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The vial: the temporal life of synthetic testosterone in South Africa (1993 – 2003)

Lubinsky, Noah

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Figure 1 An AI generated image created through the app "wombo dream" using the prompt 'synthetic testosterone' in the style of Salvador Dali

To Shireen Ally for being the greatest cheerleader I could ask for, expanding my idea of what academia, theory and knowledge can be, always unravelling my disconnected thoughts and making them whole, amplifying my voice at times when I did not hear it myself. To B Camminga, for their constant graciousness, guidance, precise eye, care for the trans community and impeccable knowledge. Without them, this work would not exist. To Efemia Chela, whose keen editorial sense and eager support gave me the confidence to complete this dissertation. To Bridget Kenny and Srila Roy, who I always thought of as my surrogate supervisors, aiding me throughout. To Joel Pearson for his impeccable ability to clear the logical threads through grammar and a thirst for knowledge. To my family, given and found. To Noa Elle Segal, the newest and cutest member of the family. To my participants. To Dylan who taught me what trans brotherhood is. To Ally Beardsley. To Anam for giving me my first shot. To Qaqamba who taught me so much about myself and gave me my second one in our then shared bathroom. Finally, to synthetic testosterone for saving my life. Thank you.

Contents

Meeting the Vial 4
Trans 6
Potentiality 10
Time Frame 13
Types of Temporal Testosterone 17
Structure 19
Reaching for the Vial 21
What's in a vial: The Technical Object 22
Temporality 24
Telling Trans Stories 27
Interviews 31
Archives 34
The Origin Story 37
Jack Shephard, Dr Voth, and the Prehistory of Synthetic Testosterone 37
Endocrinology and Sexology 39
Transsexuality 43
Being Seen by the Law 46
Citizenship 48
Case 2 50
Frederick X 52
Erasures 53
Estian Smit 55
Administration and Administrators 61
Spaces of administration 62
Administering Gender 64
Creating Admins 66
The legacy of Charl Marais 70
Phoenix 71
Reading Marais 72
Conclusion 77
References 82

Figure 1 An AI generated image created through the app "wombo dream" using the prompt 'synthetic testosterone' in the style of Salvador Dali.....0
Figure 2 - An asymptotic graph representing the impossibility of getting to 'it' 12
Figure 3 - Overall Timeline 16
Figure 4 - organic chemistry representation of synthetic testosterone 19
Figure 5 - Advertisment for extracted testosterone from Confessions of the Fox.....38
Figure 6 - Timeline of Legislations 47
Figure 7 - images from the 2007 Gender Dynamix Body Mapping Workshop..... 69
Figure 8 - Excerpt from Fanfare Magazine No. 22 (May 1986) 71
Figure 9 - The front of Marais' Third notebook (GAL0108_GenderDynamix (GDX) G2.3) ..72
Figure 10 (GAL0108_GenderDynamix (GDX) G2.1) 73
Figure 11 - (GAL0108_GenderDynamix (GDX) G2.1).....74
Figure 12 - Speech Notes (GAL0108_GenderDynamix (GDX) G2.3) 75
Figure 13 - Illustration by @KhanyatheDesigner. 13 February 2019 79

Meeting the Vial

In 2003 the South African Portfolio Committee on Home Affairs met to discuss changing legislation surrounding legal gender recognition for trans and intersex people. Advocating that legal gender recognition be granted with full autonomy, the Cape Town Transsexual/Transgender Support Group, led by Estian Smit and Simone Heradien, spoke at these parliamentary proceedings. Originally, no trans people had been informed of the parliamentary proceedings taking place, and so they had less than two months to prepare statements on the proposed legislation. Standing in front of parliament in 2003 to tell her story, Heradien spoke about the ideological shift in the country in relation to her understanding of herself: "[D]uring 1994 when the political terms reconstruction and development was the buzz word, I decided to follow suit" (Heradien 2003).

As the South African state was grappling with a shift in racial relations, so too were gendered relations being questioned. This is perhaps most clearly illustrated in the way that Heradien links her transition directly to the idea of the rainbow nation, metaphorizing her trans becoming as part of "the era of Reconstruction and Development" (Heradien in Morgan et al 2009:134).

11 years before Heradien spoke in Parliament, in 1992, a change to the South African Births and Deaths Registration Act 51 meant it was no longer possible to change sex in any legal documents (Lock Swarr 2012). Legislation surrounding the change of sex markers on identity documents for trans people is known as legal gender recognition. In the parliamentary discussion that followed, people who could be read as trans men were mentioned in parliament for the first time. The Minister of Home Affairs, Eugene Louw, told the house that:

> the good old days when a man could become a woman after a sex change operation, and *a woman a man*, no longer exist as a result of court judgments in that regard. (Taitz 1993:136, emphasis added)

What resulted was 11 years of legislative confusion, between 1992 and 2003, in which people who rejected their gender assigned at birth navigated legal and medical terrains without clear grounding. The "good old days" this particular parliamentary speaker was talking about was also apartheid. Heradien's statement in 2003 shows an understanding of transition to democracy in South Africa as a moment for growth and transformation, a moment of mutability

and rebirth. Her statement is therefore starkly contrasted with the denial of the mutability of gender by parliament just two years before the dawn of democracy.

This dissertation follows the 'life of T', the technical object that is the vial of synthetic testosterone (T), as it traverses South African history, shaping (and being shaped by) nation, forms of belonging and senses of self among trans and gender variant people. Ahmed in Queer Phenomenology (2006) writes "the history of bodies can be rewritten as the history of what is reachable" (55). As such, this dissertation explores T at the points at which it was both reachable and unreachable by people in South Africa who sought it as part of gender affirming care between 1992 and 2003, using temporality as a theoretical framework to understand the legal absence for gender recognition at the turn to democracy.

Lock Swarr (2012) links parliamentary discussions in the early 1990s on trans identity to Mbembe's "anxious virility", suggesting a link between the state's patriarchal anxieties of losing power to an anxiety around gender nonconformity. As noted by Beauchamp (2013) in his study of American parliamentary views on T, this "anxious virility", both of the state and cis masculinity often determine the 'correct' usage of synthetic testosterone, against the unspoken background of the 'perverse' usage by people as gender affirming treatment.

The dissertation seeks to understand the moment of legal uncertainty during the transition to democracy in South Africa within a longer history of the regulation of people's bodies and gendered categorisation within the country's institutional history. It questions relations between states, recognition, rights, and identity. Finally, through the history of the technical object T, this dissertation considers how individual subjective experiences of embodied self and existential becoming happen through, and in relation to, this shifting object.

Following Deleuze and Guattari (1987), Beauchamp (2013) and Gill-Peterson (2014), synthetic testosterone will be defined as a technical object for the scope of this dissertation. Here, a technical object is being defined as part of an assemblage which questions the threshold between human and non-human through its ability to interact with a body. The technical object is that which "permit individuals to effect … operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves" (Foucault 1988:18).

A technical object's history follows it, shapes it, and gives it legible meaning. This makes it part of "a cultural biography of things" (Ahmed 2006:44) in which its history, even if not known, lingers upon it. By studying the history of T, I am therefore reaching for traces of the raw material's "synthetic consciousness" (Ahmed 2006:35) as it pertains to the political

moment today. A technical object is "the threshold between the human and the machine… it relates… through their enmeshed embodied processes while nevertheless maintaining their positive difference" (Gill-Peterson 2014:404). This builds on Deleuze and Guattari's understanding of a body as an assemblage of systems which "has only itself, in connection with other assemblages and in relation to other bodies without organs" (1987:4).

Synthetic testosterone, first produced in 1936 (Oudshoorn 1994), is today known as a common – but not universal – part of gender affirming care for trans people. This is commonly referred to as hormone replacement therapy (HRT). In the understanding of hormones as a key definer of sex and the subsequent synthesis of hormones, Rosenberg (2015), a trans Marxist academic of the 18th century argues that through early endocrinological understandings of hormones, testosterone and oestrogen became raw materials of gender. In becoming a raw material, testosterone moved from something which is 'natural' into an exchangeable commodity of identity.

The technical object or technicity is further understood as living not as subordinate to the human subject – but rather "as life touching itself" (Gill-Peterson 2014:406). Phenomenologically, when we take the first person subjective as the subject rather than the technical object itself, bodies are "something touching which is touched" (Husserl in Ahmed 2006: 54). The technical object is acted upon by laws and material relations of its production. It not only *acts* on bodies, it also defines some of the available semiotics and cultural practices available for affirming gender in the contexts it is used globally.

By understanding the vial as a technical object, the dissertation questions the nature of subjectivities and institutions themselves. As such, it asks three key questions. Firstly, what role do governmental processes play in creating the categories necessary for control. Secondly, what do those categories rely on materially, ideologically, and subjectively. Thirdly, how do these categories themselves have vibrating boundaries that shape shift within histories that are not contained teleologically.

