

# Transgender Movements in the United States

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To speak of transgender movements in the United States requires careful consideration of definitions, histories, and activism. There is, after all, tremendous variation of identities under the umbrella of “transgender.” The term gained popularity in the 1990s within a white, middle-class context but may now be used by other individuals and communities. In addition, any account of transgender histories should include how European colonizers engaged with gender difference within indigenous, immigrant, and enslaved communities. Finally, transgender activism is inextricably linked to other social movements for racial, gender, economic, and sexual equality. The fact remains that people, be they indigenous, part of immigrant or diasporic communities, or able to trace several generations of family history in the United States, have lived experiences that do not fit the white Western gender binary.

Though the term “transgender” is not applicable or accessible to all who differ in terms of gender, Susan Stryker’s definition of “transgender” as a “movement across a socially imposed boundary away from an unchosen starting place” may help in locating gender non-conforming people at different historical points (Stryker 2008, 1). When applied to the formation of the United States, the unchosen starting place of the white Western gender binary was imposed on indigenous communities, many of which had alternative constructions of gender which appeared alien to European colonizers.

Historical records indicate that Europeans, upon discovering what they considered to be cross-dressing men and women engaged in “masculine activities,” slaughtered indigenous people for being guilty of sodomy. In response, two-spirit and native queer people’s movements continue to reject Western heteropatriarchy and pursue decolonization (Morgensen 2011).

The European concept of the “sodomitical body” was tied to gender difference perceived in other groups affected by colonialism and enslavement. Sodomy laws were also used to prevent immigration and successful integration of groups considered to be a homosexual threat. Specifically, the legacy of slavery in the United States is that sexual and gender characteristics within black bodies have been classified as abnormal, in direct contrast to a white, heterosexual, and gender-conforming subject. Deeply racist and purportedly scientific accounts of nineteenth-century sexologists like Havelock Ellis marked both black and homosexual people as physiologically and psychologically different, mapping a racial hierarchy onto a sexual hierarchy. The historical construction of homosexuality as a pathology reinforced the link between people of color, gender difference, and sexual difference. As a result, many early scientific accounts conflate “transgenderism” with homosexuality or intersexuality.

The link between gender and sexual deviance was reinforced at the intersection of the legal system and the public sphere. In the nineteenth century, jurisdictions passed laws against cross-dressing in public and other sumptuary legislation that reinforced gender and sexual norms. At the time, social movements around race, gender, and sexuality contributed to the policing of gender and sexuality in public. There was an assumption

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that gender non-conforming individuals were likely to engage in unacceptable sexual practices (Mogul, Ritchie, and Whitlock 2011). Despite these barriers, transgender people wishing to inhabit a gender identity different from the one they were assigned at birth did so through changes to clothing and behavior. It is important to note the distinction between sex and gender. Sex, a construct applying to the body and physical markers that congeal “female,” “male,” and “intersex” as categories, and gender, a construct applying to the social and behavioral markers that congeal “woman,” “man,” and “transgender” as categories are not synonymous. Those wishing to make extensive changes to their sex as part of their gender transition had few options.

In was not until the beginning of the twentieth century that autobiographical accounts of male-to-female and, to a lesser extent, female-to-male transsexual people emerged. These stories helped shape the idea that transsexual people are born in the “wrong body” and need medical intervention in the form of hormones and sex reassignment, sometimes called gender confirmation, surgery. Endocrinologist Harry Benjamin acknowledged a variety of transgender experiences, mostly for people on the male-to-female spectrum. The Harry Benjamin International Gender Dysphoria Association solidified the relationship between gender dysphoria and medical transition by outlining steps to manage “gender disorders” and secured clinical behavioral scientists as gatekeepers of any legal sex changes. Those who did not want to alter their bodies were not considered “true” transsexuals.

