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Beyond Transition: Life Course Challenges of Trans* People

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Sociology

by

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Andrew Rene Seeber

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ABSTRACT

Beyond Transition: Life Course Challenges of Trans* People

by

Andrew Rene Seeber

This study expands the scope of trans studies by examining how trans* identity continues to impact life long after the intense changes of initial social and medical transition have subsided. While a growing body of interdisciplinary literature explores trans* identity development and early medical transition, less information is available from either the academic or popular press about the life-long consequences and challenges of a trans* identity. Drawing on thirty semi-structured interviews, I contribute a much-needed theoretically grounded empirical case study that builds upon earlier research by using a life course perspective and employing concepts from identity theory and an intersectional analysis. I find that significant challenges remain in areas including family, dating, work, healthcare, eldercare, and end-of-life decisions. Furthermore, the challenges trans* people face and the resources they have for managing those challenges are powerfully shaped by the embodied capital they possess and simultaneously held identities such as race, ethnicity, class, sex, and gender.*

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1. ENTER CAITLYN

On May 29, 2014, the issue of timemagazine [sic] magazine which proclaimed the “Transgender Tipping Point” was revealed with me on the cover. June 1, 2015 a year and 3 days later, Caitlyn Jenner’s vanityfair [sic] cover was revealed proclaiming #CallMeCaitlyn I am so moved by all the love and support Caitlyn is receiving. It feels like a new day, indeed, when a trans person can present her authentic self to the world for the first time and be celebrated for it so universally. Many have commented on how gorgeous Caitlyn looks in her photos, how she is “slaying for the Gods.” I must echo these comments in the vernacular, “Yasss Gawd! Werk Caitlyn! Get it!” But this has made me reflect critically on my own desires to ‘work a photo shoot’, to serve up various forms of glamour, power, sexiness, body affirming, racially empowering images of the various sides of my black, trans womanhood. I love working a photo shoot and creating inspiring images for my fans, for the world and above all for myself. But I also hope that it is my talent, my intelligence, my heart and spirit that most captivate, inspire, move and encourage folks to think more critically about the world around them. Yes, Caitlyn looks amazing and is beautiful but what I think is most beautiful about her is her heart and soul, the ways she has allowed the world into her vulnerabilities. The love and devotion she has for her family and that they have for her. Her courage to move past denial into her truth so publicly. These things are beyond beautiful to me. A year ago when my Time magazine

cover came out I saw posts from many trans folks saying that I am “drop dead gorgeous” and that that doesn’t represent most trans people. (It was news to be that I am drop dead gorgeous but I’ll certainly take it). But what I think they meant is that in certain lighting, at certain angles I am able to embody certain cisnormative beauty standards. Now, there are many trans folks because of genetics and/or lack of material access who will never be able to embody these standards. More importantly many trans folks don’t want to embody them and we shouldn’t have to to be seen as ourselves and respected as ourselves . It is important to note that these standards are also infomed [sic] by race, class and ability among other intersections. I have always been aware that I can never represent all trans people. No one or two or three trans people can. This is why we need diverse media representstions [sic] of trans folks to multiply trans narratives in the media and depict our beautiful diversities. I started #TransIsBeautiful as a way to celebrate all those things that make trans folks uniquely trans, those things that don’t necessarily align with cisnormative beauty standards. For me it is necessary everyday to celebrate every aspect of myself especially those things about myself that don’t align with other people’s ideas about what is beautiful. #TransIsBeautiful is about, whether you’re trans or not, celebrating all those things that make us uniquely ourselves. Most trans folks don’t have the privileges Caitlyn and I have now have. It is those trans folks we must continue to lift up, get them access to healthcare, jobs, housing, safe streets, safe schools and homes for our young people. We must lift up the stories of

those most at risk, statistically trans people of color who are poor and working class. I have hoped over the past few years that the incredible love I have received from the public can translate to the lives of all trans folks. Trans folks of all races, gender expressions, ability, sexual orientations, classes, immigration status, employment status, transition status, genital status etc.. I hope, as I know Caitlyn does, that the love she is receiving can translate into changing hearts and minds about who all trans people are as well as shifting public policies to fully support the lives and well being of all of us. The struggle continues...

--Laverne Cox, June 2nd, 2015

In 1995, more than 40 years after the American public was first introduced to the sensational Christine Jorgensen, Deirdre, at the time Donald McClosky, began to transition from male to female (McClosky 1999). Well known in academia as a professor of economics, Deirdre not only maintained, but continued to grow her career and considerable reputation, going on to earn six honorary doctorate degrees and teach in history, English, communication, philosophy, and classics (McClosky 2015). She also became President of the Economic History Association, taking the necklace of office, a symbol of the position itself, from one of her former teachers (McClosky 1999).

Just recently in June of 2015, former Olympian and celebrity of the Kardashian clan, Caitlyn, formerly Bruce Jenner, made her debut on the cover of *Vanity Fair*, scantily clad and airbrushed to perfection. Already well into hormonal transition and with a great deal of facial feminization surgeries behind her, Caitlyn has many more transition related plans for

her future. Starring in *I am Cait*, a documentary series of E! Entertainment Television from July 26 to September 13, 2015, Caitlyn Jenner marshaled media resources to explore the challenges of asserting a trans* identity. In the process, she also gained an education from other well-know trans* people so that she too could begin to educate others.

Economic and social capital provided forms of privilege that were central to the transitions of both McClosky and Jenner—privilege only available to a select few of the roughly 1.5 t to 6 million trans*¹ identified people living in the United States (Conway 2002). In addition to the ability to finance hormone therapy, surgeries, medical care, and time off of work, Deirdre and Caitlyn also benefited from white privilege, particularly when it comes to social acceptance of their gender transition. As White elites, McClosky and Jenner were able to strategically employ the media—the academic press and the popular press respectively—to boost their social capital, gaining significant advantages when compared to their impoverished and working class peers. As Joshua Gamson (1998) points out in *Freaks Talk Back: Tabloid Talk Shows and Sexual Non-Conformity*, previous generations of trans* people may have made inroads in the media through shows like Jerry Springer and Sally Jessy Raphael. However, these shows were designed to be salacious, sensationalistic, and painted less than positive pictures of trans* people.

Laverne Cox, a 31-year-old Black actress, who is well known for her portrayal of the transwoman inmate Sophia Burset in *Orange is the New Black*, critiqued the public response to Caitlyn's *Vanity Fair* debut. Ms. Cox cautioned the public to recognize that, due to her class privilege, her experiences and those of Caitlyn do not represent the 'average' trans* experience. While Ms. Cox does not possess the racial privileges of McClosky and Jenner, nevertheless, she is a celebrity with elite status and thus, warns against viewing their stories

as the dominant reality for trans* people. While it is important to celebrate and support McClosky and Jenner's moves to live life as their most authentic selves, understanding these two stories as representative of a much larger trans* population would hardly do justice to the thousands of equally valid identities and experiences of a very diverse population known collectively as trans*.

Trans for Life*

A growing body of interdisciplinary literature has been produced since the 1990s that examines early medical transition and identity transformation. However, being and becoming trans* does not end after the completion of any physical modifications. Less information is available from either the academic or popular press about the life-long consequences and challenges of a trans* identity in a variety of domains, including family, dating, work, and healthcare access. In this study I contribute a much-needed theoretically grounded empirical case study that builds upon earlier research by using a life course perspective. Furthermore, this study accomplishes this goal by employing concepts from identity theory and an intersectional analysis.

This study is organized and animated by the following questions: how does a trans* identity continue to have effects after the initial intensity of physical and social transition itself has subsided? Why do these effects continue to take place? How do individuals manage any challenges that arise? How are intersecting identities of race, class, sex, and gender implicated in the frequency and kinds of challenges individuals face? What resources can they utilize to negotiate these challenges? This project assumes that giving voice to trans* self-understandings and perspectives beyond transition is crucial to

broadening awareness of and support for trans* people throughout the life cycle in a way that is attentive to differences created by simultaneously held identities.

I begin by outlining the research methods I employed and then identify the limitations of the earlier trans* literature created by, for, and/or about trans* people. While earlier information was produced by cisgender/cissexual² people including medical professionals, researchers, and scholars, more recently, trans* people have entered the discussion as researchers, scholars, and writers about trans* lives as well. Third, I introduce the basics of the life course perspective to show the value of this perspective in moving beyond examinations of transition itself to looking at trans* as a life-long identity. Fourth, I draw on sociological identity theory to better understand how identity works and to think through what is happening when challenges arise. I provide the concept of the *paradox of identity* to help explain the challenges of identity trans* people face as a result of living outside static and dichotomous categories of and beliefs about sex and gender. Fifth, I discuss what critical race studies, and specifically whiteness studies, can bring to the table in the interests of creating a nuanced understanding of trans* experience. I then provide a chapter-by-chapter layout for the remainder of the text to provide a sense of the logic and direction.

Research Methods

This is a qualitative study that draws upon research conducted over a period of twenty-one months beginning in October of 2013. I conducted semi-structured, in-depth, face-to-face interviews with thirty individuals. The participants interviewed included fourteen transwomen, fifteen transmen, and one genderqueer identified individual. All participants were over the age of eighteen years old, reported being five or more years into/post

transition, and have had some medical modification to the sex of their bodies (hormones, chest reconstruction, metadoioplasty, phalloplasty, vaginoplasty).

I employed a multi-method approach in recruiting participants for this study. I used four avenues to identify potential research participants. These research strategies included: 1) Attendance and participation in a conference, 2) Advertising in the conference program, 3) Contacting regional LGBTQ organizations, and 4) snowball sampling.

In August of 2013 I attended “Gender Odyssey”, an annual conference for trans* people. I began recruiting participants for this study at this conference. I ran an advertisement for the study in the conference program. Information advertising this research study was also sent by participants to others in their networks whom they believed might be interested in participating. In addition to these methods, I also contacted listserves and groups local to the areas where I already planned to travel in order to meet with initial contacts from the conference.

I identified and interviewed trans* people who resided in twenty-two cities in eight states and five regions (South, Southeast, Midwest, Pacific Northwest, West Coast) of the United States, with a variety of diverse identities and experiences. Each interview was audio recorded and lasted between 75 minutes and 180 minutes. Interviews were conducted at the respondent’s current residence or a family or friend’s residence, except in three cases where respondents requested that we meet in a private office.³ Interviews were digitally recorded then transcribed and coded for emerging themes.

Drawing on grounded theory, this study expands understanding about the ways in which a trans* identity continues beyond transition itself. Analyzing the narrative explanations given by the interviewees and systematically coding them for themes allowed me to identify

larger patterns in the data. Because attending to themes began with the first interviews, it was also possible to adjust future interviews to better attend to emerging themes (Glaser and Strauss [1967] 2010).

I employed a grounded theory approach in order to better respond to the competing needs of the academic and trans* communities. Glaser and Strauss ([1967] 2010) argued that because grounded theory is derived from empirical research, the theory that emerges remains understandable to the community from which it is drawn. This was a particularly appropriate method given that an important use of this data is to help trans* people understand the challenges that arise from an ongoing trans* identity and to provide a forum for helping trans* people help each other in managing these challenges. Given the dearth of information about post-transition life, this study was ideally suited to a grounded theory approach, where new discoveries could inform the theory from the outset (Glaser and Strauss [1967] 2010).

Qualitative methods were the most fruitful for gathering data about the ways in which trans* identity creates ongoing challenges throughout the life cycle. Furthermore, given the vulnerability of this population, trans* people are reluctant to participate in research for fear of being stigmatized and out of concern for research misuse. Thus, face-to-face interaction was best suited for developing the trust required to collect the most accurate data (Glaser and Strauss [1967] 2010). For this reason, I travelled extensively throughout five regions in the United States to interview people for all thirty interviews. Consequently I am able to illuminate the trans* life cycle and provide a nuanced analysis of the struggles of living as our authentic selves within a sociological context, and also bring together a “collected wisdom” of those who have come before to share with generations of trans* people to come.

Trans* identity and literature

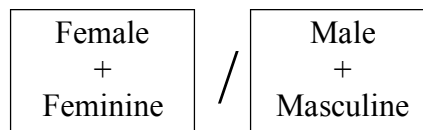
The interdisciplinary scholarship on trans* identity emerged as a field and became consolidated beginning in the 1990s.⁴ For example, in 1994, Kate Bornstein published *Gender Outlaw: On Men, Women, and the Rest of Us*, beginning a conversation about trans* identity from the perspective of trans* identified people. Since the 1990s, a great deal of scholarship across a variety of disciplines has been produced by and about trans* people. From this scholarship we gain an understanding of how trans* people come to be, their identity development (Devor 2004; Diamond 2011), and how they understand themselves in society (Devor 1997, 2004; Diamond, Pardo, and Butterworth 2011; Meyerowitz 2002; Prosser 1998; Rubin 2003; Serano 2007). We also gain a sense of their theoretical importance, use, and misuse (Butler [1990] 2007, [1993] 2011; Dozier 2005; Fausto-Sterling 2000; Namaste 2000). And we have writings about all of the above included with the justifying and defending of the trans* person's right to exist and define the self (Stryker and Whittle 2006; Stryker and Aizura 2013).

Despite the wealth of scholarship that now exists on the trans* experience, there remain a number of limitations in this literature. Difficulties persist in attending to distinctions between sex, sex category, and gender. There are also challenges in the ability to address complexities of non-binary sex and gender. A sustained and nuanced intersectional analysis of the ways the racial and class privilege structure the trans* is lacking, and most importantly,⁵ trans* people are relatively invisible *as trans* people* post-transition in both the sociological literature as well as the interdisciplinary field of trans* studies.

As the concepts sex and gender have a variety of uses, it is important to note that, drawing on the distinctions made by West and Zimmerman (1987) between sex, sex category, and gender, I use sex to refer to body morphology—categorized as male, female, etc. Sex category, also categorized as male, female, etc., refers to the bodily markers (secondary sex characteristics) that, practically speaking, get used to assign sex in everyday interaction. Gender, for the purposes of this study, refers only to behavioral “doings,” including style of dress, manner of speech, etc. that are considered within a constellation of behaviors coded as masculinity and femininity.

As examples of foundational texts in trans* studies, Stryker (2008) and Stryker and Whittle (2006), show that trans* studies has done a great deal to promote understanding of the separation between sexuality and gender, as well as sex and gender. From the mid 19th century through the beginning of the 20th, sex, gender, and sexuality were understood as parts of a single concept governed by biological determinism where female led to femininity and an attraction to men (F+F+W4M), or male led to masculinity and attraction to women (M+M+M4W). In this understanding, “inversion” was used to describe deviation in any part of this linkage, whether that meant masculine females or people with same-sex desire (Stryker 2008). Trans* studies separates these different ways of breaking down the sex/gender/sexuality linkage as separate issues, but conflates the concepts of sex and gender in the use of gender identity. So while trans* studies has made strides in making some conceptual distinctions (sexuality from gender), and providing examples of people with a wide variety of identifications and perspectives (Stryker and Whittle 2006), as a field, it still largely combines a person’s sense of their sexed body with their sense of behavioral fit under the single umbrella of gender identity.

This combining of sex, sex category, and gender under a single “gender identity” generally happens through the use of concepts like woman or man, which are neither categories of sex nor categories of gender. Rather, woman and man operate as categories that link female bodies to feminine behaviors and male bodies to masculinity. This function is demonstrated by the fact that woman can be modified in terms of sex by using the construction transwoman, and can be modified in terms of gender using masculine woman. Thus, woman and man reduce the multilayered binary of sex and gender to an oversimplified binary. When scholars address the sex/gender binary, while they generally use woman and man respectively to refer to the two boxes below, they are not simply discussing the binary: Female/Male. They are also not referring only to the binary: Femininity/Masculinity. The sex/gender binary is a compound binary where female *and* feminine is opposed to male *and* masculine, visually represented as:



Although useful when considering people who are both cissexual and cisgender, when it comes to dealing with a variety of configurations of trans* people, the adherence to woman and man as categories becomes increasingly problematic when looking at the breakdown of identity verification as discussed in identity theory below (Seeber 2013).

Trans* studies, along with social science and medical theorizations, tend to oversimplify the complexity of conceptually distinct, though simultaneously experienced, considerations: a sense of bodily authenticity (as male, merm, herm, ferm, female, etc.; see Fausto-Sterling

2000); how what is visible of sex will be categorized in interaction (sex category); and behavioral inclinations (masculinity, femininity, gender variant, genderqueer, etc.). As with cisgender and/or cissexual people, each of these three considerations will not necessarily be relevant to all trans* people. These three separate concepts are additionally experienced in an interconnection with the ways in which other aspects of identity, such as sexuality, class, and race, are implicated.

As gender and transgender increasingly become shorthand for discussion of all these considerations combined, distinctions are more difficult to peel apart. This conflation of multiple concepts makes understanding the varied self-understandings and experiences of different trans* people considerably more challenging and prone to erroneous comparison and categorization. Even in the most complex and insightful examinations of sex, sex category, and gender, theorists' use of "gender identity" as a unifying identification underlying all three concepts makes it difficult to understand these separate, but inter-related, aspects of one's identity.

While providing an important perspective on the development of identity labels and the evolution of language, David Valentine's (2007) *Imagining Transgender: An Ethnography of a Category* is instructive about the challenges inherent in discussing gender and sexuality without attending to the distinctions of sex, sex category, and gender, or the possibility of non-binary sex. A fundamental question that Valentine (2007) complicates throughout the text is whether a person is gay or transgender. Implicit in the text and based on which participants are being asked is that the question is actually whether or not a person is a gay *man* or a transgender *woman*. Seemingly a straightforward question on the surface, Valentine (2007) points out the complicated nature of the question in saying:

Anita claims a number of different identities: gay, drag queen, man. While she did not claim to be a transsexual or a woman, she did not dispute my characterization of her as “living as a woman” and noted that she does “everything like a woman.” In other words, being on hormones and living as a woman did not make her either transsexual or a woman. But later in the interview, she said: “I don’t wanna go back to a man, you know,” implying that even if she is not a woman, she is no longer a man, despite her earlier assertion that “I know I’m a man.” (P. 115)

While Valentine (2007) endeavors to complicate the question and discusses “male-bodied” people, the investigation attends only to distinctions between a particular conceptualization of gender and sexual orientation, without attending to how sexual orientation gets constructed in the U.S. or differentiating sex, sex category, and gender as West and Zimmerman (1987) explicitly advise.

There are three significant errors in the question itself. First, woman and man are neither categories of gender (femininity/masculinity) nor of sex (female/male), but rather a combination of the two binaries in which femininity and female together form woman, masculinity and male form man, and all other combinations require modifiers such as masculine woman, a gender modifier, or transsexual woman, a sex modifier (Seeber 2013). Is the question about transgender or gay asking about the sex of bodies or the gender of behaviors? Or is the question asking about both with the assumption that sex and gender will match up?

Second, if the question is based on the sex of bodies (as appears most likely), what is being counted as part of sex here? Are we talking about genitalia, one’s perceived sex based

on secondary sex characteristics, or both, with the assumption that the two match? If the question specified whether sex or sex category were the basis for designation, the question would become less complicated as it would not assume that sex (at least as defined by genitalia) and sex category match. The question is problematic in the sense that transgender woman is more likely a question about perceived sex category while gay man is more likely a question of genital sex. Another way of looking at this is that if both genitalia and secondary sex characteristics are counted as part of sex, it makes sense that the question cannot be answered in a straightforward manner precisely because the person being questioned does not have a binary sex—having both breasts and a penis, for example.

Third, and related to the issue of non-binary sex or distinguishing between sex and sex category, Valentine (2007) does not address the rules for categorizing sexuality. In popular definitions sexuality is defined by the sex/gender (generally assumed to be both binary and matching) of the individual and the sex/gender of the individual's person of desire. However, the categorization method leading to a designation of heterosexual or homosexual (gay) is not concerned with whether the individual or person of desire are feminine or masculine (gender), rather it is concerned with whether the individual and person of desire are female or male (sex). Furthermore, this categorization requires that both individuals have a *binary* sex—that is, female *or* male. How exactly does a person with a non-binary sex (breasts and a penis, or pectorals and a vagina) categorize their sexuality within these constraints?

Even if Valentine's (2007) question is modified to ask, "Is the individual a transgender *female* or gay *male*," this question still relies on having a binary sex, or a binary *sex identity*. This involves a perception of oneself as *either* female or male, not some other possible

understanding of the sex of one's body. If an individual's genitalia do not match with secondary sex characteristics (a penis and breasts for example), the individual would have to think about the body in a way that is binary in order to categorize sexuality in the "same-sex"/"opposite sex", gay/straight categorization system in order to answer (Seeber 2013). As such, someone with breasts and a penis who does not define themselves as wholly female or male may easily identify as both a female by sex category (transgender woman) *and* as a male by sexual orientation (gay man). This is because in daily interaction people perceive the individual as female using sex category to categorize, but in sexual interaction, genitalia may become the means for categorization and having a penis then means defining sexuality from the position of male.

Valentine is only one example of many where the distinction between sex, sex category, and gender would be useful, but it is particularly poignant precisely because the distinction is fundamental to a significant question of the research project. A lack of distinction between sex, sex category, and gender and/or an inability to contemplate non-binary sex pervades much of the trans* literature. For many texts, this comes from a poststructural/queer theory perspective reduction of the body to gender through assertions about how "the' body is invariably transformed into his body or her body, the body is only known through its gendered appearance" (Butler 1988:523). For other texts, this originates in a sociological interactional/accountability approach that focuses on gender at the expense of bodies because individuals under investigation seek sex and gender congruency (Seeber 2013). These distinctions between sex, sex category, and gender, as well as thinking about the possibility of non-binary sex become important when thinking about how and why a trans* identity continues to create challenges for trans* people long after initial transition.

All people seek to have their identities confirmed by others in a process called identity verification, and these distinctions are integral to understanding *what* identity verification process is being disrupted.

Still, though Valentine (2007) does not break down and discuss distinctions around sex, sex category, and gender, he does provide is an insightful understanding of the creation, evolution, transmission, and uptake of language and identity categories. Language, and identity labels, in particular, are created and transmitted through community groups. Thus the definition and meaning of a label has much to do with whom one learned it from, as well as whether it is a term one learns and uses at all. Because the U.S. remains highly segregated by race and class, among other simultaneously held identities, the adoption, transformation, and transmission of identity categories happens in a segregated fashion. So while in some communities distinctions are clarified between sexual desire and sex/gender identity using labels of gay and transgender, in other communities distinctions are made using different language like femme, butch, and realness. And while gay and transgender became largely disconnected concepts in white, middle and upper middle class spaces, in the almost exclusively working class spaces inhabited by Blacks and dark-skinned Latin@s, walking in ball house categories of realness, butch, or femme were distinctions all housed under one roof (Valentine 2007). The different social locations and understandings upheld by communities formed in the context of racial and class segregation in the U.S. then are important sites for exploring differences in processes of identity categorization and identity management, even beyond the distinctions in language presented here.

In “Gender Labor: Transmen, Femmes, and Collective Work of Transgression,” Jane Ward is interested in “the work that women do in relationships with transgendered men,

specifically the work that they do to validate and celebrate their partners' masculinity" (2010: 236). While her project suffers from the lack of sex, sex category, and gender distinction described above, this article provides an important insight to the current project. Though they may elaborate to an extent, many discussions of trans* identity development (Devor 1997, 2004; Rubin 2003; Diamond, Pardo, and Butterworth 2011) focus on the individual in transition, as Henry S. Rubin's (2003) title, *Self-Made Men*, suggests. Unspecified others are necessary in a symbolic interaction model of identity construction.

Ward's (2010) analysis focuses specifically on the role of feminine partners in the identity development of trans* people assigned female at birth. This elaboration of the role of specific others broadens our understanding of significant others as resources in the identity development and identity verification processes, which I will further elaborate below. However, like much of the trans* literature, Ward focuses largely on the labor and support provided in the early years of transition; her analysis focuses on practices such as binding partners' chests and buying tampons, as well as focusing on intimate spaces and "the more collective realm of FTM political and cultural public space" (2010:249). In contrast, this project is interested in the role of significant others beyond the initial transition itself, as well as beyond the bounds of subcultural space.

Although largely focused on possible points of collaboration and positioning between feminist and transgender studies in the academy, a recent anthology edited by Enke (2012) invites thinking about trans* identity across life domains by bringing together essays about the challenges trans* identities bring to institutions such as the academy, health, and law. Enke notes that, "...legal, medical, and social institutions specifically target gender transition and transsexuality with extreme forms of gender oppression that make it difficult

to use public accommodations, public services, and many public spaces, and to do anything that requires legal identification documents” (2012:5). And while Enke asks, “What do we variously mean by ‘gender’ or ‘sex’” (2012:3), noting that answers to this vary across disciplines, distinctions between sex, sex category, and gender remain along with the collapsing of an individual’s sense of their own sex and gender into a single “gender identity” (2012:18).

A final note from trans* literature and of particular interest for the current study, Devor (2004) lays out a fourteen-stage model of transsexual identity formation focusing on the processes of witnessing (validation of who we are by those who are unlike us) and mirroring (validation of who we are by people we see as being like ourselves). In the terms of sociological identity theory discussed below, these are both processes of identity verification. Within Devor’s (2004) model, the final three stages of identity development include acceptance of post-transition gender and sex identities (where a post-transition identity is established and a person is successfully living post-transition), integration, (where an individual’s transsexuality is mostly invisible and the individual is integrating their identity and managing stigma), and pride (where an individual openly identifies as transsexual and advocates for transsexuals).

While Devor (2004) notes that trans* identity continues to make the occasional appearance in daily life, where and how this occurs as well as how people manage this is little explored. Devor also devotes some space in a larger volume on female-to-male transsexuals (1997) to post-transition challenges. This discussion, however, is restricted to the issues of bathroom usage and accessing medical care—both viewed as challenges from an individual perspective rather than a more interaction-based perspective—and challenges

surrounding sexually intimate relationships. Very little is said about the importance of resources and opportunity structures (discussed below) in the maintenance of identity verification in these instances. From a life course perspective, the ongoing process of identity verification can be seen as an important facet of trans* experiences far beyond the point of transition itself.

Trans* experience from the life course perspective

It is instructive to have an understanding of the basic tenets of the life course perspective in order to apply them to trans* identity. According to Glen H. Elder, Jr., Monica Kirkpatrick Johnson, and Robert Crosnoe (2003), the life course is a theoretical orientation that looks at how “age-graded patterns are embedded in social institutions and history,” and “emphasizes the implications of social pathways in historical time and place for human development and aging” (4). Five main principles guide this long-term, contextualized perspective: 1) human development is a lifelong process; 2) individuals have agency within the constraints of history and social circumstances; 3) individuals are embedded in a specific time and place; 4) transitions, events, and behavioral patterns are affected by when they take place in a person’s life—timing of events is important; and 5) individual lives are interdependent and socio-historical constraints show up through these networks of interdependent connections (Elder, Jr. et al 2003; see also Alwin 2012: 214). A sociological life course perspective then examines micro-, meso-, and macro processes including personal characteristics and choices as well as cultural frames, institutional and structural conditions, focusing more on contextualizing experiences within a cultural and structural

context, rather than from a biological/socialization individual development perspective (Mayer 2009).

In addition to outlining the overall perspective, Elder, Jr. et al (2003) make note of three concepts of importance to this study. First, they discuss social pathways, or the normative societal and institutional structuring of life trajectories, which constrain individual agency. Second, they explain turning points as substantial changes in the direction of an individual's life. In general, turning points are discussed in relation to the life domain of work. However, by reorganizing a fundamental way in which an individual is categorized within society and the way in which the individual navigates in the world, the social and medical transition associated with being trans* clearly counts as a significant turning point. Finally, the authors discuss cohort effects—when people of different birth cohorts are affected by historical change differently (Elder, Jr. et al 2003). While the current study is cross-sectional, it is important to attend to how historical changes in the treatment of trans* people, from the 1950s to 2000s, had different effects on those who were already young adults when treatment became available in the U.S. compared with those who were still children or not yet born.

Overall, this study borrows from the life course literature the idea that trans* is a life-long identity rather than a temporary one that ends within a couple of years of medical modifications to the body. This work also points out that a variety of life course phases and domains are likely to be affected by this trans* identity.

What can identity theory in sociology offer?

Because sex and gender are assumed to be binary and unchangeable in our society, information contrary to this, such as information that a person is trans*, causes a disturbance in the *identity verification* process—a process by which people confirm the meanings they have of the identities they hold (Burke and Stets 2009). This occurs whether or not a binary, unchangeable sex and gender identity is part of the trans* person's *identity standard* (or the meanings held of an identity) or not because the trans* person knows they operate in a world that makes this assumption (Burke and Stets 2009). For the trans* person whose identity standard is male and masculine or female and feminine, situations that make a previous identity known cause an identity verification failure for the trans* person by providing information incongruent with their identity standard. For the trans* person whose identity standard contains non-binary and/or changeable understandings of their own sex and gender, identity verification failure still occurs on the basis of the trans* person's understanding that others are working from the assumption that sex and gender categories are binary and unchangeable. Trans* people experience what I call a *paradox of identity*—they are living proof that sex and/or gender are not dichotomous and unchangeable though they live within the context of a society that operates as if sex and/or gender *are* dichotomous and unchangeable.

Identity theory suggests that people create *opportunity structures*, or means for identity verification, by seeking out situations and individuals who can provide verification, displaying signs and symbols to prompt verification from others, and by casting others in the situation (altercasting) into roles or identities that promote identity verification (Burke and Stets 2009; Rupp et al. 2014). Witnessing and mirroring as discussed by Devor (2004) are

two forms of identity verification in identity theory terms, for which trans* people create opportunity structures.

The creation of opportunity structures may be considerably easier for trans* people who identify their sex and gender within binary categories and much more difficult for those who identify in some fashion with genderqueer or other non-binary identities. The latter may find more possibility for the creation of opportunity structures in urban areas that support a larger diversity of sex and gender identities. While the non-binary identified person is likely to face disturbances in the identity verification process then on a regular basis, it is possible that binary identified trans* people may more frequently be able to avoid this disturbance (and the salience of their trans* identity) except in instances where their history of sex and gender identities become relevant to or enter the situation.

