

Narcissus, contemplating his face in the fountain's depth, is so fascinated with the apparition that he would die bending toward himself. . . . The author of an autobiography masters this anxiety by submitting to it; beyond all images, he follows unceasingly the call of his own being.

—Georges Gusdorf, "Conditions and Limits of Autobiography"

The most sexual act I did at these times was to regard myself in the mirror. I would stare, longingly I suppose, into the face of the little girl opposite me. Somehow, in the mirror my femininity was more real. Like Narcissus I was fascinated by that unattainable image, and like him I pined.

—Renée Richards, *Second Serve: The Renée Richards Story*

Like Narcissus, I had fallen in love with the image in the mirror, which showed me that all the dreams of my life could be realised for a few moments now and then.

—Katherine Cummings, *Katherine's Diary*

chapter 3

Mirror Images: Transsexuality and Autobiography

Transsexual Mirror Stages

In her autobiography, *Conundrum: An Extraordinary Narrative of Transsexualism*, Jan Morris restages her final act before her sex reassignment surgery. Ensnared in Dr. Burou's famous clinic in Casablanca, anaesthetized, and with pubes freshly shaven, Morris rises from her bed and makes her woozy way to the mirror: "[I] went to say good-bye to myself in the mirror. We would never meet again, and I wanted to give that other self a long last look in the eye, and a wink for luck.¹ She, this self that writes, is to emerge "alive, well, and sex-changed in Casablanca in a new body" (141), the old one, not so much that of a man as of a "hybrid or chimera" (141), to be discarded like a snake's skin on Burou's operating table. Morris's mirror scene is memorable for graphically figuring the specific split of the transsexual subject and prefiguring the passage—or to use the appropriate term, the transition—that heals this split. The moment is Morris through the looking glass: Morris passes into surgery one self, an androgyne (a chimera, half male, half female [109])—s/he—

and out a new self, an integral subject (normal, clean [141])—she. But if Morris’s mirror scene is the transitional point in her transsexual trajectory, it is also crucially the transitional point in her autobiographical narrative. For from this point on in the narrative, the “me” written about (James Morris) and the “I” that writes (Jan Morris)—so far separated by sex—are fused into a singly sexed autobiographical subject, an integral “I.” In joining the split gendered subject, autobiography transmits—in narrative—the integrating trajectory of transsexuality.

While Morris’s is doubtless the most legendary,² mirror scenes punctuate transsexual autobiographies with remarkable consistency. Almost to the degree of the expected surgery scenes, mirror scenes, we might say, constitute a convention of transsexual autobiography. They recur across the texts in strikingly similar fashion. A trope of transsexual representation, the split of the mirror captures the definitive splitting of the transsexual subject, freezes it, frames it schematically in narrative. The difference between gender and sex is conveyed in the difference between body image (projected self) and the image of the body (reflected self). For the transsexual the mirror initially reflects not-me: it distorts who I know myself to be. “My life was a series of distorted mirrors,” female-to-male Mario Martino metaphorizes his life before transition: “I saw myself in their crazy reflections as false to the image I had of myself. *I was a boy!* I felt like one, I dressed like one, I fought like one.”³ The mirror misrepresents who I know myself *really* to be: at an angle to Lacan’s mirror phase, the look in the mirror enables in the transsexual only disidentification, not a jubilant integration of body but an anguishing shattering of the felt already formed imaginary body—that sensory body of the body “image.”⁴ Yielding this recognition that I am not my body, the mirror sets in motion the transsexual plot: it is once it is shattered in its visual reflection, once the material body is seen not to be the felt body that the material body can be approached in bits and pieces—an assembly of parts to be amputated and relocated surgically in order that subject may be corporeally integrated.

But mirror scenes in transsexual autobiographies do not merely initiate the plot of transsexuality. Highly staged and self-conscious affairs, as Morris’s self-staging indicates, mirror scenes also draw attention to the narrative form for this plot, to the surrounding autobiography and its import for transsexuality. Looking into the mirror is of course a figure for the autobiographical act: autobiography is ostensibly anyway the literary act of self-reflection, the textual product of the “I” reflecting on

itself. In transsexual autobiography the trajectories of transsexuality and autobiography are entwined in complex ways, narrative and bodily form conducting each other. To begin with, the narrative transitions of autobiography allow the somatic transitions of transsexuality in an immediate and material sense. The autobiographical act for the transsexual begins even before the published autobiography—namely, in the clinician's office where, in order to be diagnosed as transsexual, s/he must recount a transsexual autobiography. The story of a strong, early, and persistent transgendered identification is required by the clinical authorities, the psychiatrists, psychologists, and psychotherapists who traditionally function as the gatekeepers to the means of transsexual "conversion." Whether s/he publishes an autobiography or not, then, every transsexual, as a transsexual, is originally an autobiographer. Narrative is also a kind of second skin: the story the transsexual must weave around the body in order that this body may be "read."

Consequently, the published transsexual autobiographies that *we* read are always the transsexual autobiography a second time around. Herein lies another redoubling, with the written autobiography mirroring, reproducing, that first oral autobiographical scene. In its published retelling (after the diagnosis, as a repetition, and in writing) the transsexual *bios*, not surprisingly, typically appears as itself a highly formalized narrative. Reproduced in autobiography, transsexuality emerges as an archetypal story structured around shared tropes and fulfilling a particular narrative organization of consecutive stages: suffering and confusion; the epiphany of self-discovery; corporeal and social transformation/conversion; and finally the arrival "home"—the reassignment. In their formality, in their function as figures of self-reflection, mirror scenes serve to elucidate this formalization of transsexuality as a plot. Nancy Hunt's *Mirror Image: The Odyssey of a Male-to-Female Transsexual* frames the transsexual trajectory in autobiography precisely as a progression through a series of mirror stages. Each scene schematically marks a successive moment in the author's becoming woman. From her failure to identify as a man; to her crossdressing as a woman; to her decision to transition and become a woman: the significant turning points in Hunt's transsexual transition are symbolized in highly stylized fashion with mirror scenes. Gradually but inexorably and formulaically, transition is shown to undistort the reflected self and bring into gender alignment (gendered identity) body and body image. The trajectory (transsexual and autobiographical) of *Mirror Image* thus appropriately reaches closure

with a weightily signifying mirror scene: the representation of Hunt's attainment of full identification with her specular image, a figure (admittedly schmaltzy) of the transsexual "finding herself"—"I now see in that reflection a mirror image of the person that I have always been, no longer distorted by the flickering heat of society or the crazy lens of masculinity. For better or for worse, at least I am me, a woman."⁵

In their forms gender and genre mirror each other. The effect of the autobiographical act on the subject parallels that of looking into the mirror on the transsexual. Autobiography, like the transsexual's first look in the mirror, breaks apart the subject into the self reflected upon and the self that reflects; autobiography, like transsexuality, instantiates (or reveals) a difference in the subject. In transsexual autobiography the split between the "I" of the *bios* and the "I" of the *graph*, the past self written and the present self writing, is heightened by the story of sex change. Autobiography brings into relief the split of the transsexual life; transsexual history brings into gendered relief the difference present in all autobiography between the subject of the enunciation and the subject enunciating. I was a woman, I write as a man. How to join this split? How to create a coherent subject? Precisely through narrative. Over the course of the recounting, the narrative continuity, the trajectory of autobiography (tracing the story of a single self), promises, like the transsexual transition itself, to rejoin this split into a single, connected "life."

As they mark the successive stages of transition, some mirror scenes illustrate and indeed participate in this cohering narrative movement between past and present selves, the "I" of the *bios* and the "I" of the *graph*. As the young girl, Marie, Martino places an enema nozzle over his (her) clitoris to improvise a penis on his (her) naked body before the mirror. This act prefigures in the imaginary his acquisition of a fleshly penis recounted in the penultimate chapter ("Phalloplasty" [252–263]) in the real of the plot. The childhood mirror scene functions simultaneously as autobiographical and as transsexual prolepsis, foretelling and naturalizing this plot of sex change, suggesting that, in the imaginary (the mirror) the penis has been there all along. The scene coheres this young girl with the male subject writing. Similarly, in Renée Richards's *Second Serve: The Renée Richards Story*, a scene of crossdressing before a hotel mirror in which the young jock, Dick Raskind, transforms himself into the elegant Renée with a slow and painful set of rituals (tying the penis back tightly between the legs to get a smooth reflection) at once looks forward to the equally gradual and painful transformation of the

subject through transsexual transition and looks back to an already feminized self. When Richards's autobiographical narrative, following the identity shifts of the transsexual story and analogously to the mirror in this scene, begins "to reflect the face of a different character"—that of a woman not a man, that of Renée not of Dick—the act of self-reflection in writing produces the narrative transitions that smooth this sex transition.⁶ The retrospective structure of autobiography, in other words—this look back at the self—like the redressing act of crossdressing, allows the transsexual to appear to have been there all along.