Trans

While there has recently been an upsurge in research around trans people, as 'the trans issue' has become part of the zeitgeist, as seen through Laverne Cox's appearance on the cover of Time for the 'Transgender Tipping Point'(Malatino 2016), the story of trans masculine people, particularly in the global South, is one that has been historically scarce in academia (Boellstorff

et al. 2014). In South Africa, documentaries such as *Becoming* (2021) which showcase trans South Africans has also meant an upsurge in local understandings. As a trans writer (both in identity and research interest), then, the question is how to create meaningful research of a community, particularly as a member of the community. This dissertation attempts to circumvent this ethical question by not necessarily looking at trans people as the participants of research at all. Rather, this dissertation is guided by T and its travels, allowing it to lead me to the people who have used it, but still centering the vial itself. However, in order to frame the vial a contextualisation of trans identity is needed.

In phenomenology, "bodies are the ultimate point of view" (Rubin 1998:268). Working with Ahmed's (2006) propositions on orientations, it is therefore not enough to only ask whose bodies are giving the point of view, but what are they orientated towards. The subjects of this dissertation are people in South Africa who were orientated towards the technical object – T – between 1992 and 2003 for the purpose of gender affirming care. As such, they make up part of the trans population who chose to undergo what is broadly defined as a medical transition. This desire for gender affirming medical care is not at all representative of all trans people – especially in the global South where medical transition is often not viewed as a possibility or a goal (Mputubwele and Camminga 2021). What trans gives as a framework, then, is:

> an overarching but open-ended means to describe bodies, identities and experiences that defy normative notions of sexual possibility, encompassing (potentially) all individuals whose gender identity and/or physical body differs in any way from that they were assigned at birth (Pearce *et al.* 2020, 1).

While in the global North the term transsexual gained prominence in the 1950s, and the term transgender gained prominence in the 1980s (Williams 2014), 'transgender' encapsulates "ways of being and identifying— variance, non-conformity or transgressiveness —that have existed for far longer than [the term transgender] has" (Camminga 2019: 39). Under this theorisation of trans, 'transgender phenomena' is inclusive of "anything that disrupts or denaturalises the normative linkages we assume to exist between biological sex, sex role socialisation subjectively experienced or self-perceived gender/identity" (Stryker in Camminga 2019:40).

Using transgender in the umbrella form outlined above, any person who falls outside of a colonial binary notion of gender is therefore trans. However, due to its coinage in the global North another reading is possible. Namaste (2011) regards transgender as a top-down imperial

term. According to McClintock (1995) “imperial power emerged from a constellation of processes, taking haphazard shape from myriad encounters with alternative forms of authority, knowledge and power” (16). If the colonial and racist categorisation of ‘man as biological male’ and ‘woman as biological female’ was thrust upon former colonies, what then of people who today defy those constructions? What does it mean to use a term which, while now removed from medical formulations, appears as an import of disorder and deviance? Thinking through trans rights, or in fact rights as a paradigm for social justice in general “allows us to question whether an invocation of “transgender rights” is truly liberatory, or whether it is bound within specific social relations of domination, despite its rhetoric of justice and equality” (Namaste 2011:105).

In following the vial, I am also looking for traces of myself. In his piece ‘Trans/War Boy/Gender: The Primitive Accumulation of T’ (2015), Rosenberg battles with his conceptions of self in relation to imperial white masculinity. In going through the violent history of synthetic testosterone, Rosenberg sees himself a “permanently juiced-up, resource-hoarding body” (Rosenberg 2015). For Rosenberg (and for myself), to be ‘permanently juiced up’ is part of trans becoming.

This dissertation is steeped in whiteness, beginning with my own positionality as a white South African man who has had the majority of the cost of my own vials covered by medical aid, through to my research participants who are all white, as well as the white nationalism that fuelled the apartheid state As whiteness is often seen as a neutral category, devoid of racialisation (Ignatiev 1997), it is “the sovereign—if sometimes silent—social, legal, cultural, and experiential category that the very idea of race essentially functions to privilege” (Boucher, Carey, and Ellinghaus 2009:5).

The places where race appears, in ways which are both spoken and unspoken, is a vital part of the vial’s story. According to Rosenberg (2015), “Whiteness is that thing that transforms everything else into raw material for its own self-realisation”. Theorisations that underpin this dissertation such as biopolitics and its offspring somatechnics are themselves made possible through imperial whiteness, as it is through colonial racism that “the production of racialized bodies and their emplacement on the boundary separating the human from the non-human” (Pugliese and Stryker 2009:6) exists. According to McClintock, (1995) while coloniality suggests spatial and temporal limitations of the occupier and the occupied, thinking through imperialism allows an ideological understanding of categorisation which is less militaristically

overdetermined. Imperialism "emerged from a constellation of processes, taking haphazard shape from myriad encounters with alternative forms of authority, knowledge and power" (McClintock 1995:16). As such, I use the term imperial to signify the ideological influence of metropoles in the global South, particularly when thinking through formations of race.

In her text "Biohack is Black", Sosa (2017) offers a twist on Sojourner Truth – "Why is the cyborg white? Ain't I a superhuman?". Here, Sosa encapsulates the problem with the predominant narratives of biohacking (and perhaps by extension transness) – that it is primarily white, western, and fixed in global capital. When we imagine the biohacker (and perhaps by extension the trans body) as white, we are robbing it of a broader, richer history outside of the imperial west.

Salah (2014:202), echoing Spivak, has argued that subaltern transgender positions:

> appear at the intersect of transnational sexualities and genders, modernisation and globalisation, and through the networks of global gay human rights discourse and Anglo-American transgender liberation.

As such, there is another way to understand trans. Not as a furtive ground for gender variance through time, but rather an identity created through endocrinal and sexological interventions which created particular kinds of embodiment of gender as it is understood today. Under the medicalised mode of thought, the trans body is one that is only created at the point where Western interventions on the body are invented. This is "a transgendered political subjectivity derivative of the European Enlightenment's version of human agency that presumes a set of universalisms in defining the subject" (Gill-Peterson 2014:405). Under this lens, the transgender subject is created only at the point where it can be cured. While this formulation is useful in understanding legal, medical, and governmental interactions with trans people, it denies the modes of living and trans becoming that exist outside of notions of curable deviance.

Perhaps then what is more important to consider is how transness is read by society and the state, rather than what it means to the individual. Through this lens, gender dysphoria – the medical marker for transness denoting a discomfort with one's gender prescribed at birth – "lives in the world's response to us" (Clare 2010:460). This is a continuation on the logic of the social model of disability, in which the deficit does not reside within the disability, but rather in a society's lack of imagination. To take an entirely socially constructionist approach in defining trans identities, however, is to erase the very real phenomenological experience of *being* trans.

Trans must also then be defined in relation to queer. According to Love (2014), queer is "refusing the stabilizations of both gender and sexuality implied by the categories gay and lesbian and opening onto a wider spectrum of sexual nonnormativity" whereas trans captures "a range of gendered embodiments, practices, and community formations that cannot be accounted for by the traditional binary" (172, 173). As such, while both speak to a broadened umbrella of nonnormitivy, which question cisheteronormitive modes of being, they are distinct in their orientations. While I am both trans and queer, the two terms are not mutually inclusive. Many trans people are not queer.

According to Rosenberg (2015), "the past awakens only under the pressure of the political present" (Rosenberg 2015), its history gaining meaning through its interactions with bodies and structures. Many of the bodies this dissertation deals with may not have self-identified as trans, and certainly not as queer, and due to the nature of the archive it is often impossible to know how they would identify at all. It is only through the pressure of the political present that the desire to find "carnal knowledge of trans-subjectivity to reach back into larger political, historical, and cultural currents" (Hayward 2010:239) presents itself.

This desire often presents itself more acutely on the continent, as finding historical figures who we can read as queer is seen as a rebuttal to questions of 'unafricanness' itself (Macharia 2015). To do so, however, is to deny the complex and varying identities that existed in the past outside of imperialist definitions and categorisations.

To be trans, therefore is not something that can be understood outside of its relationality to the structural history of gender. This dissertation uses the broadest possible definition of trans as anyone not cis, while at the same time trying where possible to use the terminology the people involved may have used for themselves at the time.

Potentiality

According to Gill-Peterson (2014), "touching is conditioned by the radical impossibility of touching oneself or the other, the elusiveness of pure, unmediated presence in contact between flesh" (406). I came to this dissertation through being touched by T. In it, I saw salvation, a new life full of opportunity opening up before me. Technical objects have the capacity to imbue affects on the bodies they touch. For a large sector of the trans population who use synthetic testosterone as part of gender affirming care, it is a happy object. Ahmed (2010) defines happy objects as those which "contribute to the preservation of our being" (23) through the promise

of happiness imbued within them, and as such are the objects we orientate ourselves towards in hopes of producing happiness. This potential for happiness, when put in relation to the vial, can also be reformulated as the production of gender euphoria. It is within this vial, this happy object, that I still imbue the potentiality of my own queerness and transness.

Embedded within this promise of gender euphoria is also the promise of the "trans ordinary". Aultman (2019) defines the trans ordinary as "feeling 'happy' within the rhythms of day-to-day gender non-normative life" (1). For many, the very act of touching the vial, skin to glass, is one which elicits joy rooted in the future temporality of transition.