Burke and Stets (2009) explicitly refer to the example of gender identity in discussing the process of identity verification. As noted in my earlier research (Seeber 2013), when discussing the identity of trans* people it is necessary to attend to two simultaneous identity verification processes: the verification of the sex identity of the body along the lines of female/male as well as the verification of the gender identity of behaviors along the lines of femininity/masculinity. Thus this project aims to explore the verification processes and opportunity structures for both sex (body) and gender (behavior) identities, advancing identity theory by viewing sex and gender as separate identities that are idiosyncratic individual identities in a world of stable institutions, rather than as structured or static identities.

According to Burke and Stets (2009), the *interruption theory of stress* shows that anxiety is produced by the interruption of the identity verification process. This is particularly

relevant to instances of sex and/or gender identity verification interruption such as situations in which a person's trans* status is unavoidably disclosed. As Burke and Stets note, "we must find ways of reestablishing the normal identity processes, or else find new identities" (2009:77). For trans* people to retain a positive sense of self and avoid debilitating anxiety, they have to find ways to manage likely interruptions to the identity verification process. In addition to material resources for surgery, hormones, etc., social support networks including family, friends, and partners can provide both opportunity structures for maintaining identity verification and resources for managing situations of interruption (Burke and Stets 2009; Ward 2010). Additionally, as discussed in previous work (Seeber 2013; West and Zimmerman 2009), gender behavior can be used as a resource for the verification of sex category identity, but only to a point, as strong secondary sex characteristic visibility will outweigh the many doings of gender in sex categorization.

What have we learned from critical race studies and specifically whiteness studies?

To understand how Caitlyn Jenner and Deirdre McClosky's transition experiences, and later-life experiences of trans* identity differ and will continue to differ from those of many of the people I spoke to in this study, it is imperative to think through the simultaneously held identities of these two individuals. The critique Laverne Cox poses about whiteness and socio-economic privileges is based in a historical intellectual examination of race and class dynamics begun in the early twentieth century by W.E.B. DuBois (Twine and Gallagher 2008; Twine and Steinbugler 2006). Beginning with the observation that marginalized whites in the reconstruction era cast their lot with dominant whites rather than with similarly class-marginalized blacks, DuBois started an exploration of the "wages" of

whiteness and how a lack of individually felt prejudice helps maintain the functioning of whiteness as invisible to whites (Twine and Gallagher 2008).

During the second wave of feminism starting in the early 1960's and the Civil Rights Era of the early 1950's to late 1960's, Black feminists were central to challenging discrimination on both race and sex/gender fronts (Robnett 1997). Within the Civil Rights Movement, Black men often dismissed their issues with sexism as secondary to issues of racism. At the same time, within the White mainstream women's movement, White women cast their difficulties with racism as secondary to issues of sexism. In 1978, the Combahee River Collective published its iconic treatise on intersectional analysis declaring:

The most general statement of our politics at the present time would be that we are actively committed to struggling against racial, sexual, heterosexual, and class oppression and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking (362).

Noting that their "experience and disillusionment within these liberation movements...led to the need to develop a politics that was antiracist, unlike those of white women, and antisexist, unlike those of Black and white men," the Collective and other like-minded racial and ethnic minority feminists began an intersectional approach to oppression (Collective 1978:363; Hull, Bell-Scott, and Smith 1982; Crenshaw 1991). The importance of understanding that people hold multiple identities simultaneously is clearly relevant to the study of trans* people being that trans* is only one of many identities people in this study hold.

Although many trans* people of all racial and ethnic backgrounds were excluded from the mainstream White gay and lesbian movement in the mid 1970's, in part because they were seen as added stigma to a liberatory effort, not all trans* people necessarily see an intersectional approach as paramount to their trans* advocacy or self-understanding. Theorizing by feminist scholars in critical whiteness studies help offer an explanation for why an intersectional approach may be missing for many White trans* people. An understanding emerges from their explorations of the contours of whiteness—what it is, how it develops as an identity, how it operates, how its privileges are hidden from people qualified for whiteness, and how discussion of its privileges are ignored (Frankenberg 1993; Pratt 1984; Segrest 1994; Twine 1996; McIntosh 1998; McKinney 2005). Scholarship on both intersectionality and critical race studies, and specifically whiteness studies, provide necessary tools for unpacking and understanding the experiences of particularly situated trans* people.

Where do we go from here?

In chapter two I examine the life course challenges most discussed by participants. Using the life course perspective as a point of departure, I suggest that much like race and ethnicity, trans* is a lifelong identity with cumulative effects. Even though for some, constant reminders of their trans* identity may fade from daily life over time, there are still areas in life where being trans* continues to be a notable identity that affects life experiences. This chapter answers the question regarding the areas of life where the trans* identity of participants continued to be brought up or create challenges, why these effects continue to take place, and also provides some understanding of how people manage these

challenges. The areas of exploration include the difficulties with family, both family of origin and family of procreation. While family is a complicated arena for everyone, it can be a particularly challenging part of life for trans* people. In addition to the families people are born into or create prior to transition, many trans* people struggle with dating and creating families. At what point in the dating process does a person decide to disclose trans* identity? What are the physical safety and legal concerns around family creation and dissolution? From thinking about families and dating, this chapter shifts in focus to more public arenas to consider the challenges that arise in the world of work, such as what types of employment have historically been available to trans* people and the precarious and potentially even dangerous position of trans* people in the workplace. Other more public spheres include dealing with health care access and health care professionals, eldercare doctors and facilities, and end of life decisions. Stories from a variety of participants are used to illustrate the very real difficulties and decisions trans* people make in negotiating life after transition.

In an extension of Bourdieu's (1984) theory of cultural capital, chapter three, *Embodied Capital: Uses and Challenges of the Body*, is the space in which I propose two forms of embodied capital that help answer the question of how sex and gender identities are implicated in the challenges people face and the resources they can bring to bear. First, gender performance capital draws on the notion of gender as a performance everyone is engaged in and which is judged as appropriate or not on the basis of whether or not it "matches" societal expectations of behaviors for a particular sex category (West and Zimmerman 1987; Butler 1988), informed by class status and racial/ethnic attribution (Fenstermaker and West 2002; Collins 2004). Thus males are expected to perform

masculinity and female are expected to perform femininity in accordance with “controlling images” (Collins 2004) based on race/ethnicity and class. People who identify as genderqueer, or otherwise transgress the rules of gender performance, face additional challenges in comparison to those who “match.” This is true whether the transgression is intentional, as in the form of performing gender in a way unexpected for how others view the individual’s sex category, or happens because in the course of transition a person may be performing gender in a way appropriate to the sex they identify with, but which is not the sex assigned at birth and others still use to categorize the individual. Explanation of this form of capital is followed by a discussion of the impact more or less gender performance capital may have on an individual based on whether less capital is an intentional alignment with an individual’s identity or a by-product of the transition process.

Sex category capital provides a second form of embodied resource for trans* people to potentially draw on. This form of capital refers to whether or not an individual can be easily categorized by others as either male or female. If neither category is easily attributable by others, this lack of capital often results in significant disruptions to daily interaction. Here the example of Pat from *Saturday Night Live* is instructive in pointing out how an inability to sex categorize someone not only causes others discomfort, but also leads to focusing all interaction on determining sex category before mundane interaction can resume. Both the influence of age at transition and transition direction (male-to-female, female-to-male, etc.) are explored using comparisons from participant’s lives to better explain how people come to have more or less sex category capital.

After proposing and explaining gender performance and sex category capital, chapter three examines the power that lies in embodied capital including the avoidance of identity

verification failure, drawn from identity theory. This chapter introduces the *paradox of identity*, where trans* people are aware that sex and gender are changeable, but live in a world where those around them believe sex and gender to be both dichotomous and unchangeable, as part of the discussion about dealing with or avoiding identity verification failures. This chapter also explores issues of family, peer, and social acceptance, as transition becomes more visible and complete, resulting in higher degrees of embodied capital. I finish by exploring how trans* people change their gender performances to accommodate the change in how they are sex categorized by others, gaining capital in the process.

Although Goffman (1963) focused only on the relationship between those who did and those who did not hold stigmatized identities, examinations of “colorism” within Black communities provide a model for discussing hierarchies internal to trans* communities in chapter four: Hierarchies of Stigma. Two main narratives of “more trans*” circulate within trans* discourse that revolve around the two types of embodied capital proposed in chapter three. The first, earlier version is what Roen (2002) calls the “liberal transsexual politics,” where having more surgeries and being more “passable” as the sex not assigned at birth made one more trans*. Two participants in particular talk about “passing” through coded language of “seriousness.” This version of more trans*, however, requires a degree of finances to achieve, equating more trans* with having more economic capital. In a second, more recent narrative of “more trans*” drawing on the social construction of gender, presenting as more gender non-conforming or as openly trans* is presented as a more progressive, political, more trans* identity. This version of more trans*, called the “radical politics of gender transgression” by Roen (2002), tends to ignore the very different social

location trans* people inhabit, often on the basis of other simultaneously held identities such as socioeconomic class, race and ethnicity, and sex and gender.

This chapter then explores the “zero-sum” game of these competing narratives about who qualifies as “more trans*,” the difficulties associated with stigma hierarchies, and what a hierarchy internal to the already stigmatized group does to the stigmatized in relation to the society that excludes. Community infighting allows cisgender/cissexual people to maintain higher status with trans* people themselves contributing to this maintenance. The chapter also focuses on how having a problem with the body (more surgeries as more trans*) is a separate issue from having a problem with the way society requires that only certain bodies perform in certain ways (more non-conforming as more trans*). This chapter posits that ultimately there is no “more progressive” narrative as decisions about how to be trans* are matters of individual authenticity, that economic capital is significantly related to the achievement of authenticity, and that geographic location influences both accessibility to medical modifications and the variety of models of trans* identity available.

In chapter five: Class and Living Trans* Authenticity, I examine how socioeconomic status specifically relates to the question of intersecting identity effects on the challenges trans* people face and the resources they have at their disposal. It is often said that anyone can have a sense of themselves as trans*, but if that sense of self includes a need to medically or surgically alter the body, the ability to live as one’s authentic self is an inherently class-based lived reality. Certainly there are black market strategies that make certain bodily changes more financially available than mainstream methods provide, but these routes also come with additional, sometimes incredibly dangerous, health risks. There are also those who find creative means for coming up with funding for the modifications

they need, but for many trans* identified people, finding ways to make their authentic selves a reality is a struggle for resources.

This chapter unpacks the economic capital that contributes to a smoother transition experience for people like Caitlyn Jenner and Deirdre McClosky, particularly with regard to sex category embodied capital. Financial security allows for paying the costs of a host of medical and medically related procedures as well as the costs associated with taking time off of work to undergo treatment and recover from procedures. In addition to economic capital, however, participant Morgan goes on to describe the ways in which social capital also significantly impacts transition experiences. As he points out, given his social status, he had direct, personal relationship access to medical and surgical providers or had close ties within his social circles that had such direct connections. This provided him information about surgical techniques, outcomes, reputations, values, and philosophies important in his decision-making process and also made for a different doctor/patient dynamic than most trans* people experience. In addition to affecting Morgan's relationship to transition-related medical care, economic and social capital paved his way to less discriminatory treatment over his transition at work. Finally, while socioeconomic status appears to have created a buffer for another participant who does not qualify as White, Morgan's status as White is consequential in the way that economic and social capital shaped his experiences.

Chapter six: *The Difference Race Makes* addresses head-on the implications for challenges and resources that racial and ethnic discrimination bring to bear on trans* lives. This chapter opens by making note that the effects of racism on trans* experience are often missing from trans* literature. I begin with an exploration of the consciousness and lack thereof about white privilege amongst white participants and participants' recognition of the

role of race and racism in their journeys to their authentic selves. Then I examine how trans* identity and racial and ethnic identity are simultaneously implicated in the experiences of Black and dark-skinned trans* people. I show how race and racism contribute to experience through the examples of facial feminization procedures and genital surgical results using the stories of a dark-skinned transwoman who suffered significant facial disfigurement and a Black transman's challenges with phallic surgery, bringing the difficulties of trans* existence for racial minorities into focus.

The chapter next discusses the racialized, sexed, gendered, and classed dimensions of the realities of violence toward trans* people. While activists use the strategy of narrating violence as a risk of the trans* community as a whole, the reality is that Black and dark-skinned transwomen specifically are the most vulnerable of the trans* community. Finally, distance from the white, male, heterosexual seat of power and the power of homophobia toward gay males specifically, provide an explanation for the raced, classed, sexed and gendered difference in terms of the pathways people take to transition and their relationship to a wider LGBTQ community before and after transition.

In the seventh, concluding chapter, *From Awareness to Inclusion: Trans* People and the Road Ahead*, I reiterate the importance of an intersectional analysis in understanding trans* lives as well as the necessity to continue the conversation beyond transition itself. Following a summary of the main contributions of the dissertation, I examine what the data here might be able to add to shaping future research and public policy in particular.

To begin an analysis of the many ways in which a trans* identity remains salient several years after transition, this study turns to the examination of various life domains that trans*

participants identified as being impacted by their trans* identity. In the process, the effects of simultaneously held identities such as sex, gender, race, ethnicity, and class are explored to begin to expand the literature on trans* lives in both a life course and intersectional direction.

¹ Trans* is used as an inclusive term for transexual, transgender, and sex and/or gender non-conforming people. This is becoming the more common term of inclusions. Additionally, I use this term due to the sex/gender conflation implied in using transgender as an umbrella term.

² These terms are used to denote people who identify with the sex and gender (respectively) assigned to them at birth and to avoid the “othering” process of only marking those who are “trans” (Stryker 2008).

³ At the beginning of each interview, participants were given a page of open-ended demographic information to complete on a laptop, or I asked the questions and I recorded the respondent’s answers verbatim. Each participant was then given a list of “agenda items,” including the main research question and possible areas of discussion, to discuss in the order of their choosing. Participants were probed for clarification of information or expansion upon ideas in the course of the conversation. Upon completion of the demographic information, interviewees were asked to provide recorded verbal consent to participate and then were asked to begin the interview portion with a brief overview of their transition.

⁴ Although scientists and doctors began writing in the late 19th century on precursors of trans* identities, the majority of scholarship prior to the 1990s was focused on the medicalization of transsexualism and the presumed mental pathology of trans* individuals.

⁵ In 2011, the journal *Feminist Studies* published a special issue called *Race and Transgender Studies*, bringing together several articles examining the intersections of trans* and racial identities. However, few books or articles in trans* studies explore intersecting identities of race, class, sex, and gender in a sustained fashion.

2. LIFE COURSE CHALLENGES

It hurts or affects me in unknown circumstances in health encounters, and so I got a good physician and I got a good network that I'm tapped into, but in cases where I'm in emergency situation or I have to go to a doctor that I don't know or that's out of my network...then I get a little antsy because I've had few experiences with doctors and with people that were rude and disrespectful...I don't take things like that like lightly and, but when you're vulnerable and you're hurting or your I'll, it's not always easy to push back at the system so sometimes I've gone off and...I've been real nasty. That's why I left [a major healthcare provider], because of their awful staff. Just I got horrible transphobia there so I left that place.

--Taye¹

Many an author has discussed ways in which race is a lifelong identity with cumulative effects. Most prominent in these discussions are the ways race and class are combined and perpetuated within the context of U.S. social relations. To date, however, the majority of research on trans* lives and identities takes a more static view of identity and does not consider the variety of ways that a trans* identity may have accumulating effects over the life course. Research seems to focus on the changes that happen around transition itself, not attending to challenges that continue to occur even in cases where trans* identification becomes less visible on a daily basis for some trans* people. In this chapter I explore

difficulties presented by families of origin and procreation, dating and creating families, work, healthcare, eldercare and end of life decisions.

Pre-transition families: families of origin and procreation

Family is a complicated arena for everyone, but it can be particularly challenging for trans* people. Of all the relationships we have in our adult lives, the people that make up our family of origin are the only ones we did not choose ourselves. Certainly we can decide whether or not to maintain relationships with specific individuals in our family of origin, but “blood” or marital relationships made so important in the social context of the U.S., are relationships given to us, not made of our own accord. Because our connection to our family of origin has nothing to do with our personality, likes and dislikes, chosen group memberships, or dreams and aspirations, the families we come from are frequently fraught with differences of all kinds that can be difficult to navigate.

In theory we have a sense of connection and obligation to those with whom we share DNA, however, some people were not raised by “blood” relatives and some people who were may have felt less than connected. Some thirty and more years ago, gays and lesbians commonly found themselves ostracized from their family of origin as soon as they came out, and many a youth arrived at homelessness through coming out at an early age. In the last decade or two, this narrative of being kicked out of the family home or placed in circumstances which made leaving home more desirable than staying appears to be subsiding. Many more gay and lesbian identified youth are finding tolerance, if not acceptance, in the home rather than being locked in a closet with a bible with parents hoping that would sort them out². The trend of tolerance or acceptance instead of ostracization is,

perhaps not surprisingly, delayed among trans* identified youth. I suggest this is not surprising because the visibility of gays and lesbians and their social acceptance appears to have changed the realities of how families of origin deal with having a gay or lesbian identified child. Since the visibility of trans* people and trans* people's organization into social movements began at least two decades later (in the 1990's for trans* compared to 1970's or earlier for gays and lesbians³), it should come as no surprise that how families handle a trans* identified child is lagging behind as well.

Just as with gays and lesbians, trans* people face the possibility of being excommunicated from different understandings of family depending on when they come out. For youth coming out most likely means dealing with parents who retain legal control over their lives and siblings. For adults, coming out means dealing with parents and siblings, but because adult trans* individuals are less likely to live with their parents, this is a different experience. In addition though, for adults coming out may also mean dealing with families of procreation—a spouse and one's own children. This typically means dealing with a whole new set of challenges, including legal issues pertaining to marriage, divorce, and child custody depending on how old their children are when they start openly identifying as trans*. Because I explicitly looked for people 18 years or older, who had undergone some sort of medical modification to their bodies, and considered themselves five or more years into transition, this study deals more with people who came out as adults and faced the challenges of family from that perspective. As people begin to recognize and name themselves trans* at younger and younger ages, more stories will be heard about how families deal with trans* people still under their care and control, but for now, I discuss

family relationships primarily from the point of view of people who began to identify themselves as trans* as adults.

James, a white 51-year-old transman, provides a good example of how family of origin's acceptance of trans* identity lags behind lesbian and gay identity. I first met James at a trans* conference, then travelled to the mid-sized city of Lexington, Kentucky where he lived to interview him for this study. I had spent all morning interviewing a couple and had felt a little rushed for time when I arrived. He led me upstairs to his small studio/junior one-bedroom apartment on the top floor of a building that had the slanted ceilings of being in the attic. On the way up the stairs I noticed a high-end road bicycle on the landing a flight below his front door. He had another hanging from the ceiling in his bedroom. He welcomed me to his "bohemian place" and I noted to myself that it reminded me of apartments in San Francisco—small, quirky, full of character. James was dressed in blue jeans, a blue crew neck sweatshirt from a university or high school (name of the school emblazoned on the front), and bright red slippers. His hair was thinning a bit on top—a topic we discussed later and I told him of my management strategy to keep my hair shaved short in an attempt to bald gracefully. He had thoughtfully purchased a lemon cinnamon roll for each of us and got me a glass of orange juice to go with it as we sat at his small kitchen table to talk.

After walking me through his transition history, James looked at the list of possible areas where being trans* had an impact on his life and started at the top of the list with family of origin. He started by saying, "I have family that has totally cut me off entirely from their lives. My sister for about seven or eight years didn't allow me to see her children." He also mentioned being shut out by an aunt, uncle, and cousins he had been close to. He

commented on his losses that, “The really odd thing about all that is that I thought the people that I was closest too that would take it the best or at least try to be supportive were the ones that disappeared on me.” In contrast, there were others in his life he did not believe were particularly close to him who ended up being supportive when he told them about being trans*.

I asked James about how he has handled the fallout with family members and he talked about making attempts over the years to reach out and provide people with opportunities to reconnect. He explained that “my sister eventually allowed me to see her kids again a number of years ago, but I don’t go home that frequently.” James grew up a plane ride away from where he currently lives. On one occasion he tried reaching out to the aunt and uncle he had been close to saying, “I’m coming home, maybe I could meet up with you.” Shortly after this brief conversation with his aunt, he received a letter from her claiming, “if you really say you love us like you do, don’t contact us.” Given the geographical distance and the lackluster responses at best from family, James notes, “To me a lot of it’s just lost now.”

In contrast to James’s experience with family of origin, Heather shared, “my mom is like my cheerleader.” Heather, a white 54-year-old transwoman, started transition in the early 1990’s, but long before that she noted that, “growing up I just thought I was a little girl.” I met Heather at her home, also in Lexington, Kentucky. Because I was unfamiliar with the city and driving a rental car, I was using the GPS on my phone to locate her house. The first comment I made in my notes following the interview read, “Thanks again Siri for telling me I had reached my destination about a half a block to a block before I actually reached it.” This note was immediately followed by, “I was pretty sure I had the right door when I saw

the law filled with ornaments—some for Halloween, but mostly just decorative things you would find in a yard (stereotypically) tended by a woman.” I wrote:

The living room was very white, red, pink, and cozy... Her place was decorated tastefully in a comfy, feminine way—throw pillows, pastels, white carpet, decorative drapes, lived in but not cluttered—with a touch of tradition and formality—china white/blue vases and decorative plates, dark formal wood looking china cabinet and table with chairs, white table cloth. On a small round glass table between the old-fashioned sitting room armchair I sat in and it’s mate sat a metalwork candle stand with 7 mosaic style red glass candle cups.

For our interview Heather laid comfortably across the living room from me on a couch wearing a pink hooded sweatshirt with blue jeans and had shoulder-length blonde hair. When I told her about how I decided I had found her place by the decorations, she found it amusing and said, “it has just been who I am.”

Heather spoke of how her parents seemed to just deal with and accept their child’s difference, which Heather refers to as being a sissy. They took her to a therapist when she was about nine years old. Later, when Heather was collecting documentation for transition, she came across the transcripts from her childhood therapy sessions in which the doctor commented that she was the youngest transsexual he had ever encountered. She imagines the situation was heartbreaking for her parents in the 1960’s and 1970’s, taking their young son to a psychologist to see what they could do to help and being told their son is a little girl. At the time, there were few role models or representations to turn to for guidance. Heather noted, “There was no Jerry Springer, there was nothing. You know, there was Uncle Arthur

on Bewitched but that was it... there was the tennis player, Renee Richards.” There was also another male-to-female transsexual in the town before her. When she was in sixth grade theater, she recalls “seeing the most beautiful woman I have ever seen.” That night she asked her mother about the beautiful “blonde-headed woman” who it turns out her mother knew, “but was kind of keeping her from me, you know. This wasn’t like Boy Scouts and a pedophile. This was, oh God, we know if we get these two together it is going to start clicking, you know? And it clicked. It clicked.”

While little help was available, Heather believes her father having a gay brother “cushioned the blow for him.” She recalled:

My uncle did not want to be a woman but he was a big, you know, monocle-wearing brooch-wearing queen from Atlanta, so you know, thank God, he kind of cushioned that stuff a little bit but this was their child. This was sissy, you know, that kind of stuff, so I think that is hard on parents. I think any kind of thing that happens to your child, you don’t want them to hurt. You don’t want them to be in pain. It really wasn’t that painful and hurtful when I was a kid. I mean, you know, sissy. It is not like, well, maybe it is like what happens today but I just think this bullying stuff is just taking it to a whole other level. If I could get called a sissy fag and queer once a day, really? Just move on with it because it does affect you but then you have to compartmentalize what is going on and just realize that when you went to school it was going to happen and then when you went home you were in your safe place and that is just kind of how I dealt with it.

As difficult as life may have been and as challenging as her identity may have been for her parents, Heather clearly viewed her childhood home as a safe place to be herself. And although her father had passed away by the time of our meeting, Heather kept in regular contact with her mother who lived about an hour drive away. Of her mother she said, “She is great...we have always had a good relationship, but it is just good to have a mother-daughter relationship. I would not have had it the other way.”

Heather also has two siblings, a brother and a sister, with families of their own. She is not as close to them as she is her mother, but noted that this stems from geographical distance and busy lives, not from her trans* identity. She sees her siblings and nieces at holidays and loves the time she gets to spend with them they just live different lives.

Mothers are an important part of many people’s lives and much like Heather’s mother is for her, Maia described her mother as, “my best friend.” Maia, a 27-year-old Black transwoman, grew up in the southern United States and openly acts as an advocate for the trans* community in addition to her paid employment in the hospitality industry, work as a hairstylist, and competition in the pageantry ball scene. I originally met Maia through a mutual friend, then interviewed her for this project a few months later. Meeting Maia at her apartment, I had the opportunity to see her in a more comfortable casual setting. Usually all made up, fashionably dressed, and flawless, at home I noted, “she was wearing a purple hoodie and black sweat pant Victoria Secret Pink set.”

In addition to maintaining a good relationship with her mother, Maia put in time, effort, and care with her maternal grandmother as well. Maia’s mother’s side of the family is Haitian and she noted that her transition was “a big culture shock” for her grandmother. Because of this, Maia took a month and a half one summer to go spend time at her

grandmother's house in Atlanta, Georgia to show her grandma that she was still the same person. She gave her grandma a chance to see that she still had the same "bubbly, witty, snappy" personality. She explained her transition as being, "just like a woman who was a child who grew up. I just grew up. When we're younger, we have certain things about us and those things evolve. That's exactly what it is. It's not necessarily a change, you're just evolving from who you were." According to Maia, having gone and spent time with her grandmother to show her how she was growing up and still the same grandchild, "sealed the deal right then and there. She's very strong in her beliefs in Christ and everything else. She loves me unconditionally and she just wants what's best for me. She's actually scared, she just doesn't want anything to happen to me or for somebody to harm me." While some trans* people are never given the opportunity, being able and making the effort to show her grandma what a good person she remained made all the difference in Maia's relationship with her grandmother.

Donna's family experience covers a bit of both positive and negative reactions and spans both family of origin and family of procreation relationships. Donna, a white 65-year-old transwoman, started transition at the age of forty-one, back in the early 1990's. At the time of her transition, she already had three children and had recently divorced from her wife of twenty years. Since transition, her mother, her mother's side of the family, and her sister have all stopped talking to Donna. Speaking about her relationship with her mother Donna lamented:

My mother said some very hateful things. She then wrote me a letter with more and I was very, very hurt for quite some time. I did attempt to get in touch with my mother after about a year and phone calls got hung up, letters

did not get answered and eventually, I gave up. Just this year, I tried again and got nowhere and my mother's now 90 years old. I really would like to make some kind of connection but I don't think it's going to happen.

Donna noted that she and her sister had a strained relationship from an early age, so the loss felt less significant than with her mother.

As for her father's family, Donna's father died when she was in her twenties and one uncle had already passed away as well by the time of our meeting. In Donna's own words, her remaining uncle on her father's side, his wife, and their eleven children have "surprised the heck out of me." A meeting with one cousin led to a conversation with the uncle's wife and a warm welcome overall. Given the difficulties she has faced in relationships with much of her family, Donna points out "that's been really nice having that group in my corner."

When it comes to family of procreation, Donna is only in contact with one of her three children, her oldest daughter. She knows that her other daughter lives across the country in the South and that her youngest child, her son, lives with his wife and children several hours away, but still in the Pacific Northwest of the States. Like many trans* people, Donna "knew that it was a definite possibility that I would lose my whole family" and she has lost a lot. She recognizes that although it is not the same, having the acceptance of her uncle's family has helped in dealing with so many family members cutting ties. In addition to her uncle's family though, Donna has been with her current partner for more than ten years. Her partner also has children from a previous relationship and was Donna's friend before the two became partners. Before their relationship started, Donna spent a good deal of time at her now partner's house and her four children took well to Donna, creating what she called a

surrogate family. She pointed out that, “If I hadn't had them, I would have survived but it wouldn't have been as comfortable.”

Dating and creating families post transition

Many of the people I spoke were not in relationships that spanned the time of their transition. Often people either transitioned while not in a relationship, or the relationship they were in ended during the course of their transition. Either way, people found themselves faced with the challenge of dating and forming relationships from a new social position—both as a trans* person and with a different set of gender behavior expectations than they held to prior to transition. In addition, they faced the challenge of if and when to disclose that they were trans* identified. Some had used disclosure as a weeding process where, by telling people up front, they avoided investing energy in anyone who was going to have difficulties with it in the first place. Others waited to disclose, checking to see if a connection was likely to be worth opening up to the potential vulnerability of that topic. Still others expressed concern about disclosing early in order to avoid any appearance of an attempt on their part to deceive others—fears fueled by defendants in court battles having used accusations of deception by transwomen to justify their violence up to and including killing transwomen (Lee 2006). To start, Charlotte discussed her own various approaches and those of people she knew.

I met Charlotte, a 43-year-old white transwoman, at a single-family home in Seattle, Washington that was painted light blue with dark blue trim where her housemate answered the door and let me into the front room. Charlotte appeared, apparently from the kitchen, hands still wet from washing dishes. She was dressed in a long-sleeved white and black

sweater-shirt with black leggings and had long sandy blonde hair. I took note that she was, “definitely legibly read as female, with no question.” After introductions, the housemate headed for another room while Charlotte and I sat down together comfortably on a small beige couch to talk. She gave me her history of transition in a short, practiced form, indicative of having rehearsed this “elevator speech” over the course of many public speaking advocacy presentations.

When asked about when/where in her life her trans* identity still came up for her, having started medical transition seven years before our meeting, she began with a story about a date she had gone on that week and her use of “Awkward Cupid” as she calls it. She mentioned that she has, “wrestled back and forth with where do I disclose.” She has clearly had conversations with trans* friends about this very topic and informed me that some of her friends make their trans* identity clear in their profiles, some do not, while others use a space near the end of the profile where one can list, “one thing I am not willing to admit but I am going to tell you anyway.” Charlotte noted that, “other people will put it right at the top, the first sentence, ‘by the way, trans. Hey, you are still reading, good.’” She pointed out that she has tried a variety of methods and has now settled on disclosing in an approach that is basically, “by the way I’m trans, moving on, you know. It is about as interesting as me being a film maker.”