Drawing formally now on a list of some fifty autobiographies published between 1954 and 1996—a wonderfully engaging, extraordinary body of work (I'm not uninvolved: reading autobiography is always a pointed engagement of the self, and these texts on several levels constitute *my* mirror scene)—this chapter examines the intricate fretwork of transsexuality as subjectivity and autobiography as narrative form. My concern here is the production of transsexuality both in and through autobiographical narrative. What are the implications of autobiography's indispensability to transsexual subjectivity? Why do (so many) transsexuals write autobiographies? What is the relation of the second published autobiography to the first oral autobiography in the clinician's office? What engenders, what elicits, this textual return? And what are the dynamics of reading in each autobiographical situation—how do we read transsexual autobiography and how does this differ (or not) from the clinician's initial reading of the transsexual? If transsexuality is symptomized in narrative, how do we/they decide who—what sex(es)—is the subject of this story? Man, and/or woman, and/or transsexual? In sum, what kind of autobiographical narrative is the transsexual? The conventions of transsexuality are thoroughly entangled with those of autobiography, this body thoroughly enabled by narrative. Like two mirrors autobiography and transsexuality are themselves caught up in an interreflective dynamic, resembling, reassembling, and articulating each other.

Autobiography as Symptom: Telling Stories

We must begin our reading of autobiography where the transsexual begins its telling: in the clinician's office. There's an important conjunction of body and narrative here, a strikingly direct way in which narrative does the body's work. Although transsexuality concerns the deliberate transformation of the material body more than any other category

catalogued by the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM), transsexuality does not symptomize itself in the subject's body, at least not visibly or reliably so. The diagnosis required for this transformation must instead derive from the patient's narrative: narrativization as a transsexual necessarily precedes one's diagnosis as a transsexual; autobiography is transsexuality's proffered symptom. If autobiography is transsexuality's proffered symptom, the process of diagnosing the subject should be understood above all as narratological. The primary diagnostic criteria for "Gender Identity Disorder" in *DSM-IV* under which transsexuality is now subsumed, "strong and persistent cross-gender identification" and "persistent discomfort with . . . sex or sense of inappropriateness in the gender role of that sex," must be substantiated through the subject's life history.⁷ Boys playing with Barbie, wrapping their heads in cloths to simulate long hair, and hiding their penises between their legs; girls asking to be called boys' names, refusing to urinate sitting down, wanting to be Batman or Superman, and asserting that they will grow up to become men: such episodes find their place under the "Diagnostic Features" of Gender Identity Disorder as turns in transsexuality's classic plot. Gender dysphoria (acute gender discomfort) constitutes the medical narrative's overriding theme, and assertions of being "trapped in the wrong body," as we have seen, its most famous rhetorical trope. The story the transsexual tells the clinician must mirror or echo the diagnosis, its details matching or varying those of this master narrative. Clinicians (the first of transsexual autobiography's critics and setting a precedent in the exactingness of their approach) listen as narratologists for the recognizable transsexual plot, tropes, or themes, matching the subject's narrative against the narratemes of this archetypal story of transsexuality.

Given this original and thorough investment of transsexual subjectivity in narrative, for the cultural critic to fail to trace the specific importance of autobiography in the clinician's office is to miss the narrative kernel of transsexual subjectivity and the fraught struggle around plot that comes with being diagnosed. In her chapter describing the emergence of transsexual subjectivity, Bernice L. Hausman elides the function of autobiographical narrative to suggest instead that the transsexual emerges through demand—a demand for sex change in response to the existence of the diagnosis and the technology of sex change: "the demand for sex change is an enunciation that designates a desired action *and* identifies the speaker as the appropriate subject of that action . . .

[T]he demand for sex change was instantiated as the primary symptom (and sign) of the transsexual.”⁸ For Hausman the transsexual’s claim to transsexual subjectivity is performative. The demand is that which, in a circular fashion, constitutes the subject as transsexual in the eyes of the clinician. As Hausman also reads demand via its Lacanian conception, however, the transsexual’s demand for sex change paradoxically undermines this subjectivity (in Lacan demand displaces need and opens up the subject’s desire; it is that about the subject which *by nature* cannot be met): “In the demand for sex change, the transsexual stakes a claim . . . that determines, indeed founds, subjectivity as the ‘other sex.’ . . . The demand itself, however, inaugurates in the subject a desire that cannot be met through the specific surgeries and endocrinological interventions that serve to relocate him or her in the opposite sex category” (136–137). In Hausman’s description one becomes transsexual because one says one is; and yet the purpose of saying one is transsexual—to realize sex change—would appear to be unrealizable. The paradox assumes (and reproduces) a fundamental incompatibility between the transsexual’s claims to gender identity made through language and the transsexual’s need for technology to secure this gender as sex in the body.

My coinage “body narrative”—not an oxymoron but a deliberate conjunction—is intended to reflect, in contrast to Hausman, the ways in which body and narrative work together in the production of transsexual subjectivity. The narrative of a transsexual identification does not contradict but, rather, enables the realization of a sex-changed body. Narrative needs to be distinguished from Hausman’s conception of demand on three counts. First, unlike demand, narrative is not coextensive with performativity. Narrative is diachronic, not instantaneous but an organized recounting of episodes of time over time. Second, narrative does not connote the “lack” of demand but is, rather, bound up with realization; in the development of its plot, in the progression of its episodes, narrative crucially seeks its own *telos*. Finally, more overtly than demand, narrative suggests an interlocution between author and reader, a dialogics of interpretation. The meaning of narrative is arrived at in a textual exchange. My description of how transsexuals become transsexuals may be formulated around these three properties of narrative: the transsexual must work to author a history of transgendered identification in order to receive a reading from the clinician directed toward the realization of transsexual subjectivity. Psychologist Ira Pauly’s comments on the necessity of retaining the diagnostic criteria of transsexuality in DSM-IV cer-

tainly suggest a dynamic more in keeping with this narratological description than the simple, instantaneous act of demanding: “[t]he real issue [of the diagnosis] here is whether the gender dysphoric individual gives a clear-cut history of ‘persistent discomfort and sense of inappropriateness [of his/her] assigned sex.’”⁹ Demand omits both the recounting of a personal history of “persistent” identification and the interconstitutive although thoroughly contestatory relations between author and reader that characterize the transsexual diagnosis.

Indeed, the clinical literature shows that even before “transsexualism” first appeared in *DSM-III*, in 1980, demanding hormones and surgery could in fact obstruct treatment; for such demand attempts to bypass the narrative *pas de deux* between clinician and patient.¹⁰ The first “standard” in the “Standards of Care,” drafted in 1979 and still the authoritative guide alongside *DSM* for clinicians working with transsexuals, states categorically that “Hormonal and/or surgical sex reassignment on demand (i.e., justified simply because the patient has requested such procedures) is contraindicated”: that is, demand works in itself as an indication *against* treatment. Even though, in presenting as transsexual, subjects originally self-author their transsexuality, to access hormones and surgery transsexuals must receive the clinician’s all-important reading—must be authorized as authors. As the standard goes on, hormones and surgery may be administered only after the clinician’s “careful evaluation of the patient’s reasons for requesting such services”—evaluation here consisting of a thorough critical reading and interpretation of the transsexual’s narrativization of his or her past life, of its assessment as transsexual plot.¹¹

The entry of the diagnosis “transsexualism” into *DSM-III* in 1980 represents the medical formalization of transsexuality into such a plot. Boys playing with Barbie and girls wanting to be Batman: the description turns precisely on narrative episodes. This formalization of transsexuality has a double-edged significance. On the one hand the diagnosis critically recognizes sex change as a need—and not desire. (In declassifying homosexuality from *DSM-III* at exactly the moment transsexuality gained clinical classification, the medical establishment might be said to have remarked the difference between homosexuality as desire and transsexuality as dis-ease in need of treatment.) As it recognizes the patient’s narrative as articulating need, the classification of Gender Identity Disorder (GID) is unique. Unlike treatment for other “disorders” (anorexia or schizophrenia for instance), the treatment proposed

for the most serious manifestation of GID (transsexualism) doesn't try to cure us of the "disorder"; rather, it concurs with our own narrative, propelling us into it as a way of resolving it. As a consequence the diagnostic situation creates a narrative setting in which, not insignificantly, the intelligible transsexual life story is always already understood, not bizarre and foreign but familiar, anticipated, and—quite crucially—named. It gives us a place to tell and begin to realize our story.

I specify "intelligible," however, because on the other hand the standardization also renders some stories unintelligible, delimiting transsexual subjectivity, censoring the number of possible legitimate transsexual tales. As Sandy Stone remarks of this restriction, with *DSM*, "[e]mergent polyvocalities of lived experience, never represented in the discourse but present at least in potential, disappear."¹² When the subject's story diverges substantially from the clinical genre, when its details don't fit the specified requisites of what constitutes a transsexual story, its teller has traditionally had a hard time becoming (being a transitioning) transsexual. The diagnosis acts as a narrative filter, enabling some transsexuals to live out their story and thwarting others. In short, if the dependence of the diagnosis on autobiography suggests that one cannot be a transsexual outside the operations of narrative, transsexuality's entry into *DSM* hones this stipulation to a very set narrative.

The hub of the narrative exchange entailed in diagnosing transsexuality is formed by the intake interview. Published autobiographies highlight the delimiting and enabling effects of the narratological nature of this encounter between clinician and transsexual: sometimes at the same time as in Richards's *Second Serve*. In diagnosing Richards, Harry Benjamin is shown to be more than familiar with a transsexual narrative:

As [Benjamin] listened to me reviewing my history, he tilted his head first one way and then another, sometimes nodding agreeably. Occasionally, when I would grope for words, he would supply them so casually that I didn't notice at first. Then I began to realize that the old man really did understand, so much so that he could probably have told the story without my help. The childish exploits, the futile years of psychotherapy, the driving compulsion, the skulking around—all these constituted a familiar refrain that accompanied his daily work. He listened intelligently, and he understood almost as well as I did. I began to gain respect for this little man.