Much discourse around trans bodies and the vial place trans bodies in a "literal-to-come, linked to an imagined, idealized, or phantasmatic future where the … transsexual body image will be—one day, some day—reunited with their 'corporeal referents" (Long Chu 2017:149) While the process of gaining more gender euphoria is often termed as transition, "transition is a misnomer because you were here, like this, all along" (Carter 2014: 236). This dissertation uses Hayward's (2010) conceptualisation of trans becoming in her article "Spider City Sex" to deny the linear temporality implied by transition. Trans becoming is an affective becoming, which is felt through the body, in which both euphoria and dysphoria are felt as screams (Gleeson and O'Rourke 2021). Trans becomings are bodily expressions deeply enmeshed in corporeal space and time which "emerge as intensive maps, values composed of transverse orientations toward a shared world" (236). T as a part of trans becoming therefore "is a unique expression of a living body's capacity to reach beyond and back toward itself through technics" (Gill-Peterson 2014:409).

Trans becoming is also inherently a process of potential. According to Muñoz (2009) "We may never touch queerness, but we can feel it as the warm illumination of horizon imbued with potentiality" (1). T is an object imbued with hope for those who desire it, it too holds "the warm illumination of horizon". Potentiality can be read in opposition to Dan Savage's individualistic slogan of the 2010's: "it gets better". Savage is a white gay journalist in the United States of America who in 2010 created a viral media campaign to combat teen gay suicides. In his neoliberal narrative of coming of age and upwards mobility, the 'it' that gets better is you, triumphing over a society of bigotry. Rather than the society which created the structural harm becoming better, you are the singular hero who is able to save yourself (Puar 2017). While both assume a better, freer future, Muñoz's is structural to Savage's individual. A person being able

to access gender affirmation through T is an individual success, but in terms of queer freedom, 'it' getting better relies on a societal shift towards full gender self-determination.

In line with Muñoz's utopia (2009), I would like to suggest that transition can be an asymptotic relationship in which – through the mutability of gender, subjectivities, and societal expectations – a better future, both interpersonal and universal, is ever nearing. Similarly, at the dawn of democracy in South Africa, there was an overall feeling of hope for it – the country – getting better. It is a mode of affects "that can be described as attempts at "getting there" rather than some existential mood of "being there," where the "there" is the projected space of happiness beyond the finish line of anticipated experience" (Aultman 2019). Notions of truth and reconciliation, reconstruction, and development, and even the 'rainbow nation' spoke to the potential of a stronger, more unified country. The interactions of these potentialities, the personal and the national, is explored in relation to T throughout the dissertation.

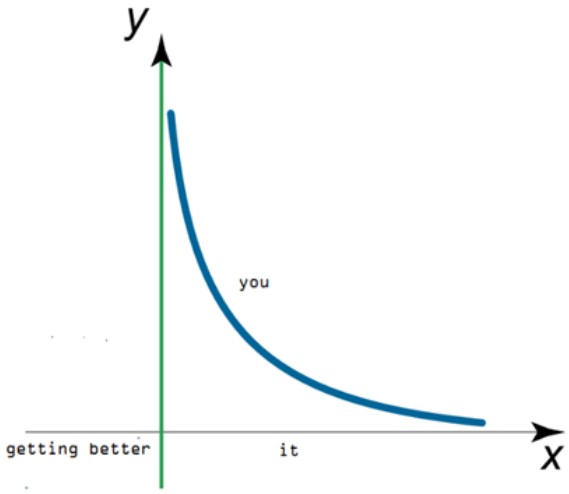


Figure 2 - An asymptotic graph representing the impossibility of getting to 'it'

Importantly, this asymptotic relationship is not necessarily pejorative or nihilistic, but rather can be a surrendering to change as "change is ubiquitous: we are always becoming." (Plummer 1995:20). As shown in Aultman's conception of the trans ordinary: "non-normative life adjusts itself to fit as best it can to the fantasy of a normative "good life" because this so-called good life is perceived as the only real road to happiness" (2019:1). Throughout this dissertation I move between the structural and the individual stories of T. In both, time and potentiality serve as narrative tools through which to understand the vial and its users, and a good life is mediated.

The South African nation at the dawn of democracy was one filled with hope and optimism for the potential of a better, fairer future. There is a dichotomy between the vibrant idealism of a

new nation springing into existence and the halting of trans rights, through a backlogging of public institutions which has made trans healthcare significantly more expensive, creating an inaccessible hope for many (Vincent and Camminga 2009:695).

Time Frame

Throughout this dissertation, the temporal will be used to understand T as it moves in South Africa. While this dissertation is historically fixed between 1992 and 2003, it is genealogically expansive. By genealogical, I mean a cultural understanding of identities and technical objects that assumes the co-creation of concepts through societal makings over time. "Genealogy conceives human reality as an effect of the interweaving of certain historical and cultural practices, which it sets out to trace and explore" (Tamboukou 1999:191). Therefore, the temporal questions Ahmed poses must be answered: "How did I or we arrive at the point where it is possible to witness the arrival of the object? How is the arrival a form of witnessing in which 'what arrives' becomes a 'what' only in the event of being apprehended as a 'what'?" (2006: 39). By taking a genealogical rather than historical approach, this dissertation "refuses the assumption that individuals exist apart from the historically changing categories that make them" (Rubin 2006:482).

The specificity of the apartheid state as a totalitarian, racist regime, guided the ways in which its investments in gender and sexuality become particularly coded. During apartheid, there was an understanding of gender variance as something that could be remedied through medical intervention as an extension of a remedy for homosexuality (Camminga 2019:54). This view was highly binary: only making space for heterosexual and cisnormative ways of being, and erasing – if not actively harming – many people who did not fit into normative genders and sexualities. At the dawn of democracy, rights for sexual minorities were enshrined in the constitution, while simultaneously restricting legal gender recognition and access to gender affirming care which had been available during the apartheid regime.

As part of the state-wide criminalisation of homosexuality, a military project of conversion therapy was enacted on cis gay and lesbian troops from 1969 to 1987 (Kaplan 2004). In an attempt to 'cure homosexuality, forced sex reassignment surgeries[1] were given to sexually deviant recruits. Once the surgeries had been performed, "they were given new identity documents, discharged from the military, and told to cut themselves off from family and

[1] I use this term to indicate what it was known as at the time.

friends" (Kaplan 2004:1516). Rather than denying the mutability of gender, the apartheid state attempted to use that mutability as a way to control sexual deviance. While many of these surgeries were coerced, it is also likely that there were also people who used the state's services to their own ends, using the terminology of the state to gain access. It is likely that some people who we might today consider trans were able to use this state coercion as a way of getting gender affirming surgery.

Outside of the military, doctors would write their patients who were transitioning letters so that they were not "vulnerable to prosecution under the Prohibition of Disguises Act" (Lock Swarr 2012:59). These letters distinguished between 'transvestites' and drag performers, whose gender expression was seen as deviant, and people who were undergoing a medically mediated transition (Lock Swarr 2012).

The apartheid state's approach to gender variance was to position medical intervention as the one and only treatment for white people who did not fit their assigned gender at birth. In dealing with the apartheid state's obsession with conformity, this positioning of transness is particularly compelling as it gives us a lens through which to understand the apartheid state's commitment to sex change for people who in the state's view could be cured from deviant sexuality. As such this approach was focussed on eliminating sexual deviance, rather than explicitly about gender variance. In the understanding of the trans subject as constituting a disconnect between mind and body, the trans subject is disembodied and made into "imperfect copies" (Gill-Peterson 2014:406) of the cis original. This is important both in understanding how 'trans' moves to the Global South, as well as the power relationships assumed in the term.

As Beauchamp (2013) notes regarding North American parliamentary proceedings on the restrictions on the transnational flow of T:

> State-recognized medical transition and its accompanying policies rely on the assumption that transgender identified people will take up hormones and surgeries as tools to eradicate any markers of gender nonconformity and presume an ultimate goal of transitioning linearly from one gender to another. (58)

While there is no data on the use of the vial during apartheid, the best approximation is the number of sex reassignment surgeries recorded by different hospitals in the country, with an assumption that people who had consented to sex reassignment surgery would have continued with hormone therapy after surgery. At Groote Schuur Hospital, considered today the most

trans positive hospital in South Africa, 150 people accessed sex reassignment surgery between 1969 and 1984 (Klein 2014).

At the University of Natal Hospital in Durban, Dr Derk Crichton, a prominent gynaecologist and obstetrician, performed 58 sex reassignment surgeries for 'male primary transsexuals' between 1969 and 1993 (Crichton 1993). Known for being one of the first doctors to train black medical students, in 1972 Crichton became an advocate for the reproductive rights of women, abortion in particular, and he was prosecuted for administering illegal abortions (Klausen 2014). In 1993, a year after the parliamentary discussion which led to the removal of legal gender recognition, he wrote an article in the South African Medical Journal (SAMJ) outlining his doubts around the ability for sex reassignment surgery alone to improve the lives of the people he was operating on. In this article, he does not mention that for many of these years he was not on the medical roll due to his criminal charge. His wariness around 'transsexual' healthcare perhaps signals the broader shift in the country around trans identities.

The dawn of democracy, the point of linear time on which this dissertation is focused, was a particularly optimistic moment. The Truth and Reconciliation Commission (TRC), through which what little information about the conversion project in the military was gathered, spoke to an era of forgiveness and openness, idealistically setting up the 'new South Africa' in stark contrast to the old. The new constitution of 1996, centering equality and inclusion became a model for human rights documents around the world. Justice Edwin Cameron, an openly gay man and HIV activist and later constitutional court judge, spoke of the nation's new sense of welcoming of Lesbian, Gay, Bisexual and Trans (LGBT) rights. Yet the continuing murders of trans and queer people (Camminga 2021), the inaccessibility of gender affirming care and ongoing discrimination has meant that queer and trans liberation remains a distant goal in South Africa. This disjuncture punctures the hopes of the transition moment.

