that

320 Fifková and Weiss in Fifková et al. 23.

321 Zvěřina in Fifková et al. 9.

interdisciplinary ties are needed for “a modern holistic approach to medicine”.³²² While the publication can hardly be called sufficiently interdisciplinary in its execution, Zvěřina's zealous dismissal of gender theory as a valid discipline may actually be detrimental to the credibility of the author collective as a whole.

In terms of language, the high incidence of intensifiers in the peer review (“in a very erudite manner”, “very interesting”, “exceptionally valuable”, “very sensitive and subtle topics”) is not only out of place in academic writing, but also pays homage to Zvěřina's insistence on his preferred mode of inquiry being the one that offers *the most* value, erudition, and “objectivity” of data. The fact that Weiss is the only contributor who is mentioned by full name in the review hints at some hierarchy of rank among the “core” authors as well, though this is understandably tricky to determine from text analysis alone.

As far as the lack of familiarity of Czech medicine with gender studies is concerned, Zvěřina's assertion appears to be honest – after all, the publication he introduces is untouched by gender theory except in that last marginalized chapter, contributed by an author who does not represent the medical establishment unlike the others. The question should nevertheless be asked to what extent this apparent honesty is also a function of alibism. *Transsexuality* came out in 2002, the same year that Gerlinda Šmausová had “Against a Relentless Conviction of Belief in an Ontic Existence of Gender and Sex” published in *Sociální studia*, 7/2002, a major academic outlet. A year before that, the journal *Gender, Equal Opportunities, Research (Gender, rovné příležitosti, výzkum)*, 3/2001) had its special “transgender issue”, which, despite the problems already discussed around its sexological framing, focussed on many of the social aspects of trans* status and its marginalization. It is worth noting that this journal, expressly dedicated to academic analyses of gender and related phenomena, has been in print continuously since 2000 and its archives are fully accessible online except for the latest issue. For Czech feminist and gender-related texts dating from even earlier than the 2000s, we find a whole list of them in an article by Věra Sokolová when she criticizes these older feminist publications for not making their theory inclusive of queer perspectives,³²³ all these texts existed in the 1990s and beyond. There was no shortage of gender research in the Czech Republic/Czechoslovakia in the decade preceding the publication of *Transsexuality*. There were also the activities and publications of Charles University's former Centre for Gender Studies (today's Department of Gender Studies) founded in 1998³²⁴ in collaboration with the Gender Studies

322 Fifková in Fifková et al. 11.

323 Sokolová, “Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989” 30.

324 “Department of Gender Studies, Faculty of Humanities, Charles University: About Us” <<http://gender.fhs.cuni.cz/KGS-4.html>> 12 May 2014.

Foundation, which has been active since 1991, complete with a library.³²⁵ In short, if gender theory “is not yet well known to Czech medicine”, the root of this problem cannot be sought in some supposed failure of gender studies to reach out to society or to establish itself as a full-fledged discipline. The considerable variety and availability of the materials outlined above suggests it must have been the unwillingness of the Czech medical establishment to learn about gender theory that caused the fundamental lack of knowledge Zvěřina openly admits to. It is safe to say that by 2002, academic research into gender was nothing new under the Sun, not even in the Czech Republic.

Regarding the allegedly “fashionable” status of gender theory, that too appears to be little more than the author distancing himself from the field by appealing to elitist notions of “tradition” versus “fashion”. The claim that gender-oriented research has become fashionable in the Czech Republic is not limited to Zvěřina's introduction, but it seems as though its “fashionable” status is so often referenced without actually pointing to any practical instances of it. A conundrum emerges where gender and feminist theory is vilified for being “too popular”, even though its status as a “fashionable” science in the given context is debatable. In an article outlining the mutual exclusion of feminism and the gay (markedly not LGBTIQ* or queer) rights movement in the Czech Republic, Sokolová makes the argument that the marginal status of feminist and gender theory is characteristic of the Czech cultural milieu to the extent that it precludes potential alliances between feminist and gay and lesbian/queer activism. She emphasizes the role of the media in the development of this problem, having analyzed a representative sample of 587 texts from 1991 to 2004.³²⁶

The discourse on gender and feminism has been characterized by strong heterosexist undertones. The discourse on homosexuality, on the other hand, has had a distinct anti-feminist character. In other words, heterosexism and anti-feminism have been integral parts and one of the defining characteristics of Czech media discourse after 1989. [...] As the identities of feminists and homosexuals have been stigmatized, both discourses have had the tendency to articulate their own legitimacy through the exclusion, ignorance or silencing the other.³²⁷

Where is the “fashionable” status of gender as an analytical category that Zvěřina uses to demonize it? What this situation resembles is much closer to a competition for survival between two heavily stigmatized discourses, a conceptual *Hunger Games* between two underdogs. Just as the (highly sexist and essentialist, as Sokolová examines at length in her article) discourse of normative

325 “The History of Gender Studies, o. p. s.” <<http://www.genderstudies.cz/gender-studies/historie.shtml?x=237046>> 12 May 2014.

