

Transgendered Lesbians

by Arlene Istar Lev

About ten years ago I received a referral from another social worker who had once been a graduate student. She was now working at a local mental health agency in the substance abuse department and had a client who had successfully completed a recovery program and was beginning to address issues in her individual counseling that the social worker felt was “out of her league.” Hence, Mel was referred to me, a therapist skilled in working with sexual identity concerns.

Mel came to her first session with her girlfriend, but asked if I could meet with her alone first. Mel was in her early 20’s, a white woman with short brown hair and striking hazel eyes. She wore a flannel shirt, jeans and workboots. She shared her story openly and honestly, with some impatience, as if she had told this story too many times to far too many social workers.

Mel told me she had been sexually interested in other girls since early adolescence. At fifteen she confessed to her mother that she thought she was really a boy and that she needed help. Her mother, an educated liberal single parent, found a social worker who was experienced in working with gay adolescents. With her mom’s support, and the therapist’s expertise, Mel successfully came-out at 15 years old. She dated other teenage girls, attended the local gay youth group, started a “gay club” at her high school, and was involved in as many political and social aspects of the gay and lesbian community as her age would allow. She began sneaking into gay bars at 16, and soon developed a full-blown case of alcoholism. She has now, at age 23, been sober for 18 months, lives with her girlfriend of 3 years, is completing her final year of college. And, she looks at me sheepishly and says, “I really not a lesbian. I still think I’m really a guy.”

My first thought, ten years ago, was that this was a case of internalized homophobia, albeit an unusual one. When Mel said, “I don’t want to be a lesbian. I don’t feel as if I am a lesbian,” it sounded like the kind of internalized self-hatred I have heard numerous times from women and men, young and old, struggling to make sense of their homosexuality in a queer-hating world. Many of us have worked our whole careers to create the kind of gay-affirmative counseling that Mel had received, and though Mel had moved through each of the successive stages of coming-out, she was unable to adjust to this life. Instead of being at the coming-out stage of identity synthesis or integration, she was presenting with doubts about her sexual identity more commonly seen in those newly out. She was blessed with a loving a supportive family, had received “good” therapeutic treatment, and had a social and sexual life embedded in a proud lesbian community. She was out as a “lesbian”, did not exhibit overt signs of either self-hatred, or homophobia, she didn’t particularly mind the label of lesbian, -- ultimately she just didn’t think it fit. From my perspective as “lesbian-affirmative therapist,” Mel’s story is a familiar lesbian narrative, with a somewhat disappointing ending; something was very wrong.

Slowly over the last decade I began to realize that what was wrong was my own limited understanding of gender identity, gender dysphoria, and most of all gender diversity. Mel is transgendered, and has been living as a lesbian because, in the words of psychotherapist

Moonhawk River Stone, a bigendered ftmtranssexual, the lesbian community was the closest thing to home I'd ever found, but not quite home."

I asked Mel if she felt comfortable inviting her girlfriend into my office, thinking that her perspective might offer me some insight into the direction of therapy. What did Mel's lover think about Mel "being" a guy? I imagined some of the lesbians I knew would find this quite reprehensible. Was Mel's gender dysphoria causing relationship difficulty, or challenging the sexual identity of her partner? Was Mel secretive about her feelings, or able to discuss them with her lover? As a family therapist, it was as important for me to understand the impact of Mel's "identity" on her chosen family, as it was to have compassion for her internal struggles.

Mel's girlfriend Rose, a femme beauty with long sculptured nails and "big" hair, gracefully entered my office exhibiting some initial shyness. When I asked her what she thought of Mel's statement that she was not a lesbian she said pointedly, "She's not! And neither am I." Rose explained that she had always identified as heterosexual, and this sense of self had not changed since she fell in love with Mel. "I see Mel as a guy," she said. As a gay-sensitive therapist it would almost appear that Rose was suffering from an almost delusional internalized homophobia by colluding with her lover's perspective. Ten years ago, when I first met Rose and Mel, my colleague's referral was, in many ways, out of my league as well!