(164–165)

Benjamin relieves Richards, in both senses, of the need to detail her autobiography, anticipating themes and turns of plot, providing appropriate phraseology. As its original authority, the so-called “father” of transsexuality who had by then published the first book-length study of transsexuality, *The Transsexual Phenomenon*, he can indeed “tell the story” without her help.¹³ At this point Richards portrays Benjamin’s intimate knowledge as reassuring, a sign of his understanding—and crucially his authorization does allow her to begin transition. Yet when this same authority is later wielded to write Richards out of a transsexual narrative, it becomes apparent that Benjamin’s filling in for Richards in the intake interview is also in effect a form of silencing her. Benjamin decides that, as a prominent professional (and with her unambivalently heterosexual past), Richards’s story does not in fact fit Benjamin’s pre-conceptions of the “true” transsexual plot. Forcing Richards to discontinue hormones and refusing to authorize her surgery, Benjamin interrupts the progress of her transition—in his capacity as primary author curtailing, at least temporarily, the specific plot she would live out.

The clinician’s reading thus officially confers and by the same token may defer transsexual subjectivity. In this context, in which text stands in for body, everything is at stake in the production and reception of narrative in the clinician’s office. A “misreading” can wreak irreparable psychological and emotional damage, can even (if a desperate subject is impeded in transition) indirectly kill or maim. As the past’s recounting is compelled by the knowledge that the future of one’s sex is to be determined by what one has to say for oneself, there has probably never been so much at stake in oral autobiography. Moreover, although this is never acknowledged in clinical texts, the diagnosis of “true” or “primary” or “core” transsexualism is surely derived not merely from a certain plot codifiable as transsexual but from an account that renders up this plot clearly and coherently—in other words, from narrative form: a strong, persuasive avowal of transsexuality, carefully supported by appropriate episodes presented in an orderly manner, sufficiently but not overwhelmingly detailed. In effect, to be transsexual, the subject must be a skilled narrator of his or her own life. Tell the story persuasively, and you’re likely to get your hormones and surgery; falter, repeat, disorder, omit, digress, and you’ve pretty much had it, however “authentic” a transsexual you are. Erica Rutherford’s account of her interview with the clinician in her *Nine Lives: The Autobiography of Erica Rutherford* suggests precisely the formal difficulties of rendering

one's history in that oral encounter, as Pauly makes that all-important specification in his comments on the diagnostic criteria, "clear-cut":

[The doctor] leaned back. "Tell me your story," he said.

My mind spun. "My story." That would take all day. I was nearly fifty. What could he mean, "my story?" How could I condense it? I rambled on in a confused way, as best I could, while the doctor made notes and sometimes asked me to repeat something. I jumped from year to year and decade to decade, talking sometimes about my childhood and sometimes about my recent feelings. I was overwhelmed by the years of misery and the hours and hours of psychiatric sessions.¹⁴

But it is not merely the vicissitudes of memory, the recursive, associative structure of oral narrative, and the stakes of reception that make telling transsexual autobiography a fraught task. For some perhaps the most difficult aspect of the autobiographical requirement is simply speaking that which may constitute what is most unspeakable about the self. In his published autobiography Raymond Thompson returns to the clinical scene of this oral autobiography and underlines precisely these ways in which, as a compelled representation of the unrepresentable, it poses a disturbing dilemma. For Thompson transsexuality—even acknowledging as a female-to-male who never lives in the world as a woman that he ever *was* female—is too painful for words: "I didn't have the capacity, or the desire to talk about myself or specifically about my condition. I never described myself or my condition in any way and I could only express myself in monosyllables, never saying a word over and above what was necessary to anyone." Yet he must tell his story in order to get help: "Soon however, I was going to have to talk about myself and my condition, in order to ask for the help that I needed. . . . in order to get help, I had to speak." How to re-member the body one would forget—indeed, the agnostic body one is not?¹⁵

The recognition of what is at stake in self-articulation does not (unsurprisingly) loosen Thompson's tongue. Faced with the psychiatrist's request, Thompson remains unable to speak his birth name, choking on its feminine sound, his body (once again) punning on that which cannot be spoken. Fascinatingly, however, in this case it is Thompson's very delimiting of this name as unspeakable, his faltering, that catches the clinician's attention and begins the latter's authorization of Thompson's transsexuality:

[The psychiatrist] was looking at his notes a lot while he was talking to me, but his interest picked up when I was unable to say the name given to me at birth. He had asked me matter-of-factly what the name was, and no matter how I tried to press it out of my lips, I just choked on it. I simply couldn't say it. I was struggling because there seemed to be a reason why I should say it. I finally agreed to write it down. He looked at the piece of paper for a minute and took in the name which I so detested, then looked at me and said, "You could have fooled me." I breathed a sigh of relief. Hearing him say that seemed a definite act of recognition.¹⁶

The clinician's interest is caught by Thompson's ellipses (presumably he looks up from his notes at this point); he begins to *read* transsexuality specifically only when Thompson cannot speak: the unspeakability of the female name symptomizes the unthinkable of the female identity of the subject before him. In his "act of recognition" ("You could have fooled me")—a repudiation along with Thompson of any trace of femaleness—the clinician signals his initial clinical approval of Thompson's "true" transsexuality. Notably, while Thompson eventually writes his female name in the clinician's office, his published autobiography, *What Took You So Long?*, leaves this name glaringly unwritten throughout; Raymond is always "Ray," is never given a female name and rarely a female pronoun. What is too painful for the spoken word before the clinician remains too painful for the written word in his book. In reproducing this aporia of what cannot be spoken in writing, Thompson's autobiography transparently elucidates—precisely through reenacting it—how traumatic may be that first scene of compelled narrativization of the transsexual past.

For the clinician the dependence of the diagnosis on narrative raises concerns above all of the autobiography's authenticity. How to be sure of the true sex of the transsexual body? How to know (*gnosis*) distinctively or apart (*dia*) transsexual identity? The diagnosis is premised on the belief that autobiography can and should function mimetically—narrative mirror to transsexual nature. While clinicians evidently fear the deliberate artifice of the transsexual narrator (author as fraudster), they yet appear to remain quite ignorant of the ways in which the autobiography is fundamentally constructed as narrative: a telling, a representation, the life thoroughly contingent on the form. Professional writings frequently contain strategies about how to detect the inauthentic transsexual via the inauthentic account, how to get the "true story."

Psychoanalyst and psychotherapist Leslie Lothstein suggests corroborating the patient's account with biographies produced by significant others; in one of his cases the subject's story comes to him via an unsympathetic brother's letter.¹⁷ As may be imagined, however, because such others can have deeply vested interests in the presenting subject not realizing his or her transsexuality, this stipulation can lead to an even more vexed situation in which competing narratives tell blatantly different stories about the same subject, in which narrative appears even more opaque and the *bios* less retrievable. (Biography is of course no more authentic, no more the "life itself" than autobiography.) Along similar lines psychiatrist and specialized researcher of transsexual accounts Bryan Tully encourages the professional to use "authenticity checks" to weed out the "deliberate and skillful deception [that transsexuals may deploy] to achieve hormones and surgery"; to institute a system of cross-checking between different autobiographical versions. Truth will out in narrative repetition: "It is very difficult to sustain complex cover stories over a long time in the face of extended cross-examination. As police and espionage interrogators know full well, some 'leakage' of what is being covered up is almost impossible to prevent."¹⁸

Tully's policing model of reading transsexual autobiography, with the clinician as interrogator/detective, brings to the fore not only the clinician's fears of fraudulence in transsexual narrative but the peculiar unspoken violence these fears may structure into the diagnostics of reading. The patient's position is to confess, the professional's—half-priest holding the key to the patient's salvation, half detective decoding this clinical narrative—to listen, to take note—and precisely to police the subject's access to technology. Clinician as policeman is a shocking equation when we remember this is supposed to be a healthcarer/patient relation. If we follow through with the analogy, the transsexual occupies the place of criminal, is assumed to be a "suspect" text. Indeed, Lothstein's account considers transsexuality a cover for a profound psychopathology that can only be resolved psychotherapeutically, with talk and not transition; Tully's study of transsexual accounts also concludes questioning the necessity of transition. Psychologists Leah Cahan Schaefer and Connie Christine Wheeler have astutely observed that it is in part this tendency among some clinicians to approach the transsexual as a suspect text—a lack of understanding from the medical establishment of the difficulty in rendering transsexuality as story—that may provoke transsexuals to "falsify" histories in the first place.¹⁹ Certainly, for any

subject who experiences transition as essential, the importance of obtaining the right reading is inestimable. Yet this suspicion toward the transsexual narrator has a wider resonance outside the clinical situation. As we will see throughout the second part of this book (beginning with Hausman), that suspicion is the way to approach the transsexual text is repeatedly taken for granted, in the history of transsexual subjects and in contemporary readings of transsexual narratives, by cultural critics as much as clinicians. It is as if that redoubling of sex and gender, or perhaps the reliance of body on narrative, makes the transsexual an intrinsically unreliable text in the eyes of the reading other. If the transsexual narrative as much as the body is a second skin, the encounter with that very twofoldness seems to slide swiftly into assumptions of the transsexual's duplicity. As we move from narrative in the clinical situation to narrative in the published autobiographies, one published transsexual autobiography will serve to dramatize and elucidate the effect of this hermeneutics of suspicion on transsexual subjectivity.