326 Sokolová, “Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989” 31.

327 Sokolová, “Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989” 30-31.

homosexuality is treated with hostility in a heterosexist environment, so is the feminist/gender-aware one. Though it would be hard to quantify which of these marginalized discourses “has it worse”, it is clear that there is no overwhelming popularity or “fashionableness” to speak of in relation to gender and feminist theory. In fact, anti-feminism and heterosexism are identified by Sokolová as an “integral part” of public sentiment in the Czech Republic post-1989. Sokolová does not directly reference the transsexuality discourse when she speaks of “the persistent monopoly of sexologists, psychologists and psychiatrists, who have dominated discussions of homosexuality (and sexuality in general, for that matter) at the expense of qualified gender analysis by sociologists or historians”,³²⁸ but her observation applies since the pathologizing attitudes towards homosexuality and transsexuality are couched in the same basic presuppositions and shape the discourse around each topic in a similar way. Merely being associated with feminist thought in this climate is seen as grounds for suspicion (see the rest of Sokolová's article for a detailed analysis of sexism and anti-feminism as a characteristic of the Czech media landscape, including in articles produced by widely respected public intellectuals, academics and writers). It seems that rather than gender theory being fashionable, it is perceived as dangerous. Its detractors – be they medical doctors, journalists, public figures or others – fear the possibility that it might *become* popular if not exposed to all this backlash, and they fear it to such an extent that they act as though the possibility had already been realized. This also offers them the advantage of painting gender theory as nothing more than a sweeping fad, even though it has not reached any widespread popularity or acceptance to begin with.

Why is this much derision needed at all? Though it may be tempting, in the case of *Transsexuality*, to transfer the problem onto the personal level and conclude that it was simply the authorial collective being dismissive of gender theory, the contextual analysis I have performed so far suggests that the problem is both more general and more insidious than veiled personal antipathy. There is also another, more obvious reason why the gender chapter had to be discredited in order to maintain the integrity and authority of the rest of the publication, and that is the inherent ability of social constructivism (of which gender theory is part) to dispel essentialist truisms. Linková's chapter is metatextual in the same way that Fausto-Sterling explains her overall methodology in “How to Build a Man”: refusing to treat texts produced by medical authorities as being exempt from criticism. Linková interrogates the gender order and the way this same gender order has shaped existing research into “transsexuality”. Needless to say, this is a threatening prospect in the context of the publication being presented as *the* expert word on trans* status.

328 Sokolová, “Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989” 32.

The chapter does touch upon some crucial aspects on the nature of power in the medical establishment and its relation to trans* people as subjects with marginalized gender identities, and similarly to the “transgender issue”, it provides a glossary of gender-related terms. The glossary is actually quite problematic from the point of view of gender analysis. For instance, Linková employs the division between “sex” and “gender” as two completely distinct categories, of which of course “gender” is the primary category imbued with social relevance:

Since approximately the 1960s, the study of gender has pointed out the differences between (biological) sex, which is a category demarcating the physiological differences between men and women, especially those relating to genitalia and reproductive dispositions, and gender.³²⁹

This reification of the nature/culture dichotomy is the very problem criticized by biologists/gender theorists like Fausto-Sterling and Hird among others, and while it may be characteristic of the early stage of gender studies when such thought was productive in opening the debate on the cultural construction of gender, it now presents a major roadblock to acknowledging that “biological sex” is *also* much more complex than a neat binary structured along universal “physiological differences”. Linková’s summary of gender theory unfortunately does not reject the conceptual primacy of “sex”. Thus the outlook it enables is already robbed of some of its deconstructive potential.

On the other hand, there are moments when Linková does challenge the normativity of gender along with normativity of the body. Although she does not question the category of “sex” in the introduction to the chapter, she goes head to head with the “Sexual Identity” chapter in stating that “pupils and students are not told that our chromosomal make-up is not the only determining factor of our sex, that a strict line cannot be drawn between XX and XY. This is of course the case with other physiological factors as well.”³³⁰ Despite the reduced definition of gender and sex in the opening, here it is mentioned that “biological sex” is not a single, monolithic category. This section makes it obvious why Linková’s contribution is uncomfortable for the discourse of transsexuality as an aberration from “normal” sex/gender.