After the 1992 Act, it took ten years of litigatory pressure placed on the Department of Home Affairs by people who wished to change their legal gender before this right was reconstituted in a new Births and Registration Act 49 of 2003. It is pivotal, therefore, to understand how apartheid policies around sexual orientation shaped discourse around gender between 1992 and 2003. In order to understand the transitional moment between 1992 and 2003, a much longer history of T, both globally and in South Africa, must be attended to. The timeline below sketches a brief outline of events in South Africa relevant to this dissertation and leading up to the 1992 Births and Deaths Registration Act.

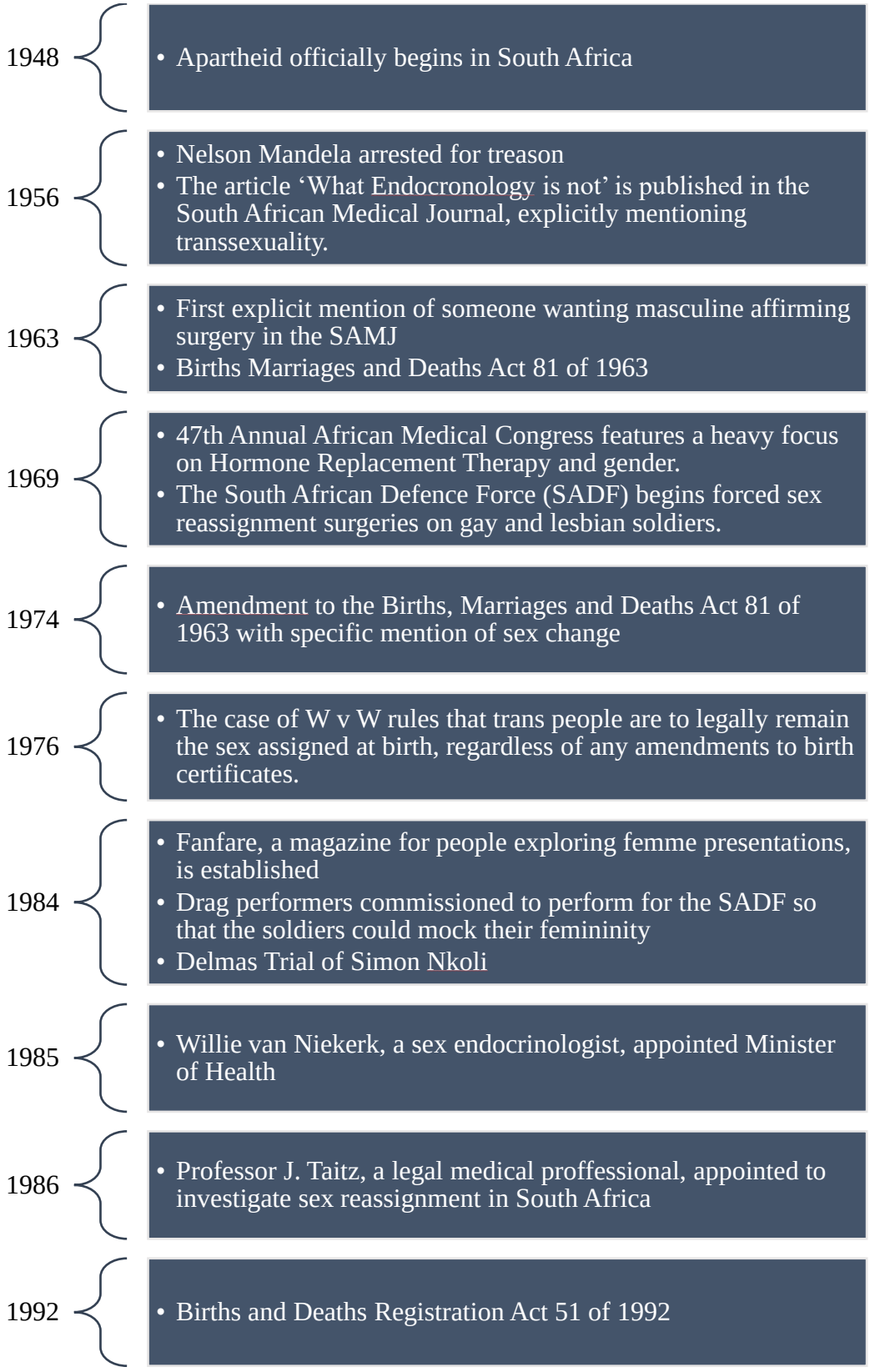


Figure 3 – Overall South African Timeline

Types of Temporal Testosterone

There are numerous ways for T to enter the body: daily gel, surgically inserted pellets, subcutaneous injections, and intramuscular injections. Preciado describes T gel as a most powerful drug because it is untraceable, its vapours contagious, seeping into the body for the most extreme of changes (Preciado 2013:65). Injections, however, leave a trace - in the biohazard of used needles, in the small glass vials with an orange cap which must be popped off to signify it has been opened, in the pain that stays in the injection spot in the subsequent days. As a fluid, intramuscular shots are "known for their malleability, their capacity for transformation, their capacity to adjust and recalibrate at the molecular level" (Malatino 2014:139). Testosterone in a vial has a high viscosity, involving more difficulty and time to fill a syringe from a vial than most injections. It seems fitting that a molecule culturally understood as masculine is, while fluid, thick and stubborn.

As the focus of this work is on the vial, the types of intramuscular injections which are and have been available in South Africa will be discussed. In particular, testosterone cypionate under the brand name Depotestosterone (Depo), manufactured by Pfizer; testosterone undecanoate, under the brand name Nebido, manufactured by Bayer; and finally, Sustanon, which is the name for a mix of various testosterone esters. I will be using the current prices in order to give an approximate sense of the prices that may have existed in the late 1990s and early 2000s.

Depo is packaged in a small box with a reusable vial which, in my case, lasted around 2 months. The cypionate shot is the most common because it is the cheapest. It is generally administered every two weeks. However, with Pfizer as its manufacturer, it has suffered from various global shortages in recent years. Requiring the manufacturing facilities for vaccine production, South Africa is once again facing a T shortage at the time of writing this dissertation (Bornman 2021).

T shortages happen throughout the world, most acutely in Australia, Italy, Venezuela and South Africa (Riverdale 2019). My interest in studying this technical object arose when my own supply of testosterone was suspended due to one such shortage in 2018/2019. It was a rupture in time, one in which it felt as though my progress was stunted or that I was now stuck.

Hage (2009) defines 'stuckedness' as "a sense of existential immobility" which has been normalised through against the backdrop of continual crises of capitalism as a virtue in the "celebration of one's capacity to stick it out rather than calling for change" (97). Being stuck,

or being in a state of stuckedness, is in its very nature defined by a lack of agency, by an unexpected and unwelcome stop on a journey to something imagined as better.

Being 'stuck' without T can be understood "as not only a spatial metaphor but also a temporal one, deferring to notions of being stuck in the past or stuck in a gendered timeline, and ultimately 'out of time'" (Garde 2018:4). This stuckedness is deeply interwoven in the story of T in South Africa. We are still in a state of stuckedness. Stuckedness, also then, may be described as part of the trans ordinary. In her review of Jacques *Trans: A Memoir* (2015), Long Chu (2017) praises Jacques ability to capture the everyday trans ordinary while also making poignant notes on the structural oppression faced by Trans people in the UK. In summarising the book Long Chu (2017: 143) contends:

> *Trans* is a study in waiting: waiting for hormones, waiting for the Guardian to start her column, waiting for her temp agency to call back, waiting for the privilege to wait for surgery, all while shuttling between editors, psychiatrists, therapists, administrators. Jacques's is a thick present like Edmund Husserl (1964) never imagined, an abeyance, a holding pattern over the unextraordinary.

As of March 2020, testosterone cypionate is produced by a local pharmaceutical lab in South Africa, Fagron. Though now a supplier of testosterone cypionate, the company's website makes no mention of its potential trans clients. In fact, the cypionate vial is not advertised on their website at all. Instead, the types of testosterones they advertise are creams and pellets, presumably because these do not require a needle and therefore may be seen as more easily administered directly to the consumer. The pricing of the Fagron cypionate is approximately R440/5ml for 200mg/ml. This comes out about R50 cheaper per bottle than its equivalent, Depo. Depo is, however, available at major South African pharmaceutical retailers such as Dischem and Clicks at times when there is no shortage, whereas Fagron only supplies directly to doctors through an online purchasing system. Purchasing cypionate from Fagron therefore requires a doctor who already has a specialist knowledge of their products, or through word of mouth through the community who in turn inform their doctors.

The undecanoate shot, sold in South Africa by Bayer under the name Nebido, is administered once every three months and is approximately R2 500 per vial. The packaging is much larger than the vial, allowing the vial to be cushioned and protected. The top of the vial is golden, suggesting that the user has upgraded, symbolising possible temporal freedom. Rather than

needing to worry about a shot every two weeks, Nebido can slip to the back of one's mind until the end of those twelve weeks. This is what I currently use.