Published during the 1970s at a juncture when in various disciplines (anthropology, sociology, and most pertinently in this context, psychiatry) the personal narrative began to be credited as a viable and authentic source of insider knowledge on institutions, Robert Bogdan's edition of Jane Fry's transsexual autobiography, *Being Different: The Autobiography of Jane Fry*, is transsexual autobiography repackaged as sociological document.²⁰ Sociologist Bogdan edits from interviews and follows transsexual Fry's narrative with a discussion of the clinicians' medical reports on her case. From this textual layering we read both the transsexual autobiography and the clinical reading of this autobiography; or, rather, the clinicians' refusal to read Fry's autobiography. For the professional notes compete with the autobiographical narrative; the doctors diagnose not transsexuality but psychosis, finding in Fry a subject in whom gender identity disorder is not what it seems but symptomatic, a signifier for something else (the performative demand in excess of the referential need again). Whereas for the subject feeling like a woman is concordant with a transsexual self—as Bogdan points out, Fry's narrative reveals that “Jane accepts her gender feelings ‘for what they are,’ that is, she takes them for granted”—for the clinicians Fry's gender feelings function as “‘immature verbalizations,’ [symptoms of] a ‘character disorder,’ ‘castration anxiety,’ a ‘psychotic profile,’ and part of a ‘repertoire.’” (215). While they accept that Fry believes herself to be a woman, they themselves do not believe this, their disbelief radically throwing the truth of

her belief into question. Unsatisfied with the literalism of Fry's transsexual autobiography, the clinicians seek out another interpretation, effectively rewriting her narrative: if in Fry's account her father does not figure significantly, in the clinical reports this very absence becomes key, a possible etiological cause for her psychic disturbance.

Not surprisingly, Fry's autobiography shows that her very life has, in a circular fashion, constituted an interpretative battle to shape her history to achieve the right reading and change her sex. The cause of her particular transsexual struggle rests with her shortcomings as autobiographer. Almost exceptionally among transsexual autobiographers, Fry is a blatantly poor narrator of her life: even if one allows for its status as transcription from oral recounting, her narrative is disorganized, repetitive, and defensive—in my experience, the hardest transsexual autobiography to read. Even the section of Fry's writing that Bogdan does include in the book proves equally hard to read. It is this narrative difficulty—or narrative deficiency—I suggest, that is at the root of the clinicians' delay in diagnosing her transsexuality (Fry does eventually obtain the diagnosis and subsequently hormone treatment from one sympathetic doctor; does his brief "case history" supply her with the narrative frame she needed? [130]). Bogdan, however, uses the juxtaposition of transsexual autobiography and clinical text to underscore the stakes of reading transsexual narratives carefully. Since through reading his transcribed interviews with Fry we have "spent more time with her and [have] more first-hand information about her than all the professionals whose comments have been presented here, we are in a position to look at them more skeptically and to give the patient's perspective more credence" (216–217). In effect, we are asked to perform the reading the clinicians didn't and restore meaning to her narrative (to read her as transsexual); at the same time we are asked to subject the readings of her to our skeptical reading, to read "the politics of diagnosis" (220). The hermeneutics of suspicion are reversed and reflected back on the clinicians themselves.

That narrative is the linchpin of the transsexual diagnosis has one unforeseen side effect. If the published transsexual autobiographies are typically so crafted and engaging it is surely because of the narrative rigors of this diagnostic situation: because *to be* transsexual, transsexuals must be arch storytellers—or if they are not, must learn to become passable ones. But, given that transsexual subjectivity originates in this compelled narrative situation in all its fraughtness, why would transsexuals

make a voluntary return to narrative in writing their autobiographies? What is the function of the published return?

Transsexual Conformity: The Published Return

As expected, narrative has an even more textured presence when the transsexual writes the life story. Nevertheless, in Hausman's chapter on published transsexual autobiographies that follows her chapter on the transsexual's demand for subjectivity, the genre of this form of transsexual representation still remains transparent; it is as if (following the clinician) one could evaluate transsexuality even in transsexual autobiography without considering the import of the particular narrative frame. According to Hausman the autobiographies constitute transsexuals' attempts to naturalize their gender, to "cover over" their technological production with claims to always already really be the "other" sex (173). (Hausman rightly points out these claims to already really be a man or a woman are often inscribed in the narratives as a form of psychic or embodied intersexuality.) Her purpose in reading the autobiographies is to reveal and critique this cover-up. She suggests that the autobiographies' naturalization of gender effectively undermines the conception of transsexuality in two parallel ways. First, in the claims they make to already really be the other sex within the autobiographies—that is to *really* be a man or woman—transsexuals contradict their own (prior) demands for sex change. Second, such claims result in a tension between transsexual autobiographies and the professional representation of transsexuality. For if the clinical text lays out transsexuality as a narrative of sex change and defines transsexuals as subjects whose gender identity as different makes necessary this intervention into their sex, transsexual autobiographers' insistence on always already really being the other sex subverts this description and unsettles the very etiology of transsexuality: "transsexuals compromise the official understanding of 'gender' as divorced from biological sex by their insistent reiteration of the idea that physiological intersexuality is the cause of their cross-sex identification" (141). For Hausman the autobiographies are above all conformist texts: transsexual autobiographies are of a "closed nature" (147), "monolithic narratives" (156), texts in which "gendered meanings are unilinear and very clear" (158). Indeed, she considers the primary rhetorical function of transsexual autobiographies to get readers to conform *their* lives to the author's: "The purpose of the narratives is to force the reader to comply with the author's experience, to begin to interpret

his or her own life along the same trajectory”—a purpose against which Hausman admits she finds “resistance” “exhausting” (156).

The troubling ramification of Hausman’s reading is its conclusion that transsexual self-representation works to subvert not only the narrative of sex change offered by the clinician, not only the consistence and coherence of transsexual accounts but the very feasibility of transsexuality. Transsexual identity again appears untenable, founded and immediately unfounded on a contradiction; transsexual autobiography, like the demand in the clinician’s office, a self-deconstructing, self-undermining opposition. However, in her very attentiveness to the contradictions within transsexual autobiographies and between transsexual autobiographies and the clinical narrative, in her very sense of the texts’ “closed nature” and conformism, Hausman misses the crucial points about the conformism and contradictions of transsexual autobiographies. First, transsexual autobiographies conform as narratives to a generic form; they conform above all as autobiography. Second, the genre of autobiography operates precisely on a set of reconcilable and constitutive oppositions. These oppositions provide the larger framework within which Hausman’s temporal “problematic” (always already and transformation) not only makes sense but is requisite. Third, the autobiographies’ conformism to the oppositions within the genre of autobiography in turn plays an indispensable role in actuating transsexual transition. The autobiographies do not undermine but permit the realization of transsexual subjectivity. And finally, the autobiographies show the transsexual and medical narrative in collaboration: a relationship again complicated, but ultimately consolidated, by autobiographical conventions. In short, critical questions arise from the dependence of transsexuality on autobiographical narrative in the clinical situation that Hausman does not address: How do the particular conventions of autobiography underwrite the representation of transsexuality in the published autobiographies? What is at stake in transsexuals continuing to conform their lives specifically to this genre? It is not simply in the clinician’s office but in the very conception of transsexual subjectivity that autobiography sub-tends (supports and makes possible) transsexuality.

Before critiquing transsexual autobiographies for conforming to a specific gendered plot, for writing narratives in which gendered meanings are “unilinear,” we need to grasp the ways in which the genre of autobiography *is* conformist and unilinear. In that its work is to organize the life into a narrative form, autobiography is fundamentally con-

formist. “The original sin of autobiography,” writes critic Georges Gusdorf in his classic description of autobiography’s conventions, “is first one of logical coherence and rationalization.”²¹ Autobiography’s primary purpose is to correspond life to textual form, to order the disorder of life’s events into narrative episodes. In autobiography the desultoriness of experience acquires chronology, succession, progression—even causation; existence, an author. In other words writing endows the life with a formal structure that life does not indeed have. Published transsexual autobiography is no exception to this rule of autobiographical composition. The formality of autobiography shapes transsexual transition as plot, presenting the transsexual life as narrative *mythos*. All life events in the autobiographies seem to lead toward the *telos* of the sex-changed self. This gendered coherence is inextricable from the narrative coherence of the genre.

Many transsexual autobiographies make explicit the structuring effect of the genre on the life by drawing out a particular truism about autobiography as a voyage into the self. Writing the life, the trope evidences, inscribes it as a journey: a trajectory in which episodes lead toward a destination. The life written visibly and inevitably takes on this same progressive, connective, and destined pattern of the journey: departure, transition, and the home of reassignment. Most obviously among the autobiographies, Morris’s *Conundrum* (fittingly, since the author is also a travel writer) transforms the trope of journeying into a theme for the life-writing. Morris presents transition as a mystical quest for the grail of the self: ordered, directed, and driven by the vision of an end. The use of “odyssey” as a title for a number of the autobiographies makes explicit how writing turns transition into a mythic voyage.²² The “odyssey” is as much the writing as the life, for it is the writing that allows this scripted navigation into the life. One of the most recent transsexual personal accounts, Claudine Griggs’s *Passage Through Trinidad: Journal of a Sex Change*, presents transition more prosaically through an account of an actual geographic trip required for surgery.²³ As Griggs’s chapter titles succinctly evidence—“Decision,” “Arrival,” “Hospital,” “Pain,” “Routine,” “Visitors,” “Progress,” “Freedom,” “Anticipation,” “Release,” “West,” “Home,” “Aftermath”—writing the transsexual self through the literal journey nevertheless lends a diegetic, successive, and telic structure to transition, this frame inscribing transsexuality as schematic. Journeys, like narratives, have points of departure and destination, beginnings and ends; writing allows the transsex-

ual to make connections, to trace “how I got here.” The pervasiveness of the journey trope in transsexual writings, of this convention that draws attention to the self-conscious formality of the story, serves to remind us that we cannot assess transsexuality’s linear plotting outside its stylistic frame of autobiography.