Another subversive element in Linková’s chapter is her reference to the “binary myth” as a source of violence in disproportionately forcing trans* people (especially trans women) to adhere to rigid standards for gender presentation and performance, even as the standards for cis people have gradually become more relaxed.³³¹ In realizing this double standard, Linková brings up a perspective that differs from only being concerned with making trans* people conform to gender

329 Linková in Fifková et al. 118.

330 Linková in Fifková et al. 120.

331 Linková in Fifková et al. 120.

norms as best as possible. Even more radically, she presents a Foucauldian critique of the dominant mode of scientific knowledge production about alleged sex difference:

Our definition of what constitutes maleness and femaleness is based on imperfect and prejudiced scientific knowledge, which fetishizes certain traits at the expense of others. The importance of genital configuration for an individual to be considered male or female exerts pressure on transsexuals in that the need for a sex change through surgery is scientifically preferred, because the assertion “I’m a woman” or “I’m a man” alone is not enough. The individual's feelings and experience in their own body must be affirmed by the medical community by approving a surgical sex change.³³²

Not only is the criticism in this passage remarkably direct, it also points to the unequal distribution of power between trans* people on the one hand and the medical establishment as well as the larger society on the other. These statements go contrary to the essentialist assumptions underpinning the majority of the book no matter how we read them. Linková goes as far as to repeat this point again before the end of the chapter: “We cannot be surprised that transsexual people who are coming to their new role strive for the greatest conformity they can so as to assimilate into the culture they live in. The culture that puts them under constant pressure”.³³³ While the passage may be unnecessarily homogenizing (not all trans* people will react to this social pressure in the same way), it is still valuable in the context of a publication mostly unable to analyze the power dynamics that play a part in trans* people's alleged conformity with preconceived gender roles in a hostile cultural environment where the institutionalized medicalization of trans* status can often be the only recourse. Linková's contribution begins to read as almost a kind of damage-control in light of the rest of the book. At the end, she concludes that “we [the society] have no right to tell others they will never be a 'real man' or a 'real woman' [...] there is no single definition of what being a 'real' man or 'real' woman means.”³³⁴ While these comments may appear trivial to readers familiar with gender theory, their divergence from the normative content of the publication cannot be overstated.

Interestingly, though, Linková herself seems to be reluctant to claim an affinity with social constructivism, although the fact that she even allows for the questioning of social and biological categories no doubt makes her a constructivist. In the glossary, she limits social constructivism to the 1960s and defines it as having “contributed to the emphasis of the construction [constructedness] of our lives and our reality”, but immediately follows that with the assertion that today's approaches to society and reality are “more balanced”³³⁵ without as much as elaborating on

332 Linková in Fifková et al. 121.

333 Linková in Fifková et al. 121-122.

334 Linková in Fifková et al 122.

335 Linková in Fifková et al. 120.

what is supposedly not “balanced” about constructivism itself. This kind of framing suggests either a skewed understanding of what it means for something to be a social construct (and that it does not mean an automatic denial of all things material) or an understanding of constructivism that does not align with the scientific taxonomy provided by researchers like Egon Guba and Yvonna Lincoln, according to whom constructivism and critical theory are (to simplify) *paradigms that are not positivism*.³³⁶ The most helpful aspect of Guba and Lincoln's taxonomy is that it draws attention to *fundamental* differences between the paradigms, elucidating on their relative privilege or marginalization with respect to the Enlightenment model of science in the process. In *Transsexuality*, we are seeing a paradoxical situation when even the author who more or less represents constructivism in the book has to use discursive strategies to distance herself from it. Of course, when viewed in context, this is no paradox at all but an indication of the enormous privilege retained by positivism and its attendant constructs (objectivity, neutrality) in the Czech academic sphere. Guba and Lincoln's allusion to the paradigms “competing” with one another is most certainly supported in the discourse of *Transsexuality*. To openly align oneself with constructivism means to lose credibility.

The more problematic aspects of Linková's analysis harken back to her inability (whether real or coerced by the context in which her contribution finds itself) to apply her brief acknowledgement of the complexity of “biological sex” beyond the imagined binary when trans* people enter the picture. A closer examination of the chapter reveals some of its central tenets to be equally steeped in cissexism as the other sections of the publication, but in Linková's case, this ironically stems from the fact that she does treat gender as socially constructed – yet still assumes the category of “biological sex” to be foundational, even for trans* people. To illustrate, she has this to say about trans women and their position in society:

I daresay that the social expectations of the MtF group can become a schizophrenic prison. It is impossible to claim that the early socialization of these biological men will just vanish with the realization of their own transsexualism. Their social experience will thus always be located in a certain border zone [...] It is also necessary to ask whether and how masculine socialization and the representation of womanhood in men's eyes influences the later self-perception of MtF transsexuals.³³⁷