Telling the story of the date she had, Charlotte explained:

I meet her at the bar and she knows I am trans* and she is great about it. We discussed it online and we talked and so I get to meet her for the first time, but I am meeting her friends who are there at Karaoke and they meet me and I don’t know if they know, don’t know if they do know, whatever, but they

are like “oh, you have such a, such a rich robust voice. Are you a professional singer?” I am like, yeah, that explains it. That absolutely explains my rich and robust, you know. I’ve got this huskiness and they are like, “oh, I bet that is great, are you a singer, is that why?” I somehow, you know, I have exercised this particular muscle as a professional in some way that makes my voice huskier, or I’m more raspy. I don’t know, I have no idea. So, you know, being able to explain myself jovially and conversationally without revealing too much, without lying. It’s like how do I answer their question, while answering the question truthfully, while inveigling what they are probably... what they are really asking is what is the origin of your voice, and I am like I’m not willing to tell you that.

While Charlotte discussed disclosure more from a standpoint of concern for whether people would still be interested once they found out, Aadhya spoke of a different concern—the fetishization of transwomen by men.

Aadhya, 48-year-old transwoman self-identified as mixed-race, sees herself as recognizably trans*, which makes a difference in the dynamics of the dating scene. For her, disclosure was not a question of claiming a trans* identity or not in the way that it was for Charlotte. Instead of deciding whether or not to disclose right away and how that might influence dating dynamics, Aadhya found herself more likely to have to question the intent of the men who pursue her because her trans* identity is already visible. Are they interested in her as a human being on a deeper level or only interested in satisfying a sexual curiosity of their own? When I asked Aadhya about whether or not she was dating, she started her

reply by first educating me about the realities of how transwomen, especially those who do not qualify for whiteness, are often approached by males. Aadhya explained:

This is the thing, transwomen tend to be very sexualized by men. And there are a lot of men, heterosexual men...and the reason I say heterosexual is because these men identify in the heterosexual world as heterosexuals, their socialization is in mainly heterosexual world or society. But they're attracted, there's something about a transwoman, the duality of a transwoman, that attracts them. That doesn't mean they don't like...biological women. But they still have a taste, a sexual attraction, for a transwoman. Often times because they identify as heterosexual and their lifestyle is heterosexual, they are not comfortable being open about the fact that they're attracted to transsexual women, the fact that they see transsexual women or the fact that they even date transsexual women. So what happens for a lot of us is that our relationships end up being very singular to the mistress-type relationship. Where they're only calling you in the wee hours of the morning, it's very under-the-cover-of-dark type vibe, very secretive. You don't get the dinners out or the movies because they don't want to be seen with you in public. They're afraid of how people are going to react and if their secret is going to come out.

Aadhya also talked about how the concerns men had about their families impacted their relationships with transwomen, pointing out that nine times out of ten, the men had a wife or girlfriend at home who was a cissexual female, "but then they want to step out and explore and have a little play-time with us." All of which was to explain the difficult dynamics

involved in relationships for many transwomen interested in dating cissexual males. She noted that often sexuality was the primary focus, rather than a relationship per se, making these encounters feel very “one dimensional.” Aadhya stated, “You find yourself only hooking up, only getting together when the guy wants to, you know, have a sexual experience. So it can be pretty difficult.” She did note that, “there are guys out there that love us, oh yeah. There are a lot of them, but they're scared, in many ways, to stand in their truth.” She related:

I had a guy tell me once, if the world was different, our relationship would be a lot different...And my response to him is, sometimes you can't wait for the world to be different. You can't wait for the world, you have to do it anyway.

Eventually the world will get on board, maybe. Maybe.

Even with all the potential problems, Aadhya has not given up, but she has become selective. She said, “I'm open to dating but at this point, I don't have time for the bullshit. At this point in my life, I can do that all by myself. So, I'm open to it and hey, who knows. But, at the same time, I'm not just going to settle either. I think a lot of us, being transgirls, we end up settling.”

Coming from a very different perspective of transman identification, unlike Charlotte or Aadhya, John discussed disclosure of his trans* identity more as a matter of family creation. I interviewed John, a 38-year-old self-identified Chicano transman, at his parents' home in a nice, newer construction subdivision of a small town on the west coast, outside of the Bay Area. At roughly six feet tall and two hundred eighty pounds, his size, let alone the effects of hormones, makes him unlikely to be viewed as trans*. According to my notes, John “was dressed in black slacks, a nice black button down, black dress shoes and had white spats on”

as he was heading out after the interview for a date at a speakeasy-style club. It would be his second date with the woman and he had not yet brought up being trans*.

John and I discussed the pros and cons of when to disclose a trans* identity in the dating process. I pointed out that on the one hand, saying something early could work as something of a weeding process, ending things with people who would not be okay with a trans* partner before getting emotionally invested. On the other hand I mentioned that, “sometimes the most transformative moments for people are when they get to know somebody on a personal level first and that is not like the only thing they know about you, right?” John noted that he usually waits until a second or third date for precisely the latter reason. He responded:

I want her to find out who I am and what I do for work, what kind of sports I am interested in, you know, family, my hobbies, what I like to do and then if you give and you accept all those things and I am cool and you like me and you still want to hang out with me, then there is this other thing that you really have to get past.

As for the potential of trans* identity disclosure weeding people out early, he explained there is a way to go about sorting without mentioning being trans*. He shared:

I tell them about the fact that I can't have any children, at least not personally. I tell them we could adopt, we could have other ways but I can't give you children, and that...can weed out women because I am 36 years old right now. Most of the women I am dating are in their 30s and they are all ready. If they haven't had kids already, which I usually tend to date women who don't have children, they either want one or they may not at that point,

and most of them want one, you know. So that is one of the, what do you call them? Deal breakers. It is hard because you want them to know you and yet balance that with when to tell them.

John had not yet had genital surgery, though was planning to do so, and believed his disclosure strategy would likely change after surgery. Still, he noted that even after surgery, there would still have to be a conversation about the possibilities surrounding having kids. Over the years John found that for him, dates “tend to be more accepting, if it is a medical condition...but not so much that I purposely went out and started changing physical characteristics to basically adapt to my body or how I feel on the inside.”

Trans* identity was not only an issue of disclosure, such as when it came to choosing a partner with shared ideas and desires around creating families, or needing to think about the possibilities for family formation. Brad and his partner were already raising a child and had to consider the legal parenting rights and responsibilities concerned with being trans* and whether one was legally classified as male or female.

When I met Brad, a white 36-year-old transman, he was living with his wife of more than ten years and their four and a half year-old son, to whom she had given birth. In my field notes I observed:

[Brad] has reddish-brown long curly hair that he pulled back into a ponytail, showing that the sides were shaved. He also wears a mustache and really full beard. He was wearing casual cargo shorts and a short-sleeve button down shirt in a light green/blue plaid I believe. It made sense that he works at a food co-op as his attire, tattoos, and demeanor gave a hippie-crunchy queer vibe.

Important to Brad's story is that he was living in Florida, a state that did not recognize same-sex marriages, made adoptions difficult for same-sex partners, and Brad was still legally considered female. Brad and his wife had tried to put their son on Brad's insurance since it would be cheaper. While his insurance company's national policy was to cover same-sex partners and their children, the state's insurance subsidiary of the same company did not, due to state policies. Even though Brad and his wife had been legally married in another state, the state they lived in neither allowed same-sex marriage nor recognized same-sex marriages performed in states where they were legal. Because their son is on the autistic spectrum, insurance coverage was even more crucial than it might have been for many other families.

Brad told me they had considered second parent adoption, but he would soon be getting his documentation changed, making him legally male. At that point they would be able to simply go get married again, which would automatically make him a stepparent. He likened it to the different reasons for name change and the levels of difficulty associated with that.

Brad explained:

It is like name changing, do you want to pay \$250 and change your last name for no reason, or oh, do you want to pay \$25 because you got married and it makes sense to change your name. So why are you, we're going to put you through this huge rigamarole to adopt this other person's child or oh, okay, it is way cheaper and that totally makes sense because you married this person and you guys are opposite sex. It is like \$5, get on down the road. They make it extremely difficult. I think I am getting to a point now where it will be less difficult and less expensive once these things are in place.

In one final issue related to dating and creating families, I asked interviewees not only, about the legal ramifications of being a trans* parent, but how a trans* parent decides to deal with disclosure in raising a child. I was able to gain some insight about this issue from Aaron, who had just adopted an infant with his wife four months prior to our interview. Aaron is a 34-year-old white transman and young professional in the behavioral sciences who is not openly trans* at work. It is not that he hides his trans* identity, it is just that many workplace relationships are not deep enough or connected outside of work enough to warrant disclosing trans* identity. With family, however, disclosure is a different matter. All of Aaron's extended family is well aware of his trans* identity. In part due to geographical location and in part due to the nature of his work, it is unlikely that family knowing and co-workers not knowing would come into conflict. Having a child changes the relationship between work and family or public and private more broadly though. I acknowledged to Aaron that I was motivated by personal curiosity to ask about how he anticipates talking with his child about his identity in the future. My wife and I may be trying to figure out disclosing to and guiding a child about my trans* identity in the not so distant future, so it seemed prudent to ask someone with the benefit of psychological training.

In response to my question about being open about his identity with his child, Aaron let me know that he and his wife already had discussions about how they would go about this. They agreed that their daughter would know throughout her life about her father's identity and they had already begun to provide information, "in sort of an age-appropriate way." Obviously at four months of age, their daughter is not yet processing this information in any

way. The process of talking to her is important to Aaron and his wife, in part as a way to practice how to discuss these things later. Aaron explained:

I think it was mostly for us getting in the process because you know, it is like, you know we are going to be open about obviously how she was adopted and obviously talking about race and things like this, I mean, she is mixed race, and we are both Caucasian so we really want to talk about these things all the time. So I think I almost start to have these conversations with her even though she cannot understand just because I am starting to iron things out and how do I talk about this stuff and in an age-appropriate way? So I think I will just be saying like, you know, some girls just feel like they are much more male or whatever, or you know, want to transition, that sort of thing, and explain that to her I think. And I am sure as she ages she will just have more questions or I will give more information, but it is something that we want her to always know, just like we are not going to tell when she is 13 that she is adopted, we are not going to tell her that I am trans, right? It does not quite make sense.

Much like other identities such as being adopted and being multiracial, Aaron and his wife view having their daughter know about him being trans* as important. However, this does cause some anxiety about how her knowing will affect the private/public divide of who does and does not know Aaron is trans*.

Where and under what conditions we work

Of all the possible topic areas listed and those people came up with along the way, work was the most common theme people talked about in the course of interviews. Work is a central part of identity for most citizens of the U.S., trans* people included. Issues of discrimination, harassment and unemployment are particularly salient for people in vulnerable identity categories. While titling the study the *National Transgender Discrimination Survey* may have lead to an over-representation of those who *had* experienced discrimination and harassment, Grant, Mottet, Tanis, Harrison, Herman, and Keisling (2011) garnered an impressive nearly 6500 responses to their survey over the course of six months, from September 2008 to February 2009. They found that while the type of discrimination and harassment varied for transwomen and transmen, overall, 82% of transwomen and 80% of transmen reported discrimination, including harassment rates of 54% and 50% respectively. Unsurprisingly, people of color faced higher rates of workplace discrimination and harassment. People I interviewed provided stories about difficulties with trans* identity in the workplace that cover a variety of challenges from finding employment to maintaining a job or career.

Walks With Two Spirits, a 59-year-old transwoman of Native American and French decent, began her transition in 1972 at the age of 16, eventually leaving her small hometown in the south for big cities all over the U.S. When I met with her, Walks With Two Spirits was wearing a green shirt and long green skirt. She had her long grey hair pulled back into a bun and wore reading glasses to look at the forms about my research. She was fifty-eight years old at the time of our interview. With her GED, she has learned a great deal more from experience and doing the work than from books. She does get paid for some of her

current work, though some of it is volunteer, and she makes around \$12,000 a year. When we talked, she was living with her husband on the low-income side of the historically segregated town.

At the time of her transition, Walks With Two Spirits pointed out that there were very few job opportunities for trans* people, particularly transwomen. She recounted, “I mean I did find jobs. You know, I was pretty convincing at a young age. In the beginning, the jobs were, you know, you go to New Orleans, you put a dress on and you dance on stage.” Not much had changed in the twenty years since the media drew attention to Christine Jorgensen, who also ended up in the entertainment business (Meyerowitz 2002). She referred to the early days of her transition as “the dark ages” since at the time, visibility and treatment of trans* people were both pretty new and pretty scarce. She worked the clubs on the west coast, doing drag shows and strip shows, then moved to the middle of the country and found work at a Kentucky Fried Chicken as a female employee. Mostly though she recalled how the options were “entertainment or sex work. That's about it or bar tending or whatever. Clubs, entertainment or sex work.” After several years she transitioned into social services work including vocational counseling, food service at residential facilities, and the like. Now Walks With Two Spirits works in social services in a different town back in the south. She provides education and outreach around issues of HIV and AIDS and helps keep those who have it as well taken care of as she can.

Over the past couple of decades, job opportunities for trans* people, and particularly for transwomen, have changed somewhat, though many are still relegated to entertainment and sex work. Leddy, a white 47-year-old transwoman for example, earned a vocational degree that led to a well-paying, stable job. However, given her level of education and ongoing

workplace discrimination against trans* people, if she wanted to leave the harassing, negative environment of her current employment, few opportunities would be available to her. Everyone at her nearly all male place of employment is well aware Leddy is trans*. She transitioned on the job and has stayed with the same company for twenty-five years. She explained:

It would've been different if I'd left and got a job somewhere else but, no, I've actually hung out, fought it out and it's come with a heavy price. It has not been all easy, but I look at how many people today don't make what I make. People that are far more educated than me don't make my money and to work in the industry, a lot of hurt, a lot of pain, anguish and everything but it pays good. That's the other side of the coin is that I make a good living and it's getting worth it.

During the course of our interview, I noticed that Leddy had something of a “don't sweat the small stuff, and it's all small stuff” attitude that she also used as a strategy toward work. There were certainly things that bothered her about her employment and there were times when she talked about what other options might be out there for her. But her strategy was also a function of her reality. We talked about the security of her job in terms of the type of work she does not running out any time soon, so while the ongoing harassment and being passed over time and again for promotion were extremely stressful at times, she kept at it. Leddy pointed out:

If I left there, again, I'm almost 50. Nobody's going to want to hire me at this point because A, I don't have a college degree. I've got vocational school, and any more, at a minimum you need a bachelor's or something and even

that, the friends and relatives that I know have college degrees would kill to make the money I make and so what am I going to do, go to Wal-Mart?

She continued, explaining that not only does she make more than many people she knows with higher levels of education, she has a good deal more benefits as well. For example:

I started with the company a long enough time ago that when I started they were still doing pension plans. Even if I get fired tomorrow I still qualify for the pension so I will get a pension. I've also got a 401k, which was after the company had been bought up several times. The pensions went away, all the new guys, all they have is a 401k. I've worked for a big enough company that the retirement benefits are pretty good and I cannot imagine going anywhere ever again that I know that would have that benefit especially for somebody who really lucked into it. I'm stuck there. They realize that I'm probably not going to go.

So while there were times that Leddy contemplated leaving her current employer to find a job with less ongoing harassment and clear discrimination, she was pragmatic about her situation. She knows that unless it became a matter much closer to one of life or death she is not going anywhere. Her co-workers and supervisors know this and make use of the knowledge to push the envelope of human dignity and respect.

Leddy pays dearly for the job stability and benefits she receives, but her situation is in some respects better, or at least less precarious than Riley's. In my interview notes I mentioned that I drove out in the middle of nowhere into the cornfields to meet with Riley, a 50-year-old white transman, in Wisconsin. I had driven a significant distance to get there, which made gauging my timing difficult. I ended up reaching town about an hour early, so I

went to find food and ended up getting a sandwich at a Subway. In the process, I got stuck on an adventure trying to find my way back out of town because of a homecoming parade. So even though I had arrived in town early, I ended up getting to Riley's a few minutes late. Of course it did not help that the GPS on my phone ran out of information about a half a mile to a mile before I reached his place. Like I said, middle of nowhere.

Riley answered the door of his small farmhouse wearing a t-shirt with the name of a nearby college, well-worn blue jeans, and tennis shoes. He was in the process of making fresh spaghetti sauce and told me that his neighbors have a mill to throw whole tomatoes in, which removes the seeds, core, and skin, leaving the tomato pulp for sauce-making. It reminded me of being at my grandparents' place each summer in rural Oregon, canning and putting away fruit and vegetables for use during the winter. Oddly enough, while talking after our interview I found out that Riley actually knew where Mosier, Oregon, population less than five hundred, was. We chatted comfortably about rural life where keys are often left in the car so they are easy to find. He told me he has a key to his house, but had never used it. Sometimes he came home to find a neighbor had come over and borrowed what they needed from the note they had left behind.

After hearing the overall research question and looking through the list of possible areas of life where trans* identity might still come up, Riley started with the issue of work. He noted:

Certainly, you know, it's a work issue for me because I have to be closeted at my work. I don't have an option about that, although I did have the choice whether or not to take the job of course, knowing that ahead of time, and I

work for a private, religious-based institution that you know, would fire me if they knew.

Riley had transitioned during graduate school and taken his current job knowing the risks. In part he managed those risks by living a significant distance from his place of employment to help ensure that his professional and private lives never intersected. Given the importance of his faith identity, this gap between work and home also helped alleviate any issues that may come up from having to lie. Instead, he could simply be vague about many things, including the reason for my visit—helping someone with an academic project. While he noted that at times he wished he did not have to be “very evasive,” or expend energy trying to manage a trans* identity with religious life, in some ways life in academia was easier than in other jobs he had held. True, his employment was contingent on concealing his trans* identity, but this was much easier in an academic setting than say, traveling in cramped quarters and trying to manage being trans*. In Riley’s case, the prohibition on being open about his trans* identity was explicit, while for others, like Ryzha, negative consequences for coming out came as more of a surprise.

I met with Ryzha, a black transwoman in her mid-thirties, in the entry-room of a two-bedroom apartment near the coast in Miami Beach, Florida where she was crashing with a friend, being temporarily technically homeless at the time. She was dressed in cutoff jean shorts and a coral camisole tank. She had set out chairs in the entry-room for us to talk in the humidity and heat, which I referred to in my notes as “puddled air.” Ryzha had attended college for a time at a small college in the south, not because it was the most prestigious institution. She had been accepted at Harvard, but the other school offered a complete financial package, which she took for the “the level of independence that would afford her to

explore her authentic self.” Ryzha met significant discrimination obstacles at school, finally attempting suicide, being placed in a psychiatric facility, and ultimately forced out of school.

Ryzha transitioned in her early twenties and had lived for a time in New York City.

While in New York, she worked for a “multi-million dollar nonprofit” in the post 9-11 era.

She explained how her trans* identity came up in the course of her employment in this way:

In New York, I had an ID that did state that I was biologically female. When I applied to and went to jobs, being trans* wasn't really something that...that I had felt that I needed to talk about or come up with. Just like someone perhaps being biracial. You don't really announce for your ethnicity or what other race or culture that your family came from, because it didn't really apply to your job performance and to your job. There was a couple of times to where I was hired and assumed to be a cisgender woman, and later had some things that came up in my life to where...not that things came out, but that I felt comfortable enough after being on the job for a couple of years to talk to someone that was in HR and tell them about my trans* experience, and then finding myself to be fired and unemployed after the fact.

By asking further questions I found out that not only had the firing come as a surprise after two years of service, Ryzha had been promoted before her three month probationary period had ended and promoted twice more before being fired. After coming out, she was told she would be required to take a psychiatric evaluation before returning to work. Her company health insurance did not cover such an evaluation at the time. Unable to come up with the cost out of pocket and unable to return to work without the evaluation, Ryzha was fired for not returning to work. I restated my understanding of what she was telling me occurred as,

“Let us set up a trap for you and then will catch you in it,” to which she responded, “exactly.” All I could say was “wow.”

Given the clearly discriminatory nature of Ryzha’s loss of employment, her firing brings up another important issue for trans* people and work, namely the risks of discrimination in trying to find new employment. Ryzha had two years of work experience with the company before being let go. However, claiming that experience and garnering work references may not have been a possibility moving forward. Ryzha would have to either risk the disclosure of her trans* identity from her previous employer, hope a new employer would be sympathetic to her situation and disclose being trans* in the hiring process, or lose the work experience by not reporting it. I discuss this challenge of work history and references further in chapter five in discussions of socioeconomic class.

As a final note on trans* identity and the workplace, both John and Alex talked about how their identities mattered working in dangerous environments. John, introduced earlier in talking about dating, works in the criminal justice system. He explained his work environment as follows:

I work with the scum of the earth. I work with rapists, child molesters, murderers, sexual assaulters, men who commit domestic violence against their partners, their wives, bank robbers, I mean the worst of the worst of these people, and the mentally ill, the alcoholics, the drug users; these are my clients. I have been working there for 9 years now...I have seen almost everything under the sun from dead bodies to piles of drugs, to whatever you want to call it; even burnt bodies, autopsies, a lot of stuff, you know. Gangsters, I mean working with these gang members, and I am not out at

work. I am just John and no one would ever guess about my past, you know. I have told my supervisor. I had to go through a background check to be able to have access to every prison in the state...and every jail facility from here and up and down the coast, so I have to have clearance through the FBI and the Department of Justice as well and so everything was completed legally as far as my name change. My degrees have all been changed, drivers license, social security, passports, everything is under John, but I did tell my boss in case anything came up in the past that she would question me about, you know.

John does have a few colleagues who know about his trans* history, but because of the potential risks involved with the type of work he does, John noted, “the clients I work with, they don’t get to know, and it always worries me that they may find out.”

Alex’s trans* identity is different than John’s, but because he⁴ works in a similarly dangerous environment, she is cautious about clients at work finding out about his trans* identity. Alex, 41-years-old and white, identifies as somewhere in between on the sex/gender spectrum, “somewhere between genderqueer, trans*, F to M, dyke.” When I met Alex at his apartment, she was “wearing a faded black crewneck sweatshirt and dark blue jeans rolled up at the bottom.” He is pretty small in stature, and noted that this makes a difference in how she is treated, particularly when being perceived as male by others. Alex noted, “I work as male and I play sports as female.” This is made possible in part because Alex is readable as either male or female. She took testosterone off and on for a time, then stopped several years ago, has had a breast reduction down to nearly nothing, and then has had some regrowth.

In the context of queer community, Alex is very open about his identity and is out in her activist work. In his “day job,” however, personal information is withheld as a matter of standard practice. In Alex’s case, it is also withheld as a matter of safety. She explained:

I work as male. I'm out to my clinical co-workers. The other social workers who are sort of mandated to be kind of progressive. Clients, absolutely not, no way. I work with a very severe population and it would not be safe. It would be destructive to any therapeutic relationship. I don't want them to know anything about me.

Because, according to Alex, clients are in crisis and often violent and/or psychotic, being perceived as simply male is a strategy for Alex’s safety and for effective working relationships. People being unable to sex categorize someone as either male or female creates difficulties that I discuss further in chapter three on embodied capital. In addition though, given the situation of clients in crisis, the focus needs to remain on the clients and their needs, so the less information about Alex that enters the conversation the better.

Healthcare, eldercare, and end-of-life decisions

While issues of being turned away from healthcare on the basis of being trans* appear to be on the decline, access to informed, competent care still remains an issue for many trans* people. Issues around practitioner knowledge and having to “train” one’s doctors remain a significant challenge. Trans* people are more likely to find practitioners who are open to working with trans* patients, but often do not necessarily have the knowledge to be the authority figure in the interaction in the sense of being able to guide and instruct. This lack

of practitioner knowledge can contribute to trans* people's hesitation to seek medical care, particularly when traveling or relocating—when the likelihood of having to “come out” and “train” a new medical provider is at its highest.

The issue of healthcare access is particularly pressing in light of scholarship that shows, for example, significantly higher rates of anxiety and depression within the trans* population than the general population (Budge, Adelson, and Howard 2013). Additionally, Auldridge, Tamar-Mattis, Kennedy, Ames, and Tobin (2012) note that trans* people, and particularly trans* elders, face significant problems accessing healthcare and getting health insurance, “due in large part to systemic discrimination from providers and insurance companies, as well as economic instability resulting from discrimination in employment and housing, among other areas” (3). In these situations, trans* people are not only doing the work of providing medical knowledge, but also educating doctors and staff about how to provide identity verification for trans* people—e.g. by referring to trans* people with preferred names and pronouns—while at the same time dealing with the high risk of identity verification failure in initial interactions.

James, the transman from Lexington introduced earlier in this chapter in talking about being cast out by his family, has faced significant challenges with healthcare insurance.

James explained:

I've had trouble getting health insurance, but that's about to change. I've had to pay a lot more for health insurance than I've wanted to because of the getting denied. I was denied for health insurance and then we had a way to get health insurance through the state where they supposedly pay for part of it. It meant that I had to buy more insurance than I actually wanted. I just

wanted a high deductible policy and they didn't offer it. There's going to be huge thing now with the Affordable Healthcare Act that you can't be denied at all. Of course, there's still that high deductible policies at least the cost will go down there.

A little confused and assuming I must not have understood correctly, I followed up James's explanation by asking, "You were being denied because of being trans?" To this he nodded, "mm-hmm...yeah. Hadn't heard that one before?" I explained it had occurred to me that many trans* people did not have jobs or the types of jobs that offered health insurance. Alternatively, I was aware of people who had health insurance, but trans*-related care itself was excluded, which was often broadly defined to include care not related to transition itself. However, I had not previously heard of anyone being denied health coverage entirely on the basis of considering being trans* a pre-existing condition. Thankfully, at the time of this writing, insurance companies are no longer allowed to deny people coverage on the basis of pre-existing conditions. In addition, groups such as the National Center for Transgender Equality are lobbying to get transition-related care covered.⁵

Charlotte, also introduced earlier in this chapter, discussed issues with having health insurance that stemmed from the complexities of trans* identity. She described how she had health insurance on which she was listed as male when she first began transition. At the time, she managed to find, "really sympathetic doctors that were ambiguous" about how they wrote things in her charts. She discussed how, "They were finding codes that worked that they could use to bill but it was still a dance," so for some things, like hormones, she simply paid out of pocket rather than trying to deal with the hassle of insurance company questions. When she was further along in her transition she explained:

Fortunately, when the new health plan came through, I was able to enroll as female without having to have a doctor's examination or anything. So that felt really liberating, to be able to get that female insurance, yet I knew that there were still certain male elements. How do you explain a prostate exam, for example. So there were certain elements. How can you explain, you know, no pap smears at all, you know. Still, you go to the doctor and they still ask about pregnancy. When was the last time you had your period? I am like, uh, never!

Charlotte discussed how more recently things have become less challenging, but only because she has not had any health insurance for a while. She pointed out:

I am going to get some in January, yay Obamacare. I am ready to go through and figure out and fight the system if I have to, to get the care that I need in the way that I need it because even though Obamacare has made huge inroads, it is still completely ridiculous for trans people. It is still virtually impossible to get the care that you need covered.

In a similar way that Walks With Two Spirits provided a historical perspective on employment opportunities for trans* people, she was able to offer insight about what passed as healthcare for transition when she first started back in the early 1970s. She recalled:

Back then you would just go to a pharmacy and go in the back and tell them you want hormones, and the doctor would see you in the back and then you'd go to his pharmacy in the front and buy the hormones, then you're on your way. There was no blood draws, no exams. You know what I'm saying? You

just were on your own. You get a shot in the butt, and that was pretty much transition.

Times had changed by the time I met Walks With Two Spirits and she was getting her maintenance dose of hormones through a low-cost clinic in the historically segregated city in the south where she lives. As I noted in the beginning of the chapter, many have studied the ways in which racial and ethnic identities are life-long and have cumulative effects. Walks With Two Spirits shed a little light on how racial and ethnic identity intersected with trans* identity in the healthcare arena. When asked about how she felt race had or had not affected the challenges she had experienced in life, she offered this example:

I come here and I get my hormone therapy. I'm white. I get my Premarin...It's maintenance dose. I'm not expecting to transition anything else. Then there's a black transgender. We're in the same kind of, I think there's ten years difference. She's African American. She's castrated. The same agency from downstairs would not do her hormone replacement even though she was castrated and she needed some kind of hormone.

While healthcare is an ongoing issue for many trans* people, as shown by the examples of James, Charlotte, and Walks With Two Spirits, the issue is clearly complicated by ethno-racial and class dynamics here in the United States. Age also creates an added dimension to these complexities.

Due to the growing numbers of older trans* people, a new set of doctors also now need training: those in geriatric medicine. Additionally, eldercare facilities are currently facing policy and procedural challenges around working with lesbian and gay clients due to the sex segregation and heteronormative assumptions of many facilities, to which trans* people add

complications. Because lesbian, gay, and trans* elders now entering later-life generally came out during a time in which being out meant losing connections to family of origin, they are more heavily dependent on eldercare facilities. What provisions then are trans* people making to secure later-life care in ways that allow for the smooth continuation of identity verification processes, and what alternative resources to family support are at their disposal?

Eldercare was of considerable concern to Benji. Benji, a transman with mixed Asian/white parentage, moved to the U.S. at the age of eighteen. Fifty-four by the time of our meeting, he considered himself very much American. I met him at his single-family home in a town near Seattle, Washington where he lived alone. He had short black hair, a mustache, and a small goatee, peppered with grey, and wore a dark colored long-sleeved shirt under a white polo with a dark green collar and stripes. Rather on the short side as men go, Benji found his height to be one of his largest obstacles in life as a transman.

During the course of our conversation Benji spoke a bit about healthcare more broadly in ways that included issues about the possibility of moving and finding new sympathetic doctors. He then went on to discuss healthcare from the perspective of aging and shared how he had talked about eldercare with his primary care physician about these issues. Benji commented:

My healthcare provider actually mentioned that as our group ages and we wind up being in nursing homes and things like that, how will we be taken care of, what kind of treatment will we get? Will we be respected? Will we be abused? Will there just be great insensitivity towards us and our issues? We'll be very vulnerable like everyone is in that situation. How will that

impact our dignity? Being in diapers is bad enough...Being referred to as she?

Benji pointed out that his own age was only part of his recently growing concern about how trans* elders will be treated. He noted:

I know you can just laugh about it but it does frighten me. My mom just passed away a couple of years ago. At the end of her life, she wound up in a nursing home so I got to see how she was treated there. My mother was physician so she was in the medical profession and to see that even as a physician the kind of compromised care she got, I'm thinking what hope do I have?

It seemed a perfectly reasonable concern that if a doctor like his mother, who we might expect would benefit from mutual professional respect when it came to eldercare was treated poorly, there was little reason to believe trans* people would fare better.