Committed to understanding Mel, -- and intuitively sensing that although what I was seeing was outside of my clinical expertise, it was not "pathological," -- I entered in to a study of the transgenderism. When I "got over" the idea that Mel was simply not a lesbian suffering from internalized homophobia, I then assumed that perhaps she was transsexual. But Mel was very clear that she did not desire sex reassignment surgery, she simply wanted to live as she knew herself to be -- a guy with a female body. In trying to understand the relationship of transgenderism and homosexualities, I sorted through history, anthropology, religion and clinical literature; I began to understand that we are piecing together the legacy of an oppressed peoples.

Mel and Rose, and other clients like them, have stretched my understanding of gender identity and sexual identity. It has challenged some basic feminist principals, and at times caused not merely a paradigm shift, but a paradigmatic upheaval; the bi-polar universe of male and female has been replaced by an evershifting landscape of gender expressions

In order to begin a discussion involving transgendered behavior, we must start by examining our understanding of gendered behavior. The traditional bi-polar division of the sexes has defined male and female into a world of opposites, i.e. males are strong/females are weak, women are nurturant, men are unemotional, etc. This division of gender is not merely role oriented, but has been role constitutive, defining, as Virginia Goldner has suggested, not only how human beings see the world, but how they can see the world. Although this is most extreme in Western culture, and the particulars may vary from era to era, this basic yin/yang perspective invariably creates an immutable paradigm. Even the concept of the "opposite" or "other" sex, describes our sense of diametrical distinction, the inability to exist as "both/and".

Feminism has given us a powerful analysis in which to examine the limits of a gendered world, and an even more powerful set of tools in which to dismantle a patriarchal power structure that has disempowered females. Feminists have deconstructed what it means to be female and reconstructed the concept of woman to include a full range of human behaviors, emotions, and capabilities. It has not, however, called into question the actual bi-polar nature of gender itself. Feminism accepts that there are two sexes -- males and females -- and protests the power imbalances and gender role assumptions based on physiology; it never raises the question "are there really just two genders.?"

This bi-polar view of gender assumes that not only are males and females sexually "opposite" but that opposites always and naturally attract. Even our most compassionate modern medical responses to transgendered people, have involved a "changing sex" paradigm, where one must abandon one sex, and "become" the other and, until very recently, being heterosexual post surgery was a requirement to be approved for sexual reassignment surgery. Sexual reassignment surgery, in other words would take a gender dysphoric homosexual and re-make a "fixed" heterosexual.

The relationship between sexual and gender identities has been a confusing issue for clinicians. In the 19th century, homosexual desire was understood as a kind of gender dysphoria and distinctions were not made between homosexuals and transgendered people; it was assumed that gender variant people were homosexual and they were called "inverts." Inverts were men and women who transgressed the proper societal parameters by cross-dressing and behaving as the "other" sex. People who engaged in gay sex, but who did not transgress gender expectations, were actually not considered homosexual. This rendered all "straight appearing" gay people essentially not gay (a theory, by the way, this femme's mother would find appealing!). Homosexuals who did not transgress expected gender expression were considered "perverts", meaning they were somehow seduced by real homosexuals (i.e. inverts). Inverts were definitely considered more pathological than perverts. As we deconstruct our psychological history it becomes unclear whether these "inverts" were people we would today call homosexual or transsexual, or somehow both/and.