Aside from the fact that this is, just like elsewhere in the publication, a cisgender person usurping the right to speak on trans women's subjectivity, the paragraph offers an almost textbook example of transmisogyny. There is the *Transsexual Empire*-esque myth of trans women's “male socialization” as something that prevents them from “really” being women and supposedly invests

336 Guba and Lincoln 109-116.

337 Linková in Fifková et al. 120-121.

them with (by then long nonexistent) privilege, even though no converse claim is made about trans men. The discrepancy makes this a clear example of how transphobia itself is gendered, something that Linková writes about at other points in the chapter (trans men's relative privilege after transitioning, the rigid standards for femininity required of trans women), without seeing how her own analysis is still impacted by the same root problem. There is the standard metaphor of lived-experience-as-prison, a cliché too tired to revisit at this point. There is the implicit refusal to refer to trans women as women, instead using de-gendering labels such as “the MtF group” or “MtF transsexuals” (in this respect Linková does not differ from the other authors, generic masculine even when referring to trans women in particular included). There is also the sudden return of “biological men” and the notion that “biological sex” is immutable, comes “before” society (although society picks up on it to initiate this inescapable “male socialization”), and should somehow take precedence over a person's actual identified gender and perception of self. It is no coincidence that the paragraph pivots on “the realization of [trans women's] own transsexualism” and not “the realization of their own womanhood”. Finally, there is the essentialization of the “border zone” not as something that can be actively and proudly occupied by some (e.g. non-binary) trans* people, but as something that prevents, once and for all, specifically trans women from being women “completely”. All these assertions are framed in covertly ableist rhetoric that equates the experience of social pressure with mental illness, while at the same time trivializing schizophrenia as nothing more than an exaggerated metaphor for the unsubstantiated premise that all trans women must feel irrevocably conflicted about their identity.

The notion that trans women feel that their status is somehow deficient next to cis women is one that pervades the attitudes of all the authors of the book. It is a particular shame in Linková's case, because she otherwise does touch upon the “more radical demands on femininity” faced by trans women³³⁸ and the fact that “the [gendered] standard expected of transsexuals [noun, generic masculine] by society is not nearly as relaxed [as the standard expected of cis people from the 1990s onwards].”³³⁹ Thus, unfortunately, even the one author whose contribution could have offered an alternative to the positivist-essentialist paradigm espoused by the main collective of authors either failed or was not permitted to treat trans* people with genuine respect for their gender identity, preserve their agency, or bring a truly deconstructive perspective that would not call out to “biological sex” as a universal and unalterable given to the table. The shortcomings of *Transsexuality* as a whole are conceptual, but they are also, at the same time, the shortcomings of privilege.

338 Linková in Fifková et al. 121.

339 Linková in Fifková et al. 120.

IV. Conclusion

In the preceding chapters, I offered factual and ethical arguments questioning the current discursive framing and practical management of gender diversity in the Czech Republic. I hope this has demonstrated that the system in which trans* people find themselves at the moment is damaging and largely incompatible with accepted human rights standards, in spite of its possible belief that all its current rules are beneficial to individuals. The final question to ask is to what extent this entire system of policing sustains individual transitions versus to what extent it simply sustains itself. In this respect we may notice a parallel with, or perhaps a continuation of, Václav Havel's commentary on the pre-1989 political regime, which “serves people only to the extent necessary that people serve it”³⁴⁰ while framing itself as “humanist, egalitarian and socially just.”³⁴¹ Sexology probably does not see itself as a system that does harm – it may well believe that it does just the opposite, based on the bodies of research that constitute its discipline – but the combined impact of medical and legal gatekeeping on those who do not “serve” these systems in the way that leads to recognition does fall within the sphere of harm. Ironically, despite widespread public condemnation of the former regime, its more insidious aspects such as the diffusion of ideology into “ideas that are internalized and projected by people in order for them to negotiate their lives in accordance with 'official' norms”³⁴² may well have become an enduring “genre” in their own right. As the generator of “official norms” in relation to trans* identity, sexology is firmly in a position to demand the internalization of ideas that can slowly erode the self.

The coercive character of the Czech medico-legal system as it stands should not be overlooked in light of the fact that some individual trans* people may obtain the assistance they desire through its institutions. It is true that, for example, the designated medical professionals will write confirmation letters for name changes or arrange for an appointment with a surgery-approving commission if specific conditions are met on the part of the client, but neither of these “services” would be needed if the Czech state did not police naming conventions, if commissions were not utilized to approve or deny anyone's decision to have transition-related surgeries, and if such surgeries did not constitute the right to legal gender recognition. That the system currently in place is a well-oiled machine successfully producing its own expected results does not in itself mean that it is a machine that needs to exist, or exist in its present form, at all.