Sustanon, based on my interviews, seems to have been the most readily available and cheap option during apartheid and the early years of our democratic dispensation. As one respondent recalled, Sustanon was a more appealing as it was mixed in a sesame seed oil, which felt healthier and more natural to them (Montgomery, 2020). The price is similar to that of Depo. It is recommended that Sustanon is taken once every ten days, and it has a lower chance of converting to oestrogen in the body than cypionate due to the mixture of chemicals within it (ANABOLICS SA 2022). My participants who were on Sustanon during the 1990s and early 2000s have since moved to Depo.

Structure

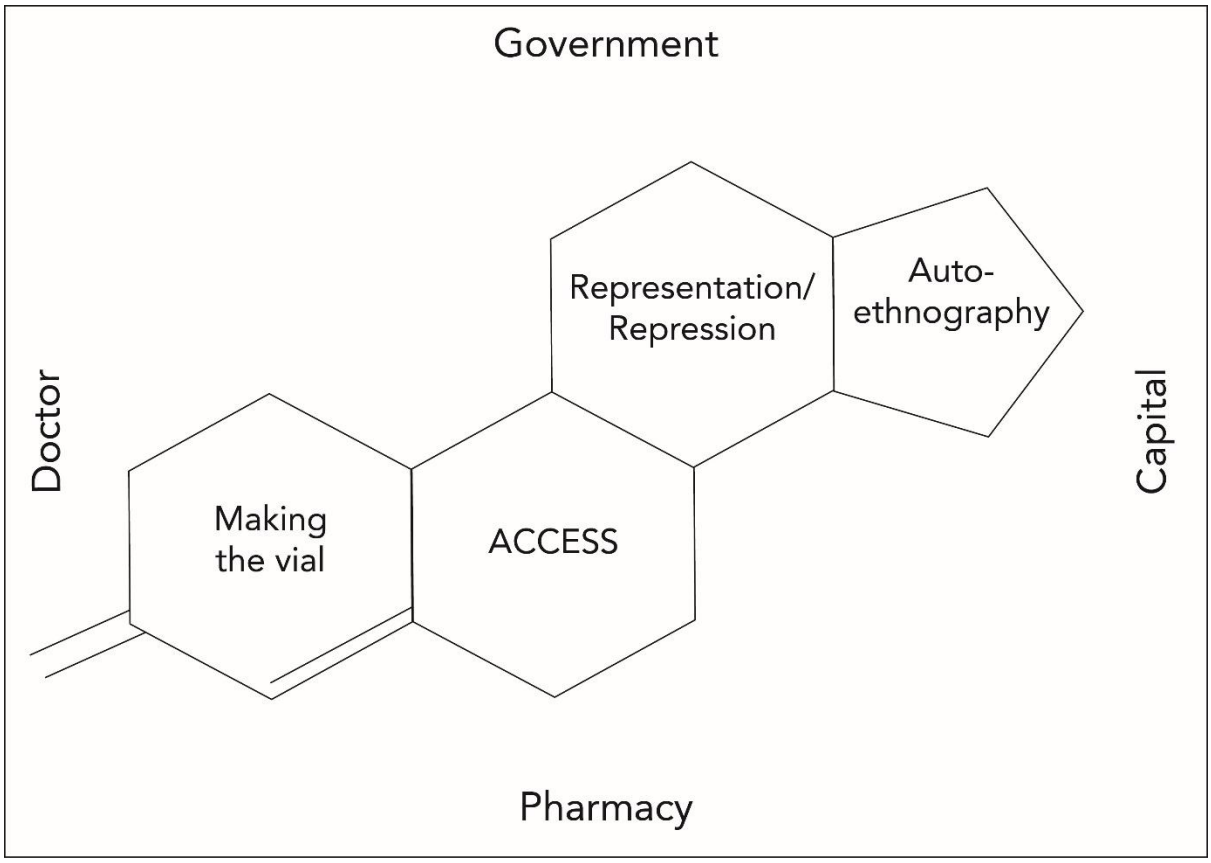


Figure 4 - Organic chemistry representation of synthetic testosterone, made by Talya Lubinsky

This dissertation is my love letter to T and the people who used it before me and in doing so made my life possible. I examine the ways in which several assemblages – in particular state, medical, pharmaceutical, and capital – regulate, erase, legitimise, hurt, construct, and constrict the flow of the vial. To do this, I begin by understanding what the vial is as a temporal technical

object of potentiality. I then move to what theoretical possibilities are held within the vial through my various research methodologies. From there, I give a genealogy of the vial, both globally and in South Africa, dating back to the 1900s to understand how the construction of T as a raw material is co-constructed through the imperial state. Moving towards my 1992 – 2003 timeframe, I then question the ways in which the vial have created and evaded state legibility. Finally, I look at the administration of the vial during my timeframe, both structurally and intimately. This dissertation will therefore be an account of the spaces and times and people the vial has touched, as well as the ways it has touched me.

Reaching for the Vial

As I write this, I have taken 10 mg of methylphenidatechloride (better known by its brand name Ritalin), which will allow me to concentrate on my writing for the next four hours. This morning, I took 100 mg of sertraline to help with my anxiety. Tonight, I will take 2 mg of melatonin to regulate my sleep cycle. All of these medications, prescribed by a psychiatrist and paid for by my parents' medical aid, are examples of Preciado's pharmacopornographic era, in which biopolitical control is no longer surveilled outwardly, but rather is regulated within the somatechnics of my body. By using the term somatechnic, I am referring to the ways in which technologies "are the dynamic means in and through which corporealities are crafted" (Sullivan 2014:188). I take these pills daily as I near the end of writing this dissertation, not trusting myself to be a productive member of neoliberal academia without them.

The year before I came in contact with the vial, I failed law at university and therefore disrupted the chrononormative expectations laid out before me. Falling out of a profitable career option because of growing disillusionment with the field and its possibilities for justice represented a failure in the queer sense. It is in no small part due to this (queer) failure that I decided to take the leap to begin T, feeling as though I had now found the freedom to remove myself from the script laid in front of me, no longer tethered to an idea of straight perfection.

On the 9th of February 2022 I went to my local pharmacist to administer my Nebido shot. Before this, I had my partner administer my shot to me as part of a ritual of love. I have also at times administered the shot myself, but now that I take my shot once every 3 months it is a long, slow release of T into my body, and I do not trust myself to stay still enough for the process. I sit and nod and smile while the nurse tells me about her friend who is 'like me but the other way' and asks me how long I have to be on T. After I tell her I'll probably take it for the rest of my life she pauses for a moment, then she asks if I have anyone special in my life.

Unlike the solid pills I take daily, the vial which I will inject again on the 4th of May is fluid, as is my love life at the moment. As considered by Malatino (2014) in his exploration into Deleuze and Guattari's 'nomadic science': "Fluids are known for their malleability, their capacity for transformation, their capacity to adjust and recalibrate at the molecular level" (2014: 139). For over three years now, this technical object has touched me, pierced my skin, and become a vital part of my own somatechnic in ways that are predominantly ineffable. Its capacity at times seems boundless, providing me with a new gendered mapping which I can continually choose to follow or break.

In speaking on his own method, Rosenberg (2015) paraphrases Frederick Jameson and Ruth Jennison to say "when your perspective swivels and you realise that 'it is the stars that look down on us'. And in that moment … 'you begin to count yourself amongst the data of history'". I often joke that T improved my grades far more than Ritalin ever had. I wonder how much of my ability to write this dissertation, to present it to supervisors within the confines of tertiary education – and to even tell this story at all – is capacitated by my interactions with the vial itself, as a raw material of my own gender and of gender itself.

What's in a vial: The Technical Object

The orientation of the body to the vial is encapsulated by both the body and the structures around that body. Indeed, a technical object is "an effect of towardness" (Ahmed 2006:27), which is to say that 'its' existence in understanding is dependent on those who understand it. This relationship between the intention of the body using the object and the "intending" of the object is what phenomenologists have described as "synthetic consciousness" or the impression given through "the work of recollection … in relation *to what is already gathered by consciousness"*. As such, the object's history follows it, shapes it and in fact gives it legible meaning.

Ahmed (2006) stipulates that all objects have temporal histories that are necessary to their perception. She posits that an object is "the transformation of time into form" their backgrounds baked into them as part of a temporal dimension that leads to their availability in the moment, creating "intertwining histories of arrival" (38). While not every contact with the object is consciously informed by this history, it is embedded within the "co-perception" of the object. This idea of arrival links the somatechnic to access as "to say the object is an arrivant is to signal not only that it is nearby but also that its nearness is not simply given" (Ahmed 2006: 39). As time transforms, so too does the essence of potentiality that object has, as openings avail themselves around "a mode of being and feeling that was then not quite there" (Muñoz 2009:9).

The gendered hormonal body and the societal understandings around it are what Rosenberg (2015) calls the 'gendocrine system' (a portmanteau of gender and endocrine). Despite both oestrogen and testosterone being found in all bodies regardless of their sex assigned at birth, it is through the gendocrine system that testosterone comes to be thought of as the

male/masculine hormone, and oestrogen the female/feminine hormone. Through the understanding of hormones as sexed the gendocrine system emerges, "preconditioned on a carceral logic and history, one for which the body has long been a raw material" (Rosenberg 2016).