Michael also expressed concerns about the treatment of trans* elders. Michael, a white transman, had just turned fifty a few days before I came to interview him in his home in San Francisco, California. He was dressed in a grey t-shirt and distressed black jeans. He wore his facial hair in a mustache and goatee style, his hair was greying, and he was beginning to go bald on top. He reclined on a green leather sofa in his living room for our conversation and I sat in a matching armchair, using the ottoman for my laptop and recorder.

Michael started medical transition at thirty-seven years old, which at the time of our meeting had included hormones, chest reconstruction, and a complete hysterectomy. He had thought off and on about genital surgery, especially since his current healthcare insurance contracted with two well-known trans* surgery specialists and covered the vast majority of

surgical costs. Still, he had some concerns about surgical options and his own motivations. Interestingly, thinking about eldercare tended to contribute to contemplations about lower surgery. He noted he had heard, “horror stories about people being abused basically because their bodies are freakish to the workers who are there.” This led him to wonder, “if I had lower surgery would that make it easier as I get older to do whatever needs to happen and not worry about how are people going to react to my body,” though he also balanced these questions with concerns about the surgical risks involved with an aging body. He also worried about changing his body because of how others might react rather than from a sense of authenticity. He explained:

It’s like ... and how much do I want to do stuff because of other people, and that’s part of the issue. It’s like ... and so is that safety thing? There’s the how do I take care of myself, how do I make sure I am taking care of what I can’t take care of myself, and those things become much more present as you get older. As I am hearing more about what’s happening in our elderly communities and what’s available and not available to people, and you don’t have the option of going in the closet. If you’ve created an intersex body you are going to deal with those issues.

Michael also pointed out that these issues are becoming more pressing for him because he has no children and, “I really have nobody is going to take care of me as I get older.”

Michael did express some hope for the future of trans* eldercare. He pointed out that, “Obviously the changes that have happened for the queer community have been exponential in relationship to what’s happened around race, as far as changes and how quickly they’ve occurred.” He noted that while there are only two places in the U.S. he considered

competent and, “geared towards the...[lesbian/gay] community,” that he believed social change would happen even more rapidly for trans* people than had occurred for gay and lesbian people.

One final issue regarding the life course for trans* people is a question about end of life decisions. As mentioned in the opening of this section, trans* people reaching this stage at this moment in history may have significant disconnection from their families of origin, which would typically be the people who carry out any end of life requests.

In my own recent past I had the incredibly strange and surreal experience of attending the funeral of someone I did not, but did know. I had known Samantha for less than a year and only knew her as Samantha by the time of her death, but I went to the funeral of Sam. Sam/Samantha lived and identified as a cross-dresser and because I knew her through trans* community connections, my interactions were always with Samantha until I went to see her on her deathbed with a friend. In a hospice room, just after death was the first time I had ever seen Sam. Sam’s family was unaware of Samantha until she lay dying, and as friends and family came to sit with her and support each other, it seemed important to her friends to let her family know. As is common at funerals, a poster of photos from the span of Sam’s life sat at the entrance to the room where the service was held. I had an odd, disconnected, outsider feeling gazing at years of a life that I intellectually understood as my friend’s life, but that looked to me more like photos of my friend’s fraternal twin.

Sam had remained in contact with his parents and his son throughout his life, but had kept Samantha and her life separate. So it was more a matter of unfamiliarity rather than ostracism or disapproval that led to a funeral for Sam without Samantha. I found throughout my research that more troubled and heartbreaking situations could also occur.

I met Lisa, a Black 44-year-old transwoman, in a suburban community near Miami, Florida in a neighborhood almost entirely consisting of single-story apartment complexes and single-family homes. The area was a little run down, with iron fencing and window-coverings often seen in poorer urban areas. I had arrived early for our appointment, so I stood in the parking spaces in front of her complex and watched as a number of people walked or rode by on bicycles. There were several cars in sight, but not as many as might be expected from the number of apartments. It appeared that many residents took the bus that dropped off about two blocks from where I stood. I remembered that Lisa was working before our meeting. After about twenty minutes of standing there, I realized that I knew she was working because we had talked about it over the phone, which meant that her number had to be in my phone somewhere. I called and she answered, telling me she was on her way home and would be there in another fifteen minutes or so.

Lisa pulled up in an older model car and hopped out wearing her work uniform of khaki pants, black shoes, polo shirt and vest in the company colors with the logo screened on. She apologized for being late, telling me work had been a little hectic, and showed me into her one-bedroom apartment where she had been living for six months now. The apartment was sparsely furnished with all the necessities, and thankfully had air conditioning as it was somewhere around ninety degrees with high humidity. In fact, halfway through the interview Lisa realized that she had only turned on the air conditioner in the front room and the one in the bedroom worked much better, so she went and turned that one down as well.

As with all of my interviews, I started by asking Lisa about her identity and pronouns, then asked if she would give me a little history of her transition. I then did a little more explaining about what got me started on this project and opened things up for her to

determine where to go from there. As with many, she began at the top of the list of areas where trans* identity might come up for people that I had developed in the course of my project: family of origin. As soon as she had mentioned that her family had not really accepted her as Lisa, the discussion about family took a turn that had not happened before in more than twenty-five interviews. Lisa told the following story:

It's strange because just the other day, I have a Facebook friend who's a transgender. She has a friend that recently passed away. She posted a post about her friend had come to her for financial help, but she wasn't able to help the friend at the time. The friend was from Arkansas. She called her father in Arkansas and was like, "Look, I'm sick. I would like to come see the family and everything." The father declined to help her and dismissed her. Shortly after that, the young lady passed away. The family in Arkansas found her a funeral home in Dallas to take the young lady and everything, but they gave specific instructions to the funeral home that if she looked anything like a woman that she wasn't going to be taken back to Arkansas to be buried with family. My friend went to the funeral home. She cut the young lady hair and they did different things to try to make her look male, and everything. Bought suit and tie, all male attire and everything. The family came. They were sitting in the funeral home for about 30 minutes before they decided to cremate her, be done with it and everything. They went back to Arkansas and didn't take the ashes or anything.

Unsurprisingly, thinking about the family's complete disregard for the transwoman's identity had a significant effect on Lisa and she began to think long and hard about what end

of life decisions her family might make for her. Clearly upset she said, “How can family do that? I have no doubt that if, Lord forbid something happened to me here...that my family will come get me and to bury me. I don't feel that my wishes will be granted to be buried as Lisa.” This event got Lisa thinking about plans for how she wished to be treated at the end of her life and got her started making decisions. She explained:

After reading that post and thinking about it and everything, I've decided that I'm personally going to go ahead and start making my arrangements to be cremated. I want my ashes to be released in the Atlantic. This is my home now. This is where I feel whole. When I be released, I want to be released as Lisa. That's who I am. I know that's going to be a hard thing for my family, but it's a decision that I've come to make.

End of life decisions can be difficult for anyone to make. For Lisa and many in the trans* community, the challenges can be exacerbated by the willingness of family to accept a person's transition, both in life and in death.

Conclusion

Over the course of interviewing thirty people, several more areas of life where trans* identity continued to arise were discussed. However, the four major areas represent the most common themes. First I examined family issues arising from family relationships that existed prior to transition including their family of origin and, for those who had already created a family before deciding to transition, their family of procreation. I included both those who had relationships strained as a result of transition as well as those whose relationships were characterized by acceptance and love.

Second, I explored the challenges of dating and creating families after transitioning where trans* identity brought up questions about when and if to disclose. I also discussed how trans* people struggle with the legalities of their relationships to partners and children, and how families address the trans* identity of a parent as a child grows up. Third, I talk about the relationship between being trans* and being an employee. Those who transitioned years ago found themselves with limited options for employment, whereas those who transitioned more recently might still find their employment situations precarious and their openness about being trans* impossible and sometimes even dangerous. I further discuss difficulties around work experience and providing references when changing employment in chapter five where I examine class-based challenges faced by trans* individuals.

Finally, I looked at the concerns about healthcare, eldercare, and end of life decisions as they relate to trans* identity. Battles about trans*-inclusive coverage continue to be waged, and while recent laws have made flat-out denial of insurance on the basis of trans* identity constituting a pre-existing condition a thing of the past, coverage for the expenses associated with living an authentic life are far from universally settled. As with healthcare coverage not associated with being trans*, Walks With Two Spirits made clear that racism affects healthcare accessibility for trans* people as well.

As the United States has recently started to address issues of eldercare for openly lesbian and gay members of society, issues about the quality of care for trans* elders are also coming to the fore. Medical body modifications only started to become available in the U.S. roughly fifty to sixty years ago making serious consideration of trans* eldercare a recent phenomenon. Along with these considerations, trans* people find themselves facing the challenges of end of life decisions more broadly. Having explored many of the pressing

issues for trans* people's lives, providing some strategies for managing those challenges as individuals presented them, I shift now to examining more the resources people have to work with in addressing challenges. In particular, I start with uses of the body itself as a resource.

¹ All participant names have been changed for their privacy.

² I personally knew someone who experienced this approach to the "correction" of her identity as lesbian.

³ In the U.S., while a few organizations and public events predate the 1970's, the movement for gay and lesbian rights is generally marked from the Stonewall Riots in June of 1969, while even the *term* transgender did not gain traction until the 1990's (see Valentine 2007).

⁴ Alex uses both masculine and feminine pronouns and prefers having them used interchangeably.

⁵ Updates on the progress of NCTE's efforts can be found on their website at <http://www.transequality.org/>.

3. EMBODIED CAPITAL: USES AND CHALLENGES OF THE BODY

You go out, and people are looking at you. You know, people can be really cruel. I can see it with my girlfriends who are passable, they can kind of press through society. Not to say they don't have it hard and there are hardships. They can go to a mall, and not have people gawking at them, and saying, "Oh, my god, look. A transsexual." Whereas, when you're not passable, and you go out, you have to deal with all of that extra stuff.

--Aadhya

Body capital or embodied capital is a theoretical extension of Bourdieu's (1984) discussions of the ways in which people have assets (capital) that can be used as a form of power or for social mobility. According to Bourdieu's theorization, cultural capital refers to assets such as education, style of speech, and dress, all of which are assets a person accumulates over time, much as one would accumulate economic capital, money. An expansion of cultural capital, I discuss here two different forms of embodied capital particularly important in examining and comparing the experiences of trans* people. I discuss embodied capital as a *form* of cultural capital, not to be confused with Bourdieu's discussion of the embodied *state* cultural capital can take. First I explore the embodied capital of gender performance, written *on* the body, and clearly viewed by sociologists as a performed and achieved form of capital. How do "matching" or "non-matching" sex and gender affect what daily challenges a trans* person faces? Next I examine the embodied capital of sex category, which, given its basis *in* bodily characteristics controlled by

hormones and requiring surgical intervention to otherwise “achieve,” is more difficult to categorize as performative on the same level as gender. What does it mean experientially to be able to be categorized as either male or female as opposed to others having difficulty fitting you into one of these two boxes? As the body increasingly becomes a body “*project* which should be worked at and accomplished as part of an *individual’s* self-identity” (Shilling 2003:4, emphasis in original), it is ever more important to extend Bourdieu’s (1984) ideas on cultural capital that is embodied. Finally, I discuss the power associated with both of these versions of embodied capital.

Within discourses about beauty, racism, sexism, and ableism we can see the importance of certain types of bodies and the power that they hold within specific social locations¹. For example in *A White Side of Black Britain* Twine (2010) writes of the ethnic capital that white parents of multiracial children help their children, particularly daughters, achieve. Through practices such as hair care and heritage cooking, white mothers contribute to the achievement of black identification and ethnic capital within the black community by developing tastes and consumption practices in line with black ethnic identity. To gain respect and be viewed as culturally competent by their black in-laws, white mothers and multiracial daughters participated in hair care regimens that included seeking out the services of black women in salons devoted to the maintenance of black women’s hair. The ethnic capital involved in hair care as discussed by Twine (2010) is a form of embodied capital as it involves the use of bodily assets, but is also a matter of cultural performance. As articulated by black British cultural theorist Kobena Mercer in Twine’s text:

As organic matter produced by physiological processes, human hair seems to be a natural aspect of the body. Yet hair is never a straightforward,

biological face, because it is almost always groomed, prepared, cut, concealed and generally worked upon by human hands. Such practices socialize hair, making it the medium of significant statements about self, society and the codes of value that bind them, or do not. In this way hair is merely raw material, constantly processed by cultural practices which thus invest it with meanings and value (Twine 2010: 156).

Within black community spaces then, evidence of hair care regimens considered appropriate for black women such as braids, provide the wearer (and her caretakers) with respect and esteem—power—that otherwise would not accrue.

In addition to the power related to the race, class, and sex of any particular trans* person, there are also two types of embodied capital important to understanding trans* people's experiences. The first is related to gender performance, or more specifically, whether or not an individual's gender performance "matches" the sex category others attribute them to be. If others view a person as female, is their performance of gender (femininity) deemed appropriate? The second, deeper and more primary form of embodied capital is often discussed in terms of "passing."² Here passing refers to a person who is viewed by others as fitting into one of the two socially available sex categories, female or male, *and* as the sex category that is not the one they were assigned at birth. In other words, do others view someone assigned female at birth as male? Is someone assigned male at birth being viewed by others as female?

In discussing embodied capital it is necessary to distinguish between the physical attributes of the body (secondary sex characteristics in particular) used to categorize a person's sex category (as male, female, or unable to categorize as binary) and the

performance of gender—meaning masculinity and/or femininity. This is an important distinction because as I document in previous research (Seeber 2013), an individual’s gender identity (desires regarding masculinity and/or femininity) may have little relationship to their sex identity (body in terms of male and/or female, etc.). For example, someone may have been assigned male at birth, have a self-image as female, but not necessarily be interested in being female *and feminine*. In addition, gender performance will only get a person so far in terms of being sex categorized the way they would like to be. For example, long hair, makeup, and a dress may get someone assigned male at birth’s sex category called into question and may even mean being attributed as female in some locations and under some circumstances, it is unlikely that the performance of femininity alone, without bodily modifications, will mean being viewed as legitimately female 100 percent of the time, at least after puberty. The effects of testosterone on the developing body are difficult to overcome without medical modifications to the body itself.

Indeed, participants in my research (Seeber 2013) pointed out that gender performance was much more stereotypically binary regardless of the person’s identification as masculine, feminine, or some variation of these prior to body modifications. Once the body had been modified to be viewed as the sex category desired, the strict performance of an “appropriate” gender became less necessary because the individual was no longer feeling the need to cover possible betrayal of the body with gender performance—masculinity was no longer necessary to try to keep from being viewed as “not male.” For example, James, who identified as racially/ethnically mixed, was 24 and had started T three months before being interviewed, and identified his sex as mixed, discussed resistance to societal gender expectations, but also explained that his ability to behave as he wished was also somewhat

tied to his desire to have his body perceived as he wanted. There was a sense that he viewed the somewhat more conforming behavior as temporary, only being important until his sex category became stable. James explained:

I like to talk about weights and body hair and some sports you know, so that seems very macho to me. But I also have very...before I was very ambiguous ...and I like to be kind of flamboyant...But now it seems like I feel like I'm stifling kind of those tendencies just so I can pass a little bit more...and so I feel as I get more into my transition I'll be more comfortable in doing things that aren't necessarily masculine or macho and stuff like that, but I think that's typical.

In this fashion, a person might behave, dress, and style himself in a strictly masculine way until testosterone and chest surgery or chest binding led to others attributing him as male 100 percent of the time. At that point in physical transformation, an individual who did not identify as strictly masculine felt more free to express less masculine behaviors such as talking with his hands, choosing different words, and being less distant or stiff in interactions because his body assured that he would be read by others as male.³

Embodied capital and gender performance

Each and every one of us is at all times performing gender whether or not we perform it “appropriately” according to the rules of the time and place we live in, meaning males performing the current conceptualization of masculinity and females performing femininity (West and Zimmerman 1987; Butler 1988). As scholars such as West and Zimmerman (1987) point out, in addition to performing gender, we are constantly being judged on our

performance in accordance with the expectations of the society around us. Like the ethnic capital discussed by Twine (2010), those who perform up to expectations, for example people who are visibly female and perform appropriate femininity with acceptable hair styles, make up, feminine posture and etiquette, etc., are judged as culturally competent people. Those who transgress the rules of gender performance, perhaps being visibly female and wearing a suit and tie with a masculine cut rather than a feminine cut, have less of this gender performance-based embodied capital. Judgments about the appropriateness of gender performance are also impacted by a culture's expectations of how gender should be influenced by the performer's race/ethnicity and class identities. A person viewed as female will be judged not only on femininity, but by specific beliefs for example about Black, Latina, or white femininity and white, blue, or pink collar femininity.

In a study about transmen and gender inequality, Schilt (2010) points out that people assigned female at birth who no longer identify as female may get included into the social networks of cissexual/cisgender males, but the degree of inclusion rests on an individual's distance from or closeness to the performance of culturally dominant masculinity as well as their physical ability to be viewed as stereotypically male. Schilt notes, "Being treated as one of the guys by men...can bring more recognition and camaraderie, particularly for white transmen read as heterosexual" (2010:68). Schilt also emphasizes the racialized nature of masculinity in U.S. society when she states, "Highlighting the relationality between embodiments of maleness, however, white, tall transmen who can physically pass report greater gains in [authority, respect, and recognition] than transmen who are men of color, short, and/or gender-ambiguous" (2010:86). While some attributes such as height or skin color are physical attributes, being gender-ambiguous or seen as heterosexual rely on an

individual's performance of gender. Morgan, one of the transmen I spoke to, echoes Schilt's observations when he states, "I think it's interesting because for trans men to really gain the privilege that they get, they really have to do substantial transition. We really have to pass those guys. We couldn't go and put a suit on and show up places and start to be treated like guys."

People who may fall under the trans* umbrella such as gender non-conforming and genderqueer individuals accrue far less embodied capital of gender performance. Some likely view the lack of performance-based embodied capital as less important than living an authentic sense of gendered self. For others identified as trans* the lack of gender performance embodied capital is likely viewed as a loss, particularly when it is not the performance aspect that is at fault for the loss of capital. Some trans* people may be performing femininity historically and culturally appropriate to the society they live in and still have that performance harshly judged because their bodies are still betraying them. If the individual is still visually appearing male to others, their performance of femininity, no matter how well accomplished, will be viewed as the incorrect gender performance.

Both gender non-conforming/genderqueer and gender conforming, but "non-passing" trans* people lack the embodied capital of gender performance. However, the effects of others assuming cultural incompetency are very different for those who feel authentic as non-conforming versus those who feel authentic conforming, but are not able to "pass." For the gender non-conforming/genderqueer it may simply be the price paid for living an authentic sense of self in a world that continues to insist that females be feminine and males be masculine. Lack of capital is an unfortunate circumstance for the gender non-conforming/genderqueer, but perhaps a lack that can be repaired by educating others about

how femininity and masculinity, as well as their link to female and male bodies, are socially constructed expectations, not biological facts. However, for those trans* identified individuals who are performing gender in culturally appropriate ways for the sex category they wish to be seen as, but whose bodies still cause them to be viewed in a different sex category, this lack of embodied capital is a constant reminder that their bodies are still betraying them in achieving their authentic sense of self.

This combination of wrong sex category, right gender performance results in a loss of gender performance-based embodied capital, but it also points to a deeper form of embodied capital based in the sex category attribution of others and “passing.” For individuals assigned female at birth who view themselves as male and masculine, being sex categorized by others as female may only lead to a loss of gender performance embodied capital if the extent of masculinity is extreme. Because our society maintains more leeway in what were once considered masculine behaviors for female bodies (short hair, wearing pants, occupational pursuits) than for feminine behaviors for male bodies (makeup, dresses, skirts, high heels, nurturing), for individuals assigned male at birth who view themselves as female and feminine, being sex categorized as male may lead to *both* a loss of gender performance capital as well as sex category capital. This occurs because people may begin to question the sex category of an individual assigned male at birth and so clearly performing femininity. In contrast, except in extreme cases of masculinity, those assigned female at birth are unlikely to have sex categorization called into question based on gender performance because more gender flexibility is allowed for female categorized people.

Sex category attribution and “passing”

Twine (2010) refers to ethnic capital as something “written on the body.” In a similar fashion, the embodied capital of gender performance is written on the body—using parts of the body such as hair and making it social through styling, or emphasizing different parts of the body with clothing cut to highlight some areas and mask others, or acting in ways socially attributed to one type of body and not to others such as talking while gesturing with the hands and choosing gendered language such as topless versus shirtless. When it comes to sex category attribution and embodied capital, we shift from talking about things written on the body to things written *in* it. Here, bodily attributes that are visible and available to make use of for sex categorizing an individual are themselves the medium of capital, not the social aspects of or associations with these characteristics. For example, the presence of an Adam’s apple will likely evoke social expectations regarding masculinity (gender), but *first* it is used to mark an individual as male. This distinction is important if for no other reason than because in order to assess someone’s gender performance as appropriate or not, we have to have a sex category to compare it with. If a person is performing femininity, we can only judge that performance as “correct” or not if we are first able to attribute the person as male or female.

People become uncomfortable and uncertain how to interact with an individual if the person’s sex category and gender performance do not “match” in the socially expected fashion of male-masculine or female-feminine. This discomfort causes the loss of gender performance capital. But what if someone cannot determine what an individual’s sex category is in the first place, let alone whether or not it “matches” with gender performance? Not only do people become uncomfortable and uncertain about how to act, interaction

begins to revolve around trying to figure out how to sex categorize the individual so that mundane social interaction may resume. Readers might recall the infamous character Pat from *Saturday Night Live* (SNL) in the 1990s. In an interview in *Salon* (Bolonik 2015) Julia Sweeney, creator of Pat, makes clear that Pat is not trans* identified, but the predicament of others interacting with Pat is instructive for thinking through this type of embodied capital for trans* and cis*⁴ people alike.

Although Pat is discussed as being ambiguously gendered—not clearly performing masculinity or femininity in terms of clothing, posture, word choice, hairstyle, etc.—Pat is also portrayed in a way that makes sex categorization difficult if not impossible. Pat’s weight made it impossible to tell if Pat’s chest was male or female. The pants Pat wore did nothing to help identify what genitalia might be being covered. Pat did not have a beard or a visible beard shadow to rule out that Pat was female, but this also did not necessarily rule out being male. A search through the SNL archives⁵ shows how a variety of interactions were disrupted by people’s inability to sex categorize Pat or assess what version of gender to use as appropriate.

Scholars have pointed out that many of the characteristics we use to categorize someone as male or female occur with great variety within a category and with a good deal of overlap across category, making these characteristics individually ineffective at determining males from females.⁶ For example, females vary in height, as do males; some females are taller than some males, and most of us are within the range of height where males and females overlap. However, as I have pointed out in earlier work (Seeber 2013), we use more than one characteristic at the same time to decide whether we view someone as male or female, and very few people fall within the male-female overlap on enough characteristics to make

categorizing them as difficult as Pat. In fact, part of the reason the inability to sex categorize Pat is so disruptive to interaction is precisely because the inability happens so rarely.

Rare as it may otherwise be, trans* people who medically modify the sex characteristics of their bodies often move through a period of being uncategorizable or end up in a permanent unknown-sex-category-land. One of the fascinating things about attending a trans* conference is that asking what pronouns someone uses (he, she, their, hir, etc.) is not only accepted as proper etiquette, but often a necessity precisely because people attend who identify in a variety of ways in terms of sex and gender and may be at a variety of stages of physical transition. So if you meet someone who could be male, but also might be female, and is combining masculine and feminine gender, you have no way to know whether this is an individual who is moving from one place on the sex and/or gender spectrum to another, which direction they might be moving, or if “both/neither” male and female, masculine and feminine is how they identify.

While in the context of a trans* conference this ambiguity is expected, accepted, or even celebrated, in daily life appearing in such a way that others cannot categorize you easily as male or female presents a host of problems. Logistical problems arise, such as if I ask where the bathroom is or where the fitting rooms are at a store: where does the employee direct me? In addition, many people respond to discomfort by excluding those who appear to initiate the anxiety, or by acting out against them. As I have already mentioned, the distress onlookers are responding to in such instances is not about whether a person is performing gender in the way expected by society. Because the individual cannot be identified as either female or male, there is nothing for the viewer to compare the performance of masculinity or femininity to in order to determine the appropriateness of gender.

The ability to attribute a sex category to someone is a deeper issue than judgments about gender. Individual trans* people may identify their own sex category in a variety of binary or non-binary ways and “passing” as the binary sex category one was not assigned at birth may or may not be an individual’s goal. However, an individual’s self-identification and sex categorization goal are only relevant to having or not having sex category embodied capital based on whether or not the person visually achieves a binary sex category. What matters in terms of power, challenges faced in daily life, and what resources a person has to manage challenges in life is whether or not the individual is viewed by others as fitting within the binary system of sex category. For instance, it does not matter whether I identify as male or not. Because I am easily viewed by others as male, as opposed to non-binary or otherwise visually trans*, I at least superficially can blend into society and face less daily challenge to my identity than someone who is noticeably trans* or suspected to be trans* by others. While there are times at which disclosure that I am trans* will come up whether I want it to or not, in day to day life, I generally get to be in charge of whether my identity as trans* becomes known because I am viewed as male.

Sex category and age at transition

Two issues arise when talking about sex category embodied capital—age and, for transsexual people, the sex category one is moving to. We have all heard someone ask, and have probably ourselves been the questioner at some point, “Is it a boy or a girl?” In asking this question we are not interested in whether or not the child identifies with or performs masculinity or femininity. We are interested in whether the child is male or female—we will judge masculinity or femininity on the basis of the sex category of the child. Before

puberty there are few or no visible physical markers of sex category in day-to-day life. Voices are pitched pretty much the same, no one is growing facial hair, and almost everyone is flat chested. Hairstyle, clothing, and other chosen gender markers are the materials commonly used for sex category attribution. At the onset of puberty, however, hormones significantly affect the visual markings of the body; the longer those hormones have had to work their magic, the more difficult those bodily signs are to overcome.

In addition to the difficulties of masking years of effects hormones have had on the body, the earlier one starts hormone replacement therapy, the more time the new hormones have to work *their* magic. Given the effects of higher levels of estrogens or androgens over time, the earlier one starts hormonal transition the less likely one will continue to be suspected to be trans* or sex categorized according to the sex category assigned at birth. The conundrum presented by effectiveness of hormones based on age at start of replacement therapy and concerns about when it is appropriate to begin hormone treatment has been cause for debate in the medical care of trans* people for years. Research shows that some trans* people identify as a sex category they were not assigned at birth as early as age seven (Rahilly 2015) and perhaps even earlier. Some people in this study indicated they knew they were different by the age of four or five. However, difficult as it may be for society to accept transition in adults, providing hormone replacement therapy to a seven year old seems out of the question in our current social climate, in part because of the relative permanency of hormone treatment. For this reason, hormone blockers are sometimes used for youth who clearly self-identify as trans* and are discussed in the *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*—guidelines produced by The World Professional Association for Transgender Health (2012).

Examining the lives of Leddy and Donna helps in understanding the difference age at transition makes in sex category embodied capital. Leddy knew she was different from an early age and although she was unable to label the difference until much later says, “I grew up and it just really felt awkward my whole life.” After finishing high school and then vocational school, Leddy landed a job with good pay. During that time, she had also met a few transgender people and was therefore able to put a name to the difference she had long felt. A few years on the job was enough for her to save the money and make the decision that she needed to transition. In the early 1990’s, in her early 20’s, Leddy says, “I had my surgery and it was one of those marathon type surgeries that they pretty much did everything all in one day. I was in the operating room for 16 hours I think.”

I met Leddy in front of an antique motorcycle shop in a mid-sized city in the South. I had never been to the city before and was using the GPS on my phone to try to locate the address where I was to meet her. Leddy and I had only ever corresponded by email and because her name was gender-neutral to masculine, I had incorrectly assumed I was looking for a transman. When I pulled up in front of the shop, according to my interview notes:

I rolled down my window to ask a woman standing in the parking lot if it was ok to park there since it was after business hours and she said I was fine. I got out of the car, searched through my email on my phone to find my interviewee’s phone number and was surprised when calling that the woman turned around holding her phone—she was the person I was looking for.

From the name she had given, I was expecting a transman and thus was thoroughly confused at how this person could be five years into transition up

until I started the interview and asked about pronouns and identity and she started telling me her background story.

Leddy visually appeared so clearly female that I would never have imagined she was a transwoman, and because of the name she had given me, I was expecting that five years into transition a transman would have looked at least somewhat male. Leddy even retained sex category capital without maintaining strictly feminine gender performance capital—with her short hair, comfy t-shirt and sweatshirt, she looked very much at home in the “grease-monkey” setting of the shop. Given her female embodiment there was no need to be particularly feminine to be categorized as female.

In contrast to Leddy, Donna has less embodied capital as female. Donna, first introduced in chapter 2, also transitioned in the early 1990’s, but was in her early 40’s as opposed to Leddy’s early 20’s. Donna was married for 20 years before transitioning, and although her wife knew about her trans* identity for 18 of those 20 years, Donna says her ex-wife, “made my life very miserable.” Donna lost a very well paying job when the company she worked for closed down, which added significant strain to her life. At that point Donna and her wife separated, Donna began to dress in a feminine fashion, and started taking hormones. After a couple of years living “half and half,” as she calls it, Donna moved to a new city and started living full time as female. When I met Donna at her apartment she was wearing dark blue jeans and a long-sleeved black blouse with dark red flowers on it. She had her long hair braided with feathers at the ends of the braids in Native American fashion. In my interview notes I wrote, “she has strong, but not so much masculine looking hands.” I also made note that she sees herself as “mostly passable.” As

with those who have yet to reach puberty, sex category is less distinguishable with those who are older, and her age helped her look more grandmotherly.

In comparison to Leddy, Donna was dressed and had her hair styled in a more stereotypically feminine fashion when I met her. However, I recognized Donna as trans* whereas I was confused that Leddy was whom I had shown up to interview. Donna pointed out that her visibility as trans* extended beyond my perception and that she had spent about five years working on the pitch of her voice and learning “how to articulate in a more feminine manner.” She pointed out that she learned to use fewer contractions, make fewer personal, or “I” statements, and to ask many, many more questions. This added work on femininity was required in order to make up for the lower sex category capital Donna had because, as she explained, “When I talked, people knew” that she was trans*. It is true that Leddy has had more surgery than Donna, but the difference in sex category capital has little to do with surgeries and more to do with the age when they started hormone replacement, as neither of them has had facial feminization surgeries beyond the tracheal shave Leddy had to reduce the size of her Adam’s apple. The most visible difference between the two could be described as a softness—Leddy’s skin appeared less weathered and worn in a way that suggests the longer presence of testosterone rather than simply age.