Whether or not the sexological discourse will gradually lose its monopoly and whether the

340 Havel quoted in Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 9.

341 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 9.

342 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 9.

law on legal gender recognition will eventually follow the lead of more ethically conscious countries is difficult to estimate. In the past few years, some significant developments have emerged in the Czech Republic that may unsettle the status quo in the future. For example, the founding of PROUD as a political platform for LGBTIQ* people and the inclusion of specifically trans* people under the umbrella of PROUD's emancipatory activities is unprecedented in the symbolic and political arena the organization is located in.³⁴³ Last year, the self-representing trans* organization Trans*Fusion was established with the intention of working in cooperation with sibling organizations in Poland, Slovakia and Hungary.³⁴⁴ I was happy to present an earlier draft of this study at the conference Transgender Bodies of Law, attended by prominent activists in the field of trans* rights both from the Czech Republic and abroad.³⁴⁵ At the moment, at least two major projects are underway that aim to assess the situation of trans* people in the Czech Republic from the perspective of human rights among other considerations, one sponsored by the Grant Agency of the Czech Republic (GAČR) and one by ILGA Europe. To what extent these activities and the information they provide will manage to engage the dominant discourse on the level of medical and state institutions remains to be seen, but the developments suggest that despite the low interest in changing the regulatory terms in which trans* identities are treated on the part of state and medical institutions, challenges to the presiding norms are being mounted in largely unprecedented ways.

On that note, I would like to add that depending on the attitudes of the parties involved, particularly on the willingness of those with institutional power to respond with responsibility to criticisms of how that power functions, the exchange between normative sexology and legal practice on the one hand and the outlooks that dissent from it in various fields on the other hand need not always take the form of an all-out battle. To posit the situation as a battle between two rivals would be to validate the discourse of strict binaries anew. Some of the well-known sexologists, most notably Ivo Procházka, have engaged in activism on behalf of non-heterosexual people going as far back as subversive writing under the old regime,³⁴⁶ and there is no reason why this activist impulse could not be extended to trans* issues in the context of sexology and potentially legal standing as well. Though sexology as a normative force warrants much criticism in my view, it is not in principle exempt from transformation and self-reflection. How it evolves, I imagine, will be tied both to the shifting social attitudes to gender/sex and to what degree sexology

343 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 169.

344 Trans*Fusion homepage, <<http://www.trans-fusion.org/index.html>> 20 Jun 2014.

345 Full programme of the conference, accessed from the Center for Law and Public Affairs: Institute of State and Law, <<http://www.ilaw.cas.cz/data/files/CeLAPA/Euroconference-CeLAPA-May2014-plakat.pdf>> 22 Jun 2014.

346 Sokolová, *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989* 108.

will be willing to perform meta-analyses of its traditional premises. I emphasize that diachronic evolution of beliefs can occur not only in societies, institutions, and paradigms, but also within individuals in their interaction with these larger structures. Far from inferring personal culpability in this regard, I speculate that sexology has acted in line with what it considered to be the best theoretical insights and guidelines available within its paradigm. What the discipline would now benefit from reflecting upon is that these mainly normative rather than descriptive insights no longer cut it, if indeed they ever did.

Transsexuality asks whether there can be an “adequate, unified concept”³⁴⁷ alternative to etiology through biological determinism, and implicitly to the entire conceptual scaffolding of trans* status as a disorder of gender/sexual development. To that question, I answer no, but not in the sense the authors likely expected. There is no need, and indeed no ethical justification, for a “unified” concept governing trans* status because the notion that being trans* *should be* a unified condition is a discursive imposition in and of itself, working to the exclusion of more nuanced, context-conscious understandings. Moreover, it is this idea that trans* status must have a unified explanation, manifestation and management that can be traced to the core of the symbolic and practical delegitimization of trans* identities that still permeate virtually every sphere of social and institutional life in the Czech Republic. What we need is not to formulate a superseding “unified concept” for trans* status couched in the same old oppositional blueprint for reality, but to admit and appreciate that the phenomena being addressed are *not* inherently unified. We need to see trans* existence as “not an irreducible alterity but a *myriad* of alterities.”³⁴⁸ In this sense, I do not presume to speak for some preconceived trans* monolith in my criticism of the sexological discourse; I speak for myself from an ethical and epistemological standpoint grounded in theories and findings that significantly differ from the standpoint of normative sexology. By the same token, I refuse to be spoken for, be it by the sexological discourse or by those trans* people who personally identify with the categories and trajectories set out by it, although their personal identification should be respected and is not the object of my contention.