However, autobiography’s structure is not that of simple linear progression. The narrative is founded on a temporal double movement. While structured as progression—developmental, moving toward a *telos*—the life in writing is always a retrospective reconstruction. Autobiography returns in order to re-present and in so doing, re-vise (rewrite and see again) the past. The subject’s becoming through returning, the life’s progression through revision of the past, is autobiography’s structural sine qua non. It is in fact only retroactivity that bestows organization on the life story. Looking back as the conventional autobiographical omniscient narrator of his or her life, as the subject who knows the end of the story, the transsexual writes the life as directed. As Gusdorf states, life’s unknownness, that quality of randomness, “cannot exist in a narrative of memories composed after the event by someone who knows the end of the story.”²⁴

The transsexual autobiography that we read is therefore the life as remembered by the envisioning, knowing “I.” The entire life is filtered through the present moment of remembering: or in fact several different moments after the event—remembering in the life and in the writing. Stephanie Castle’s term for moments in the autobiographies when the transsexual first realizes his or her gendered difference—the Joycean “epiphany”—suggests just this textualized, self-conscious quality of transsexual time in its autobiographical inscription.²⁵ An instant that takes its place in a sequence among other moments and thus transcends its own instantaneity, an epiphany is above all a narrative moment—when what it “epiphanyzes” becomes clear. The “epiphany” in Morris’s *Conundrum* illustrates this textualization of autobiographical narrative time. Morris claims to be able to fix her recognition of a transsexual self to a very precise instance when, as the three- or four-year-old James, she (as he) is “under the piano” his (her) mother is playing; it was then, Morris writes, that he (she) grasps “that [she/he] had been born into the wrong body, and should really be a girl” (3). But when does this moment really acquire this significance of absolute marker beginning the transsexual plot? While Morris may well have been aware of a deep-rooted sense of difference at the time of the experience, this difference does not

become schematized as part of a transsexual narrative until that narrative is discovered and conceived—and this is surely not in the moment recounted, not by the young child. Indeed, we might venture that the episode does not properly acquire its full significance as origin story for the transsexual self until the moment of recounting, until it is assigned this place in the writing. It is as the framing vignette for *Conundrum* (the episode begins the autobiography, and in the final chapter we are told Morris is “under the piano still” [170]) that the memory becomes the scene that launches the transsexual plot. Meaning is conferred on the event most completely by this textual location. To remark the essential retroactivity of meaning in this way in the representation of the transsexual life does not invalidate Morris’s claims for the scene. Rather, it underlines the extent to which, in the narrative we read, the life is absolutely and inevitably shaped by the moment of writing.

The life’s directing by the autobiographer secure in knowing the end of his or her story, is, then, a generic feature of autobiography. Other forms of life-writing in which the subject writes without knowing the end of the story present the life as less product than process. Although journals and diaries are of course also a recounting of the past (writing can never be absolutely synchronized with the present moment of living), their dated entries fragment the life into an organization less linear and coherent, resemble life more closely as it is lived. Typically, if autobiographical retroactivity narrativizes the life, the continuous present of the journal creates life as open-ended, less schematic. It is fitting, therefore, that the two transsexual journals, Paul Hewitt’s *A Self-Made Man: The Diary of a Man Born in a Woman’s Body* and Jerry/Jerri McClain’s *To Be a Woman* are accounts of the early stages of transition of, respectively, a female-to-male and a male-to-female.²⁶ In the present tense, in journal form, transsexual transitions appear not only a good deal less structured but in these instances, literally incomplete. By their own acknowledgment both Hewitt’s and McClain’s transitions remain incomplete by the end of each text (they are still waiting for surgery). While the form is surely chosen to fit the life (an unfinished form for an unfinished transition), it also in turn shapes (conforms to form) what we read of the life in these instances, presenting the transsexual narrative precisely as ongoing. The *bios* is thoroughly dependent on the representation.

The temporal “discontinuity” that Hausman finds in transsexual autobiography—the discontinuity “between the story of surgical sex change and the story of already being the other sex” (173)—between

becoming and being, like the linearity of the transsexual plot cannot be understood apart from the temporal dynamics intrinsic to autobiographical form. There might seem to be a contradiction between the work of transsexual narrative—to document change: to say how I became a woman—and the transsexual’s claim to already (truly) be a woman. Yet within the genre of autobiography this play between transformation and the continuity of the self, between conversion and identity, is not a disruptive paradox but a founding dynamic: a dynamic that in turn, as transsexuality is reliant on the autobiographical form, founds transsexuality. Conversion—along with confession, thoroughly embedded in autobiography’s generic origins—is, we might say, autobiography’s story of identity. For if the narrative of autobiography documents change (why deploy a form, after all, whose very purpose as diegesis is to trace the passage of time, if the subject does not change?), the *autos* of autobiography presumes identity, the continuity of the self, an “I” across time. Autobiography not only masters these splits between conversion and identity into a generic form; it necessitates them. Likewise transsexuality: its subject sex change of course, transsexuality is an archetypal conversion story; yet in conversion and change (transition) lies the key to transsexual identity.

What Hausman identifies as the “internal problematics” (142) “latent” (147) in transsexual autobiographies (the contradiction between always-already being and becoming) is, therefore, an overt structuring principle, not only of transsexual autobiography, not only classically, of all autobiography but of transsexual subjectivity. Even before the published autobiography, even before the subject’s presentation to the clinician, autobiographical retroaction is at work in the subject’s conception of his or her identity as transsexual. The repeated positing of a “true gender” *ab initio*, a recasting of the past to produce the present, propels the story of transsexual change; retroaction as much in the living as in the writing facilitates the subject’s “progress” to and through transition. I have always/felt/behaved/looked (more) like a boy/girl; I have always been me. Martino captures how transsexual transformation is fueled by such a narrativization of subjectivity: “We, as sex-changed persons, are what we’ve always wanted to be” (270). The transsexual story, produced like every autobiography from the hindsight of the present moment but with transsexual subjectivity itself at stake in autobiographical retroaction, is that the subject become what, according to the subject’s deepest conviction, s/he already truly was. In the case of transsexuality such

becoming, it needs emphasizing, can only be accomplished through a circular revisioning of identity.

Given this positing of identity *ab initio*, in transsexual autobiography as in every conversion narrative, the “conversion” entails not so much a dramatic throwing off of a former self as a recasting of that past to make sense of and cohere—indeed, I am also arguing to constitute—the present one. It is in this light, as the necessary friction driving the autobiographical narrative and the transsexual transition interconnectedly, that we need to understand the tendency of transsexual autobiographers to posit an originally transgendered identity that often appears as a pre-transition psychic or embodied intersexuality. Intersexuality is a convention of transsexual autobiography, an effect of transsexuality’s narrative form. The notion that I was already more like a boy than a girl, *that there was already something of the boy in me*, is a characteristic of transsexual autobiography as a body narrative. When Mark Rees’s *Dear Sir or Madam: The Autobiography of a Female-to-Male Transsexual* opens with the young Rees as Brenda being asked whether he (as she) is a boy or a girl, Rees is representing his transsexual narrative as already plotted on his body: look, he says, my transsexuality was already corporeally legible to others; I have been me all along.²⁷ The device strives simultaneously toward coherence of narrative and body—to cohere the body with the narrative. The autobiographical self, as is its wont, suggests itself from the beginning as already there. The transsexual self simply follows form. Autobiography produces identity (sameness, singularity); transsexual autobiography, we should not be surprised, produces gender identity.

And herein (in narrative’s intrinsic capacity to construct identity), surely, lies the lure of the genre of autobiography for the transsexual, a key reason why many transsexuals return to the narrative form after their diagnosis to write their lives. If autobiography in the clinician’s office allows the subject to begin the transition, the published autobiographical narrative (through the revision of writing even more than the recursion of speech) allows the transsexual to integrate the self after transition: to make sense of a dramatic shift in sexed plots, to produce continuity in the face of change. Narrative *composes* the self. Conforming the life into narrative coheres both “lives” on either side of transition into an identity plot. This is not simply to remark autobiography as healing (although, particularly given the autobiographical requisite in the clinician’s office, the therapeutic function of the return to narrative does need remarking) but autobiography as constitutive. Autobiography reconciles the subject to

his or her past and in so doing allows a self to be instated in the present. In the case of Thompson, whose autobiography coauthored with his counselor literally doubles as psychotherapy (they write the book from his sessions), although he is unable to speak his life to the diagnosing psychiatrist, the act of returning in autobiography to write it has an explicitly integrating function that allows for this unspeakable—precisely the transsexual self—to be not only spoken but claimed as self. He now writes *as* a transsexual, the implication being that the passage of writing works through something of the trauma of that transsexual passage. “The remembering and the telling of his life’s events” entailed in the book’s production, his counselor/coauthor claims, “proved as cathartic as any therapy. At first his story came pouring out in a jumbled and fragmented fashion, but as we journeyed [again, the revisioning as voyage] through this life, the memory of events, feelings and conversations sharpened.” In autobiography’s process, Thompson “put[s] together the pieces of his fragmented life”; narrative has an explicitly cohering function.²⁸ Like surgery, autobiography heals the splits in plot into a transsexual identity; indeed, like and after surgery’s re-remembering of the body, the remembering of the life integrates and fills in for the absences of the narrative self. Autobiography melds together a body narrative in pieces. In short, for transsexual autobiographers, what Gusdorf describes as autobiography’s “sin” of coherence may be quite explicitly a (second) salvation.