The popular mass media did its part by focusing on stories of transsexual people who were white, middle-class Americans who would, upon completion of their medical transition, be like other heterosexual people. Following 1950s accounts of “successful” transsexual people like Christine Jorgensen,

transgender people interested in medical intervention told similar stories, describing a fixed set of symptoms that “proved” their “disorder.” As a result, some doctors blamed transsexual people for being deceptive, when these individuals were simply navigating a rigid medical understanding of transsexuality. After all, not everyone within the medical community wanted to help transsexual people; John Money, an endocrinologist supporting the “fixing” of intersex infants, and Richard Green, a psychiatrist committed to eliminating “effeminacy” in young boys, were part of a group that wanted to prevent or “cure” transsexuality.

By the early 1980s, the director of the Johns Hopkins Gender Identity Clinic wanted to discredit trans women as “caricatures of women.” Dr. John McHugh’s methodologically flawed research study of trans women was very influential. He said there were no significant benefits to surgery. This led to the closure of all clinics offering care to transsexual people and elimination of any insurance coverage for transgender care. At the same time, “gender identity disorder” (GID) was introduced into the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) produced by the American Psychiatric Association. In 2013, it was changed to “gender dysphoria” but many activists argue being transgender is not a disorder and that it should be removed from the DSM. Some transgender people labeled with disabilities or working within disability movements consider it ableist to fight for removal of gender dysphoria without also critiquing the way in which the field of psychiatry categorizes difference and creates “disorders” out of normal human experiences. Instead, transgender people should have access to medical care when it comes to gender-related body alteration without being labeled pathological and the fields of medical and psychiatry should lose their gatekeeper status.

Because sex and gender are not synonymous, medical transition and transsexual identity is not part of every trans person's journey. Autobiographies and texts published in the latter half of the twentieth century offered a corrective to the traditional narrative. Activist Kate Bornstein spoke of not being a man or a woman, neither male nor female (Bornstein 1994). Leslie Feinberg's novel *Stone Butch Blues* had a protagonist who took hormones in order to be a man in a homophobic and racist society as a result of not being accepted as a person of butch identity (Feinberg 1993). Narratives that do not link one's transgender identity to medical transition also allow for a critique of the white Western gender binary and cisgender privilege, a term used to refer to individuals whose gender identity matches their sex assigned at birth, or rooting gender dissonance within the individual. For example, the conversation around "passing" exposes the cissexual assumption that those who do not "pass" have failed to achieve transgender status (Serano 2007).

The relationship between sex and gender may be complicated by sexuality. When mid-twentieth century physicians acknowledged the difference between gender and sexuality, and between transsexual people and "sexual deviants," there were nevertheless overlaps. For one, many transgender people did not identify as heterosexual and worked with communities of cross-dressers, drag performers, and people labeled as "transvestites." Certain transvestite individuals distanced themselves from transsexual individuals but others were encouraged when transsexual people went through medical transition. As for gay and lesbian groups, there was a similar bifurcated response. Some members of homophile organizations like the Mattachine Society maintained that gay people are not like transsexual people, insisting on a gender normative presentation as part of

their assimilationist strategy. Some gay and lesbian people, in solidarity with transsexual people, formed common social networks and communities.

In response to police surveillance and harassment of street sex workers, many of whom were transgender women, the 1966 Compton's Cafeteria riot in San Francisco led to the formation of several transsexual advocacy groups such as the California Advancement for Transsexuals and the National Transsexual Counseling Unit. The Street Transvestite Action Revolutionaries, co-founded by the legendary transgender activist Sylvia Rivera, and the Labyrinth Foundation formed in Los Angeles and New York City. Today, organizations like TransJustice, FIERCE!, the Sylvia Rivera Law Project, and the Transgender, Gender Variant, and Intersex Justice Project follow in their steps and engage in broad-based, intersectional activism.

In 1969, after yet another "routine" police raid of the Stonewall Inn, a crowd comprised of drag queens, gay people, and transgender women, also targeted for being poor and of color, began to throw objects at the police. The number of protesters rose over the next several nights and clashes with the police reached a peak. This moment of resistance has been largely credited with sparking the gay and lesbian rights movements in the United States. Almost immediately, the efforts of transgender women of color leading these rebellions were co-opted by the Gay Liberation Front and the more conservative Gay Activists Alliance, to advance a white, middle class, gay men's agenda. As a result, feminist lesbian and queer women formed their own organizations, which continue to struggle with racial diversity and including trans women and other trans people.