Accepting this multiplicity (and not merely as an afterthought or “exception” to an essentialist master narrative, but as a vital component of our situation) and eliminating systemic pressures can help pave the way for trans* agency and subjectivity to be respected on their own merits, rather than to be used as pawns in regulatory discourses of the body and gender. If the blanket approach to gender identity, gender recognition and, when applicable, medically assisted transition is diversified, there can also be negotiation of the responsibility of trans* people for their personal

347 Fifková and Weiss in Fifková et al. 25.

348 Stone, “The *Empire* Strikes Back: A Posttranssexual Manifesto” rev. 4.0, page unnumbered in text.

decisions in this area in a way that is currently not supported by a system that replaces it with state-mandated non-choices. I hold out hope that by raising awareness of the human rights of trans* people and by promoting education on gender, sex and sexuality that stresses complexity rather than simplification, we can look towards a Czech Republic where, once the paradigms of reality have developed beyond their current constraints, no further analyses of systemic pathologization will be so urgently called for in the first place.

V. Bibliography

Agius, Silvan; Köhler, Richard; Aujean, Sophie and Ehrst, Julia. *Human Rights and Gender Identity: Best Practices Catalogue*. TGEU, 2011.

Barthes, Roland. *The Death of the Author*. 13 May 2014. http://www.tbook.constantvzw.org/wp-content/death_authorbarthes.pdf.

Bauer, Asher. "Not Your Mom's Trans 101". *Tranarchism*. 26 Nov 2010, 1 Jun 2014. <http://tranarchism.com/2010/11/26/not-your-moms-trans-101/>.

Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley and Los Angeles: University of California Press, 2003.

Bunting, Madeleine. "Men Are Not Hardwired for Infidelity: Why Does Pop Culture Insist on Biological Differences Between the Sexes?". *AlterNet*. 15 Nov 2010, 12 May 2014. http://www.alternet.org/story/148866/men_are_not_hardwired_for_infidelity_%3A_why_does_pop_culture_insist_on_biological_differences_between_the_sexes?page=0%2C0.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York and London: Routledge, 1999/2002.

Coleman, Eli; et al. *WPATH Standards of Care, Version 7. International Journal of Transgenderism, Vol. 13*. London: Routledge, 2011. 165-232.

Costello, Cary Gabriel. "On Being Called a 'True Hermaphrodite'". *Intersex Roadshow*. May 14 2009, Jun 1 2014. <http://intersexroadshow.blogspot.com/2009/05/on-being-called-true-hermaphrodite.html>.

Costello, Cary Gabriel. "On Passing". *TransFusion*. 26 Jul 2011, 2 Jun 2014. <http://trans-fusion.blogspot.com/2011/07/on-passing.html>.

Costello, Cary Gabriel. "On Teaching (Trans) Gender". *TransFusion*. 24 Jul 2013, 4 Jun 2014. <http://trans-fusion.blogspot.com/2013/07/on-teaching-trans-gender.html>.

Costello, Cary Gabriel. "On Trans Gender Identity and the 'Intersex Brain'". *TransFusion*. 3 Aug 2012, 2 Jun 2014. <http://trans-fusion.blogspot.com/2012/08/on-trans-gender-identity-and-intersex.html>.

Costello, Cary Gabriel. "The Intersex Peep Show". *Intersex Roadshow*. 20 May 2009, 18 Jun 2014. <http://intersexroadshow.blogspot.com/2009/05/intersex-peep-show.html>.

Cross, Katherine. "A Cliché Trapped in a Metaphor's Body". *Nuclear Unicorn*. 21 Oct 2010, 4 Jun 2014. <http://quinnae.com/2010/10/21/a-cliche-trapped-in-a-metaphor%E2%80%99s-body/>.

Cross, Katherine. "A Social Symphony: The Four Movements of Transphobia in Theory". *Nuclear Unicorn*. 29 Oct 2010, 4 Jun 2014. <http://quinnae.com/2010/10/29/a-tireless-waltz-the-four-movements-of-transphobia-in-theory/>.

Cross, Katherine. "An Open Letter to Kate Bornstein". *Nuclear Unicorn* 17 Nov 2010, 17 Jun 2014. <http://quinnae.com/2010/11/17/an-open-letter-to-kate-bornstein/>.

Cross, Katherine. "I Am Whoever You Say I Am". *Nuclear Unicorn*. 1 Oct 2010, 20 Jun 2014. <http://quinnae.com/2010/10/01/i-am-whomever-you-say-i-am/>.