Inevitably, given the onomastic and pronominal shifts that are intrinsic to transsexual transition, transsexual autobiographies do contain some startlingly cracked gendered syntax as the subject narrates the transsexual movement: “A Little Boy Discovers Herself”; “A Girl’s Journey to Manhood.”²⁹ The transsexual autobiography, surely exceptionally among autobiographies, must change its autobiographical subject: from Barry to Caroline, from George to April, from Robert to Roberta, from Marie to Mario, from – to Raymond, the autobiography must represent two protagonists. Richards’s *Second Serve* in fact heightens this difference by creating a dramatic framework out of the see-saw swing between its two gendered personae, Dick and Renée, as they vie for the part of protagonist, the “I” of the autobiography. One scene occurring before Dick’s transition to Renée, yet when Renée is beginning to assert her will to existence, illustrates the dizzying effect in its inscription in language of the shifts in the transsexual plot—the difference this body makes to autobiographical narrative. The episode recounts the loss of Renée’s virginity, her first sexual experience as a woman (but is it)?

The splits in perception—between how Renée desires to be seen and how she is seen; between this cross-dressed, male-embodied self of the past and the female-embodied “real” Renée writing now—multiply (and multiply gender) the autobiographical subject. Auditioning for a part in a drag show, Renée finds herself the object of desire on the part of the club owner. Renée wants to be seduced as a heterosexual woman but the club owner, Jimmy, a gay man, fancies Dick/dick in a dress. During the first movements of Renée’s seduction, “I” recounts the scene as if it occurred to a third person, as if outside it—which, indeed, not identical with this cross-dressed Renée from a pretransition past, *she* is: “[Jimmy] stroked her thigh and feeling no resistance moved his hand higher. He ran his fingers between her legs. A warm flush suffused Renée’s person, and she opened her legs a little. . . . All seemed to glow as she gazed at him and then felt his lips pressed urgently against hers” (73–74). As the seducer gets down to business, however, and Renée feels more secure in being desired as a woman, “I” is able to join in identification and take over Renée’s part in the narrative, now speaking both for and with her: “Jimmy suggested we go upstairs. I agreed, and he led me to his room. When he removed his kimono he revealed a well-kept body, completely nude. I was still in my dress, and he came to me with another languorous kiss. I said I was a virgin” (74).

But as Jimmy undresses Renée and Dick—and crucially dick: for it is the body that makes the difference to the subject of transsexuality—threatens to disrupt the realization of Renée’s (hetero)sexual fantasy, the narrative slips back into the third person: “Off came the dress, and with it went some of the dewiness of Renée’s perspective. The bra was next and she began to feel much less secure. . . . Deprived of her accouterments, Renée began to fade, and Dick, who had been sent on vacation to parts unknown, came snapping back” (74). It is finally sex (body and act)—the sexed difference between that past self and the autobiographical self writing in the present—that brings Dick firmly back onto the stage and sends Renée along with the again disidentifying “I” scurrying off into the wings: “[Dick] didn’t like what he found. He was taking a homosexual’s penis in his mouth. Renée, however, was not completely gone, and it was she who insisted that Jimmy penetrate her face-to-face as a man would a woman. Jimmy, kindly agreed to this ungainly setup. Dick lay in absolute horror as he felt his anus invaded” (74) At the moment of penetration (from Renée’s perspective, for Dick, penetration as a male by a homosexual), “I” who identifies in the present as a hetero-

sexual woman can no longer keep up in the description the autobiographical identification or coherence: it is Dick's anus and not Renée's vagina (as of this moment in the plot's recounting "I" 's futural part) that receives Jimmy's penis. The split of the transsexual autobiographical subject—the difference between me then and me now in body—becomes starkly inscribed in Dick's different naming in the narrative.

But while the gendered referent of the "I" necessarily changes in transsexual autobiography as this scene so spectacularly captures, autobiographical form ensures the continuity of the subject as a signifier. Transsexual autobiography represents the transformation, but it also generates the crucial points of conversion to show how the transsexual splits are rejoined into a singular autobiographical subject. From Renée's signature on *Second Serve* and our equation of the signature with the narrator and protagonist of the autobiography, we know all along that there is really only one subject to the narrative; the autograph guarantees the subject's gender coherence. In *Second Serve* "I" does finally transfer its allegiance from Dick to Renée and this doubled subject homogenize itself as the narrative is brought up to the present. This "sex change" occurs not during sex reassignment surgery as we might expect, but at a richly signifying moment in the narrative; for while it may be somatic transformation that allows the transsexual to feel sex-changed, writing in the autobiographies may generate its own transitional moments (more symbolic, more in keeping with the flow of the story) to cohere the transsexual subject. Narrative enacts its own transitions. In *Second Serve* the primary moment of integration occurs on the transatlantic voyage Richards must make to Europe on h/er way to Casablanca for the surgery. Although Richards will return as Richard Raskind, unreasigned, dick/Dick intact, marry a woman, have a child, and attempt one more time to live as a man, it is on the crossing from New York to Genoa that Richards really "becomes" Renée, feels h/erself to be no longer acting a woman but to be one. She gives free rein to Renée, cross-dressing for the first time consistently, abandoning Dick's identity in New York: "As the *Michaelangelo* steamed through the quiet Mediterranean waters, I felt myself sinking more and more into the persona of Renée. It was not a role anymore. I felt myself to be a woman, and except for the much atrophied genitals between my legs I really was one" (222). Brilliantly punning on the words "passage" and "crossing," the narrative exuberantly spinning out the valences of the trope of journeying in which transsexuality and autobiography are both so invested so that transsexuality,

autobiography, and the journey are all richly conjoined, Richards makes the ship a figure for her transition: “The Michaelangelo was my transitional vehicle” (219). The ship is a “transitional vehicle” in three senses: literally, according to the geographical trip; transsexually, in terms of the identity plot; and thus, autobiographically (the split of the “I” is cohered). In her representation of this entire “voyage” Richards underlines that a narrative sensibility drives the transition all along so that transsexuality appears as already narrative—“on the boat it was F. Scot Fitzgerald, in Italy it was Fellini” (246–247). If transition is always already narrativized—novelistic, cinematic—then how can we begin to read transsexuality outside of narrative’s properties?

Indeed, for the transsexual even to discover the possibility of transsexuality—to transform it from private fantasy to realizable identity plot—takes place “in” narrative. To learn of transsexuality is to uncover transsexuality as a story and to refigure one’s own life within the frame of that story. The autobiographies’ description of how transsexuals come to name themselves transsexual graphically illustrates that self-knowledge as a transsexual requires such a narrativization. Self-naming in the autobiographies is typically an “instance” (but my point is that as simultaneously revisionary and visionary, as narrative it is never an instance) enabled by the reading of other transsexual narratives, sometimes newspapers, but often previous transsexual biographies or autobiographies. The media coverage of Christine Jorgensen’s story in 1952 and her own autobiography of 1967 produced a narrative model for many; even the biography of the hapless Lili Elbe, another male-to-female who underwent unsuccessful reassignment in 1933 without hormone treatment (the surgeons attempted to implant ovarian tissue; she died soon after the procedure), galvanized transitions, for at least it suggested the right projected trajectory.³⁰ The reading of transsexual narratives allows for the recognition of one’s own *bios* as a transsexual narrative. In *Mirror Image* Hunt describes how her reading of Morris’s *Conundrum* motivates her to seek out hormones, the other transsexual a mirror image for Hunt to model herself on: “Morris had faced this dilemma and solved it, and given the courage and resolution, so could I. Morris had taken hormones and so could I. . . . Morris had gone to Dr. Harry Benjamin in New York, starting down the road that would end on the operating table, and I could do that to.”³¹ Previous transsexual autobiographies provide a narrative map: for the writing of the autobiography, of course, but also for the subject’s self-construction as transsexual. The autobiographies have

a central place in what Stone terms the “Obligatory Transsexual File”—the collection of newspaper clippings, articles, photographs, any text on transsexuality—that transsexuals amass to enable transition.³² Recent transsexual autobiographies have even begun to display a consciousness of their self-help function, listing support group/medical help telephone numbers.³³ Transsexuality is thoroughly engineered by autobiographical narrative in this sense also: not only through the oral autobiography in the clinician’s office, not only in the retroactive reconstruction of the life into a transsexual *bios* but through the reading of published narratives, the latter often engendering both the former. Again, this recycling of the transsexual narrative from life to text to life (from body to narrative to body again)—what we might think of as inter-transtextuality, both in the autobiographies and in the oral recounting—does not invalidate the transsexual’s gender. Rather, given the dependence of transsexuality on narrative, given that transitions always requires that narrativization of the life, there is no other way in which the subject—indeed, surely the point is any subject—could come to naming, to realization of his or her categorical belonging except through some form of narrative.