Although the term "invert" is clearly imperfect, this word may more adequately define Mel, than either homosexual or transsexual. Mel is clearly a lesbian if you accept that her physical body is female and that one's physical body is the sole determinant of gender identity. Mel's sense that she "feels" like a man puts us in a metaphysical universe, where gender is a perceived personal experience with little relationship to one's biology. Therapeutically, Mel narrative falls outside of the clinical world (even the queer clinical world) I was trained in. She is neither a lesbian needing self-affirmation, or a transsexual needing therapeutic assessment for reassignment surgery. Mel is a female-bodied person who was raised to be a woman, but does not identify with any definition of woman -- even the most broadly defined feminist one. She is sexually attracted to women, but does not see her desire as "woman-to-woman" sexuality since she perceives herself as a man. Although she self identifies as a man, she is completely cognizant that she has a female body, and does not desire to alter that. I am labeling Mel as a transgendered lesbian, though this term, and even the pronoun she is wholly inadequate to define the complexity of Mel's relationship to her body, her sexuality, her desire and her social relationships.

The medical and clinical literature, as well as the popular media, have focused more on male to female transgendered people, and understanding the needs and issues of transgendered females is still in its infancy. The medical establishment states that there are many more male to female transgendered people (than female to male) though I suspect that this is erroneous. I suspect that many female to male transgendered people have also been living and passing as lesbians within lesbian communities. As a clinical community we need to begin to address the needs of this community, even if their new identity may put them outside of the confines of the lesbian community.

There is a place where sexual and gender identity meet, that has been unexplored and uncharted. For me to begin this journey I had to be willing to honestly examine two constructs of gender that I held dear. One was my relationship to gender as a lesbian-feminist, and the other, my relationship to gender transgressive behavior in the lesbian/gay community.

Like most lesbian-feminists I had an ambivalent relationship to gender expression. On one hand, masculinity was a synonym for patriarchy so we abhorred all forms of maleness. On the other hand, lesbians celebrated sisterhood by taking pride in our ability to do all that males traditionally could do. We rejected female clothing and opted for a watered-down masculine dress-code. We found wearing male attire to be liberating, but experienced men wearing women's clothing as trivializing women's oppression. In a bizarre twist of logic we both aspired to be like men, and despised their male power; we denigrated all that was too feminine and all that was too masculine, and created an androgynous world where gender expression itself became a tool of the patriarchy.

Nowhere was this more apparent than the way that the feminist movement all but silenced the voices of butch/femme couples from the decades before. Instead of being viewed as powerful role models who lived as visible homosexuals in a world where that concept didn't yet exist, they were seen as merely a parody of heterosexuality. In women's studies classes we examined the history of butch lives by explaining that they dressed and lived as men because they had few choices in a sexist, patriarchal culture. In order to live independent lives as lesbians, we said they had to pass as men. I do not think, in all honesty, it occurred to feminists of the 70's and 80's that perhaps in any culture these butches would not see themselves as "women." Perhaps they were not passing to live as lesbians, but saw themselves as men in relationship with a woman.

In the last decade or so, due to the powerful work of Madeline Davis, Elizabeth Kennedy, Joan Nestle, Jewelle Gomez, Lee Lynch, Chrystos, Leslea Newmann, and Amber Hollibaugh we are beginning to reclaim some of the images of butch and femme women from the decades before. Certainly there were lesbians who passed as men for safety or economic security, and for the ease it would afford a lesbian couple to live as an apparent heterosexual couple. I suspect there were also transgendered and transsexual females who lived as men, who have been claimed by lesbian-feminist history, but perhaps would not have perceived themselves as lesbian. The feminist community has always expressed a discomfort with the butch and passing women of the last generations, but not until Leslie Feinberg's ground-breaking work, *Stone Butch Blues*, were we able to voice the real discomfort that butch lesbians', and particularly stone butch lesbians', presence were evoking: Were these butch women indeed women?

On a social or political level, lesbian and gay people are often uncomfortable admitting that gender inversion is definitely one aspect of our gay community. Cross-dressing behavior has always been a cultural icon of the gay community and one of the ways that we recognize each other: dykes by our short hair, short nails, comfortable shoes and lack of makeup, gay men by a feminine swagger, bright clothing or the lilt of the voice. When gay men and lesbians do this in an extreme way we call it drag or butch, and we use our gaydar to pick each other out of a crowd. Although we all “know” that there are gays and lesbians who do not look queer, we still tend to see assume that all feminine males and masculine females are gay. We joke among ourselves about the very feminine male who denies being gay -- we insist that he just hasn’t come out yet, laughing off the possibility that he is simple not gay. We often deride “straight-looking” gay people as not being really gay, or being afraid to come out.