Sex category and transition direction

A second consideration in sex category embodied capital is the sex category one is moving to. There are a couple of reasons why where one started and where one is going make a significant difference. The first reason has to do with the social practice of assigning sex category to people in our daily lives within a patriarchal society. Sex category

attribution operates on an “if can” assumption: if the person can be categorized as male, then do so. If the person cannot be categorized as male, but can be categorized as female, then do so. If the person cannot be categorized as male and cannot be categorized as female, scrutinize more carefully until an attribution can be made. Since the default categorization under patriarchy is male, it is easier for those moving from female to male to be identified as male than for those moving from male to female (West and Zimmerman 1987; Schilt 2010).

The other reason that a person’s start and end sex category makes a difference has to do with the temporary and permanent effects of androgens (such as testosterone) and estrogens (Schilt 2010). For example, once the voice has deepened, no amount of estrogen will make it higher because a permanent thickening of the vocal chords causes the deepening of the voice. Similarly, facial hair growth cannot be reversed and is a sufficient characteristic itself for male sex category attribution. Shaving and makeup will work to a point for transwomen, but electrolysis or laser hair removal are usually required. Estrogens will cause a softening of the skin, but the longer androgens have had to roughen the look of the skin, the more difficult this effect becomes to reverse, as Donna’s difficulty with sex category capital showed. As such, it is much easier to go from softer to rougher skin appearance than the opposite direction. Height, also significantly affected by the balance of androgens and estrogens, creates difficulties for trans* people. While both are difficult, it is still easier to be categorized as male and draw less sex category scrutiny as shorter than the average male than to be categorized as female if a person is significantly taller than most females. Comparing the realities of Amanda and Morgan’s lives highlights the difference in experiences based on the direction of sex category transition.

Amanda, a 54-year-old white transwoman, started hormone replacement therapy in 2004 at the age of 43 and legally adopted her feminine name in 2005. Amanda is six feet tall, thin, with an angular face and deep voice. When I met her she was wearing a light brown wig around shoulder length, had her makeup done in a casual, natural looking fashion, and had bright pink polish on the nails of her slender, long fingers. She was casually dressed in light blue jeans with a long-sleeve black, women's cut t-shirt. I had the pleasure of meeting Amanda with her wife Chris. The two were similarly dressed in a casually feminine style of t-shirts and jeans. Feeling close to them after a long interview and more casual conversation, I made plans to meet up with them for an outing the following day to tour around the rural area where Amanda and Chris had been born, raised, and lived nearly their entire lives. The morning of the outing Amanda was again casually dressed in jeans and a long-sleeved t-shirt, but in her more common going out fashion—without makeup or wig—showing her own naturally long hair, thinning in the front, creating the impression of a high forehead and making her strong brow ridge more prominent.

Early in the interview Chris pointed out that Amanda has long legs in a way that highlights this quality as enviable for feminine females, but at six feet, Amanda's overall height certainly contributes to the fact that she is not always viewed as female. Shy in many situations, Amanda's voice is also likely to cause suspicion over the phone or when she does speak up in public. But mostly, her face lacks the soft roundness of her wife's and is the most telling of her history as male. When out and about with her wife in situations where their names are on paper (opening a bank account, adding one to the other's insurance, etc.), the misrecognition is telling. Because her wife's name is more masculine sounding than her own, Amanda is often mistaken as Chris and Chris, being visually more female, is assumed

to be Amanda. I admit, having corresponded over email with Chris to set up the interview, I was curious before even meeting them how this played out. Both have a wonderful sense of humor and enjoy the confusion this creates. As Amanda commented of one such situation of misrecognition, “We milked that one!”

In contrast to Amanda, Morgan has no trouble being viewed as male in daily life. Morgan, a 51-year-old white transman, also began transition in 2004 at the age of 40—almost the exact same time and age as Amanda. He started hormones, then two years later had chest reconstruction and a complete hysterectomy all in one surgery. Next, he changed his name and gender⁷ on all of his legal documentation. Just a few months before I met him, Morgan started a series of genital surgeries and had a couple left to go. Morgan’s voice is soft, but not really feminine. At our interview he was comfortably dressed in a long-sleeved blue shirt, blue jeans, and indoor/outdoor tan slippers. He had short light brown hair, thinning a little near the front, and wore glasses. Other pictures I have found online show him in a smart power suit with a well-groomed mustache and beard.

Although Morgan is not particularly tall, he is within the range of average male height—probably around 5’6”-5’8”. Even if he were shorter, however, the slight thinning of his hairline at the front, and especially the presence of his facial hair, make it unlikely anyone would ever guess he was anything but male his entire life. In addition to the roughening of the skin that happens with testosterone, the presence of facial hair gives Morgan, and most who transition from female to male, a rougher facial presentation. The lack of a prominent Adam’s apple is unnoticeable, again, especially with the presence of facial hair. So even though Amanda and Morgan transitioned in the same year and at nearly the same age in their lives, at about ten years after the start of transition, Morgan is less likely to have his sex

category questioned than Amanda. This difference in sex category recognition is because of the direction of transition and the effects of this on how the body is visually perceived by others.

The power of embodied capital

The power of embodied capital can be seen across a variety of life domains, including areas of challenges already touched upon in the last chapter such as family, work, and health care. As noted above, some individuals may perform the expected gender of the sex category they wish to be considered, but because their bodies are still viewed as the sex category they were assigned at birth, they continue to be judged as inappropriately performing gender. Those who do get viewed as the binary sex category they wish to be seen as benefit from sex category embodied capital, often whether or not they are judged as appropriately performing gender. As I pointed out, Leddy's bodily appearance was so clearly female that her lack of performing femininity was irrelevant to her sex category capital. Since Donna and Amanda identify as female, but are not always recognized as female by others, they have to more openly deal with the paradox of identity—knowing sex and gender are changeable in a world that believes sex and gender to be dichotomous and unchanging throughout our lives. They visually disrupt the belief of dichotomous, static sex and gender for others with whom they come into contact. In addition to this effect of a loss of sex category capital, even though Donna and Amanda perform femininity, because their performance is *not* being judged against female sex category, they will also often lose the embodied capital, or positive assessment, of gender performance as well.

The importance of the distinction between gender and sex category becomes visible when discussing the challenges different trans* people do or do not face and how they can manage things that come up. For example, I still have the embodied capital of sex categorization even though most people assume from my version of masculinity and femininity (intentional gender non-conformity) that I am a gay man, which may limit my embodied capital of gender performance. Being viewed as male is an example of previously discussed identity verification failure (Burke and Stets 2009) because people are viewing me as a sex category that I do not embrace myself. As the interruption theory of stress points out (Burke and Stets 2009), this does create a low level of anxiety for me as I am constantly reminded that whether I want to be or not, others will categorize me as male or female, and male at least seems closer to correct for me. So although an identity verification failure occurs, my sex category capital allows me to at least avoid dealing openly with the paradox of identity: even though I am aware that my sex category has changed, others seeing me are not being made aware by my presence that their assumption of sex and gender as dichotomous and unchangeable is inaccurate. I do not become the focus of their confusion in day-to-day interaction.

In addition to avoiding daily interaction around the paradox of identity, sex category capital has an effect on other areas of life as well. I have often heard trans* people talk about getting friends and families on board with their transition, especially in using a new name and pronouns, by simply letting embodied capital of sex category accrue and do the work for them. The more male their bodies become (or female if they were assigned male at birth), the more sense it makes to friends and family to use correct names and pronouns. I personally experienced anxiety early in transition out in public with my family when

someone referred to me as she instead of he, or used my former, very feminine, name. Now that I appear entirely male, not only does it visually make more sense for family members to use male pronouns and a new name, the anxiety has shifted from me to those who mispronoun or misname me. My mother and I have talked about how if we are out in public now and she refers to me as “she” or “my daughter” or uses my former name, she is well aware that rather than my identity being questioned, it is her sanity that will be questioned.

There are also more mundane experiences with profound effects that occur on the basis of sex category embodied capital and as a benefit of the paradox of identity. For example, I have had friends, acquaintances, and people I have interviewed for several projects tell me how they got the “gender” marker (see endnote 7) changed on their driver’s license or other documentation simply because the worker behind the desk looked at them and assumed a mistake must have been made at some point. The identification or paperwork reads female, but the individual clearly appears male to the worker.

There are also certainly challenges related to the embodied capital of gender performance in addition to the difficulties that arise based on the ability to be sex categorized in a binary system. Trans* people often discuss changing their behaviors in accordance with a change in how others view their sex category (or how they would like others to view it), showing an awareness of how important gender performance and the gender expectations of others are to daily life. As Donna pointed out above, she learned to change her choice of words, to make few “I” statements and to ask many more questions. In situations where her gender performance was being judged against a sex category that was not female, these changes would not have increased her gender performance capital, but in

instances where others did view her as female, her gender performance capital increased because of these conscious changes to her behavior.

In a similar fashion, transmen point out the importance of gender performance and expectations of others. They often talk about becoming aware that they are being viewed as male because of the reactions they receive from people they perceive as female—reactions that let transmen know that females are now viewing them as a threat. This reaction of fear is especially pronounced for black transmen because of the stereotypes of black men as dangerous criminals in the U.S. In a conversation with friends Taye, a black transman, and Marcos, a Latino transman (often viewed as white), both in their late forties, Taye talks about difficulties with the perception of black men as criminals, pointing out that race and class get invoked in conversations about perpetrators, but not in discussions about victims of violence. This conversation prompted Marcos to discuss the change in his thought process and behaviors regarding victims and perpetrators during the course of his transition:

One thing I was thinking of is prior to transition, I think I was so uncomfortable with this idea of being a victim because I was a woman. Because I was a female, I was a victim. And I was so uncomfortable with that and so angry at that assertion that—not that I did anything consciously to be a more masculine female or to be a part of the dyke rather than lesbian community, it's just where I naturally fell, I was an athlete you know—but I think for me, part of being a dyke was basically saying, "Fuck you and your victimhood." Like, "Screw you and your poor me." Like, "I'm a lesbian and I'm a dyke, so I don't give, you know, men don't have shit over me," right? So then coming into transition with that in my brain, I feel like what do I

need to do now, to not be the person walking down the street where the general assumption is, "Oh there goes a man, there goes a perpetrator of violence and power."

Allan, a 42-year-old white transman, echoed Marcos's concern about being viewed as a threat by women and came up with one behavioral solution. He said, "I feel like there's times when even as a white man, I would say that would be more extreme if you were a black guy, but that women are threatened in ways that were unexpected to me and often the way that I make them more comfortable is by showing the queerness."

Conclusion

These examples represent only a few of the ways in which embodied capital of sex category and gender performance help individuals avoid challenges in daily life and/or help them manage the challenges that do arise. First I explored gender performance as a form of cultural capital written on the body, noting that all of us are performing some version of gender at all times and being judged on the basis of that performance. A viewer first sex categorizes us by our bodies and then judges whether or not our gender performance is appropriate to that sex categorization. The more appropriate or "matched" our gender performance is to the viewer's sex categorization (as well as racial/ethnic and class perception) of us, the more gender performance capital we have. This performance capital may be used by some trans* people to avoid having viewers scrutinize their bodies as much, and keep the trans* person from being viewed as trans* and from having to deal with the associated prejudice and discrimination.

Next I expanded on the concept of cultural capital by looking at the embodied capital of sex category that is written *in* rather than *on* the body. This is more deeply linked to the paradox of identity in which a trans* person is aware that sex and gender may not be binary nor static across the life span, but is also aware that they live in a society that *believes* sex and gender to be binary and static. Whether or not being able to be categorized in a binary fashion as either male or female is a trans* person's goal, the *ability* to be categorized as one or the other provides significant capital. This capital translates into the power to move through daily life without becoming a constant reminder to others through brief visualization, that sex and gender may be neither binary nor static.

In addition to the two types of embodied capital discussed in this chapter, the color of one's skin has a profound impact on the challenges a trans* person faces and the resources available to manage those challenges. Having explained the embodied capital of gender performance, sex category, and the power these two forms of capital bring, I will explore in depth the effects of race on trans* people's experiences in chapter six. However, I first turn to a discussion of intra-community hierarchies of stigma that revolve around these two types of embodied capital, then analyze how gender performance and sex category capital are intimately bound up in the social and economic capital of class.

¹ For example on beauty capital and plastic surgery see Edmonds 2010; on ableism see Clare 2009.

² "Passing" is a problematic term, born in the U.S. of a racist history, used to refer to a person able to be viewed by others as white without having all-white ancestry. I note here the difficult history and use of the term in reference to trans* people. However, its common usage in trans* discourse makes it useful here for legibility. "Passing" as a goal for trans* people is also critiqued within some trans* discourse, for example in Roen 2001.

³ See also Dozier 2005.

⁴ Cis* is an umbrella term used to denote cisgender and/or cissexual, meaning those who identify with the gender and/or sex assigned at birth. This term is used to avoid othering trans* people by leaving those who are not trans* unmarked or viewed as “normal.”

⁵ The Saturday Night Live archives are available at <http://snl.jt.org/index.html> and Pat can be searched under Characters.

⁶ For example see Fausto-Sterling 2000.

⁷ Although commonly referred to as one’s gender marker, the designation on legal documentation is male or female, which are designations of sex/sex category, not gender.

4. HIERARCHIES OF STIGMA

One thing about me is that I did things the right way. When I decided to do my transition, I took it slow. I didn't go fast. I just took it slow. I was serious about it. When I was coming up...as a trans girl, I'm from the old school. We made it a vow to blend in society without being known as a trans girl or a, I'm trying to think of something we used back then, a t-girl. A t-girl back then, we blended in. We went to straight clubs and we did everything with straight people. It was different. Now everybody wants to be known as trans. I'm a trans this, I'm a trans that. I'm sick of it...The difference I see here, in [a southeastern metropolis], I'm going to speak of, I think the girls play in drag versus being serious. There's probably in the group that we go to, probably two successful serious white trans gender girls that live their life as a woman and look the part. The rest of them, I think, it's like playing to me.

--Monique

In his 1963 monograph *Stigma: Notes on the Management of Spoiled Identity*, Goffman discussed attributes that could be used to discredit an individual or group, casting them as outsiders to the societally expected norm in some fashion. Stigmatized attributes are used to create “out-groups,” or those who are excluded from certain activities or social relationships. Since the publishing of Goffman’s (1963) work on the subject, scholars have expanded on

the topic of stigmatized, or spoiled, identities. The elaboration most relevant to discuss here is an exploration of the ways in which groups are not only stigmatized by society for failing to meet social expectations, but also harbor hierarchies of stigma within the stigmatized group. For example, in the 2011 film *Dark Girls*, Berry and Duke examine the colorism that exists within black communities and its effects on those with darker skin (see also Herring, Keith, and Horton 2004; Hunter 2007; Hochschild and Weaver 2007). In this example, racism sets Black Americans, meaning anyone who cannot be qualified for whiteness, aside as a stigmatized group overall. Within the stigmatized group, another set of expectations gives those with lighter skin higher status and those with the darkest pigmentation the most stigmatized position.

As the opening quote from Monique suggests, there are divisions within the stigmatized group of trans* people as well. In this chapter I take up an examination of two versions of what I call “trans*-er than thou” hierarchies operating within discourses about trans* identities, which occur alongside and in addition to hierarchies created by racism and classism within trans* communities. First, I explore what Roen (2002) calls the “liberal transsexual politics” hierarchy where more surgeries and more passable means more trans*. Second, I look at the “radical politics of gender transgression” (Roen 2002: 502) version of the hierarchy where being more visibly trans* or genderqueer is viewed as more progressive, and therefore, more trans*. Finally, I examine the difficulties associated with stigma hierarchies and what a hierarchy internal to the already stigmatized group does to the stigmatized in relation to the society that excludes.

More trans* as more passable and more medical modifications

Monique from the introductory quote is a Black transwoman who was in her late forties when we met. Very much viewed as unquestionably female, people would likely be surprised to find out she is trans*. For Monique, and many other transwomen, this is the point. Although she now lives in the bustling urban area of Ft. Lauderdale, Florida, she grew up in the rural south as one of few Black people in her hometown. Monique's beliefs about seriousness are hardly uncommon, and even find a basis in early medical support for trans* people. In the early days of transition and gender clinics in the 1960's United States, the medical and psychiatric professions provided plenty of reinforcement, intentional or not, for a hierarchy where those who had undergone more medical treatment and were more "passable" were "more trans*." Harry Benjamin, a prominent endocrinologist who researched, advocated for, and treated transsexuals, created a "Sex Orientation Scale" for the purpose of diagnosis and treatment (Meyerowitz 2002). Those listed as "high intensity transsexuals" were most likely to be referred for treatment. In this sense, those whom Benjamin considered higher on the spectrum toward transsexuality would be those permitted to gain access to treatment, so those he and other doctors deemed more trans* were allowed to become more trans* in this sense. Stryker (2008) argues that at the time medical transition became available in the United States, doctors used it to re-stabilize the connection between sex and gender. She explains that an androgynous chic took place in the 1960's as a direct commentary against militaristic masculinity associated with the Vietnam War. In order to reconnect masculinity with male bodies and femininity with female bodies, only those who would present as female *and* feminine or male *and* masculine were provided access to

medical treatment, and those who would present as female and androgynous or male and androgynous were not provided access (Stryker 2008).

Yet while doctors tried to separate sex, gender, and sexuality “deviants” from one another, in part to determine whom to treat with hormones and surgery, those same people were also trying to distinguish themselves from each other. According to Meyerowitz (2002), one point of these distinctions for subculture members was to avoid stigma by placing it onto others. Meyerowitz explains:

While the doctors wrestled with definitions and diagnoses, self-identified homosexuals, transvestites, and transsexuals engaged in a parallel practice in which they tried to distinguish themselves from one another. They hoped to make themselves intelligible to others and also to convince doctors, courts, and the public to accord them dignity, rights, and respect. Some chose to align themselves with other sexual and gender variants or wondered out loud which of the existing categories best embraced their sense of themselves. But mostly, it seems, they hoped to explain their differences... Those who identified as homosexual, transvestite, or transsexual sometimes attempted to lift their own group’s social standing by foisting the stigma of transgression onto others (2002: 176-177).

Stryker (2008) agrees that many hoped to explain their differences and that in the explaining resided judgments about which group should carry the burden of stigma. Stryker points out:

Variants of the word [transgender] had been popping up in male cross-dresser and transvestite communities since the late 1960s, when words such as “transgenderal,” “transgenderist,” and “transgenderism” were used by people

such as Ari Kane and Virginia Prince to describe individuals, such as themselves, who occupied a different gender category from either transvestites or transsexuals (2008: 123).

Stryker also explains that, “in spite of her open disdain for homosexuals, her frequently expressed negative opinion of transsexual surgeries, and her conservative stereotypes regarding masculinity and femininity, Prince...has to be considered a central figure in the early history of the contemporary transgender political movement” (2008: 46).

A process of gaining social standing through claims about transgression is also apparent in the narratives Roen (2002) discusses which are also salient in discussions with participants in this and a previous study (Seeber 2013). From the more trans* meaning more “passable” perspective, as Monique stated above, “We made it a vow to blend in society without being known as a trans girl.” By making a concerted effort to blend in, Monique and others who talk about blending in as their goal point out that one implicit goal is to be viewed as less transgressive and therefore less warranting of stigmatization. In part, a desire to be viewed as less transgressive and to be less stigmatized comes from the associated risks. Anne, a white fifty-eight year old transwoman working in an LGBTQ organization on the west coast pointed out that “being my generation, it really was all about the binary. You either fit here or there for lots of reason. Safety is one of them.”

In the course of interviews I heard talk about being serious, others not being serious, and about being taken seriously from Aadhya (introduced in chapter two) in addition to Monique. It appeared that “seriousness” is something of a shorthand code about blending in or “passing” as female, and that not being serious was a negative evaluation of a person’s behavior and identity. For example, Aadhya relates that once her breasts started to grow

from hormones, she left a more androgynous space in her own identity and in the perception of others, but still felt she was not “womanly enough.” She recalls a sense of social pressure from other transwomen coming from comments such as, “Girl, when are you going to take it further? Are you really taking this serious?” Unfortunately, attempting to create a more female appearance and be more “serious,” Aadhya sought out “pumping” services, which meant the injection of industrial grade silicone into her body. These injections nearly killed Aadhya and left her face permanently disfigured—a story I explore more fully in chapter six. Of course one glaring obstacle in the more trans* equals more passable, more medical modifications equation is that the modifications, and by extension, the modifications that contribute to passability, are far from free—a point I return to after examining the second version of “trans*-er than thou.”

More trans* as more “progressive,” more visually ambiguous, or incongruent

With the 1990s a significant shift occurred in academic thought around sex and gender identities within a larger intellectual move toward postmodernism and queer theory, which took familiar notions and categories of identity and “deconstructed” them. The social construction of gender and the casting aside of theorizing about bodies took on new force within academic debates as can be seen from the proliferation of articles and texts that examined gender phenomena from the West and Zimmerman (1987) perspective of “Doing Gender” and the Butler (1988, 1990, 1993) “performativity” approach. These two strains of thought on gender both privilege discussions about gender at the expense of talking about bodies. In fact, bodies tended to disappear altogether or get reworked as issues of gender (Seeber 2013). In one such example specifically relating to trans* identity and transition,

Judith Shapiro writes of the “Persistence of Gender and the Mutability of Sex” in which she claims:

In its suspension of the usual anatomical recruitment rule to gender category membership, transsexualism raises questions about what it means to consider sex as the “basis” for systems of gender difference. At the same time, the ability of traditional gender systems to absorb, or even require, such forms of gender-crossing¹ as transsexualism leads us to a more sophisticated appreciation of the power of gender as a principle of social and cultural order. While transsexualism reveals that a society’s gender system is a trick done with mirrors, those mirrors are the walls of our species’ very real and only home (1991: 248-249).

It is clear from Shapiro’s (1991) argument about the “maintenance of a society’s gender system through the detachment of gender from the very principle that provides its apparent foundation,” (272) and a discussion of gender conservatism among transsexuals that Shapiro sees all of us as trapped within a system of gender (roles, behaviors). But none are more trapped (or misguided) than the transsexuals who change their bodies, thereby maintaining the gender system even without the “usual anatomical recruitment rule to gender category” (1991: 248). Roen (2002) also notes that around the time of Shapiro’s (1991) work that, “recent academic and political articulations of transgenderism privilege crossing over passing,” meaning living as visually sex/gender incongruent (female and masculine, male and feminine) or as openly transsexual, not attempting to blend in with cis-males and females (504).

The focus of my research has been with people who have made modifications to their bodies, regardless of binary or non-binary sex and/or gender identification. For this reason, the majority of evidence I have for this second “more trans*” meaning more non-conforming and more progressive narrative comes from participant discussions about the ways in which this narrative and their understandings of the social construction of gender inhibited their decision-making processes toward bodily modifications. In a previous study Yav, a White, petite, masculine-identified, retired disabled veteran, fifty-four years old at the time of our interview, talked about the difficulties reconciling his particular feminist perspective with a desire to change his body:

So one thing that was difficult for me because I lived in San Francisco from the mid-early 70’s to, ‘til I went in the airforce in 1979, and during that time it was just real big, you know, the heavy separatist lesbian feminists and of course the straight women with the ERA and everything was men were bad...Butch women were hated because we were identifying as men and men were the enemy (Seeber 2013: 36).

Yav had been on testosterone hormone therapy for six months when we spoke and had future plans for chest reconstruction surgery, but as he pointed out, it took a lot longer to get to the point of making bodily modifications because changing the body was an idea contradictory to the notions of lesbian separatist feminism he grew up in.

Loki, White, eight years on testosterone, working as a social worker on the west coast, and sporting a beard when we sat down for an interview spoke about a similarly personal/political relationship to socially constructed gender and body modification. Being twenty years Yav’s junior, Loki formed his relationship to understanding social construction

differently, but had a similar difficulty reconciling personal and political beliefs with desires for bodily modification. He commented:

I wanna be genderqueer for a while because I wanna break this binary system and then you're like yipes! I need so desperately to be read as something that I don't care if it's super masculine...I feel like there was that time period where genderqueer was really okay because I was like yeah, I don't need to fit into some box. And then when you're in that really awkward stage where you really don't fit into any boxes...I felt so foundationless, that I really needed some sort of stability, and that box was that stability (Seeber 2013: 37).

While not being able to fit in a box does not necessarily feel unstable for everyone, for Loki, this position clearly created difficulties with his sense of an authentic self.

It is understandable from the “progressive” narrative of non-conformity that there exists an underlying assumption that because gender, or more accurately the link between sexed bodies and gender behaviors, is socially constructed, those who change their bodies do so in the interests of “matching.” For example, someone assigned male at birth would pursue making the body female to match the desire to perform femininity. This changing of the body in order to “match” then paints those who medically modify their bodies as dupes of the gender system. Non-conforming people are then by contrast less warranting of stigma from their perspective, just as those who make bodily changes see themselves as less warranting of stigma from the “trans-er than thou” perspective of more surgeries, more passable means more trans.

In her analysis of the two perspectives, which she points out, are not mutually exclusive, Roen (2002) notes that this newer “more genderqueer, more progressive equals more trans*” narrative has become the more privileged narrative of late. She also explains that from this perspective, “those who seek to pass as women or men are described as being ‘closeted’ or having ‘false consciousness’” (521). Roen (2002) points out that being out, which is expected from this “more progressive” stance, is difficult and sometimes impossible for trans* people who are differently located in society. She goes on to explore how activists expecting trans* people to take up the “more progressive” approach “(1) fail to take into account the diversity of context and experience of transpeople and (2) do not accurately conceptualize how agentic subjects maneuver among apparently competing discourses” by using parts of the “more passable” and “more progressive” narratives strategically in combination (Roen 2002: 521). In this next section, I attend to the difficulties with both of these “trans*-er than thou” narratives, drawing on Roen’s (2002) critiques in addition to exploring issues of individual authenticity not yet represented in these debates.

More trans as a zero-sum game*

One major problem evident in the discourse about who is more trans* and less deserving of stigma is the reality that this is a zero-sum game: for someone to be more accepted and less stigmatized, someone else has to be less accepted and more stigmatized. Regardless of which version of more trans* holds sway, efforts are being targeted inward in the sense that trans* people of varying identities expend energies toward making judgments, not simply distinguishing differences. In doing so, trans* people engage in something like divide-and-conquer on themselves in a fashion that speaks to Foucault’s (1995) notions about

surveillance and especially the lower requirements for an authority or more powerful group to do surveillance when those under scrutiny have learned to observe and report on themselves and those similar to them. In this way, the stigmatization and subjugation of all people who might be considered under the broader identity of trans*, are easily perpetuated with little effort on the part of people uninterested in according respect, dignity, and equality to trans* people. There is little need for outside oppressive efforts as long as significant oppression continues to exist within the stigmatized group.

Making distinctions between varieties of trans* identities is not an inherently damaging practice and can actually promote positive alliances. For example, being conscientious of how differences variously situate trans* people with respect to violence, lack of resources, and empathy can help guide movements toward bettering the life experiences for a wide variety of trans* people and promote attending to the needs of the most vulnerable among us. As I discussed in chapter three, some trans* people have more or less gender performance capital and some have more or less sex category capital. The challenges and needs that arise from each of these types of capital require different strategies to remedy. What becomes damaging in the discussion about “more trans*” is the hierarchical positioning of various identities, which rather than promoting alliance building, creates roadblocks to collaboration and social solidarity that are necessary parts of movements for social change (Snow and Soule 2010). Roen points out that in an atmosphere where some trans* people value passing and others devalue it, exclusions are created “affecting the ability of transpeople to support one another in their local communities” (2002: 504)

Aside from the difficulties hierarchies create for social solidarity there are two significant problems in the hierarchical logic of a “trans*-er than thou” narrative. First, the

earlier version of more trans* by virtue of being more passable and having had more medical modifications focuses on having a problem with the body itself and addressing that issue through medical means. The more recent version of more trans* is based on breaking down the socially constructed binary of sex/gender. In this version, the problem resides in society's insistence that only female bodies can behave in a feminine fashion and male bodies only in a masculine fashion. There can be no mixing of masculinity and femininity and no "crossing" sex category with gender, meaning no putting together of female bodies and masculinity.

The body issue is an issue of medicine and medical technology where medical modification of the body itself is a reasonable solution. The issue of "matching" a binary sex and sex category to a binary gender (behaviors) is a problem of the social construction of gender. For this reason, the solution is logically a social one based on dismantling the faulty logic that assumes femininity springs forth from female biology and masculinity from male biology and replacing that logic with the understanding that the "matching" of sex and sex category to gender is a social requisite and largely a process of socialization (Seeber 2013). The very different nature of the two problems of the body/medicine and "matching" sex category with gender/social construction makes comparing solutions a futile enterprise.

Related to the idea of trying to make a comparison between two unlike problems is the difficulty with a progressive narrative itself. If authenticity is the ultimate goal for trans* people, how is it progressive for someone with an issue of the body to maintain the sex assigned to them at birth and focus instead on being a visual display that there is no necessary relationship between sex and gender by living as gender non-binary? Participants in a previous study spoke of the impediment this progressive narrative of gender non-

conformity posed to realizing their authentic selves. For example, Taylor was thirty-nine years old and a year and a half into medical modifications when I met him. A white non-profit director on the west coast, he described both his sex and gender as mixed, “not that simple,” but also applied “transgender man” as an identity for himself. Taylor was well educated in the concept of the social construction of gender and activism aimed at breaking down binary assumptions and expectations of gender. He shared how the notion of a “more progressive” understanding of gender created a barrier to realizing his authentic sense of embodiment:

All the activist in me was like why? Why would I, why do I need to change my body in order to have an identity I wanna have? And fuck the world, and I can be however I wanna be and...so I struggled with that activist identity of I can be genderqueer, I don't believe in two genders anyway and all of that. And so I'm one of those people that's like ok, I'm a believer now, I don't know why this is how far I needed to go exactly, but I feel amazing, now (Seeber 2013: 37).