Clinical narratives in their turn also come to play a role in the subject’s mapping of a transsexual plot. The subject returns to the clinical definition in order to recognize his or her transsexuality for what it is. One of Richards’s earliest moments of self-recognition derives from reading Richard von Krafft-Ebing’s *Psychopathia Sexualis*, which she finds in her mother’s (a psychiatrist) study; this nineteenth-century sexologist’s case histories of sexual inversion initially mirror her own gendered displacement. In their very naming, published autobiographies are underwritten by the existence of the official medical discourse. “Diary of a Transsexual,” “Autobiography of a Transsexual,” “Story of a Transsexual”: the subject derives his or her autobiographical license from that designation as a categorical subject. The transsexual is autobiographical subject (that is, writing overtly under the rubric of transsexuality) because s/he is medicodiscursive object. If to be a transsexual one must be an autobiographer, to be a published transsexual autobiographer one must have been subject to the diagnosis. On this count too, transsexual autobiography’s conventions are formally in keeping with those of autobiography. Historicizing the origins of autobiography, Gusdorf states that the genre only emerges when the subject “seizes on himself for object” (a moment Gusdorf uses the discovery of the mirror—in the subject of history and the history of the subject—to emblemize).³⁴ When

specified, GUSDORF'S formulation explains how transsexual autobiography emerges at a homologous moment: when the transsexual autobiographer seizes on the self as a medicodiscursive object. Again, there is no stalling contradiction between this doubled location, between medical discourse and transsexual self-representation, since generically, within the narrative form, the autobiographer is by definition subject and object of his or her text, only an autobiographer because a readable subject for the other.

The clinician's preface attached to many of the autobiographies explicitly stages the transsexual's medical designation, working the clinical narrative formally into the autobiography. Like white abolitionists' prefaces to slave narratives, the clinician's preface "grants" the autobiographer a narrative voice, vouching both for its representationality (authenticity) and its representativeness (exemplarity). This is the true story of a slave, of a transsexual; this book has (is) a categorical life. "In this book," writes Harry Benjamin at the beginning of Christine Jorgensen's *A Personal Autobiography*, "Christine has written a document of great medical value. Her life story should forcefully support all those institutions and individuals who endorse and provide hormonal and surgical help for transsexuals." If the transsexual continues to derive authority (authorship) from the clinician in writing his or her narrative, the transsexual's autobiography, as a completed trajectory, a kind of transsexual *fait accompli* or case history, in turn affirms the success of the clinician's work. Indeed, the language of Benjamin's preface suggests a definitive contract between clinician and transsexual, a contract that the transsexual in writing her autobiography fulfills. Jorgensen's personal account is "long overdue," Benjamin writes, "owed" not only to self, family, and fellow transsexuals but "to science and the medical profession"; "[she] was *in duty bound* to supplement the technical report made by her Danish physicians . . . in 1953 with her own account of the inner and outer events in her still rather young life."³⁵ In writing her autobiography, the transsexual returns the favor of authorization, part of a reciprocity between clinician and subject that continues to take place through the conventions of autobiographical narrative.

With the same effect of legitimating the personal story through the medical narrative, other transsexual autobiographies ventriloquize these medicalizing voices within their narrative. Canary Conn's autobiography begins and ends with the author giving a talk at a medical symposium on transsexuality organized by her surgeon—she is his princi-

pal speaker, speaking (like Jorgensen for Benjamin) for him but also for herself through him. Still shaky and queasy from her surgery only a few days before, wheeled out into the auditorium in a wheelchair and bundled in blankets, Conn is markedly a patient and authority, exponent in both senses—not only on stage but also, in that the lecture opens the narrative, on page, for the reader.³⁶ The opening of *Mirror Image* employs an ingenious device for securing the transsexual's narrative subjectivity through and yet free from objectification from her medicodiscursive construction. Hunt begins with a long description of the sex reassignment surgery of another male-to-female transsexual, using the other as a mirror to reflect back into the text her image in reverse. While the other's anesthetized body is laid out on the operating table, her eyes bound closed with tape, Hunt watches the proceedings from within the operating theater. The other stands in for Hunt (Hunt reveals that she underwent the same procedure in the same location with the same surgeon only six months previously), medical object then in order that Hunt can be autobiographical subject now. Intercalating into the scene a history of transsexuality and vaginoplasty, Hunt like Conn masters the authoritative voice of the clinician (indeed, she defers her own story, the personal account, until chapter 4), medical discourse overtly providing the plinth for transsexual autobiography.

The autobiographer's interlocution with the clinical narrative is by no means always loyal, however, and other autobiographers use their personal histories not to authorize their account but to rewrite the clinician's and produce a better story for the self. The first sections of Richards's autobiography parodically replay the form of the clinical "case history": "If I sat down to write a case history of an imaginary transsexual, I could not come up with a more provocative set of circumstances than my childhood," Richards opens her narrative (5). This particular case history, we later learn in *Second Serve*, was supplied by her analyst during nineteen years of therapy. Freudian shrink Dr. Bak thinks Richards is really just "a nice Jewish boy from Queens" (164) who, like every other man, loves his penis and cross-dresses in order to assure himself that he has still got it. Breaking up Bak's diagnosis through a kind of narrative bricolage, using his story (but overreading it) to structure her narrative, Richards caricatures her mother, "Dr. Bishop," as the formidable phallic mother, seeking to compensate for not being the son her own father wanted by becoming more of a man than the men she scorns. In Richards's parodic replay, Dr. Bishop trans-

forms her daughter into a son, naming her “Michael,” and emasculates her son, Dick, inaugurating his cross-dressing by sending him to a Halloween party as a convincing pretty little girl: “when I was a girl, Mommy loved me” (16). Mommy produces a little boy as little girl. The plot of childhood in the autobiography turns precisely on key fetishistic tropes as the game of the “disappearing penis” that Michael plays on her brother, or as Dick the little boy snuggling up next to Dr. Bishop in bed in the mornings and then watching her dress, transforming herself from the “warm, soft” (7) Mommy to the austere Dr. Bishop: “Every morning I experienced my mother’s naked body as she softly went through her cycle. The slight sag of her breasts, the shape and color of her nipples, the soft muff of dark fur between her legs, these were as familiar to me as any of her dark flannel suits” (20). The “life” is not a reproduction of Dr. Bak’s case history, for Richards raids his psychosexual discourse precisely in order to break with it. She goes on (in her life and her life story) to transition, against Bak’s prophecies of doom, to lose her penis and precisely not “miss” it. His case history (indeed, as with Benjamin’s later) does not so much underwrite her autobiography as it would undermine it—that is, if she had not found the means to author her own plot (in both senses) differently. It is not insignificant that, as a star ophthalmological surgeon with her own medical texts in print Richards is herself a medical author. The difference between transsexual as clinical object and medical authority is already broken down, and the clinical definition appears more rescriptable.

In neat counterpoint to Richards’s account, Martino, a transsexual who as a male nurse likewise has a medical insiderness, unravels a psychoanalytic account of female-to-male transgender—the little girl who won’t give up her penis (both books interestingly suggest the psychoanalytic account of transsexuality in particular as in need of rewriting).³⁷ Like Richards, Martino enlists the official discourse to satirical effect. Tracing through his life an explicitly oedipal thread—his desire to be better than his father, to love his mother in a mode in which he sees his father as failing and even calling it such (“A bit of Oedipus, you think?” [28])—Martino ironizes the notion of a masculinity complex, using this narrative in order to fund the humor in his own account, in what would otherwise be too painful a story to read as it has been “a painful life to live, a painful story to write” (xi). When his second phalloplasty starts to go wrong, for example (the first has already been surgically removed as a failure) and the tip of his penis necrotizes, Martino must sit nightly in

warm baths and “very slowly, cut away at the dead tissue” (262). In his return to it in writing, the trauma (physical, emotional) of the act—this literalization of the loss of the end of his desire—can be staved off for the sake of the reader with a joke *on* psychoanalysis: “Talk about castration complex!” (262). The humor works to keep us going past the trauma, and this most patronizing of clinical plots for the female-to-male is made ridiculous in its autobiographical literalization.

If the transsexual autobiographer perceives a need to establish authority either through or over the official medical discourse, it is precisely because the “pain” of the classic transsexual story—“scenes” of childhood cross-dressing and sometimes gruesome surgery—in its very telling threatens to subvert the transsexual as authorial subject and transform him or her into absolute other for the reader’s horror and/or fascination. As in the clinician’s office, in the published autobiography the subject faces the question of how to make the transsexual story readable: a task that again entails not simply making the life visible but making it processable. This may indeed require some revisioning on the part of the author, for the subject now addresses an audience, I suggest, that is more than likely drawn to reading in expectation precisely of such scenes. If transsexuals read the autobiographies for identification, the nontranssexual readership that sustains the market for these autobiographies is surely motivated primarily by fascination, an interest in the transsexual precisely as prodigious other. Ironically, transsexual autobiographies depend for their circulation on a certain degree of objectification of the transsexual, what we might call the tabloidization of transsexuality: the daytime talk shows, the supermarket tabloids, for which transsexuality is headline material. Particularly in their packaging, transsexual autobiographies may even explicitly court this readership by advertising their own prodigious status: “an extraordinary story,” “an amazing account,” “the life of an extraordinary woman.” From this status as bizarre other the autobiographer must yet hew a coherently gendered authorial subjectivity: s/he must move from the extraordinariness of transsexuality as a cultural story to the act of self-justification always entailed in writing my story.