We link cross-gendered behavior and assume/insist it is related to homosexuality, but yet when we are accused of cross-gendered behavior by the straight world we adamantly deny it stating emphatically, “We are just like everyone else!” We own gender transgressive behavior as ours own, and indeed often use it as a way to identify and define gay and yet we publicly deny that there is any relationship between our queer sexual identity and our gender presentation.

Certainly most gay people, like most heterosexual people, are not gender dysphoric. Most gay people experience their gender and gender identity to be congruent, and most of these people dress, more or less, within the expectations of their gender role. But I suspect that the overlap of sexual identity issues and transgenderism may be more linked then we have previously expected. As a gay community we have historically tried to distance ourselves from “other” sexual minority issues. It is really no wonder that there has been so much resistance to these words “bisexual” and “transgendered” in “our” queer liberation movement; there words really do shift the entire system of “us” and “them,” and show us how permeable the boundaries really are.

Gay and lesbian clinicians enter this dialogue with a confused legacy from our own culture. The place where gender and sexual identity meet is at the core of many issues affecting gay and lesbian clients and has yet to be addressed within our clinical discourse. This is not merely a discussion of language and identity politics (although it is that too), but in a clinical setting the questions of sexual identity and gender identity overlap in couples causing deep and transformative shifts in one’s sense of meaning. Issues of sexual identity are reconstructed as gender identities shift and change; the boundaries of community “us-ness” become permeable and diffuse.

We are living in a time when the transgendered community is beginning to find its voice and I suspect, in part, we are concerned that as the transgendered community has more voice, we will find that some of “them” are really some of “us”. As clinicians we need to prepare ourselves to address gender issues, and the issues they raise for clients. Nowhere is this issue more salient than for young people, who are growing up in world where we have won some of feminist and gay liberation battles of the previous decade, and they are attempting to integrate their gender identity within very different social constructs.

As we explore these grey areas of gender and sexual identities, we are finding that the old paradigms of gay or straight, man or woman, simply might be too restricting for many people.

Certainly there are lesbians who are secure in an identity as a masculine (butch) woman, and there are female to male transsexuals that are clear about their identity as a man and desire to fully transition into the “other” sex. However, there are many people whose gender and sexual identities exist within a broad spectrum of masculine embodiment in females. There are many transgendered people who choose, in the words of Gary Bowen, a transman and founder of AmericanBoyz to “park anywhere along the gender highway and stay there as long as they like.”

When one person refines their gender identity, their partner may also experience a shift in sexual identity. Within the butch/femme community as butches engage more in conversations about transgenderism, there femme partners are experiencing an interesting dilemma. If the butch transitions, or identifies as a man, where does that leave their lesbian lover. One femme lesbian says, “I didn’t live my whole life as a radical lesbian queer, to wind up living in the suburbs with a husband and kids.” This raises the question: is a lesbian woman, who is lovers with a transgendered stonebutch still a lesbian? Some resolve this by saying, “yes, my partner can’t determine my identity” -- a nice feminist reframe I think. Others broaden their relationship to the larger queer community, saying, “OK, I’m not a lesbian anymore, but I sure ain’t straight either,” a nice queer reframe.

It is not just gay and lesbian people that face these concerns. Sometimes coming out into a transgendered identity makes one a member of the gay community, even if they are not easily recognized as such. One transgendered female, who has lived his whole life as a woman, is now struggling with his sexual identity. He writes me a letter asking, “Can I be a gay man?” As a woman, he was only minimally interested in being with men, but as he conceives of himself as a man, his attraction is to men becomes clearer. How will he survive as a gay man, in a woman’s body, -- and what does this teach us about the relationship of gender and sexual identity?