While it does not seem progressive for someone with a body issue, with or without a gender “matching” issue, to live as gender non-conforming and in the sex category they were assigned at birth, the idea of authenticity also begs the question: in what way would it be progressive for someone with an issue regarding society's requirement of sex and gender “matching” to change their body if they have no problem with their body the way it is? There is the additional possibility that someone has both a problem with their body and a problem with the social requirement to “match” such that medical modification of the body in conjunction with post-modification non-matching would be the best, most “progressive”

goal for that individual. For example, someone may be assigned male at birth, feel their body should be female, but prefer a masculine female identity and presentation. A sense of self as female does not require a sense of oneself as feminine. Progressive then makes little sense in a discussion about two different problems with very separate means to achieving solutions (Seeber 2013).

A second difficulty with any “trans*-er than thou” narrative has to do with differing abilities of people to achieve authenticity based on economic capital or situational location. Twine (2010) also points to a relationship between lower economic capital and lower status within stigma hierarchies in her examination of the value of whiteness for working class white women in Britain married to Black men. In a narrative where more trans* means more medical modifications, economic capital is a significant limitation to access. By comparison to surgical procedures, hormones are relatively cheap and may even be free in areas able to provide free treatment for the economically disadvantaged. As of now, surgeries for trans* people to create their authentic selves are rarely covered by health insurance and even if some health insurance does cover these surgeries, we must still ask how common it is for specific sectors of the trans* community to have access to these particular health insurance plans in the first place. The out-of-pocket expenses for surgical procedure are also dependent on geographical location. There are a few surgical specialists throughout the United States who provide transition surgeries. Depending on where a person lives, they may have to travel a significant distance to where a surgeon is located. Surgery also requires healing and follow-up care, which increases travel, lodging, food, and the costs of other necessities. Travel may also require a decision between a more difficult experience due to isolation or the added expense of bringing someone along to provide necessary care-

giving as many surgeries result in limitations to mobility or other limitations to self-care. And because economic status is closely tied to ethno-racial status in the United States, a hierarchy based on economic capital is also significantly a hierarchy based on ethno-racial status.

Geographic location also plays an important role from the perspective of more trans* meaning more non-conforming. Some geographical locations such as large urban areas may provide more acceptance in the sense of fewer negative social sanctions for sex and gender non-conforming people than suburban areas due to the increased diversity of a variety of types of identities in urban spaces. In addition to issues of social sanctions, urban areas may also provide a broader set of representations of what sex and gender identities are possible, making it easier to envision and then live a more non-conforming life. For example, in a previous research study I met Jay, a white "masculinly leaning androgynous female." At the time, she was forty years old and six years post chest reconstruction surgery. Jay explained to me how geographic location made a difference in deciding on how she wanted her body configured. She explained:

I just knew that I wanted that [chest reconstruction] physical modification and at that point it's like I said, I fluctuate. Like I'm a female, but I'm also boyish and masculine and I've been fortunate enough being here in this [urban center] tiny little microcosm of the states, to have people totally accept the way I look and not have a problem with it and just be like "whatever," you know? And I think I said before, it made me feel less pressure to choose a side, because maybe if I stayed there [suburban town], maybe I would have become an ftm (Seeber 2013: 55).

Clearly, for a host of reasons, hierarchies of stigma within trans* communities and the logics that maintain them are harmful to the advancement of trans* activism and leading authentic, respected lives. I suggest here and elsewhere (Seeber 2013) that recognizing two conceptually distinct, though potentially overlapping, problems related to sex, sex category, and gender could provide trans* activists a way to dismantle barriers created through the construction of hierarchies between those who have a problem with the body and those who have a problem with the way society declares only certain bodies can behave in a particular gender fashion.

Conclusion

Within this chapter, I have described and examined the evidence reinforcing two approaches to trans* lives that I call “trans*-er than thou” narratives that support hierarchies of stigma within trans* communities in addition to racist and classist hierarchies. I first discussed the version where having had more surgeries and being more “passable” are equated with being “more trans*.” Second, I looked at a newer narrative in which being visibly genderqueer or openly trans* are viewed as “more progressive” ways of being and therefore “more trans*.” I pointed out that both of these perspectives attempt to cast their proponents as less deserving of stigma in order to gain status in the larger society.

After describing and providing evidence for the two seemingly competing narratives, I pointed out the difficulties associated with stigma hierarchies within trans* communities in terms of how infighting helps society maintain stigma for trans* people overall. I also explored how these narratives ignore the very real differences between an individual having an issue with the body and having an issue with the way society expects certain bodies to

behave in specific ways. I noted that ultimately there are issues of individual authenticity around promoting one way of being trans* as better or more progressive than another. Finally, I attended to the economic and geographical accessibility of medical modifications issues involved in creating the “more surgeries, more passable, more trans*” identity, as well as the availability of diverse identity (including non-binary) models issue related to geographic location that affects the living of the “more progressive” perspective.

While it is understandable that every human being wishes to have their own identity verified by others and be socially included, the hierarchies of stigma function as a means of self-promotion in the interests of positive self-appraisal of one’s own identity *at the expense* of others. In this next chapter, I specifically and more closely examine the social and economic capital involved in the creation of identity verification for those whose sense of authentic self requires medical modifications to the body.

¹ To clarify, Shapiro here uses “crossing” to “designate those who are attempting to ‘pass’ as members of the opposite sex” (1991: 249). Roen (2002) uses “passing” to refer to this “opposite sex” sense of transsexuality and “crossing” to refer to those who might be identified as genderqueer, or those who, regardless of bodily changes, do not fit within the now-and-always both female and feminine *or* male and masculine dichotomy.

5. CLASS AND LIVING TRANS* AUTHENTICITY

Well, right in the very beginning I guess that I think there have probably been these big time lapses between parts of my transition due completely to money. If I'd have had just disposable income or even something of approaching that, then I probably would have done these things bing, bang, boom, all right in a very quick order, but I always felt like there was something that trumped the money to spend on my transition...thousands and thousands of dollars? I could be paying my bills with that. I could be buying something for my son, so it is at people's insistence that no one loved me that actually I do these things because I feel like, with the class that I am in, the money that I make or have to use, I should just do something different. I should be doing something different with my money as opposed to using it for selfish reasons, which are to transition.

--Brad

It is often said that anyone can have a sense of themselves as trans*, but if that sense of self includes a need to medically or surgically alter the body, the ability to live as one's authentic self is an inherently class-based¹ lived reality. Certainly there are grey or black market strategies that make certain bodily changes more financially available than mainstream methods provide, but these routes also come with additional, sometimes incredibly dangerous, health risks. There are also those who find creative means for coming

up with funding for the modifications they need, but for many trans* identified people, finding ways to make their authentic selves a reality ends up being a struggle for resources. This is particularly true in the United States, where national health insurance is not a reality and the exclusion of transition-related care is still quite common.

In the following pages I unpack the economic and social capital that contribute to a smoother transition experience for people like Caitlyn Jenner and Deirdre McClosky, particularly with regard to sex category embodied capital. Financial security allows for paying the costs of a host of medical and medically related procedures as well as the costs associated with taking time off work to undergo treatment and recover from procedures. In addition to economic capital, I also describe the ways in which social capital significantly impacts transition experiences in terms of knowledge, personal access, and in the dynamics of doctor/patient relationships. Finally, I examine the ways in which socioeconomic advantages continue to affect trans* experiences beyond transition itself.

Transitioning is not cheap

I scheduled a meeting with Jess, a white 30-year-old transman, to coincide with a conference I was attending Nashville, TN. According to my field notes, Jess picked me up from my hotel “and drove about ten minutes away to his house, parking in a dirt/mud spot in the yard clearly used as a parking space.” He and his female partner rented a one-bedroom apartment that had been created in the attic of a single-family house. About 5’2”, with greying hair and a full mustache and beard, Jess wore dark brown glasses, a black A-shirt and grey pants. I noticed that his partner, a petite blond, had really straight teeth as if she had at some point worn braces. In part, this detail stood out as a contrast to his uneven teeth

apparently stained by the consumption of coffee. The demographic survey completed before the recorded interview revealed that Jess and his partner had only recently moved to the city, and that while he had a bachelor's degree, he was working as a server in a restaurant and making less than \$10,000 a year. Later in the interview he revealed that he had never made more than \$15,000 per year at any employment he had held. Still, Jess had been on hormones for about four years and had chest reconstruction surgery two years prior to our meeting.

Needless to say, like Brad from the chapter opening quote, Jess hardly had the discretionary income to pursue medical modifications to his body. He managed getting on hormones by utilizing a doctor who worked on a sliding scale fee, which required an hour and a half drive time to reach when he started. Since his recent move, this meant committing to driving nearly three hours away and across a state line every three months or so for blood work and a prescription if he did not find a new doctor by the time the stockpile of hormones he had prepared before moving ran out. Jess is one of those industrious people who came up with a creative means for acquiring the necessary funding for chest surgery. He started a crowd-funding page with one of the major websites that allowed campaigns for health-related expenses in addition to artistic endeavors. Jess set the campaign goal at \$7000 and offered an artistic print as a perk for those who donated. He ended up with “197 donors and raised \$7,777.00. That is a number you don't forget.” For some people \$7000-\$8000 may seem a small price to pay for a sense of authenticity in one's body and the advantages of sex category capital, where the ability to be identified in a binary fashion as either male or female means avoiding regular acts of discrimination that more often occur

for those visibly identifiable as trans*. For Jess, however, the cost of chest surgery nearly equaled a year's pay, making surgery impossible without a creative fundraising strategy.

Much like Jess, Red had to get creative to come up with the funds to transition. In my interview notes I mentioned that when I met Red, a 43-year-old white transwoman, she was “dressed in khaki green cargo shorts and a scoop neck green t-shirt.” Red had long blond hair and I wrote that she was not visibly recognizable as trans*. At the time of our interview, Red had no job, no income, and was living at a friend's house in Tallahassee, Florida for the time being. Red first attempted to start transition in the early 1990's, but found that “it didn't last long. I only did it about two years and I could not get a job. I could not get the money. That just was not happening, so I had transitioned and then I had to reverse my transition.” At the time, transition had only included dressing in feminine attire and the occasional use of hormones, without any lasting bodily effects of hormones. With few prospects and no financial ability to medically transition, Red explained, “I went into the military ‘cause I wanted the GI bill.” Through the GI bill Red earned a degree in engineering and landed “a really good job.” She started transitioning again, beginning with feminine dress, in the late 1990's and shared “of course I got fired right away.”

When Red found herself unable to find gainful employment for a second time as a result of starting her transition, Red got creative rather than back-tracking on how she presented herself to the world. She found a cheap apartment just over the U.S.-Mexico border and looked for work on the U.S. side, crossing back and forth for work and sleep. She eventually managed to scrape together enough for medical modifications to her body. As she recalled:

I ended up getting enough money together, by what I had saved by living extremely frugal. I'm talking extremely frugal, like eating weeds on the side of the road. And I still do it, I love them. I mean I just really got to the point where if I could cut my food, I did. Where if I could not drive, if I could cut gas, if I can, you know, whatever I can do to save up that money, it didn't matter what it was.

Red did point out that while some methods might have been questionable to others, "I wasn't gonna rob anybody or kill anybody or anything like that." Having reached a point where she felt her two options were to move forward with transition or kill herself, Red did whatever she could to get by and save everything possible to fund the hormones and surgeries she needed to survive. In the early 2000's, Red managed to pay her way to Thailand for "the sex change surgery."

On the other end of the economic spectrum, like Red, Penny transitioned in the early 2000's, but had far more resources at her disposal than did either Red or Jess. I met Penny, a white 56-year-old transwoman, at her home in a condominium complex. She was casually dressed in a bright pink t-shirt, light blue jeans, and light brown fleecy boots that looked like UGGs. Penny wore her brown hair at shoulder length and had a relatively deep voice, in part as a result of being a smoker. As we sat down in her living room to talk, I noticed two open computer towers in the midst of hardware repair on her desk and a server rack she had built in her front room. I noted her admission later in our conversation that "her friends had often commented on how her place looked a bit too much like a bachelor pad and thus she was trying to hide some of the tech stuff to make it a little less manly in appearance."

At the time of her transition, Penny was working for a government-run utility company where she lived in the Pacific Northwest of the U.S. She says that initially when she started the yearlong “real life test”² her employer was “sort of supportive. I was the first person to [transition] there. I had to teach them what to do.” Penny also travelled out of the country to undergo surgical transition and said, “the transition went fairly well.” She did end up having difficulties with her job at the utility company, receiving a blank piece of paper as a “personal improvement plan,” meaning that “It didn’t matter what I did better in, they were getting rid of me in ninety days.” Penny noted, “I lost my job but, the benefits they gave me were really good.” By the time I met Penny, she was working as a software developer making roughly \$120,000 per year. When asked about how social class had affected the challenges she faces and the resources she has for managing those challenges, Penny shared:

I've got a really good income. That does make it easier. I can socialize with well-educated people. It makes it easier to not have to run into issues and I've noticed a lot of pain and stress among trans women who don't have those resources or trans women of color. I feel very fortunate in that regard. My life would be easier if I wasn't trans. But, you have to own who you are.

One last contrast to the economic realities of Jess and Red, Morgan’s story of the financial component of transition has more in common with Penny’s. I met Morgan, introduced in chapter three, at his single family home, in a nice looking residential neighborhood of Minneapolis, Minnesota. When filling out demographic information before the interview, he asked if he could simply enter “upper middle class” for his income, as he did not feel comfortable sharing that information. I would not be surprised if he made twice the next highest participant’s income.

In the ten years between when he first figured out he was trans* and when I met him, Morgan had started hormones, had chest reconstruction surgery and a complete hysterectomy in one surgery, and had gone through three surgeries so far in his journey of genital reconstruction: mons resection, metoidioplasty, and urethroplasty.³ Genital surgeries alone had cost nearly \$40,000 and a good deal of recovery time over the course of almost a year. Morgan had one more lower surgery planned and shared “I suspect that in a number of years, I’ll go and have a phalloplasty.”⁴ In addition to the cost of surgery itself, there are a variety of costs associated with medical modifications.

Time off of work is a financial burden for many and not all employers are willing or able to allow for the amount of time necessary for recovery. There are only a handful of surgeons in the United States performing transition-related surgeries, so there are also the costs associated with travel to a surgeon’s location, including needing to stay close by for follow-up care. Morgan pointed out “I’ve got a job that will let me leave and go see the doctor,” which is not necessarily a reality for many trans* people. He also noted “Most of the trans guys that I’ve gotten to know, as is true with most of the population, spending 100,000 or 200,000 (a likely estimate for phalloplasty) on surgery is just not a real practicality. I’m lucky. My insurance has covered everything except for travel and hotel.” Insurance plans that cover transition-related medical care, particularly surgeries, are increasing, but are still few and far between. And even though insurance covered the costs for Morgan, he still had to prepay for his genital surgeries and get reimbursed after, which required having the money up front anyway. It would take Jess four years of income with no expenses to come up with the funds Morgan paid up front, without accounting for whether or not he could get the time off work and the lost pay from being out for surgery

and recovery. This makes metoidioplasty, let alone phalloplasty, in Morgan's words, "just not a real practicality" for someone like Jess. Clearly economic capital has a significant influence on who can realize the body they feel is authentically their own.

The benefits of social capital

Economically speaking, Leon found himself in a similarly challenging position to Jess. Leon, a 48-year-old white transman, earned only a small stipend for facilitating a trans* support group in a town in the Pacific Northwest and lived on less than \$20,000 per year. When I met him at his small one-bedroom apartment I noted, "He was dressed in blue jeans and had a blue t-shirt on under a grey long-sleeved, warmer shirt. He has short, darker brown hair with a full, neatly trimmed mustache and beard." I also wrote notes to myself that "He is a bit shorter than me and more pear-shaped, though unless one was in a context where trans* people were expected, the facial hair and general appearance mean he is never viewed as trans*." Leon had been on testosterone therapy for approximately eight years when I met him. He had managed to save up enough money for chest surgery about three years after starting hormones, "Thanks to my mom," according to him. Although he would like to have genital surgery and started saving toward that goal, he mentioned, "at this point, I don't know if I'll ever be able to get bottom surgery." Given the financial considerations just discussed, his outlook was unsurprising.

As similar as their economic situations were though, there were social differences in the stories of Jess and Leon. Jess pointed out that he had access to more information than he would have otherwise by virtue of living in a college town, near the college, and having friends who were going to school. He shared:

...they had resources through the university, which was a big deal. So I would say that I had questions and I could name five people off the top of my head from seven years ago that told me immediately where I needed to go and where I needed to get started, and they knew these things because they had taken a gender/women studies class or they had a professor who talked about trans issues.

Jess did go to college about ten years after graduating high school, but at the beginning of transition, he relied on friends in college to provide him with access to reading material. Leon on the other hand, grew up with parents who both earned Ph.D.'s and there was no question he would attend college right out of high school. When asked about the influence of socioeconomic class on his transition, Leon replied:

I have to admit, being a more or less middle class college educated white male or apparent male, probably does get me a level of access that not everybody can necessarily count on. Being college educated, I have the vocabulary and the manner that I can usually get establishment figures, like doctors to listen to me. Not everybody can claim that. The access issues are very different for women, including trans women, people of color, poor people, people who don't have the educational background that I have. I guess I use the tools that I have and the hope that people beyond me will benefit somehow.

Leon's experience with doctors and "establishment figures" are the epitome of Lareau's (2002) findings on ways in which parents, regardless of race, pass on social class privilege to their children. She notes that middle-class parents teach their

children “to be an informed, assertive client in interactions with professionals” like doctors (2002:767). In contrast, in working class and poor families Lareau notes that, “adults as well as children...tend to be deferential and outwardly accepting in their interactions with professionals such as doctors and educators” (2002:749). This class-based distinction in doctor-client interactions can be particularly important when it comes to self-identity and transition-related care. Allan provides an example of the importance of assertiveness in particular.

Allan, first introduced in chapter three, was born and raised in a small European country and although I met him in Berkeley, California where he was doing research for his master’s degree, his stay was time-limited and he would be returning home to Canada, his current place of citizenship. When I arrived to interview Allan, he suggested we sit in the backyard, so my field notes reflect that we talked outside where “there were two wooden chairs with a little wooden table in between them that were a perfect setup for the interview.” I also noted that Allan:

was wearing a long-sleeved red, green, and blue plaid shirt, rolled up at the cuffs with a white t-shirt underneath, blue jeans, denim fabric slip-on shoes, and green framed glasses. He had short, wavy, brown hair and full, but thin facial hair. He had slight arms and hands and was soft voiced with an accent.

Allan’s medical transition so far had taken place in Canada, as would his future surgical plans, where transition related care could be covered by national health insurance. Surgical coverage was not guaranteed, however. Much like the gender clinic systems of the mid 1900’s in the United States, the Canadian system was based

on a particular understanding of what a trans* person's story should look like and a singular model of how medical transition should proceed: hormones, top surgery, genital surgery—in that order and from start to finish with all procedures. Allan's story of desiring to move from a female body to a less female body, but without necessarily desiring to behave in a particularly masculine way at the end of it all, did not fit well with the expected female-and-feminine to male-and-masculine two boxes system. Instead, Allan envisioned himself ending up being perceived as a “sissy guy” who had some combination of female and male genitalia.

When Allan started his medical transition, he sought out chest surgery first. He attempted to avoid the gatekeeping, one-trans*-narrative assumptions of the sex/gender specialty doctors by seeking a breast reduction. He recalled, “At first I talked to them about doing a breast reduction because my breasts were big enough that it would be covered as a reduction... and I was like, basically I want a reduction, but to like basically gone.” The surgeon informed him that they could only reduce him to a size C. The C cup threshold had nothing to do with medical standards and everything to do with beauty norms and expectations about female bodies in the United States. This logic of “proper” female sizing was at odds with Allan's purposes for requesting reduction, however, and could potentially interfere with future chest plans. Allan explained:

I knew that if I went through that surgery and then later was like, yeah, this is not enough then it made having top surgery more complicated because you already have scars and stuff. I'm like, okay,

this is not making sense. I'm really going to have to go through the whole gender thing.

Allan went through the sex/gender, trans* specialists instead, but still had to fight and negotiate to get what he wanted because his narrative did not fit the model understood by the specialists. He was not yet on hormones and did not identify entirely as male, so while he was eventually approved for chest surgery, surgical funding was not approved and he ended up paying for it himself. Here, calling the expectation of binary sex category into question, what I discussed as the paradox of identity in chapter three, resulted in added costs for surgical body modification.

When I met with Allan he was in the process of negotiating genital surgery. He originally went in asking for the clitoral release method used in metoidioplasty, but specified that he did not want the surgeons removing or sewing up his existing internal and external genitalia, such as is done in vaginectomy and the creation of a scrotum from the labia majora.⁵ Recognizing that the doctors were unable to understand a desire for anything not strictly male, Allan initially decided to simply go along with the doctors' understanding and get metoidioplasty. Before surgery was scheduled, however, Allan found someone online who succeeded in ending up with something of both male and female genitalia in the way he also desired. Armed with the knowledge that this outcome was possible, Allan went back to the negotiating table over funding having found a surgeon willing to provide his desired genital outcome. He was still waiting to find out about whether or not his surgical choices would be funded.

Initially in our conversation Allan attributed his ability to advocate for his desired body in contrast to his doctors' understanding of "trans*," to his maturity level. He explained:

I think the fact that I was older when I transitioned actually helped a lot. I felt like with the doctor, like in terms of accessing medical stuff, both for my top surgery and now going through this process of having spent all that earlier time figuring out my shit and learning how to communicate with people helped a lot because I felt like that doctor particularly really wanted to push me in a particular direction and to be able to resist that I feel like having that kind of more maturity. Like if I tried to do that when I first thought of it when I was 23 or 24, I wouldn't have been able to navigate that system as well as I could.

Thinking through the history of his life Allan had shared with me, I asked if there was a possibility that some of the self-advocacy skills may have been related to changes in his class background. To this line of questioning he replied:

I feel one of the things that really helped me actually was the sort of the middle relationship...the person I moved to Vancouver with, she's [from where I was born] as well, but from a much higher class background and I feel like I learned a lot about navigating systems from her and like how to deal with people and communicate with them in a way that is quite alien to me. And I definitely think that helped, but yeah. I guess I've learned I guess to pass as middle class in certain circumstances, like to go and talk to the doctor in that kind of

way and I learned a lot of that from her, which is a pretty valuable skill actually, even though I've been pretty broke for most of my life, but in that period when I was in a relationship with her I had more money than I probably will ever have again...I think that would have definitely impacted things if I didn't have that experience with her as well, but also I guess I think it does impact in terms of even feeling the feeling of I deserve that.

Without the assertiveness and the sense of deserving the treatment he sought, often learned in a class-based context, Allan would not have ended up with medical procedures that met his needs and sense of authentic self.

As a final piece of evidence on social capital, Morgan, like Leon and Allan, elaborated on the ways that social class affected the challenges he did and did not face during transition, far beyond the effects of financial resources. He talked about the importance of social connections:

I'm able to afford to go to look and say who's the best doc to do this? I've got a job that will let me leave and go see the doctor. My family, my parents have had a lot of doctor friends so I've also had that and I've got a number of doctors that are clients so that sort of vetting. A couple of my clients are plastic surgeons and being able to say, well, what do you know about [doctor's name]? Does he have a good reputation in the broader plastic surgeon world? One of them is at the [university] and so he's had to do some of the fixes for different surgeons. Being able to say to him, is this somebody that shows up on

your docket? No? Okay, well, that's a good thing. That level of cross-checking and being able to afford to go where I felt was best. That's been true for all of my healthcare because I have bad allergies and some other things that I've just been able to handle.

In addition to the benefits of these social connections, Morgan noted that when he first decided to come out, he received top-down support from corporate headquarters who, "came in and told everybody if they discriminated, they'd fire them." Aside from the advantages afforded before and during transition itself, social class affects the experiences associated with trans* identity well after medical transition.

Post-transition and class-based challenges

Publications about trans* people in the workplace suggest that employers can help retain trans* employees and smooth their workplace transitions by providing top-down support like Morgan received (HRC 2004, Weiss 2007). This support has long-term consequences for trans* people in addition to the immediate effects on transition experiences. Remaining with an employer means increased employment stability and avoiding potential problems with references checks by subsequent employers. When trans* people move from one job to another after transition, they have to weigh the importance of work experience against the likelihood of discrimination—having to either let the hiring employer know that previous employment may be under a different, specifically a gender-mismatched name, or having to contact previous employers and hope they are willing to provide references without mention of the previous name or transition (Mennicke and Seeber forthcoming). The more unstable a trans* person's employment, the more frequently that person has to face the experience vs.

discrimination dilemma. While supportive employers can help with work stability issues, individuals with lower socioeconomic status face significantly less job stability than those with higher status. From this perspective, not only did Morgan have more social and economic resources at the time of his transition than did Jess, because of those resources Morgan will face fewer challenges related to his trans* identity over the entire course of his working life.

Jess also pointed out that housing stability is affected in a similar way that trans* identity affects work stability in ways related to social class. Those who rent housing commonly have to provide references when searching for new accommodations. In my personal experience, some landlords request housing information for as much as up to five years prior. Jess related a difficult time in his life with respect to housing:

I had this very old gentleman that rented to me. It was my first apartment when I lived on my own when I was 21 and his name was Charlie and he was old as dirt. I had a studio apartment and we had a really great relationship. I actually got laid off and I started my unemployment checks, which were measly. I was signing them over to him just to show him that I was trying, and he kept a log of how much money I owed him. He was even paying my gas bill and I told him I would pay him back. I got laid off like four months into my lease, too. I finished out the year and two months after that year ended I sent him my last check paying off everything and he wrote me a really lovely letter. He was like, "I am sorry you fell on hard times, you restored my faith in renting to young people. Thank you." And it was a really great relationship but then when I wanted to use him as rental history I just

told the person...I was about to rent from them and I just told them. I was like, so when you talk to Charlie, first of all he is very old so you have to talk slowly. He will try and talk over you on the phone; I gave them that whole spiel and also my name was Tina when I rented from him. I am transgender; that doesn't, you know. People usually, I don't get any problems. What I explained to them please don't tell Charlie my name is Jack now; it is going to confuse him. Please talk to him as though my name is still Tina, but for future reference I prefer male pronouns and everything. I like to be as flexible as I can because it is already a challenge and I don't want to like, I don't want to be defensive. I want to be understanding. This is the goal. I am trying to get a job.

Jess had a positive experience in renting from Charlie, but his story points out how housing can be an area fraught with challenges. In many locations, a renter's market is created by the amount of housing availability relative to the number of people searching, where landlords are trying to keep their properties from sitting empty. However, in many urban locations, the opposite situation exists where landlords have people lining up to rent and management can be more selective. This latter situation of a landlord's market was exacerbated by the housing market crash in 2006. During a time of rental housing shortage, minority groups, including trans* people, find themselves in situations of increased housing instability. In the process of purchasing a home, a trans* person's identity as trans* is likely to come up in the process of background or credit checking. This opens up an opportunity for discrimination even if a person is not visually recognizable as trans*. However, home ownership is a more stable, long-term housing situation than renting, meaning that those

with higher social class status are likely to run into fewer instances where discrimination could crop up. Those who have lower socioeconomic status are more likely to rent than to own their homes. Because of this, those in lower social classes have higher chances of having to provide references and run a higher risk of challenges with housing as a result of being trans*.

In addition to the direct relationship between current social class and housing stability, as Jess's story shows, work and housing stability are also linked to each other. Those with lower education and income generally have less stable work *and* less stable housing. Work instability and lower-skill, lower-wage jobs increase the likelihood of having to move to where employment is available or losing housing as a result of lost work. In either of these cases, those of lower social status are more likely to have to face the challenges of reference checks both to obtain jobs and housing.

As mentioned in the opening chapter, social class in terms of economic capital plays a significant role in the ease of transition and life beyond. Having more financial resources means the ability to gain more of the sex category capital discussed in chapter three, particularly when it comes to facial feminization surgeries. As you may recall from the introduction, Caitlyn Jenner had \$70,000 worth of these surgeries in one day just a few months before coming out to the world. As I noted in chapter three, it is easier for those transitioning from female to male to get sex categorized as male than for those transitioning from male to female to get categorized as female. This is because sex categorization operates under an "if can" assumption with the default category being male and also because of the temporary and permanent effects of testosterone and estrogen. Importantly, more sex category capital means less likelihood of dealing with identity verification failures resulting

from what I have called the paradox of identity. As explained, the paradox of identity refers to the reality that even though the trans* person is aware that sex category can and has been changed, the perception of others that sex category is dichotomous and unchangeable is not being called into question. This results in fewer openings for outright disruption of social interaction and discrimination.

Conclusion

In this chapter I have documented the importance of the economic dimension of bringing a trans* identity into an embodied daily reality along with the effects of social capital, such as the ability to be assertive in speaking to doctors, has on the transition experience. I also then discussed the continued advantages of socioeconomic status in areas such as work, housing, and the accrual of sex category capital. Having discussed the effects of both the economic and social capital advantages some trans* people have relative to others, I next turn to an examination of the effects of racial and ethnic identity on trans* experiences, which are numerous and consequential both for transitioning and living as a trans* person.

¹ In this study I examine income and education as measures of social class.

² The “life test,” “real life test,” “one year life experience,” etc. refer to the criterion of living one year in the preferred sex/gender, which used to be required prior to recommendation for hormone therapy. In the most current *Standards of Care*, this year of experience is only listed as a requirement for genital surgeries and can be completed while using hormones to change the body’s appearance (World Professional Association for Transgender Health 2012).

³ Mons resection removes excess skin and tissue from the mons veneris so as not to cover the newly formed phallus created through metoidioplasty. Urethroplasty is the lengthening of the urethra, in this case using a graft of buccal membrane, through the created phallus to allow for standing urination.

⁴ Phalloplasty is the surgical creation of a complete penis using tissue from one of several different donor sites depending on the procedural method. The donor sites are most commonly the forearm, the inner thigh, or the lower back. Each method has pros and cons in terms of healing and outcomes and phalloplasty generally consists of several separate surgeries.

⁵ Clitoral release involves severing the ligament holding the clitoral/penile tissue down so it protrudes more from the body. Vaginectomy involves removal of the vaginal canal and sewing shut the remaining opening. The scrotum, or sac that holds the testicles in males, is created by sewing together the labia majora, or “outer lips” of the female external genitalia, the vulva.