For Rosenberg (2016), important in understanding the role of T is seeing it "through the application of science/industry – but more importantly, violence … a raw material, and an object of exchange". By defining both synthetic testosterone and the body itself as raw materials ripe for production, Rosenberg argues that T in its current formulation as a technology of gender can only exist under an imperialist, extractive, scientific endeavour.

In the case of testosterone as a raw material of gender, the emergence first of labour, bodies, and organs as raw materials was needed (Rosenberg 2015). The advent of raw materials of capital in general is prefaced on the enslavement on black people, as the transatlantic slave trade fundamentally changed how colonial forces view black bodies and labour. Within the very logic that enables testosterone to be a raw material of gender is the logic of a raw material itself, as "fungible, thingified, and interchangeable" (Snorton 2017:6). More specifically in the case of synthetic testosterone, its very synthesisation was premised on experimentation done on black prisoners (Kazarsis and Jordan-Young 2019). With its origins in violent capitalistic extractions, both human and non-human, the vial is a raw material of gender which for many trans people has also become a technology of becoming (Rosenberg 2015).

The technical object has a life unto itself. It is not only a thing deployed but carries a kinetic force of relation to bodies that can itself be traced and tracked over this history. Furthermore, as has been argued by Gill-Peterson (2014), Magubane (2014), Snorton (2017) and many others, the very creation of gender as a social marker is predicated on a colonial design of race. Both imperial gender and race "carry with them historically conditioned potentials for retooling the body and the body politic" (Gill-Peterson 2014: 415) in their abilities to shift and mould around technologies of power. According to Gill-Peterson (2014: 415):

> The political capacity of technicity allows the hormone molecule to serve as the nonhuman threshold between nature and culture, between transgender and race, and opens onto a form of politics in which neither transgender nor race is subordinated to the other's politics or separated, requiring resuturing through a belated intersectionality or hybridity.

This ability for gender and race to shift and transform is deeply evident in the technical capacities of the vial. For many trans people, going on HRT is a "chemical rite of passage" (Raun 2015:704) which in itself is the transformative technology of trans becoming. Often, taking T is an act of survival by trans people, but it can also be an act of little significance other than a mundane steppingstone. While T as a subjectivity in and of itself may be understood as radical, the interplay between T and transness is not always a radical act. As such, I characterise T as living in order to understand its life without fetishising the trans subject whose life it often touches.

Temporality

The temporalities explored through this dissertation are queer and trans temporalities, both in relation to the chrononormative. Garde (2018) defines chrononormativity as "the ways in which time is implanted into our bodies that make it seem like a somatic fact while simultaneously organizing individual human bodies toward maximum productivity" (2). Freeman (2010) who originally coined the term 'chrononormative' defines chrononormativity as the process of turning "naked flesh […] into socially meaningful embodiment" (Freeman 2010:3). Examples of the chrononormative may be feeling the need to finish a degree or have a baby 'on time', or 'before it's too late'. In this dissertation, chrononormativity will be used to understand imaginations of T, both individual and structural, which tie it to productive capitalist time.

Halberstam's original (2005) articulations of queer time and queer failure show them as antithetical to capitalist heteronormative versions of success, and as such antithetical to the chrononormative. In the chrononormative notion of success, it is assumed that there are (often reproductive) milestones of accomplishment expected of a person as they reach specific ages of maturity (Freeman 2010). In particular, Halberstam argues queer time is seen most acutely in "ambiguously gendered bodies and noncontinuously gendered life narratives with the experience of being out of sync, a sense of rupture between past, present, and future, and split subjectivities" (Amin 2014:220).

Queer temporality can be understood as "collapsing time through affective contact between marginalized people now and then" (Dinshaw et al. 2007:128). For Halberstam (2007), it is the "dark nightclub, the perverse turn away from the narrative coherence" and "a theory of queerness as a way of being in the world and a critique of the careful social scripts that usher even the most queer among us through major markers of individual development and into normativity" (182). Queer temporality then does two things. Firstly, it upends linear Western

history in favour of one which is messier and more intimately tied to ancestral community (Dinshaw et al. 2007). Secondly, and in a related way, it changes the way in which we think of time and space, making new possibilities in which both archives and futurities are understood (Dinshaw et al. 2007).

When we speak about chrononormativity in relation to trans identities, then, there are essentially two concepts at stake. The first, cis chrononormativity through which cis people understand progression of time as part of a capitalist mode of production. Cis chrononormativity is a key assemblage of cisnormativity. Secondly, endochronology which enables transnormativity by "producing temporal forms of intelligibility and recognition of trans subjectivity… [becoming] the condition for recognition and inclusion of trans subjects into the nation state" (Garde 2018:3). "Endochronology" combines endocrinology and chronology to understand the ways in which scientific understandings of the hormonal map temporally. It refers to a ostensibly scientific, linear, causal narrative in which through intervention, hormonal levels can become perfectly in line with subjectivity (Amin 2018; Rosenberg 2018).

According to both Amin (2018) and Rosenberg (2018), the endochronological must be rejected in favour of a Foucauldian genealogical history which is "fragmented and fugitive" (Rosenberg 2018). In what seems incredibly fitting, the only sources mentioning the term "endochronology" in their texts, cross-reference each other as source material. In a move that itself denies a linear movement of thought, Amin and Rosenberg ask us to read each other's work without an explanation on whose initial thinking allowed for the creation of the term endochronology. In rejecting one linear truth, Amin and Rosenberg are also alluding to the ways in which ideas float about in a collective consciousness and are discussed and created together.

For many people who use T as part of gender affirming care, it is something they administer throughout their lives. This continuation of gender affirming care is part of trans becoming, a somatic sociality constituted by the "material, psychical, sensual, and social self through corporeal, spatial, and temporal processes that transform the lived body." (Hayward 2010:226).

As more stories of trans men transitioning become more publicly accessible, both globally and in South Africa (Camminga and Lubinsky 2021), a blueprint of what medical transition may look like for a trans man or trans masculine person is becoming codified (Borck and Moore 2019). Thus, as a normalised narrative of transition through T is cemented, T may have its own

chrononormativity created around it. In this chrononormativity, as one continues taking T, it is expected that one will continually reach milestones ending in some form of congruency or success (Ochoa-kaup 2015).

The creation of milestones in the form of biographic time frames time as intimate and time as a process. An example of this biographic time is 'T birthdays', or annual celebrations around the day someone first injected T. Ochoa-Kaup's (2015) work, which focuses on tracing trans masculine time through T, has been useful in thinking through this notion of biographic time. For him, transitioning is always "a temporal movement that theoretically has a beginning but not necessarily an end" (Ochoa-kaup 2015:21). One example of this can be seen in the way that in the United States medical professionals expect "trans people to 'live full time' as their gender for a given amount of time before they will allow for them to begin hormones or have surgery" (2015: 21), as was also often the case during apartheid (Theron 2019). Ochoa-Kaup (2015) further stipulates that both transition and coming out for trans people is cyclical, in that "because of assumptions that often follow when someone is gendered automatically, because of personal identity and wants, the trans person may come out as trans again, creating a never-ending cycle of coming out and being closeted for trans people" (2015: 9). In this way, time, transition, and T are interlinked in the asymptotic relationship to potentiality.

Most commonly regimented through set time periods, the administration of T has the potential to become part of the endochronological. The very early versions of this dissertation included diagrams from endocrinologists explaining the likely effects of testosterone in different time increments, which effects were reversible, and which were permanent. However, as this dissertation has grown trying to map out such effects universally, or to generalise the trans temporal experience, has proven both ineffective and counterproductive for three reasons.

Firstly, the ways in which T is used by people, and their reasons for doing so, are exceptionally variable and diverse. It also effects people in different, and at times unexpected, ways. Trying to map even one person's experiences with T and distinctly define what is social, psychosomatic, technical, and physical is an impossible task. Trans becoming is also haptic, creating vibratory movement "between sensation and environment" (Hayward 2010:245) through which the world is oriented differently. The attempt to universalise such experiences must therefore be regarded with great suspicion.

Secondly and relatedly, an endochronological mission to fit this technical object into linear time of pre- and post- transition works directly against notions of queer and trans time, which

must reject "continuity and locate the 'truth' of the present in a singular historical origin point" (Amin 2018:602). In viewing historical figures through an endochronological lens, there is a risk of assigning trans identities to people rather than "investigating their links to a more disorienting history in which medical transition is a linchpin for biopolitical eugenics and the seizure of bio-matter by capital" (Amin 2018: 594).

Finally, even in the instances in which 'results' are predictable – both subjectively and functionally - this assumes a constant and reliable supply of the raw material within global capital exchange. In many countries, T is not legally available for purchase by trans people, and in countries where it is possible to buy T for the express purpose of gender affirmation, there are often high medical and financial barriers. While many GPs are able and willing to prescribe T, there are only two public hospitals with gender clinics in South Africa: Groote Schuur Hospital in Cape Town and Pretoria Academic Hospital (Klein 2008). Also, endocrinologists, therapists, blood tests and GPs in the private sector are often financially inaccessible to the majority of the South African population.