One apparently heterosexual couple I work with also struggles with these issues. “He” is a non-operative lesbian identified transsexual woman, his wife identifies as heterosexual woman. This couple is passionately committed to remaining lovers and struggle with the impact of “his” gender identification on her sexual identity and sexuality. In his mind they are in a lesbian relationship, and her mind they are in a heterosexual relationship; the more he appears to be a woman the less attracted to him she feels. In both of these examples relationships that appear heterosexual, are not, and raise many questions about gender identity and sexual identity. How do we determine from these vignettes who is “in” the gay community, and who is “out.”

I had grown a bit more savvy by the time I received a phone call from Lou’s parents. I do not commonly receive phone calls from the parent’s of adolescents requesting help with their child. I have never received a phone call from a more concerned, or more motivated couple. The McKinley’s were divorced parents and Lou was their only child. They had been separated since she was an infant. Lou currently lived with her father, her step-mother and her 8 year old half sister. Dad owned his own garage and the family lived in a small town. Lou saw her mother often who lived an hour away in a small city. Mom lived with a boy friend and worked as a beautician. I couldn’t help but notice the gendered nature of these working-class parents. Dad with his greasy hands, flannel shirt, jeans, and workboots (actually he looked like a mid-seventies dyke!!), and mom with her styled hair, heavy make-up, and very high heels -- this was not an easy family to be in if you are a 16 year old girl who resisted a stereotypical female presentation! Her parents were articulate, if somewhat nervous. They had come to see me because they were

very worried about their daughters' behavior. She was in trouble in school and they were uncomfortable with the attention she was causing. Their story unfolded in a narrative that ranged from the poignant to the macabre.

The parents had brought in reams of notes written on loose leaf paper. The notes were written by Lou to her best friend, Emma. (Unfortunately, Emma's notes to Lou were not available, and she was forbidden by her parents to have any contact with Lou.) The notes were mostly unremarkable high school letters, involving after school activities and gossip between friends. However, at some point Lou introduces a cousin who she said was visiting. His name was Bob and, as the notes continue in a different handwriting, Bob stated that he was watching Emma at the schoolyard and that he liked her. The letters get progressively more sexual and detailed. Bob began to talk about meeting Emma, whenand here the handwriting changes back to Lou's.....Bob is tragically hurt in a car accident. (Lou is allegedly writing these letters from his hospital room while he convalesces.) Apparently these letters were confiscated by a school counselor who then inquired about Bob (remember this is a small town). When she was told Lou did not have a cousin, she grew concerned at the intensity and drama of this adolescent fantasy and contacted Lou's parents. The school counselor suggested psychotherapy and she was concerned that Lou was manifesting symptoms of multiple personality disorder. Although this may be an extreme pathologizing of Lou's behavior it is understandable that the sexual and gender identity issues involved in this case might be behind the scope of the typical high school counselor. This case, of course, it not so unusual sounding to those of us working with gay youth; Lou's behavior was not particularly different from many young men and women who are struggling with sexual identity concerns. Although it is unclear where Emma stood on any of these issues, it is clear to me that Lou did not feel safe identifying her feelings directly to Emma, and needed to create a male persona in order to express her emotional and sexual feelings; she deeply feared that Emma would reject her if she was not a guy. Lou reminded me of many young gay kids coming out and trying to make sense of their feelings. Dad looked at me and held my gaze. He said, "We don't care if she's gay, but she has to stop acting like this."

When I met with Lou alone she also looked at me and held my gaze, her face and stance very much like her fathers, and said, "I'm not gay. I want a sex-change operation."