For example, gender critical feminism, an offshoot of radical feminism sometimes called trans exclusionary radical feminism, espouses

an essentialist philosophy that transgender people, especially transsexual women, are just tools of sexist male doctors and of patriarchy. To these “feminists,” many of whom are lesbian and queer women, transsexual women are “still men” who are trying to infiltrate spaces of “real women,” which are defined as women sexed female at birth. Trans women have therefore been excluded from women’s social and political organizations like Daughters of Bilitis and events like the Michigan Womyn’s Music Festival. Only four years after the Stonewall riots, a group of lesbian feminists prevented Sylvia Rivera from speaking at the 1973 Stonewall commemoration.

Throughout the 1970s and the 1980s, gay and lesbian activists continued to prioritize their concerns over transgender people’s concerns even though many transgender people fought for sexual liberation. For example, part of the struggle for gay and lesbian rights focused on the removal of homosexuality from the DSM. One of the strategies employed to achieve this goal was to make a clear distinction between homosexuality and transgender experiences. Homosexuality was removed as a disorder in 1980, the same year GID made its debut. Another example is that when the AIDS epidemic occurred, much of the energy and resources went to addressing gay men’s issues at the expense of women’s and transgender people’s issues. In reality, many transgender people were hit hard by the epidemic due to reliance on sex work for survival, having to share needles for hormone injections, and general lack of healthcare. The tension between gay, lesbian, and feminist communities and transgender communities set the stage for a reinvigorated transgender movement.

In the early 1990s, the term “transgender” began to circulate as an umbrella term for many different expressions of gender difference as a lived experience. Leslie Feinberg’s (1999) pamphlet, *Transgender Liberation:*

*A Movement Whose Time Has Come*, and Sandy Stone’s (1992) article “The ‘Empire’ Strikes Back: A Post-Transsexual Manifesto” helped the term gain political and academic dimensions. The “T” for “transgender” became a part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) acronym and trans studies, as a field, overlapped with women’s and LGBTQ studies. When it comes to labels, it appears that a transgender identity is distinct from sexuality, which belies a particularly white, middle-class context. For example, some communities of color use the term “gay” to describe a lived experience that others might define as transgender (Valentine 2007). Many other groups – immigrant or indigenous – do not find the term “transgender” adequate in describing their gender identity. Instead, they use terms like “two-spirit,” “third-gender,” or specific terms from their native language.

When transgender movements are made to appear uniform through whitewashing or single-issue narratives, much oppression facing transgender people is overlooked. For example, even though all transgender people sometimes experience transphobia or poverty, trans people of color often face additional burden of structural racism. Racism, when combined with transmisogyny, results in black trans women being killed at an extraordinary rate, an issue that requires immediate attention. Another pressing concern is police harassment and brutality. Upon transition, some trans men learn that being a man of color, regardless of sexuality, means having to face racial profiling and an increased risk of becoming part of the prison industrial complex.

Economic barriers are another factor. For many trans women, “walking while trans” is a phrase coined to address the frequency with which they experience verbal and physical abuse by police officers who make assumptions about their being involved in

sex work. One of the reasons so many trans women are involved in sex work is lack of educational and job opportunities because of unchecked harassment and discrimination faced by transgender people. Given the disproportionate criminalization of trans people, many face significant abuses within prisons where they are not placed according to their gender nor have their gender-related medical needs addressed. Transgender people also have a harder time finding and maintaining stable housing, childcare, or legal services. When it comes to legal protection, immigrant and undocumented people have a harder time because they do not have legal documents matching their gender identification. Therefore, the future of transgender movements in the United States lies with addressing a range of issues within transgender communities that connect to racial, gender, economic, and sexual equality.

SEE ALSO: *Diagnostic and Statistical Manual of Mental Disorders* (DSM), Feminist Critiques of Gender Identities and Socialization; Transgender Politics

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