Nevertheless the autobiographer patently wants to be read not simply as a coherently gendered subject but as a transsexual. On this count the conventions of autobiography would appear to be fundamentally at odds with those of transsexuality. For if the highest ideal of transsexuality is to pass, and its antithesis is to be “read” (in the lingo when a trans-

sexual is read, she has failed to pass, she is taken for what she wishes most strongly not to be), then autobiography allows the transsexual's reading. If somatic transition allows the transsexual to pass and blend in as nontranssexual, to be incorporated and not be read as transsexual as I suggested, autobiography undoes this passing and writes the body back out. While the purpose of transsexuality is to redesign the body so that one won't be able to "tell the difference" (the difference, that is, of transsexuality), the purpose of transsexual autobiography is to tell this difference. Transsexuality promises to make the transsexual unremarkable; autobiography re-insists in the face of this (this is autobiography's effect) on the subject's remarkability. Writing the narrative may indeed be a mechanism for working through the life; *publishing* it—putting the life in a public domain—is a different matter altogether. The paradox of transsexual autobiography surely rests here: not one between technology and intersexuality that compromises transsexuality but a paradox between passing as nontranssexual and writing as an autobiographer who wants to be read as transsexual.

What are we to make of the autobiographer's desire to be read as transsexual? I suggest that in publishing the narrative the transsexual is not concerned with getting readers to conform their lives to his or her own, with covering over transsexuality as Hausman insists, but on the contrary, with declaring and uncovering a transsexual history. For while sex reassignment surgery brings with it the chance of incorporation as a man or a woman, an unremarkability (a passing as real that should not be undervalued), becoming fully unremarkable requires the transsexual to renounce the remarkable history of transition—the very means to this unremarkability. The autobiographies are all written from a point post-transition precisely when the past self could be concealed, when passing makes possible the detachment of the transsexual past; surgery, on the surface, allows for an "amputation" (Robert Allen's surgical image for this detachment) of the pretransition past.³⁸ But although it can make the body seamless in its "new" sex, what history would this body have postreassignment? At the end of her autobiography Morris insists that the question posed to her so often—what does it feel like to be a woman after living so many years as a man?—is doubly unanswerable: both because of the felt experience of her transgendered identification (she never felt herself to be a man) and because of her radically foreshortened history as a woman. Neither history is really hers. To reconstitute her past—and what is a subject without a past, what, after all, an identity

without a narrative?—she must write, therefore *as a transsexual*. In autobiography, transsexuals meticulously re-member that past. The body may have been subject to change, but the story is subject to preservation—to recording as transsexual autobiography. As Roberta Cowell's declaration at the end of her autobiography in fact can only serve to remind us—glancing at herself in the mirror before her first entrance to a ball as a woman, she thinks “[t]he past is forgotten”—the entire preceding narrative is evidence that the past is anything but forgotten.³⁹ Autobiography is very determinedly an act of remembering. In preserving in the autobiography a body of transsexual memory, in not performing the renunciation of a transsexual past, all transsexual autobiographers—by dint of their status *as* transsexual autobiographers—hold on to transsexuality as a subjectivity.

As well as allowing the transsexual to become a man or a woman in the clinician's office, autobiography, then, allows the transsexual to remain (very publicly) a transsexual. The autobiographical act on every count does not undercut but permits the realization of transsexual subjectivity—indeed, in a way not imagined by the medical narrative. Autobiography's conventions are both the means to passing through transsexuality and to passing back into it. There is, in the final instance, an exquisite tension in transsexual autobiography between body and narrative (the quest for gendered realness next to the refusal to cede one's history as a transsexual), a tension that doesn't stall but sustains the transsexual's capacity to write. Like Narcissus captured by the sight of his reflection, the transsexual in autobiography neither fully merges with nor moves away from the image of the changed self. The act of self-reflection both begins the metamorphosis and prevents the total merger of past into present self that would mean the disappearance of this remarkable narrative.

Reading Back: Toward a Transsexual Canon

As she works to uncover the technology transsexuals putatively “cover over” in their autobiographies, Hausman's approach to transsexual autobiography as a suspect text uncannily mirrors that of the policing clinician who has gone before her: the critic catches us out in our duplicity again. Yet in weighing the evidence against us, Hausman and clinician fall short as narrative critics, for they fail to take into account the extent to which transsexuality is organized by the conventions of autobiography. The layers of concealment attributed to the disingenuous

transsexual are none other than the layers of narrative itself: a layering that does not invalidate transsexual subjectivity but makes it possible. Although outside the domain of psychiatry and psychology specializing in transsexuality (no writer has worked in a sustained way with transsexual autobiographical accounts before her), Hausman admits that her purpose is in fact to work *against* transsexual accounts. Her agenda is openly to “subvert the official story put forth by transsexual autobiographers” (141). Given that transsexual autobiographies have been so unread in cultural theory, given that they hardly represent an official story in or beyond gender theory, it is not clear what is at stake in this urge to subvert, the desire to “work” the contradictions of transsexual representation and reveal the putatively latent story of transsexual autobiography before even its blatant story is known. Perhaps the preface to *Changing Sex* contains something of a clue.

Here, in her account of how she came to decide on the topic for her project, Hausman describes how she “fell into” writing about transsexuality “sideways,” inadvertently,” while tinkering with the idea of transvestism which was “kicking around feminist literary criticism at the time” (vii). In the library she discovered transsexualism: her response, “Now *that* was really fascinating” (vii). Incredibly, *Changing Sex* suggests this “fascination” with the subject of transsexuality from a point outside of it not simply as one location from which to explore transsexuality (and surely given transsexuality’s entanglement in “fascination,” this would require some explanation) but *the* authoritative site from which to speak. Particularly in the chapter on the autobiographies, the “critical reader” is set up in opposition to “the reader interested in verifying his or her gender confusion” (156) (i.e., surely, the transsexual). Whereas the gender-confused use transsexual autobiography to verify their gender confusion, critical readers (presumably having no gender confusion to verify) apparently get to see through to the internal problematics of these texts: as if transsexuals were not critical thinkers and readers; indeed, as if one couldn’t be a transsexual and a critic at the same time. But—even assuming the discreteness of these identities in the first place—why assume in the second place that the critic can read more about sex and gender than the transsexual? Much as she might use her writing to block it out, Hausman too has a gender, a gender and a body thoroughly embedded in her narrative, never divorced from her praxis of reading. Again in her preface (this is where *Changing Sex* reveals *its* “internal problematics”), Hausman writes that she was preg-

nant for most of the year she spent rewriting the book. Her personal concern at the time was that she might come to bear an unclearly sexed child: "I am perhaps one of few expectant mothers who worry that they will give birth to a hermaphrodite" (x). The autobiographical anecdote reveals more about her critical perspective than any theoretical moment in the text. Her preoccupation, that her body might contain a body that resembles too closely her object of study, makes crystal clear that she views the unclearly sexed body in her study with anxiety and alarm and that she locates her own body in a clean, unambivalently sexed location beyond this embodied sexed confusion. The horror in her fantasy of pregnancy derives from its breaking down—through the imaginary hermaphroditic child—her sustained antithesis between critic and transsexual, authority and object of study. Her fear is that she may herself via her "product" (book/child: here, the fear is that *there will be no difference between body and narrative*) come to reflect the object of her study, mirror image. No wonder the critical force of her perspective: her struggle to make sure that the watch-glass of the laboratory through which she views the transsexual as other does not become the plate-glass of the mirror in which she might see herself.

It is the omission of autobiographical narrative in the discussion of transsexuality that has led to a massive overvaluation of technology in the "construction" of the transsexual. Hausman's project suggests that it is technology and not narrative that "makes" the transsexual: we are authored by the medical technologies of plastic surgery, endocrinology, and the "idea of gender." But if autobiography is transsexuality's proffered symptom, the transsexual necessarily authors his or her own plot *before* s/he has access to technologies. I have made this argument ontogenetically, but it also needs to be made phylogenetically. As she fixes on technology as the marker of the transsexual subject, Hausman maintains that we cannot use the category of transsexual for "subjects exhibiting cross-sex behaviors prior to the technical capacity for sex reassignment" (117), that transsexuals did not appear until after sex change became possible. But Hausman—and to date, other critics—fail to read the narratives that subjects told to author themselves prior to the diagnosis of transsexuality. Even without the official discourse of sex change, the plot lines of nineteenth- and early twentieth-century transgendered subjects are remarkably consistent with those of contemporary transsexuals, the consistence and continuity of this narrative and its conventions the very factor that produced a medical discourse around

transgender that led to the writing of a transsexual diagnosis in *DSM-III*. The diagnosis then stands for a recognition of the “trans-history” (with all the connotations we can give that coining) of trans narratives. Reading transsexual autobiography—and reading it back to form a canon of transsexual narratives—is not merely a critical exercise but a political enterprise. Indeed, narrative may be our keenest weapon in these skirmishes over transsexual representation. Narrative is a reflection, above all, of our capacity to represent ourselves.