Practicing psychotherapy even 10 or 15 years ago, I can hardly imagine a father saying that he didn't care if his daughter is gay. I think we can appreciate how far we have come in bringing these gay issues into the discourse of middle America. However, despite having support of their progressive families to be gay, the voices of both Mel and Lou's are very clear -- they do not think they are simply gay. Both of these young people are saying that they do not feel they are women, at least in the ways we as a culture have come to understand this word. They are both clear that they are attracted to women, but do not see these lovers as "other" women -- they do not experience themselves as similar to their partners. I know that some of this may well be internalized homophobia, and assessing for this is of utmost importance given the insidious nature of homophobia and heterosexism. However, I can't imagine that someone who was ashamed to be perceived of as gay would feel "more normal" having a sex change operation, especially with the increasing social acceptability of gay lifestyles.

Lou completed a few months of therapy. She spoke about her grandmother's recent death, her resistance to be "girly" like her sister, her attraction to girls, and began to keep a journal of her

“secrets.” She had an opportunity to discuss with me her ambivalence about “being gay,” her feelings about having a “sex-change operation,” and her parents had an opportunity to explore what some future options for Lou might be. Lou began dating a boy in school and expressed to me that she felt like they could be “buddies” together. I do not know whether Lou is a “lesbian;” I do not know whether “she” is a transsexual. I know she is profoundly uncomfortable in a female body; I know she does not see herself as woman. I know she is sexually attracted to girls, but is now enjoying intimacy with a boy. I absolutely know that she does not have multiple personality disorder. I also know that she left my office this year with a greater level of choice regarding how she will live her life than she could’ve experienced ten years ago, because of my increasing comfort working with gender diversity.

Transgendered lesbians often do not seem to struggle with their sexual desire for women, in the way those of us familiar with sexual identity confusion often see. In some ways they are extremely comfortable with their sexual desire, almost as if it is an extension of their own sense of maleness. Their desire is not for female to female sex; their desire for women is integrated with their sense of wanting a woman as a man. This is not to say that they do not struggle or suffer though. Transgendered issues are deeply personal, having to do with the way one experiences oneself inside; it is much more a conflict of self-integrity than of sexual desire. Both Mel and Lou, had a sense of ease in their attraction to their girlfriends, however Lou sensed that she was not what Emma wanted, and this brought up feelings of inadequacy.

There is often a great deal of body image difficulty for transgendered lesbians since the way they appear on the outside is in conflict with the way they feel on the inside. Although some transgendered females are deeply compelled to have surgery, many are unwilling or uninterested. This may be related to the reality that female to male sexual reassignment surgery is still in its infancy, but perhaps it is also related to the possibility that transgendered lesbians define themselves less in a traditionally genitally focused manner. Some, however, are choosing to have breast reduction/chest reconstruction surgeries and/or take male hormones.

Certainly many transgendered people experience some gender dysphoria in their lives (and perhaps these are the ones we are most likely to encounter seeking therapy), but many people experience their gender differences as more euphoric than dysphoric. Indeed, when Loree Cook-Daniels, the lesbian partner of a female to male transsexual, reviewed this article she said, “But why does Mel need therapy; she seems to know who she is.” This question stems I think from a common belief in the transgendered community that therapists are “gatekeepers,” who control their access to hormones and surgery, not supportive helpers in the transition process. My answer to Loree, was simple, “She’s in pain.” Indeed the issue for many people like Mel is to have a therapist honor that the way they experience themselves is a valid way to live one’s life. Perhaps people should not need this kind of approval, but rules about gender constructs are very rigid, and having a therapist say, “yes, yes, this too is one way to live a full life” can sometimes be enough to shift the dysphoria. After all, we know that we cannot be something that doesn’t have a name.

Their therapeutic issues involve being validated and seen for who they are in a world where almost nobody (except often their lovers!) see them as they are. Certainly we are only at the beginning of understanding this phenomena. As clinicians we are gleaned knowledge from a

diversity of sources including the transgendered liberation movement, the historical and contemporary writings of (stone)butch identified women, lesbian and feminist history, psychological case material, and the clinical research from the gender identity clinics. We are faced with reexamining and perhaps reconstructing sexual and gender identity development. Transgendered lesbians are telling a new narrative, and I, for one, am listening intently.

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