It is therefore possible to create two dichotomous relationships to the chrononormative for trans people. The first is an assimilationist model in which trans temporality, while different to cis temporality, attempts to map trans experience onto a linear, predictable, often medicalised understanding of life. The second model aligns itself more closely with queer temporality, seeing trans temporality as expansive and nonlinear. Importantly, most trans people oscillate between the two and quite often move within the middle of the two. These oppositional ideals are therefore theoretically useful but should not and cannot be mapped neatly onto peoples' lives.

Telling Trans Stories

Key to storytelling as a sociologist are the social worlds - both real and imagined - in which the story takes place, and an understanding of power's role in the story. According to Plummer (1995), power is "a process that weaves its way through embodied, passionate social life and everything in its wake" and "flows into lives making some abundant in capacity … and others diminished" (26). The role of power in stories is also deeply emotional, with the teller sometimes being the teacher, feeling shame or pride, or gaining catharsis.

When considering power in relation to trans stories, how these stories are produced and told gains extra weight. Many trans people have a rehearsed and homogenised story, created firstly

by reading the stories of trans people before them, but also shaped to ensure legibility by medical practitioners who become the arbiters of legitimacy (Prosser 1998).

Fisher, Philips and Katri (2017) argue that the medicalised narrative of transition is enveloped in "white settler colonial, capitalist, heterosexist, transmisogynist, transphobic and reproductive developmental time" (Fisher, Phillips, and Katri 2017:2) which demands institutional literacy. In this way, many trans people have turned "themselves into socially organised biographical objects" (Plummer 1995:34). These rehearsed, chrononormative stories are prevalent for trans people who want access to gender affirming care. Even the presumption that most trans people desire affirming healthcare, however, is a narrative which is very fixed in the Global North. This kind of narrative in the Global South is far less prevalent among those who either do not want or do not have access to affirming healthcare (Mputubwele and Camminga 2021).

According to Plummer (1995), the late modern era has been fixated with the telling of sexual stories, specifically of those deemed deviant, moving them into "topics to investigate, not merely resources to draw upon" (5). Importantly, "stories do not float around abstractly but are grounded in historically evolving communities of memory, structured through age, class, race, gender and sexual preference." (22). Plummer's understanding of ethnography is compelling because, while he understands the social construction of stories, he refuses to reduce people and their tales as texts. Rather, he understands stories as "socially produced in social contexts by embodied concrete people experiencing the thoughts and feelings of everyday life" (16). He takes a symbolic interactionist view, seeing semiotics constantly interacting with pragmatics (20).

As storytelling is always a joint action, there are always at least two actors involved: producers and consumers. Together, they "are engaged in assembling life story actions around lives, events and happenings - although they cannot grasp the actual life" (Plummer 1995:22). Production of a story in ethnography is split between the teller (the person who is sharing the story) and the coaxer (in this case, the researcher). Tellers of sexual stories select the parts of themselves they share, they "can perform their stories—not just in words and scripts but as emotionally charged bodies in action". Tellers at times require coaxers to "provoke stories from people" through listening and questioning (1995:21). The coaxers can sift and play an integral role in what kind of story is told and in what tone. All stories told are in some way a performance, mediated by the teller according to the known audience or coaxer; they are

sometimes practiced, sometimes staged, sometimes coming from a place the teller themselves did not know existed.

Due to the pressure for trans people to conform to "the diagnostic 'narratemes' of gender identity disorder (GID)[2] (Amin 2014:219), there is a chrononormative trans story that has been rehearsed, retold and rebuked through the genre of trans autobiography. Ideally, outside of the medical guise which requires stories that fit into a pathologized narrative, the act of storytelling should allow for "nods of acknowledgement, rather than hostile disbelief or curious nonrecognition" and the ability to "lay down the exhausting work of explaining our [trans] bodies." (Clare 2010:462). The trans chrononormative story is imbued in white aesthetics of gender (Stryker 2009). Autobiographies and stories from black trans people, however, like those of Akwaeke Emezi, a non-binary Nigerian writer that moves between fiction and autobiography in their work, often shift these narratives away from the medical and towards the communal and spiritual, breaking down westernised understandings of time and gender. In their books they explore ways of telling their trans story outside of a western pathologized lens.

In South Africa, some major trans autobiographies are Robert Hamblin's (2021) *A Queer and Crooked Memoir,* Anastacia Tomson's (2016) *Always Anastacia* and Landa Mabenge's (2019) *Becoming Him*. While at many points Hamblin skews the genre, both Thompson's and Mabenge's account are deeply enmeshed in medical notions of trans identities. Mabenge details his journey as 'the first known transgender man in South Africa to successfully motivate a medical aid to pay for his surgeries through the Groote Schuur Transgender Clinic'. His choice to centre his administrative battles with medical aid as the climax of the book shows the importance of relations to institutions in trans becoming. Tomson, a medical doctor, and fellow alumnus of Yeshiva College primary school, tries to remove herself from medicalised notions of trans identities, yet when doing public promotions of her book she often begins through an evidentiary account of the mutability of sex, creating legitimacy through her role as a medical doctor.

Like all biography, trans autobiography "bestows an illusion of teleological progression upon the aleatory chaos of life experience" (Amin 2014:219). These temporal conventions, particularly in relation to trans autobiography, can be "singularly confining and distorting, and the genre itself may replicate, rather than heal, the coercions of the medical demand for 'proper'

[2] The diagnostic description has now changed to gender dysphoria, but it is arguable that this framing is still prevalent.

transsexual narrativization." (Amin 2014:220). It is within this pseudo-teleological story that we find the vial, an element of the myth of endochronological time within trans experience. While this dissertation is not my story, though my story is woven in, nor about the "European Enlightenment's version of human agency that presumes a set of universalisms in defining the subject" (Gill-Peterson 2014:406), it is through these stories that I can reach closer to the vial.

Proclaiming that trans studies is dead, Long Chu decries the narratives of trans lives in academia and public discourse, contesting the form of "telling a story of our victimhood (tragedy) or a story of our resistance (romance). I am much more interested in a satire, a genre about how truly disappointing and sometimes even boring it is to be a trans person" (Long Chu and Harsin Drager 2019:104). In my approach, I have tried to lean into the everyday and the ordinary by focussing on what for many trans people is an everyday object. Technical objects have tragedy, resistance, and romance imbued within them. But they also hold within them the power of mundanity. In the case of the vial, this mundanity presents itself in the regularity of the shots, in waiting at the GPs office, in finding the least complicated to dispose of your needles safely.

As a researcher, it is my responsibility to create a story with the people I interviewed, one that does not create the narrative wariness so many trans people have from validating and explaining our stories. Unlike the biography that demands the teleological and the objectively understandable, in asking participants about their phenomenological interactions with the vial, this dissertation denies the trans chrononormative. A phenomenological approach to interview "is uniquely suited to the study of trans lives because it privileges the unique perspective of subjects in describing their own subjectivity" (Amin 2014: 154). In changing the objective of the interview, the interviewees were also asked to remove themselves from the expected narrative towards a different subjective.

What does it mean, then, to tell trans stories? This is not a question this dissertation can or attempts to answer. While I have used first person subjective narratives as one of my key data points, this has been in aid of telling the story of the technical object. These stories are key points at which T has touched South Africans, and as such have enabled me to better colour T's movement through time and space. I am grateful to my participants and the many trans people who have shared their stories publicly, all of which have shaped my own understanding of my own transness. While the focus of this dissertation is not their stories, I do hope that by

speaking about the points at which they have been touched by T, I am able to do their voices justice.

Interviews

In order to better understand the movements of the vial in South Africa between 1992 and 2003, it felt necessary to interview people who used T. As such, I sent out a call for research participants who had taken T in South Africa at any point before 2004. The call was made over social media and through Trans and Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, plus (LGBTQIA+) organisations in South Africa. According to Twitter analytics, people saw the call for participants at least 77 540 times, with at least 12 882 people clicking on and engaging with the tweet. Furthermore, I am indebted to The Triangle Project (Triangle), Gender Dynamix (GDX), Iranti and the Gay and Lesbian Queer Archive (GALA) for sharing my call for participants on their social media platforms and through their internal mailing lists.

Despite this vast area of exposure, I did not have any research participants reach out to me. The full range of reasons as to why no other research participants were found may never be known. Definite factors were the use of social media, Twitter in particular, not reaching my target demographic of people over 40, as well as a general distrust that trans people harbour towards the academy and its ability to tell trans stories with sincerity and care. This distrust is also very plausibly part of the reason why no elder black people would have felt comfortable speaking to me as a young white researcher.

During apartheid, the idea that people should transition and disappear means that many possible participants may see themselves as being in hiding, or that they do not see themselves as trans. In part, this is why my call for participants has no mention of trans identity in the description of who I am looking to interview. In *Trans Life Stories* (Morgan, Marais, and Wellbeloved 2009), Mark – a Jewish man that lives in Sandton - describes being trans as something that makes him anxious to even think about, describing his past as a dark cloud that he's scared of people in his community discovering (125, 126). Marais – a coloured man in the Western Cape - also discussed the necessity of not disclosing that they were trans at times for safety (Morgan et al. 2009:127). Both the state legislated secrecy and the interpersonal fears around safety and prejudice have meant that many stories of elders, both in South Africa and globally, have been lost.