6. THE DIFFERENCE THAT RACE MAKES

I would be the first to admit that if you're not white you're at a disadvantage, full stop. The only reason I got the job I've got was because I interviewed as a white male. But for that fact I wouldn't be where I am. I'd say race is a huge part [of the challenges I do/do not face as trans], especially the industries in particular that I work is very white. I hate to say it's a bigoted field, but it is. It's very bigoted so there's no way to sugarcoat that.*

--Leddy

Martin, now 34-years-old, transitioned from a Black woman to a Black man in his early twenties. He told me of crossing state lines to pick up his then White girlfriend early on in their relationship. Driving back toward his home state in the South a police officer pulled him over. He relates:

The law in [my home state], you get over when somebody is on the side of the road. And so I got over in the third lane because the car in the lane right next to [the car pulled to the road side] got over to the second lane, and then the [officer] pulled me over and he's like "in the state of [girlfriend's home state], blah, blah, blah." But I had to get out of my car, stand in the ditch and

just...I was picking her up for the first time and...I told him that I was picking her up, we were going back to [my home state] for a party—this is our first time really meeting and hanging out. And she didn't mention the party so he thought I was lying and I mean, it was a good forty-five minute ordeal of interrogation and standing out on the side of the road. Eventually I showed him my work ID and it had "Governor's Office" and [the Governor'] name on it and he finally was like "okay well, I guess that'll be all right." But he searched my car because he thought I had drugs...I mean she explained to him "that's my boyfriend. We're together." But it was particularly after that event I knew that extreme caution needs to be...especially in the south.

Particularly if you with a white woman because some people feel strongly about that in the south still.

In several chapters thus far I have repeatedly pointed out the impact of intersecting identities. However, as with many studies on single identity concepts, trans* studies rarely examines the effects of intersecting identities, particularly race and ethnicity, on the experience of being trans*¹. For this reason, I find it imperative not only to attend to racial and class identification throughout this text, but also to devote a chapter specifically to examining the ways in which racial identification and racism shape the lives of trans* people in order to fill this void in trans* studies. As noted in the previous chapter on class, every interviewee was also asked about the ways that race affected the challenges a person did or did not face and the resources the individual had for managing those challenges. Examining the answers given to this question as well as the overall experiences people shared, I present here a discussion about white privilege and experiences that point out the

ways in which the racial assessments of others and institutional racism make a difference in the lives of trans* people.

I first examine participants' recognition of the role of race and racism in their journeys to their authentic selves. I then show how race and racism contribute to experience through the examples of facial feminization procedures and genital surgical results. Next I explore how racism, classism, sexism, and transphobia combine, placing transwomen not perceived by others as white at the greatest risk for violence. Finally, I compare the different pathways to transition and connection to LGBT communities beyond on the basis of sex category, race, and class.

Do we see white privilege? In polite company?

Not everyone interviewed was as clear about the role of racism in the intersecting exclusions trans* people face as the opening quote from Leddy may suggest. Feminist scholars in critical whiteness studies have been examining the contours of whiteness—what it is, how it operates, how its privileges are hidden from people qualified for whiteness, and how discussion of its privileges are ignored—for decades (Frankenberg 1993; McIntosh 1998; Pratt 1984; Segrest 1994). Having benefitted from this long history of feminist scholars, Karyn McKinney (2005) vividly points out in *Being White: Stories of Race and Racism*, white people, myself included, are raised to not see (or to assert color-blindness as a form of white innocence) the privileges of whiteness within the U.S. Without conscious education and effort, these privileges remain invisible to many white Americans. Challenges associated with race are recast as some other issue, the advantageous position is reimagined as the disadvantaged using a single example from a much larger individual

narrative (rather than a structural or group level analysis), or deflected altogether, perhaps as something not discussed in polite conversation or that has not been given much thought.

In one example of recasting race/ethnicity issues as something else, John, a Latino transman introduced in chapter two, talks about the gossip of Latino culture rather than talking about race and ethnicity per se. First pointing out that where he grew up is ethnically Latino, ruling out significant issues of minority status, John switches to talking about culture saying, “we tend to gossip a lot too. It just goes with the territory being Latino...so in a small town like this people know your business and people know what you are about and they know who you are.” Indeed, the town is 81% Latino according to the 2010 census, so in day to day life visibly being perceived as a man of color may have little significance so long as John remains within the small town or the racially/ethnically diverse surrounding Bay Area.

Two white individuals, one genderqueer person and one transwoman, provide examples of whiteness being viewed as a disadvantageous position. These stories in particular echo the stories about race studied by McKinney (2005), and it is important to keep in mind that these stories about whiteness as a disadvantage are “fictions,” as McKinney notes. As she points out, “these fictions are part of the collective experience of whiteness—none of these individuals needs to be maliciously racist for these fictions to survive and sustain racism” (xviii). I examine these stories as does McKinney as “stories and discourses representing whiteness” and because I agree with her statement that “whites can help other whites to see that elite whites, not people of color, are responsible for the economic pressures on middle-class and working-class whites” (2005: xviii-xix).

In the first example, Alex, introduced in chapter two, spoke of being pushed out of an organizing role for a group that was not designed as a space specifically for people of color by the repeated suggestions of others that people of color should occupy leadership roles. Alex found the requests for him to step down particularly confusing seeing as people sometimes perceive Alex as something other than white on the basis of her small stature. Alex was additionally confused because in his view, many of those asking that she step down so that people of color could fill leadership positions, were likely *not* viewed by others as people of color and/or were unwilling to actually fill the leadership roles. While difficulty in this particular situation is understandable, it is interesting to note that when asked about the effects of race, this instance is the only relationship between race and daily experience discussed.

In a similar fashion to Alex, Amanda, from chapter three, talked of finding out she was HIV positive prior to transition and extensively researching resources available to help sustain her day to day existence. Amanda, having earned a GED as her highest education level, was working in unskilled labor positions outdoors and, when diagnosed with HIV, was told by her doctor that she had no blood platelets. She was informed that she might have to go on disability because, “They said if I got cut I would bleed to death, you know.” During her research, Amanda was disappointed to discover that:

Everything that I found was that if you were female, if you were African-American, or something else, but if you were a white male, there was nothing...you know, listed as a white male... So it got frustrating because everything seemed to me like it was designed for African-American people or females that are having a hard time... Well, what it boiled down to, I had a

house and two cars in the driveway. I could not get disability because of that.

I had to be living out on the street as a white male in order to get disability...

I was going to lose everything, you know, because of no help.

One thing missing from this analysis of missing help is precisely McKinney's (2005) point about *white elites* creating the difficulty. The problem lies in how the rules for help are written and elite whites control the rules of the disability system. A second missing piece of this analysis is that, receiving the benefits of white privilege, simply being socially perceived as white is a resource that likely played a significant part in someone with a GED education being able to earn enough to save up for a house and two cars in the first place. So while the loss is understandably regrettable and frustrating on an individual level, from the perspective of how racial groups fare in the U.S., the accumulated wealth was higher than average for someone with Amanda's level of education who are Black or dark-skinned Latino. In her analysis of fictions of whiteness as a position of disadvantage, McKinney argues that "the forcefulness of these statements should be judged in light of the fact that fundamental ideologies of whiteness deny both the suggestion that whiteness brings economic privilege, and the policies used to remedy this inequality" (2005: 150).

In addition to her belief in the economic disadvantage of being listed as a white male, Amanda added comments about the cultural disadvantage of whiteness—another area covered by McKinney's (2005) analysis. Amanda shared:

Then it kind of bothered me, too, because I do know that [African-Americans] have their own pride. Well, if you are a white person and you have something that is white only, that ain't going to float, but African-Americans can do that and nothing is said. So that kind of rubs me raw, but

don't get me wrong, I am not a prejudiced person, never was and never will be, you know. That is not my issue. My issue is that it got to the point where I do feel like that it is really harmful in some ways because there is just no help for some people that need it and it is not coming to them because they are white and they are male—especially when it comes to something as serious as HIV. I mean some things, sure I can let slide, so if they want to have their own African-American cruise, they want to have their own pride, I have no problem with that. I mean that is fine, but you know, if I say well, I want to throw this big cruise but it is white only, some will get pissed off at me. But I would never do that. I mean that is not my style.

This is precisely the kind of “whiteness as culturally stigmatized” story McKinney (2005) unpacks. She points out that whites talk about people of color as being oversensitive. Part of this she states, is that, “for many respondents, the chaos of racism is in the past, and it is now *whites* with a burden that people of color do not have: they must be careful not to ‘offend’ people who still think about the past” (116; emphasis in original). The very violent and discriminatory *power* realities, both historically and currently, of white only spaces are what make them offensive, not the perceptions of non-whites.

The fictions of whiteness as disadvantage discussed can and do coexist for many with ideas about the disadvantages of being non-white. After discussing her views about how whiteness has negatively impacted her life, Amanda also pointed out that when it comes to hate crimes, it is more likely for African-Americans to suffer. She says, “It tends to be when you hear of a murder in the trans community, it was an African-American person or something like that.”

In contrast to the disadvantage beliefs discussed, most white participants said very little, acknowledged that it might have been an issue for others, or deflected the conversation by saying it was “not my experience.” For example, when asked how race has affected the challenges she has or has not faced and the resources she has had for managing them, Heather’s (from chapter two) first response was, “Now what do you mean my race?” I followed up by asking, “So, in terms of being white in a dominant white society, do you think that that has made a difference in terms of the challenges that you faced or that you haven’t had to that you have seen other folks who maybe identify as a different race and had to face or whatnot in sort of a journey...” at which point she cut in saying, “I can’t think about how somebody else will be because I don’t know what it is like to be black.” While strictly speaking this is true, Heather does go on to recognize that there is a fight others have that she did not, meaning racism. However, she then goes on to talk about how she worked to blend in to society, not stick out, and the drive she had for that, ending with, “I don’t know if anybody has that drive like I had.” Rather than talk about white privilege or systemic racism, the discussion veers off into one about motivation for blending in and the personal drive to do so.

There is a chance that saying something was “not my experience” may be related to the way trans* identity often is discussed from a personal standpoint rather than being a deflection. Particularly in activist circles or in media outlets, trans* people often make sure to clearly point out that they are only able to speak from their own experience. This is done to acknowledge that there are as many ways of being trans* as there are trans* people and that trans* identity is inherently about self-determination—that is, the only person who can decide if I am truly trans* or not is me. And to be fair, it is also possible that the wording of

my question contributed to some of the short responses I received. The question asked, “In what ways do you feel *race* has affected the challenges you have or have not faced and the resources you have for managing them?” While my question sought to determine the challenges a person did or did not have, framing the question as about challenges may have led some people to only think about negative experiences with race. This may have also contributed to people only thinking about those who have negative experiences with race, not Whites, having anything to say about race at all. Out of thirty interviews, however, more than half pointed out the existence of white privilege, making it more likely that “not my experience” and one-sentence answers were signaling a blindness to race issues that Whites have been socialized into since birth, or possibly even a deflection of the conversation.

Whites were not the only ones to deflect conversations about race, although the purpose seems somewhat different among transwomen of color who did this. For example, Monique, introduced in chapter four, dressed in a lightweight black and white sleeveless dress at the time of our meeting, with her long hair straightened and pulled back in a pony tail and not visibly trans* said:

I don't even talk about race much because I haven't had any race issues that much. I grew up in a little small town and it was a white town. I had to learn to live with white folks. I've really not had a real bad struggle. Of course, I've probably been called a nigger. In the little town, I grew up in white people were here and whatever the case may be, that wasn't a struggle for me. That's just how life was.

According to the 2000 census, the rural zip code where Monique grew up was 86.1% white with a population under 8,000. By the 2010 census, the racial demographics had changed but little and the white population was at 85.4%. Here the deflection serves the purpose of minimizing the difficulties associated with white racism, not revealing blindness to white privilege or a discomfort with discussing it. The reason for minimizing the difficulties became clearer as Maia similarly noted, “I wouldn't say it's been a challenge for me. I haven't experienced much racism, but I do feel like in society transgender women of color have it harder than White trans women.” Maia then went on to talk about being African-American, a transwoman, and that, “I also didn't want that to be a crutch or I don't ever want to use that as an excuse because anything could be turned around and I've proven that, I feel, I worked very hard for what I have today. I endured a lot but it was worth it.” This illustrates McKinney’s (2005) point about accusations that people of color are oversensitive about the past.

Minimizing the difficulties faced or not using difficulties posed by racism “as an excuse” are ways of avoiding being accused of being oversensitive. This approach also focuses on owning the hard work put in rather than having accomplishments cast aside as a matter of having targeted programs directed at you (as in Amanda’s beliefs about the availability of funding for minorities). The minimization says I worked for this, it was not handed to me, and I am not here crying asking for someone to hand things to me. It is a response very cognizant of ongoing racism and an attempt to disrupt it. In part this tactic of minimization may have been directly related to Monique and Maia’s perceptions of me as a white man—Lisa, also a black transwoman, first brought up her nervousness about talking about her life

and experiences with me when I asked about the effects of race. However, it also seems likely that this is an ongoing tactic of surviving and thriving in a racist society.

Traversing the sex and gender landscape as a racial minority

Walking or being in the world as a trans* person is dangerous. Like Blacks in particular, trans* people live in vulnerable bodies. Although trans* people can possess racial and class privilege, they nevertheless share certain vulnerabilities with Black people. Similar to the phenomenon of “driving while black,”² where black people are disproportionately pulled over while driving, particularly in neighborhoods where they are not expected, male-to-female transsexuals and transwomen experience a phenomenon of what has been called “walking while transgender” (Hickey 2008). This is a situation where transwomen (who are visually not categorizable as ciswomen) walking on a street, particularly at night, and especially in areas known for sex work, are assumed to be sex workers and disproportionately detained. While this happens to white transwomen, it is more commonly an issue for transwomen of color³. In the United States, transmen and transwomen who visibly belong to racial and ethnic minorities that do not qualify for whiteness find themselves experiencing multiple forms of social discrimination and exclusion. Structural or institutional racism⁴ can and often does result in unemployment and unstable housing as well as other class-based issues, and being trans* adds an additional layer of discrimination. At the time of the National Transgender Discrimination Survey, the weighted national average for unemployment was at 7%, however, the rate for survey respondents was 14% (Grant, Mottet, Tanis, Harrison, Herman, and Keisling 2011).⁵ When broken down by race/ethnicity, the reality was far worse for trans people who do not qualify as White. Black

trans* people were unemployed at 28% and American Indian/Alaska Natives at 24%. Latina/o and multiracial trans* people reported unemployment at 18% (Grant et al. 2011). Clearly being trans* contributed to employment difficulties and these challenges were exacerbated by racism. For transwomen of color then, being viewed as legitimately female adds sexism to the mix of discrimination faced as well.

In her analysis of racism and sexism Patricia Hill Collins (2004) has argued that controlling images are, “the gender-specific depiction of people of African descent within Western scholarship and popular culture. The terms *representations* and *stereotypes* also describe this phenomenon” (350; emphasis in original). She notes that, “representations need not be stereotypical and stereotypes need not function as controlling images,” and concludes that, “of the three, controlling images are most closely tied to power relations of race, class, gender, and sexuality” (Collins 2004:350).

Collins (2004) has noted that black men are viewed either as emasculated side-kicks and comic relief, or as dangerous, threatening, criminal menaces to society. Black women, accordingly, are the jezebel/bad mother threat to sexual propriety and family or the Black lady/modern Mammy—ambitious, but non-threatening to white or patriarchal society. Imagine then the experience of Martin, a 33-year-old Black transman, who grew up middle class in a combination of rural and suburban areas in the South, who calls attention to one dimension of transitioning that disproportionately affects Black transmen. He adjusted from being, in his perspective relatively invisible to mainstream white society. Now as a hyper-visible and hypersexualized Black social male, Martin has to negotiate a range of denigrating and derogatory stereotypes organized around the myth of the dangerous Black man:

It's strange going from being a relatively invisible black lesbian to being a hyper-visible black man. I think it was—this was a few years ago—I was walking down [a busy] street with a backpack and a hoodie on and this lady damn near broke her neck trying to get off the sidewalk with me. She was a white woman. She was clutching her purse. She was definitely afraid and that was a turning point in my life where I realized that okay, things are different now.

Consider the trajectory of Ryzha, a 36-year-old black transwoman, spending her young life as the living image of emasculated side-kick white society has imagined for black men. Growing up, Ryzha was bullied and beaten by both Blacks and whites as an affront to masculinity, and in particular, black masculinity built in opposition to white stereotypes. Now living as her authentic self Ryzha is treated as either visibly trans*—epitomizing the betrayal of black masculinity in a white supremacist society and the “walking while trans*” threat to sexual propriety—or the invisible black lady. Seated in the hot humid entry room of a friend's apartment wearing cutoff jean shorts, a coral tank top, and a long brown straight-haired wig when I met her, Ryzha shared with me:

I always tell people when I talk to them it's like I have three strikes against me. From furthest away you see that I'm a black person and in our society, that's something that is one strike. Then further you see that I'm a woman which is another one. Then closer up you may see I'm trans*, so there's those three strikes...I mean you have a certain stereotype when it comes to a transwoman of color...When a person first meets me they're expecting the ghetto, ratchet type of personality, uneducated, all about nails and hair and all

of that stuff and not seeing any other option that a transwoman of color can be. Educated and learned, and well-spoken, talented and any of those other things. It's a barrier that I usually have to break through when I'm entering any new social situation.

In the United States, racism and classism structure the entire life cycle—determining who has privileged access to resources and experiences. Gee, Walsemann, and Brondolo point out:

For example, racism in the form of residential and school segregation may influence the development of social networks, which may then shape employment opportunities and health. One study suggested that youths attending racially isolated high schools were more likely to work in racially isolated workplaces in adulthood, even after accounting for residential segregation, region, school, and personal resources (2012: 967-968).

Access to resources including education, desirable housing, jobs, prestige, and other forms of status are distributed along racial, ethnic, and gendered lines. This means that poverty and low educational status can be deployed to perpetuate racism. In the previous chapter on class I argued that anyone may identify as trans*, but medical transition and many aspects of social transition cost money, helping to create a hierarchy of embodied capital⁶ within trans* communities to the disadvantage of transwomen of color. The more economic capital one has, the more embodied capital of sex category one can afford to create through a variety of medical and cosmetic procedures—procedures more necessary (as West and Zimmerman 1987 and Schilt 2010 make clear) for transwomen to be perceived

as female than for transmen to be perceived as male such as “facial feminization” treatments and/or surgeries.

In her book *Crossing: A Memoir*, professor Deirdre McCloskey lists \$90,000 as the monetary cost for the electrolysis and all the surgeries she had in her transition from male to female (1999: 224). She points out this was higher than the minimum for crossing as she had a great deal of cosmetic surgery and voice surgery as well as several revisions to fix earlier iterations. Today, that \$90,000 would have cost at least \$136,408.⁷ However, there are other costs not included here. McClosky also says in her memoir, “Getting to be a habit, she thought amused, this combining academic work with general anesthesia” on a trip to San Francisco from Holland (1999: 202). By combining trips for academic conferences with trips for surgical procedures—in this particular case, a facelift—McClosky was able to reduce the costs of transition considerably in terms of airfare and accommodations.

In similar fashion, Caitlyn Jenner reportedly spent \$70,000 on a 10-hour facial feminization surgery in March of 2015 for a brow lift and jawline reshaping (Bueno 2015b). This sum did not include the tracheal shave (reduction of the appearance of the Adam’s apple), lift of the upper lip, and rhinoplasty—commonly called a nose job—that Jenner had already received (Bueno 2015a). The article detailing Jenner’s March surgery rightly points out that, “Some in the transgender community have noted that Caitlyn’s experience is far removed from the reality of most transgender people, who aren’t nearly as wealthy as the reality star” and that according to CNN, trans* people have twice the rate of unemployment and four times the rate of poverty in comparison to the national population as a whole (Bueno 2015b).

Speaking again to the issue of intersecting forms of inequality (race, class, sex/gender) Kylar W. Broadus, director of the Transgender Civil Rights Project for the National LGBTQ Task Force and a black transman, said, “And these [unemployment and poverty] disparities are much greater for transgender black and Latina women” (Bueno 2015b). Since economic and cultural capital are linked to race, a disproportionate number of racialized minorities are left with less of these types of capital. The requirements of capital mean many facial feminization treatments and surgeries are disproportionately out of the reach of transwomen of color. This in turn leaves them with less embodied capital of sex category and gender performance, creating a cycle of barriers to upward mobility by way of their multiple categories of exclusion. I examine the effects of these exclusions through the narratives of trans* people I interviewed.

Race, class, and a transwoman’s value

Aadhya is 48 years old and identifies as mixed-race. She describes her mother as mixed-race as well and although her mother might be classified by others as white, Aadhya would not qualify as white—taking her darker skin tone from her “100% East Indian” father. She has a round face and curvy figure, was dressed in a sleeve-less, colorful print dress when I met her, and, according to my notes after the interview, “has an infectious positive outlook and strong, powerful spirit that speaks with great wisdom, clarity, and compassion.” Aadhya currently lives on less than \$15,000 a year, which she gets paid for her various speaking engagements as an activist. Her story shows how race, class, and body procedures are co-produced.

Several years ago, poor and feeling the pressure for facial feminization treatments in order to leave a more androgynous space and its challenges, Aadhya turned to a trans* community insider providing treatments referred to as “pumping”—the injection of silicone into the skin. Knowing that professional services and cosmetic surgery were safer, but far out of economic reach, she found someone recommended by others as having done this type of work with good results for several years. As she tells it:

So I did the hormone thing. I was living as a woman, but feeling like I still wasn't...I still needed to feminize more. Some of the girls in the community, they had gone for the pumping, which is the black market injections. Very prevalent in the trans* community. Very prevalent. For years it's been that way. It was almost like a rite of passage. I hate to even call it that. A lot of us girls do not have the money to do it the right way. The right way would be to go to a certified plastic surgeon and have all that facial feminization surgery done, which costs thousands. Breast implants, thousands. You know, it's just so much cost. Economically, that social economical status that a lot of us trans* girls fall into, it's real and it's a reality. You're trying to make something happen that's so important to you because it's almost like life or death—matching the way you look on the outside with the way you feel on the inside—with two pennies.

With the belief she was receiving injections of medical-grade silicon from an unlicensed, but knowledgeable and experienced practitioner, Aadhya began treatment to fill out and soften her facial features and then enlarge her breasts, thighs, and buttocks to create a more curvy, female figure. A few months shy of a year into treatment, she found she had a life-

threatening infection around the injection sites in her face and found out the silicone was actually a mixture of industrial-grade silicon. By then, the damage was done.

Several years of (kindly and graciously cheap) treatment to soften the silicone in her skin have improved her appearance considerably, but the treatments caused significant disfiguration and any attempts to remove the mixture would be far too dangerous and potentially fatal. Growing up an outsider because of her mixed-race background and “unmanly ways”, Aadhya found herself financially unable to afford licensed professional services. She reached out to the best she could find that she could afford, which made the sought after accumulation of embodied capital impossible. Disfigurement has contributed to her ongoing economic instability.

Prior to meeting Aadhya I was aware of the practice of pumping in other countries, specifically as a practice of the *travesti*⁸ in Brazil. I had read about the practice in Don Kulick’s (1998) *Travesti: Sex, Gender and Culture among Brazilian Transgendered Prostitutes*, where it was clear those partaking were aware that the injections were of industrial-grade silicone. Travesti often purchased the silicone themselves, and created apparatuses like halters or used plastic wrap (for heat) and pantyhose (for compression) to get the silicone to work into the body in the ways they wished. Until speaking with Aadhya, however, I was unaware that the practice of pumping is also quite common within the U.S., particularly among those who could not afford the higher cost of professional cosmetic surgeries and treatments. But as she pointed out, here in the U.S. she was made to believe the silicone being used was medical-grade.

Back from the understandable depths of despair, with less frequent bouts of clinical depression than when the disfigurement first took place and was at its worst, Aadhya finds a

purpose and silver lining in anything and everything. She uses her story as a cautionary tale to many others worldwide who find themselves in similar financial straights in dire need of identity-affirming physical changes, urging them to hold on to hope for better, less risky solutions, or at least understand how serious the risks are that need to be weighed. As she puts it, “Getting the black market injections, or pumping as we call it, can be a girl’s best friend or a girl’s worst enemy. Sometimes, for some girls, it can be a little bit of both.” A kind, empathetic, larger-than-life spirit and personality, Aadhya is a fierce advocate for trans* people and an inspiration to people the world over. If only the pay for an inspirational, mixed-race, transwoman of color were higher.

Between a transman’s legs: race, class, and phallic surgery

Lest we believe that the difference of race, class, and procedures are limited to transwomen, I now explore Martin’s adventures abroad for genital surgery. Martin’s parents grew up in the poor, rural south, moved to a more populated area and both earned themselves doctoral degrees and a good living for their family with two children. Martin grew up in the same relatively small city in the south where he transitioned and now lives, earned a bachelor’s degree, and makes around \$45,000 per year. When researching phalloplasty surgeons and costs, he found a few options in the U.S. ranging from \$40,000 and \$45,000 all the way up to \$150,000. Paying for the initial surgery on his own, Martin opted for a highly acclaimed surgeon in another country who was charging only \$13,000—a country where few black people were to be seen and English was uncommon.

Martin described his surgeon as incredibly attentive, visiting him every day except one of the twenty-six days Martin spent there. However, according to Martin, the facility where

his surgery took place “makes you feel like it’s 1930 Cold War Russia. They use glass thermometers, glass syringes—things that just seem very antiquated.” Martin also pointed out that they do not use narcotics, but luckily someone else he knew had gone to the same surgeon and warned him in advance to bring things like Percocet, Valium, anti-nausea, and bladder spasm medication with him. After the more formal part of our interview, Martin showed me pictures of his time abroad. When showing one of his hospital room he asked, “what’s missing?” Then he pointed out the complete absence of machines—machines like monitors for heart rate, heart rhythm, and oxygen rate that we are accustomed to seeing in post-surgical hospital rooms in the U.S. Not surprisingly Martin says the route he took, “was not for the faint of heart.”

Phalloplasty, or the construction of a penis, is a complex surgery that consists of multiple surgical procedures that may make use of a variety of surgical techniques, and accompanied by a long period of recovery.⁹ Martin returned to the U.S. early because he was not recovering as well as his surgeon expected. Martin attributes this to the stress of being in a new place without his family. Stateside though it was discovered that Martin had developed some necrosis on the tip of his penis that required a surgical revision. Although he was able to get the revision and aftercare he needed close to home, his insurance would not cover it. In addition to around the clock home care at their house, Martin was lucky to have the financial support of his parents to cover the costs of the necessary treatment back in the U.S.

Martin considers himself lucky because although he acknowledges, “I’ve spent my life savings just now,” he had far more financial resources than many transmen, especially transmen from impoverished racial and ethnic minorities. Despite the American Dream

mythology and the idea that the United States is a meritocracy, class privilege and class mobility have always been structured by race and racism. However, there were additional difficulties for Martin's phalloplasty that were entirely about race. Here I am not speaking about racism in the sense of negligent or biased treatment by individuals. Martin generally spoke highly of the care, concern, and treatment he received from his surgeon and hospital staff abroad. What I am referencing here is at the institutional level—the distribution of knowledge and technology related to the skincare of people of African ancestry.

His surgeon told Martin that Martin's was the first black-skinned body on which his surgeon had performed this operation. As with any major surgery, phalloplasty results in a great deal of swelling and bruising. And because his surgeon was unfamiliar with people of African ancestry, it was difficult for Martin's surgeon to properly assess the healing and condition of his transplanted organ. So while any transman with limited funds may look outside the U.S. for lower-cost alternatives for surgery, because of the predominantly white/light-skinned populations where these surgeries take place, the risks are lower for white transmen opting for this route.

Trystan Cotten—professor, transman of color, and editor of *Hung Jury: Testimonies of Genital Surgery by Transsexual Men* (2012a)—points out that transmen research and seek out genital surgeries for a variety of reasons. First, some recognize genital surgery as a necessary part of their authentic sense of identity and feeling whole, or what Cotten calls “somatic congruence” (2012a: 2). Second, Cotten (2012a) points out that there are social bonding and intimacy experiences that may not be open to or do not feel safe for those without genital surgery such as “locker rooms, showers, public baths, health spas, saunas, swimming pools, fraternities, the military, bars (including sex and strip clubs), and circle

jerks, to name some” (1). A third reason includes different possibilities for sexual intimacy; trying to explain one’s genitals to someone with whom you may be interested in having a sexual relationship might come with a host of negative emotions. Fourth are safety and security concerns, including dealing with law enforcement, security checkpoints while traveling, and the possibility of incarceration since people are generally placed in sex-segregated jails and prisons on the basis of their genitalia alone (Jenness and Fenstermaker 2013). And finally, Cotten refers to “issues of sovereignty and quality of life,” such as legal issues surrounding what is required to be able to change the sex/gender designation on a birth certificate or identity documents and the ramifications this may have on citizenship, naturalization, parental rights, enforcement of bathroom policies, nullification of marriages and all the associated rights (2012a).

While some of the reasons for genital surgery may apply equally to trans* people of all races, transmen of color are statistically more at risk for concerns around safety and security due to racial profiling, stop and frisk policies, and institutional racism that pervade U.S. society (Alexander 2012). Indeed, both black transmen I interviewed discussed at length the increased scrutiny they received from police and other security personnel. And while both of them had undergone genital surgeries, transmen of color are also less likely to have the financial means and access to these surgeries due to this same institutionalized racism that places them at higher risk for violations of their safety and security because racism also links race so closely to class in our society. In these ways, race, in addition to class, is a significant part of the web of intersecting exclusions and makes a difference between men’s legs.

The realities of risk and violence

When I first started formally studying trans* people in graduate school, I wrote about media and activist treatment of transwomen who were victims of homicide, focusing on the case of Ruby Ordeñana (Rodriguez). In my earlier writings, I sought to call attention to the role of sex work—hyper-visible in media accounts to make the homicide unremarkable, absent in activist accounts in order to bring the victim closer to the ideal of the white, innocent woman victim for the purpose of garnering sympathy for the violence perpetrated against all gender non-conforming people. I uncovered a pattern in these representations. I found that the “web of intersecting exclusions” and specifically, race matters. For example, Sausa, Keatley, and Operario point out that here in the U.S. transwomen of color “often engage in sex work for economic survival” and “participants reported on how social networks and cultural norms, immigration issues, and experiences of racism, sexism, and transphobia influenced their decisions to enter and the risks encountered in sex work” (2007: 768). To be clear, sex work as discussed here is not the upper end of the hierarchy as in high-end escort services or even middle class in-home independent business. When talking about transwomen of color and sex work, we are talking about the least paid, most vulnerable of the sex work population: those who walk the streets on the least desirable strolls, regularly harassed by police in each cycle of “quality of life” sweeps. Only two participants brought up having formerly worked in the sex work industry. Unsurprisingly one of the two is black and Native American and the other is Native American. Both are transwomen.