Cross, Katherine. "Raiders of the Lost Etiology". *Nuclear Unicorn*. 27 Jan 2011, 16 Jun 2014. <http://quinnae.com/2011/01/27/raiders-of-the-lost-etiology/>.

Department of Gender Studies, Faculty of Humanities, Charles University: "About Us". 12 May 2014. <http://gender.fhs.cuni.cz/KGS-4.html/>.

Diprose, Rosalyn. *Corporeal Generosity*. New York: SUNY Press, 2002.

Dvořáčková, Jana. „Diagnóza F 64.0: Transsexualita optikou sexuologie“. *Sociální studia, Vol. 1/2008*. Brno: FSS MU, 2008. 55-75.

Dudová, Radka. *Interrupce v České Republice: zápas o ženská těla*. Prague: The Institute of Sociology of the Czech Academy of Sciences, 2012.

Dynarski, Wiktor. "Poland's Route to a Transgender (R)evolution". *Gender Recognition in Poland: A Report on Court and Administrative Procedures*. Trans-Fuzja Foundation and the Polish Society of Anti-Discrimination Law, 2014. 4-7.

Fausto-Sterling, Anne. "How to Build a Man". *The Gender/Sexuality Reader: Culture, History, Political Economy*. Eds. Roger N. Lancaster and Micaela Di Leonardo. New York and London: Routledge, 1997. 244-248.

Fausto-Sterling, Anne. *Sexing the Body*. New York: Basic Books, 2000.

Fifková, Hana; Weiss, Petr; Procházka, Ivo; Jarolím, Ladislav; Veselý, Jiří; Weiss, Vladimír. *Transsexualita: Diagnostika a léčba*. Prague: Grada, 2002.

Foucault, Michel. *The History of Sexuality, Volume 1: An Introduction*. Translated by Robert Hurley. New York: Pantheon Books, 1978.

Foucault, Michel. "The Subject and Power". *Critical Inquiry, Vol. 8, No. 4*. The University of Chicago Press, 1982. 777-795.

Gorman, Bridget K. "Book Reviews – *Brain Storm: The Flaws in the Science of Sex Differences* and *The Mirage of a Space between Nature and Nurture*". *American Journal of Sociology, Vol. 116, No. 6*. The University of Chicago Press, 2011. 2019-2022.

Gorton, R. Nick; Buth, Jamie and Spade, Dean. *Medical Therapy and Health Maintenance for Transgender Men: A Guide For Health Care Providers*. San Francisco: Lyon-Martin Women's Health Services, 2005.

Guba, Egon G. and Lincoln, Yvonna S. "Competing Paradigms in Qualitative Research". *Handbook of Qualitative Research*. Eds. N. K. Denzin and Y. S. Lincoln. London: SAGE Publications, 1994. 105-117.

Hall, Stuart. "The Rediscovery of Ideology". *Literary Theory: An Anthology*. Eds. Julie Rivkin and Michael Ryan. London: Blackwell Publishers, 1998. 1050-1064.

Hartmann, Betsy. "Old Roots, New Shoots: Eugenics of the Everyday". *Different Takes, No. 47*. Amherst: The Population and Development Program at Hampshire College, 2007. 1-4.

Hird, Myra J. *Sex, Gender, and Science*. New York: Palgrave MacMillan, 2004.

James, A.J. "Plethysmograph: a Disputed Device". *tsroadmap.com*. 16 May 2004 (revised 12 Apr 2006), 12 May 2014. <http://www.tsroadmap.com/info/plethysmograph.html>.

Katz, Jonathan Ned. "The Invention of Heterosexuality". *Major Problems in the History of American Sexuality: Documents and Essays*. Ed. Kathy Peiss. Boston: Wadsworth, Cengage Learning, 2002. 348-355.

Laqueur, Thomas. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, Massachusetts and London: Harvard University Press, 1990.

Letherby, Gayle. *Feminist Research in Theory and Practice*. Philadelphia: Open University Press, 2003.

Matriční zákon 312/2013 Sb., formerly 301/2000 Sb.

Občanský zákoník 89/2012 Sb.

OII Australia, *Submission on the ethics of genetic selection against intersex traits*. 29 Apr 2014, 1 Jun 2014. <http://oii.org.au/25621/submission-ethics-genetic-selection-intersex-traits/>.

PROUD – Platforma pro rovnoprávnost, uznání a diverzitu, o. s. "Nový občanský zákoník je diskriminující a nesystematický". Prague: PROUD, 2011.

Perry, Mike. *Klec pro majáky*. Zlín: Kniha Zlín, 2011.

Ramazanoglu, Caroline and Holland, Janet. *Feminist Methodology: Challenges and Choices*. London: SAGE, 2004.