Of course there is generally no way to know from the index card of information provided at the Transgender Day of Remembrance how many of those who died in the previous year

of anti-trans* violence or prejudice were sex workers. This is not surprising given the goal of painting a picture of risk where the largest numbers of people—especially those closest to the image of the ideal victim—are in harm’s way and in need of protections. This strategy of removing information about the victim’s life helps avoid calling up stereotypes about deserving/undeserving victims and moves the discussion of transphobic violence from a story about an isolated victim and incident to one about a systemic social problem—a strategy that according to one scholar is important in pushing the boundaries of empathy beyond the ideal victim (Wanzo 2009). However, a focus on putting these incidents together as instances of anti-trans* violence also risks erasing a more complex picture of multiple intersecting identities that structurally place some trans* people disproportionately at risk in a multitude of ways.

Since names and location, and from 2008 on a picture if available, are given, it is possible to recognize the disproportionate representation of transwomen of color on the list every year¹⁰. In part, the list is limited by the methods of data collection. People end up on the list because someone sent the information in, not because good records are kept by any reporting or law enforcement agency. In this sense the lists are biased such that the high number of victims reported from Brazil are partly an artifact of better reporting from Brazil than from other places in the world, but also reflect a high incidence of deaths that we would consider hate crimes¹¹. Indeed, as I spoke with Maia about the differing challenges faced by transmen and transwomen, the reality of violence for transwomen hit close to home:

I think about it all the time when I hear stories about people that were murdered or discriminated against. I’m just tired of it. You know something? Now we’ve just said that...I tell you, no lie (reading from cell

phone) “Transgender woman found shot to death at east Texas. Roommate suspects hate crime.” I’m in a trans* group on Facebook. Every time I turn around, every two or three days, I see something about a transgender girl being killed. One girl, a thirty year old transgender girl in Virginia just got shot or killed four or five days ago.

Further research revealed that both women Maia brought up, shot and killed less than a week apart, were both transwomen of color. By including (or erasing, depending on your viewpoint) all of the deaths as anti-trans* violence, it is easy to miss the point that keeping trans* people safe is not just about creating and enforcing policies aimed at transphobia, but is also integrally related to feminist and anti-racist work.

The importance of race and sex/gender in transphobic violence is visible beyond what gets reported at the Transgender Day of Remembrance. Although all trans* people risk harassment, violence, and assault, it is clear that U.S. society reserves a particularly nasty experience of risk and violence for transwomen of color specifically. In a research study report by Grant, Mottet, Tanis, Harrison, Herman, and Keisling (2011), the authors explore the experiences of harassment and violence trans* people face across a variety of spaces including schools, work, shelters, public accommodations, police interactions, and incarceration. For example, one respondent said, “While I only experienced verbal harassment and rape threats during a night in jail, I watched a trans woman arrested with me experience physical and sexual assault from the police that night as well as extensive verbal harassment and humiliation” (Grant et al. 2011:166).

Statistics support the assertion the transwomen who cannot be perceived as white by others are the most vulnerable. According to the numbers, female-to-male (FtM) identified

people were more likely to experience verbal harassment in many settings than male-to-female (MtF) identified people. In schools, 84% of FtM reported harassment and bullying compared to 69% for MtFs, and in public accommodations 62% of FtMs versus 52% for MtFs (Grant et al. 2011:37; 127). But when it came to physical violence and sexual assault, MtFs were at greater risk. In schools 43% of MtFs reported physical violence and 15% sexual assault compared to 34% and 10% respectively for FtMs (37). At work 9% of MtFs reported physical violence and 8% sexual assault while 4% and 3% of FtMs reported the same respectively (57). In public accommodations the reports of physical violence were 1-2% higher across settings (retail stores, hotels or restaurants, government agencies, and courts) for MtFs than for FtMs (131-133). MtFs faced higher rates of incarceration (most likely due to higher rates of sex work), and while FtMs reported harassment at higher rates, the percentage of sexual assaults was higher for MtFs (163; 160). Clearly the sex/gender of a person matters significantly in the severity of mistreatment.

Sex and gender, however, are not the only significant indicators of risk for violence. As already noted, people of color are at much higher risk than their white counterparts. In schools, the only group reporting less sexual assault than whites was Latin@s (36). At work, rates for physical violence were 5% for whites, 14% for blacks, and 20% for Latin@s, while rates of sexual assault were at 4% for whites, 14% for blacks, and 17% for Latin@s (58-59). Similarly large discrepancies were reported for rates of physical violence and sexual assault in shelters and physical attack or assault in public accommodations as well (117-118; 127). The higher rates of incarceration for people of color are well documented¹² and further supported by Grant et al. (2011) who note that 41% of blacks in their sample had been arrested or jailed due to bias compared to only 4% of whites (163). What all of these

numbers add up to is the point that the most vulnerable of the trans* community, like the most vulnerable of the feminist, gay, lesbian, bisexual and many other identity communities, are those made most vulnerable by the institutional racism, sexism, and classism in the U.S.

Pathways to transition and community beyond

Over the course of interviews across the country with people from a variety of backgrounds and identities, an interesting pattern emerged worth noting and pondering. Of those assigned female at birth and moving away from female (whether male or non-binary identified at five or more years on from transition), the vast majority took a path through some version of lesbian identity and/or the lesbian, gay, bisexual, trans*, queer (LGBTQ) community—regardless of race. An interesting interaction occurred, however, heading the other direction. Those assigned male at birth and moving away from male (whether female or non-binary identified at five or more years on) appear to be split along race lines. White transwomen almost never went through a period of identifying as gay men and/or being connected to a wider LGBTQ community, but transwomen of color nearly always did. Valentine (2007) also made note of this phenomenon while examining the race and class divides in the use of transgender as an identity in the early years of the term's usage. In my own research, of the five transwomen of color interviewed, only one bypassed a stage of growing up in the LGBTQ community, and this particular case appears to be a difference based in a higher socio-economic status, including the increased embodied capital that is associated with economic capital. Additionally, the few white transwomen who did go through a period of identifying as gay were of lower class status. Association with a gay identity, then, appears to be a division based on race with some influence of class status.

It would seem given the leeway afforded females, at least prior to adolescence, to don masculine attire and live a version of female masculinity, and the complete lack of leeway afforded males to be in any way feminine, that the reverse would happen. With room to be masculine, those assigned female would not necessarily need the support of a subculture to navigate as masculine females whereas feminine males would need the support of a subculture where gender non-conforming is part of the mix. However, first we need to keep in mind that an understanding of oneself as male when assigned female is not necessarily about being masculine and identifying as female when assigned male does not necessitate being or even wishing to be feminine.¹³ Second, as Maia pointed out to me, there is an issue of sheer numbers here as well. Since trans* people are such a small percentage of the population, maybe 0.5% to 2% according to Conway (2002), and whites are in the majority, trans* people of color are few and far between, so “safety in numbers” might require attaching one’s trans* self to a larger group of LGBTQ people. However, the split along race line in terms of identifying as gay or lesbian only applies to transwomen since transmen of all races went through an identification as lesbian. More important in terms of gay or lesbian identification in this case then is an individual’s distance from the white heterosexual male seat of power and the power of homophobia, specifically the phobia of *gay men*.

Stryker similarly notes:

Class and race privilege encouraged white people with transgender feelings, especially if they enjoyed a measure of social respectability or financial security, to construct their identities in isolation, to engage in cross-dressing only furtively, and to form networks with others like themselves only at great

risk, unless they were willing to present themselves as people in need of medical or psychiatric help (2008: 59).

She goes on to explain that those with less privilege “had a very different relationship to (or membership in) gay communities and communities of color, as well as to public space and to the police” (2008: 59).

When I asked a black transwoman Maia to think about the challenges she faces in comparison to transmen, her immediate response was, “I feel like a transman will always be more accepted because lesbians are more accepted in society.” By this logic, gay male identity is to be avoided at all costs—especially if you are already one step removed from white heterosexual male by being Black or Latino. If you are racially removed from white male heterosexuality, you are facing a second removal for being trans* (or simply different in a way you cannot yet explain, but later identify as trans*). A third removal from white male heterosexuality may also occur if historical and structural racism have also cast you into the realm of the poor. A male-assigned person who is white, knowing that male coupled to masculine identity somehow does not fit, risks crossing the line from the top of the social ladder to somewhere (yet to be determined) down below. To be a male-assigned person not able to be perceived as white and aware that you somehow do not fit the male coupled to masculine identity in some fashion is to already be somewhere down below on the social hierarchy in the United States. By embarking on a necessary transition, the male-assigned white person becomes (at least) one step removed from the white heterosexual male position of power. The male-assigned person of color becomes *another* step removed. In a similar fashion, being assigned female at birth, transmen are already one step removed, at least prior to transition, providing little reason to avoid lesbian identification.

Asked to talk about the effects of race on her experience of being trans* Aadhya pointed out the problems for transwomen of color in relation to the racialized patriarchal structure of the United States that keeps White and selected Asian American men at the top. She shared her opinion that “I feel that in many ways, people of color, especially in African American culture, can be very hard on someone who is homosexual or transsexual.” Having first pointed out the existence of white privilege in the U.S., she talks about the effects of this on men of color and how this gets translated onto transwomen of color:

I think it's because black men in this country, in many ways, have been emasculated. So, when someone is gay or transgender and it's a male child, it's almost like, for the average black man there's this thing about feeling like they have to have a certain image—live up to a certain macho image.

Whether it's walking with a strut or this thing of being hard in society, I think to prove their masculinity. So, someone that's gay or transgender, it's almost a slap in their face. So they can be very verbal about that and verbal in a cruel way, aggressive way. They can also be very violent in regards to that kind of thing. It's almost like crabs in the barrel. It's like, “[transwomen of color] are making it bad for us (men of color).”

As I pointed out at the beginning of this chapter, controlling images provide for two spaces black men can inhabit—the emasculated side-kick or the criminal threat. What Aadhya points out is that in an effort to distance oneself from the emasculated side-kick position, as often happens with oppressed identity groups, the frustration of having to fight stereotyping often gets taken out on those perceived to fit the stereotype rather than on those who create and maintain the limited options in the first place. People of color assigned male at birth

and viewed as transgressing the boundaries of male masculinity either by being gay or trans* then face the brunt of this frustration to gain a respected masculinity for men of color. By this logic, focusing on the plight of the emasculated (heterosexual) man of color requires casting out transwomen and gay men of color.

During the Civil Rights Era (early 1950's to late 1960's) Black feminists played a central role in challenging discrimination (Robnett 1997). They fought discrimination on many fronts including within the Civil Rights movement. Black men often cast their concerns as women as secondary to their issues of racism, and within the White mainstream women's movement their concerns as Blacks were cast as secondary to their issues as women (Collective 1978; Hull, Bell-Scott, and Smith 1982). Trans* people of all racial and ethnic backgrounds were excluded from the mainstream White gay and lesbian movement, in part because they were symbolically seen as a stigma. In 1973 homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Stryker points out:

As a result, because gays were not “liberated” from the burden of psychopathology, homosexual and transgender communities no longer had a common interest in working to address how they were each treated by the mental health establishment. Gay liberationists who had little familiarity with transgender issues came to see transgender people as “not liberated” and lacking in political sophistication, as being still mired in an old-fashioned “prelibation” engagement with the establishment, as still trying to “fit in” with the system when what they should really be doing was freeing themselves from medical-psychiatric oppression (2008: 98).

Systemic racism along with the casting out of gay men and transwomen of color by heterosexual men of color helps us make sense of the alliance between transwomen of color and other LGBTQ racial and ethnic minorities before and after transition. Already one step removed from white heterosexual male power by way of race, both gay men and transwomen of color are also another step removed by transgressing the sex/gender/sexuality boundary. The battle against racism for men of color then separates the “transgressors” from a larger community of color, leaving few allies to stick with aside from other LGBTQ people, particularly those that are people of color. Racism then has a twofold effect on transwomen of color: separation from white privilege in society and separation from solidarity with heterosexual, cissexual/cisgender people of color. By comparison, white privilege creates a certain buffer for white transwomen, making a link with gay identity prior to transition or connection with LGBTQ community before or after less of a necessity. In fact, given the homophobia specifically of gay men, by beginning at the white, male, and presumably heterosexual position of power, white transwomen have every reason to avoid a gay male identity prior to transition to retain that position of power as long as possible while figuring out how they are different.

Both Aadhya and Taye note that connections to LGBTQ communities can be difficult for trans* people after transition. After pointing out the connection between racism, black heterosexual men, and the treatment of gay men and transwomen of color from within communities of color, Aadhya also said there is a similar distancing between gay men and transwomen. “It’s almost like, ‘Oh my god, we have a hard enough time as homosexual men and now we’re bringing you all into the dynamic? Like, people are definitely not going to be able to accept that. A man in a dress?’” Similarly Taye found that, “I didn’t know

white lesbians had so much fucking antagonism for black men. They didn't talk about it. Those things didn't come out when I was in a black lesbian body...I guess now in a black man's body—they all know who I am—the whole context has changed.” However, the friction between trans* people, particularly those who are “out,” and LGBTQ communities generally remains below that between trans* people and cissexual/cisgender heterosexual people, whether they be communities of color or white, as trans* people still cast their lot more commonly with the former than the latter.

Conclusion

In this chapter I have explored the ways in which a person's identity as trans* and the experiences of the trans* person's journey are integrally bound up with the individual's racial identity and position within U.S. culture. First, race and racism contribute to a web of intersecting exclusions, although the recognition of racial advantages and disadvantages may not be present for everyone. These exclusions show up in ways as different as seeking out facial feminization through black market injections and finding a surgeon who has a record of great genital surgical results at an affordable price, but perhaps little to no experience working with the black-skinned body.

Second, the intersections of race, class, sex, and gender place transwomen of color at the highest risk of violence. Trans* people as a whole are a vulnerable population in U.S. society, and the most in danger among us are transwomen of color exposed by institutionalized racism, classism, sexism, and transphobia. There are times and places where a strategy of discussing the risk of trans* people as an undifferentiated group is

strategically appropriate, but we would do well to also remember that “trans* activism” is intimately bound up in the feminist, anti-racist, and class struggles.

Finally, I examined the differing sex category/race/class trajectories to transition and the connection to communities beyond. I noted that for trans* people assigned female at birth, a period of lesbian identification generally preceded identifying as trans* and that connections to some form of LGBTQ community were retained or remade after transition. For those assigned male at birth, however, the pathway and post-transition connections were largely divided by race where whites often did not identify as gay and did not have LGBTQ community connections post-transition. For the most part, those assigned male at birth who also identified as people of color did identify as gay men prior to transition and often were connected to LGBTQ folks after. I explained these differing pathways based on a person’s distance from the white heterosexual male position of power before transition.

In the following, final chapter I take stock of the ground covered thus far. I then turn to thinking about the directions this analysis could take in the future including research and public policy endeavors.

¹ Notable exceptions to intersectional exclusion include Valentine 2007, Cotten 2012a, and Cotten 2012b. There is also an emerging presence of memoirs written by transwomen of color (Mock 2014; Narinesingh 2012), however, an extensive search found not a single memoir written by a black or non-white Latino transman, and only one (Valerio 2006) by a transman who may be perceived as a man of color by others.

² In the midst of ongoing cries that #BlackLivesMatter as a response to ongoing racial profiling and police brutality up to and including fatal results, race and racism unsurprisingly hold leading roles in the life trajectories and outcomes for trans* people.

³ I use the term people of color to refer to racial and ethnic minorities who are not perceived by others as able to be categorized as white due to phenotypic characteristics such as skin color, hair texture, etc.

⁴ Racism is “the belief that members of separate races possess different and unequal human traits” (Conley 2008) and supplies the justification for discrimination, meaning the unequal distribution of resources and rewards in a society. Discrimination happens on an individual level, for example when an individual poll worker refuses to provide a voting ballot to someone of racial minority status. Racist beliefs and discrimination on the basis of those beliefs also occur at the level of social structures and institutions, for example in the creation of laws requiring particular forms of identification in order to be provided a voting ballot—forms of identification unequally distributed across people on the basis of racial categorization, making the system itself a means of perpetuating unequal resources on the basis of racial categorization.

⁵ Critiques have been made about the naming and overall design of the National Transgender Discrimination Survey, requiring some caution in the use of the statistics reported. For example, calling it a discrimination survey could conceivably draw a non-representative sample skewed toward those who have experience discrimination. Still, the study garnered an impressive roughly 6500 respondents and is the only source of national statistics available on the experiences of trans* and gender non-conforming people.

⁶ In particular I am referencing here what I call in chapter three the embodied capital of sex category. I define this as one’s ability to be perceived by others as fitting within one of the two socially accepted sex categories (male or female) rather than being uncategorizable or recognizable as trans*. This embodied capital allows one to move more freely and unhindered through the world precisely because people generally assume only these two categories are possible.

⁷ This figure accounts only for basic inflation of the consumer price index (CPI) and not for changes in charges by surgeons. Price was calculated using a CPI calculator from 1996 (the midpoint of McClosky’s transition) to 2015 dollars found at: http://inflationdata.com/Inflation/Inflation_Calculators/Inflation_Rate_Calculator.asp#Calculator which uses calculations from the U.S. Bureau of Labor Statistics.

⁸ Travestí can be compared to transwomen in the sense that they are assigned male at birth and make their bodies more female. However, the different cultural organization of sex, gender, and sexuality make a travestí identity different as well. For additional information see Kulick 1998.

⁹ For an example of techniques, process, and outcomes, see Bettocchi, Ralph, and Pryor 2005.

¹⁰ The International Transgender Day of Remembrance website can be found at <http://www.transgenderdor.org>.

¹¹ The list is also limited by the term and identity of trans* itself, which is both historically and geographically located. Some places on the globe may not recognize a trans* identity *as trans** locally and thus not report the deaths of people others may wish to include.

¹² For example see Alexander 2012.

¹³ The lack of relationship between trans* people's gender (femininity/masculinity/genderqueer) and motivation to change sex/sex category (female/male/intersex) was the subject of a previous study I conducted (Seeber 2013).

7. FROM AWARENESS TO INCLUSION: TRANS* PEOPLE AND THE ROAD AHEAD

I've done my activism around bathrooms for 10 years already. I've put signs on doors. I've gone and spoken at different colleges about why they need gender-neutral bathrooms. I feel like I've fought that battle and now I get to have whichever bathroom I like. If I'm in a really unsafe environment, if I was on the road at a rest stop in some conservative part of the state, I would be really cautious. I would probably just make sure to use the men's room. Around the [more liberal area], I feel like I can kind of play with it, it's okay.

--Alex

Throughout this text I have explored aspects of trans* people's lives and identities while paying particular attention to simultaneously held identities such as race, class, sex, and gender. Starting with the high profile academic transition of Dierdre McClosky and the more recent celebrity transformation of Caitlyn Jenner, I make note of the ways that economic and race privileges contribute to a very different transition experience and to life beyond.

As I noted at the outset, both academic and popular literature provide a great deal of information about people thinking about and deciding to transition. The vast majority of the literature, however, focuses on the social and medical transition itself as well as the immediate after-effects. But scouring the literature for knowledge about the trans* experience over the life course reveals that it is almost as if trans* people cease to exist as

trans* people after transitioning. While it is true that for many, being trans* becomes a less visible aspect of identity in daily life, there are still times and places where trans* identity becomes more salient. In part this is due to what I call the *paradox of identity*, which is a challenge trans* people face as a result of living outside static and dichotomous categories of and beliefs about sex and gender. By taking a life course perspective, I have been able to examine some of the ways that trans* identity continues to hold relevance. For example, being trans* remains relevant to interaction and whether or not ties of kinship remain in families of origin, and families of procreation for those who created families prior to transition. Unfortunately, while visibility and acceptance for trans* people are on the rise, loss of ties to both families of origin and families of procreation are all too common for trans* people upon disclosure of a trans* identity.

In addition to the family ties that exist prior to transition, trans* people have to find ways to deal with their trans* identities in the realms of dating and creating families after transitioning. Dating is a highly scripted process governed by gender norms—norms trans* people have to learn from a different perspective, and fairly quickly. But it is not just a matter of learning new norms and dating practices. Trans* people have to attend to ways in which a trans* identity specifically alters, or has the potential to alter, the dating game. If and when to disclose a trans* identity is more than just an issue of how much or how soon to reveal certain aspects of one's life. Because of the ways others stigmatize trans* people, or feel trans* identity requires them to examine their own sex and gender identities or sexuality, disclosure jeopardizes the safety of trans* people, subjecting them to potential violence. If a person discloses early on, this may function as a means for weeding out people who would stigmatize from the pool of potential partners, but it also may

prematurely close off the possibility of intimacy simply on the basis of labels and the preconceived notions associated with dominant sex and gender labels. If a person waits to disclose, a potential dating partner may have the opportunity to get to know a potential trans* partner before they have the opportunity to incorporate an understanding of the individual as trans*, creating a positive outcome. Alternatively, late disclosure may lead to perceptions of deception, which have been used to justify violence against trans* people up to and including homicide, as was the case in 2002 when Gwen Araujo was murdered after sexual partners discovered she had been assigned male at birth (Lee 2006).

Once a dating relationship successfully progresses into the creation of a family, a person's documentation of legal sex status, their geographical location, and state law combine to create challenges to family formation that are not experienced by traditional heteronormative families. In some states, a trans* person can change the sex category designation on their driver's license, though the rules vary state to state. In some states, birth certificates can be changed, while in others they cannot. With the recent Supreme Court ruling of *Obergefell et al. v. Hodges*, the sex category designation on an individual's legal documents became less relevant as same-sex couples now have the legal right to marry (Supreme Court 2015). Hopefully this will also resolve issues of parental rights as well, but this remains to be seen. The issue of disclosing the trans* status of a parent and how best to approach this with one's children also remains an open question.

As the history provided by Walks With Two Spirits pointed out, trans* people faced significant limitations on employment options, and as others noted, trans* people still do. Employment remains a significant obstacle to living authentically and discrimination and dangerous environments make many acutely aware of their trans* identities long after

transition itself has passed. As the environmental risks discussed by Alex and John make clear, trans* identity has lifelong implications for employment.

Finally, healthcare, eldercare, and end of life decisions are areas in which trans* people found that their trans* identities remained salient. Although the Affordable Care Act ultimately forced insurance companies to drop pre-existing condition exclusions, coverage for trans*-related care has not been entirely secured. There are still many regions of the country where competent care is either unavailable or difficult to come by, and where other simultaneously held identities such as race impact the availability of care. Additionally, as an increasing number of trans* identified individuals push on toward older age, a new set of doctors in geriatrics need to be trained to deal with health issues of trans* patients, and eldercare facilities, such as nursing homes, must learn how to treat trans* people with dignity and respect. When the end finally comes, trans* identity again becomes part of the equation as partners and families struggle over whether to meet the wishes of their trans* family members.

Having enumerated major challenges in trans* lives and experiences, my analysis here has drawn on and extended the sociological concept of capital to include an embodied form, which allows us to understand why some trans* people may face more difficulties in daily life than others. I noted that those who perform gender in conventional ways consistent with their sex categorizations are less scrutinized on a daily basis than, for example, those who identify and present as genderqueer. While gender performance capital is written *on* the body, a second form of capital, that of sex categorization, is written *in* the body itself. Here I discussed the ways in which people are subjected to increased stigmatization if others are unable to easily categorize them as male or female. This may

occur early in transition for many trans* people while hormones and surgeries are slowly changing the way others perceive their sex category. It may also be a more permanent difficulty depending on the age at which someone begins transitioning and the sex category direction of transition. As this study reveals, those who begin hormonal therapy earlier and move from female to male tend to acquire more sex category capital, in part because of the higher status of males and masculinity in the society at large.

Next I delineated the hierarchies of stigma that occur within trans* communities themselves. One narrative suggests that having more surgeries makes one more “passable,” more “serious,” and more trans*. A second narrative suggests that maintaining the body as is and being more genderqueer, or perhaps changing the body, but remaining visibly genderqueer, is a more “progressive” narrative and makes one more trans*. I explained the ways in which these internal hierarchies create infighting within the trans* community, making trans* oppression less work for society at large. I also pointed out the ways in which these narratives both fail to acknowledge the existence of two important and separate issues. First, sex identity and gender identity are separate problems, one being a problem of the body and the other related to how society requires specific and strictly monitored gender behaviors of certain types of sexed bodies. Second, both “more trans*” narratives dismiss the individual relativity of authenticity. It is no more authentic or “more trans*” for someone with an issue of the body to maintain the body they have and live as genderqueer than it is for someone with an issue of the social requirement of “matching” bodies to behaviors to change their body when they have no problem with their body.

While the importance of intersecting identities is attended to throughout the analysis, the chapters on class and race bring issues of simultaneously held identities into the spotlight.

In discussing class I pointed out that while anyone can have a sense of self as trans*, medical transition is not cheap, making the ability to live one's trans* authenticity inherently classed. I also explored other forms of class capital such as the social supports one can rely on and the information one can access, including information about procedures and doctors. I also further examine the class-based challenges people confront after transition, such as references for rental housing and employment.

In talking about race, I noted that because of the way whiteness works as an advantage while maintaining invisibility, not everyone I talked to was able to articulate the ways in which race had a significant impact on their transition, the challenges that continued well beyond the transition years, and the resources at their disposal. I analyzed the racist and classist dynamics of the United States that result in the placement of black and brown transwomen at the highest risk for physical violence up to and including death. And finally, I sorted through the relationship that sex category, race, and class have to the trajectories people take toward transition and how it affects their relationship to the larger gay and lesbian communities. I offer an explanation of these relationships that attends to an individual's distance from the white, male, heterosexual position of power in U.S. society. I pointed out that those for whom trans* is an *additional* marginalized identity are more likely to have moved through gay and lesbian identities and communities on the way to transition and are more likely to remain connected to these communities after.

Moving Forward

Throughout this text, care has been taken in attending to multiple and simultaneously held identities in discussing the experiences of trans* people. As Laverne Cox's quote in

the opening, and many other commenters on the coming out of Caitlyn Jenner have noted, how a trans* person is located in relation to race and ethnicity, social class, sex, and gender makes a significant difference in both the types of experiences faced and the resources that can be drawn on to meet any challenges that arise. As trans* studies continues to grow and address new ideas and areas of trans* lives, needs, and experiences, continued attention to intersectional analysis will be imperative in accurately representing and understanding trans* people.

Coming out and the revelations of acknowledging a trans* identity capture the popular imagination and headlines. Reaching an understanding of the self as trans*, making the decision to transition in whatever ways feel authentic, and learning to exist differently in the world are only some of the ways in which a trans* identity impacts a person's life. As discussed in this study, there are several areas of life that are affected long after the initial transition period itself is over. Continuing to explore life beyond transition provides a fruitful ground for understanding trans* people in multi-dimensional ways and for contributing to the dignity and respect trans* people receive in society. Future studies can expand upon this work by further exploring the informal and formal social networks trans* people create in their personal and work lives and understanding the importance of these networks to the well being of trans* individuals. Alternative family formations, and religious community participation were also suggested by trans* people I interviewed as areas that require further exploration. Examining trans* lives not only contributes to better understanding and hopefully better treatment, but can also inform future public policy to address trans* people's needs in response to their current social location.

A cursory look at the National Center for Transgender Equality's website (<http://www.transequality.org/>) uncovers a host of issues of importance to trans* lives. The NCTE's list includes issues of aging, anti-violence, employment, families, health and HIV, housing and homelessness, identity documents and privacy, immigration, international human rights for trans* people, the military and veterans, non-discrimination laws, police, jails and prisons, racial and economic justice, research and data needs, travel, voting rights, and youth and students. NCTE has been working in particular with the Obama administration trying to ensure trans* people receive adequate health care, including through the Affordable Care Act. At the time of this writing, NCTE is focusing significant efforts and resources on the removal of trans*-related healthcare exclusions by health insurance companies, clarifying what trans*-related means for healthcare, and ultimately working to ensure that transition-related care, including hormonal therapy and surgeries, are covered by medical insurance.¹

In December on 2010, President Obama signed the Don't Ask, Don't Tell Repeal Act into law, although it took nearly a year for the legislation to go into effect (HRC 2011). While this removed restrictions on gay and lesbian personnel serving openly in the United States military, the legislation did not include trans* members of the armed services. In a documentary video in the Opinion pages, the New York Times highlighted the challenges of serving in the U.S. military as a trans* individual. Briefly detailing the lives of transman Logan Ireland and fiancée, transwoman Laila Villanueva, the video emphasized that the experience of transitioning is quite different based on the sex category with which one identifies. While Ireland, who transitioned from female to male, finds support from his chain of command, Villanueva, who transitioned from male to female, faces an ongoing

struggle. As the world's largest employer (Chang 2015), the military's ban on openly trans* employees is a serious issue for trans* citizens of the United States trying to make a living as their authentic selves.

As is common with many social movements, change is often met with resistance, and progress with backlash. In the midst of growing awareness of trans* lives and needs, increased protections, and the ongoing struggle to achieve further safeguards against discrimination, several legislative bills across the country have recently been proposed to curtail the advancement of trans* people. For example, a rash of backlash “bathroom bills” were drafted in the past year including in Virginia, Maryland, Arizona, Kentucky, Minnesota, Nevada, Texas, and Florida (Steinmetz 2015; Taylor 2015). In Florida, HB 583 was drafted by State Rep. Frank Artiles as a direct response to a county-wide non-discrimination policy adopted in Miami-Dade county, “that banned discrimination based on gender identity and expression in public facilities” (Ennis 2015). Efforts to secure basic rights and shed light on pressing issues for trans* people at all stages and in all areas of their lives require an ongoing and active research agenda. This text serves as one such starting point and hopefully will inspire many more.

¹ For more information about work NCTE's work in this area, see <http://www.transequality.org/issues/health-hiv>.

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