Reinharz, Shulamit. *Feminist Methods in Social Research*. New York and Oxford: Oxford University Press, 1992.

Sandová, Dominika. „Subjektivita transgenera“. *Gender, rovné příležitosti, výzkum (Gender, Equal Opportunities, Research) Vol. 3/2001*. Ed. Marcela Linková. Prague: The Institute of Sociology of the Czech Academy of Sciences, 2001. 6-7.

Seidman, Steven. "Identity and Politics in a 'Postmodern' Gay Culture: Some Historical and Conceptual Notes". *Fear of a Queer Planet: Queer Politics and Social Theory*. Ed. Michael Warner. Minneapolis and London: University of Minnesota Press, 1993/2004. 105-142.

Sokolová, Věra. "Identity Politics and the (B)Orders of Heterosexism: Lesbians, Gays and Feminists in the Czech Media after 1989". *Mediale Welten in Tschechien nach 1989*:

Genderprojektionen und Codes des Plebejismus. Eds. Jiřina van Leuween and Nicole Richter. Munich: Kubon und Sagner, 2005. 29-44.

Sokolová, Věra. „Koncepční pohled na 'sexuální menšiny' aneb vše je jen otázka správné orientace...“. *Mnohohlasem. Výchovný časopis pro ženy po roce 1989*. Eds. Hana Hašková, Alena Křížková and Marcela Linková. Prague: The Institute of Sociology of the Czech Academy of Sciences, 2006. 249-262.

Sokolová, Věra. *State Approaches to Homosexuality, Sexological Discourse and Non-Heterosexual Lives in Socialist Czechoslovakia, 1948-1989*. Prague: Faculty of Arts of the University of Pardubice, 2013. Unpublished thesis as of this writing, lent to me by the author.

Stone, Sandy. “The *Empire Strikes Back: A Posttranssexual Manifesto*” rev. 4.0. Available from sandystone.com under Creative Commons as of 2014. [Originally published in *Body Guards: The Cultural Politics of Gender Ambiguity*. New York: Routledge, 1991.]

Sullivan, Nikki. “The Role of Medicine in the (Trans)Formation of 'Wrong' Bodies.” *Body & Society*, Vol. 14, No. 1. Los Angeles, London, New Delhi and Singapore: SAGE Publications, 2008. 105-116.

Šmausová, Gerlinda. “Proti tvrdošíjně předstávě o ontické povaze gender a pohlaví”. *Sociální studia*, Vol. 7/2002. Brno: FSS MU, 2002. 15-27.

Tagonist, Anne. “Fuck You and Fuck Your Fucking Thesis: Why I Will Not Participate in Trans Studies”. 10 Dec 2009, 1 Jun 2014. <http://tagonist.livejournal.com/199563.html>.

Thepowerisysrs. *My Genital Affirmation: A Transgender Vagina Talks Back*. 24 Jan 2011, 1 May 2014. https://www.youtube.com/watch?v=j_IA1bJH4bU.

“The History of Gender Studies, o. p. s.” 12 May 2014. <http://www.genderstudies.cz/gender-studies/historie.shtml?x=237046>.

Thornton, Stephen. “Karl Popper”. *The Stanford Encyclopedia of Philosophy (Summer 2014 Edition)*. Ed. Edward N. Zalta. 13 Nov 1997 (revised 17 May 2014), retrieved 23 Jun 2014. <http://plato.stanford.edu/archives/sum2014/entries/popper/>.

Titman, Nat. “About that often misunderstood asterisk”. *Practical Androgyny*. 31 Oct 2013, 21 May 2014. <http://practicalandrogyny.com/2013/10/31/about-that-often-misunderstood-asterisk/>.

Trans*Fusion homepage. 20 Jun 2014. <http://www.trans-fusion.org/index.html>.

Transgender Bodies of Law, Conference Programme. Center for Law and Public Affairs: Institute of State and Law. 22 Jun 2014. <http://www.ilaw.cas.cz/data/files/CeLAPA/Euroconference-CeLAPA-May2014-plakat.pdf>.

Vodrážka, Mirek. „Život 'mezi'“. *Gender, rovné příležitosti, výzkum (Gender, Equal Opportunities, Research) Vol. 3/2001*. Ed. Marcela Linková. Prague: The Institute of Sociology of the Czech Academy of Sciences, 2001. 3-6.

Working Group for the Issues of Sexual Minorities of the Minister for Human Rights and National

Minorities. *Analysis of the Situation of Lesbian, Gay, Bisexual and Transgender Minority in the Czech Republic*. Prague: Office of the Government of the Czech Republic, 2007.