Furthermore, as the demographic I am looking for would likely be in their twenties in the 1990s, they are in their 40s and 50s now and therefore not likely to be active social media users. As of January 2021 37% of South Africans use social media with a median age of 27, and only 3.4% of people between 45 – 54 use social media (Statista 2022). Given the high costs of data, the use of social media remains a privilege and therefore many participants likely never saw the call to participants.

The silences and absences from people who use T is in itself a part of the story of the vial. As explored elsewhere, part of the apartheid state's position on 'transsexuality' was that 'pre-transition' life as well as any allusions to a trans identity were to remain secret (Lock Swarr 2012:60). Furthermore, the idea of 'being stealth' or 'passing as cis' are prevalent in many trans masculine circles. Being stealth can be broadly understood as the non-disclosure of trans identity to the majority of people in one's life. There are a multitude of reasons people may choose to go stealth. During apartheid, being stealth was the go-to mode of being prescribed by the government, particularly for those who underwent forced sex reassignment surgeries in the military. In this way, the military connotation of the term stealth:

> suggests the extent to which going stealth entails a certain complicity with state agencies, which demand compliance with specific legal and medical procedures and ostensibly offer in return official documentation that helps make stealth status possible. (Beauchamp 2019:34)

According to Beauchamp (2019), going stealth "invokes a sense of going undercover, of wilful secrecy and concealment, perhaps even of conscious deception" (Beauchamp 2019:34). This is a particularly pejorative reading of being stealth, especially when often times the only option. There is also a question around the usefulness of the term at all, as cis men are not constantly expected to declare themselves as cis, there is an assumed othering in expecting men to consistently introduce themselves with the precursor of trans.

The people I have interviewed have been found through the personal relationships that they share with my supervisor, Dr B Camminga. I am incredibly grateful to Camminga and the participants for being so willing to share. The fact that the participants are socially interconnected has, however, led to an extreme lack of diversity in respondents. They are all white and predominantly involved in activism. This involvement in activism meant that often their stories felt rehearsed, in that they were prepared for a specific set of questions justifying their identity and transness which they had had to answer before for various news outlets,

speaking arrangements, researchers and family members. In fact, in going through other texts where they had been interviewed there are points at which I saw them echoing the same stories they had told me. This interview weariness was another stumbling block in the interview process.

The people whose stories are interwoven with the vial and who I had the privilege of learning from thus represent an incredibly small sample of those who were touched by the vial between 1992 and 2003 in South Africa. Their stories are present throughout this dissertation as part of the vial's story. These are fragments of their lives. Like all stories told, they are "disrupted and dissimilar, dissimulating and disappearing" (Plummer 1995:138) and as such unable to fully exhibit the "temporal, gendered, and conceptual discontinuities." (Amin 2014:220) of trans life. These interviews took place online during a global pandemic of Covid-19. As such, they were done at a time of particular isolation and introspection, and one in which linear time itself seemed to be unravelling.

Along with the interviews, the 2009 book *Trans: Transgender Life Stories from South Africa* allowed me to gain glimpses into other interactions with the vial between 1993 and 2003 even when I was unable to speak to the people featured in the book themselves. The book was also edited by Charl Marais along with Ruth Morgan and Joy Rosemary Wellbeloved. While Robert Hamblin and many of the trans people featured in the book began T after 2005, their stories create a tapestry of trans life at the dawn of democracy. In particular, Lex, William, Mark and Charl Marais' stories contain insights into the vial which I draw on in this dissertation. What follows is a short introduction to those whose stories I learnt from through interviewing them.

Liesl Theron is a cis woman involved in trans rights organisations. Theron has made contact with it both personally and professionally, but has never used it herself. Theron, affectionately named 'Mamma trans' by many, set up the first official trans NGO in South Africa, GDX in 2005, after seeing the struggles for legal gender recognition and hormone access her trans partners encountered in the between the 1990s and early 2000s. Her intimate role in the administration of T, first for her partners and then for many trans masculine people at GDX, was instrumental in providing access to the technical object and, as such, the often life changing results it produces. As a sort of outsider within, Theron offers a valuable perspective of how these shifts effected the communities around my participants as well.

Terrick Lacey is a nurse who began T in 1986. My interview with him was the one that surprised me the most. While probing for ways in which the medical system had failed him, he

was adamant that everyone in the field was doing what they saw was best in the situation. His positionality as a member of the medical field brings what could be seen as a more pragmatic – or, at the very least, more understanding – position towards those that administer the vial.

Tristan Montgomery spent much of their 'early transition' in the mid-1990s feeling alienated from the trans community as someone who is non-binary. Unlike Lacy, Montgomery encountered the vial through private healthcare institutions, viewing doctors with general distrust and questioning their ability to understand Montgomery.

Finally, Estian Smit is a legal activist from Stellenbosch who played a pivotal role in the Cape Town Transsexual/Transgender Support Group. As a trans activist who has been interviewed multiple times, Smit was wary of my questions and took extra care in ensuring that I got their story right.[3]

Archives

In going through archives, the work I am doing in part is finding "a history of mutually isolated individuals, dreaming similar dreams, arrayed before me in the aftermath of collective struggles and new identities." (Dinshaw et al. 2007:179). The way in which I understand the archive is deeply engrained in queer temporality, in linking myself with an imagined yet erased trans and queer lineage through which I hope to better ground my own trans and queer experiences. The primary archives used in this dissertation are South African Parliamentary discussions and the SAMJ.

According to Beauchamp, the state's interaction with the vial is one which aims to control citizenry: a normative and surveilled medical transition enables the state to "regulate movement of bodies and identities" (Beauchamp 2013:58). The intertwining of medical and state control over citizenry and the body was particularly acute under apartheid as "The state gave doctors mandates to do everything from developing poisons that would reduce fertility and cause cancer to measuring bodies in order to definitively prove that racial separation was ordained by nature" (Magubane 2014:780). South African parliamentary proceedings regarding legal

[3] After Smit told their story in parliament in 2003, they went on to do their PhD research on trans law and its possibilities in South Africa. Two and a half years into their PhD, they went to India to discover a more spiritual side to themselves, now feeling more at ease with their body through their interactions with T. When they arrived back in South Africa, they wanted to move forward with their life and decided to abandon writing their PhD. They destroyed all of their research so that no one could talk them into staying in academia at that point.

gender recognition are therefore a key source in seeing the governments shifting attitudes regarding gender.

The South African Medical Journal (SAMJ) was established in 1884 as the official journal of the Medical Association of South Africa (MASA). Believed to be a an "unquestioning mouthpiece" of the apartheid state, MASA, and by extension SAMJ were political tools for the dissemination of national ideology. Ncayiyana (2012) was appointed in 1993, right at the turn to democracy, as the SAMJ's first black editor, "something that would have been unthinkable just a year before" (894). He notes the importance of the SAMJ as the leading medical journal in South Africa as a political voice, noting "the many 'masters' served by the medical journal editor: the public, the authors, the readers, and the owners". Due to its nationalistic and public nature, The SAMJ is a key archival instrument "reflecting the thinking, understandings and political perceptions of medicine and its practitioners during any given time period in South Africa's history" (Camminga and Lubinsky 2021).

Reading the SAMJ therefore is the work of imagining an archive, imagining the lives of black and brown people who, while used as test subjects, were viewed as too disposable for their humanity to be adequately reported. As such, while not explicitly mentioned it is safe to assume that all of the ostensibly trans subjects interviewed psychosocially in the SAMJ were white. In studying the work of John Money, one of the first sexologist to separate the notions of sex and gender and a proponent of genital mutilation for intersex people, Magubane (2014) shows that by choosing white upper-class people, intersex people could be studied in such a way that "psychological abnormalities he found could be attributed to their hermaphroditism rather than their class or race" (777). In the United States of America with regards to intersex people, "white deviant bodies were hastily and summarily normalized in ways that reflected a concern with preserving the foundations for white citizenship" (Magubane 2014:776). Similarly, sexual nonconformity in the white South African community would have been studied as a curable deviance in an otherwise normal and desirable subject, whereas deviancy in black South Africans would have been viewed as the norm as deviance for black people is innate and pathological.

It is through fabulations of the vial's journey and an awareness of the archive as an apparatus of the state that a methodology of absence allows space for that which is unknown and now is unknowable. As conceptualised by Hartman (2008), to create fabulations is "to imagine what cannot be verified" (12) through stories told "by a failed witness" (2). Here, the SAMJ is

undoubtedly a failed witness. It is therefore within silences, distortions and erasures within the archive and the interviews that another methodology exists within this dissertation – a methodology of absence. As Hartman (2008) notes, it is often the silence itself that "sharpens the hunger" (8) to fill in the gaps of these stories. The black hole, as introduced by Ochoa (2016) explains the missing archive and the dark collapsing of erased time, and what happens to both celebration and violence when they are erased.

Ochoa's (2016) black hole methodology invites the reader "to account for the un-knowing, the erasing and consuming of lives, history, memory, landscapes" and by getting close as possible to time travel by "using the gravity of a black hole to create the velocity necessary to exceed the speed of light and thus travel at a different rate". The black hole, this theoretical point between space time is all consuming and yet can never be directly observed. Instead, its "existence can be inferred from its effects on surrounding entities". Similarly, while the archives at times track T and at times track formations of trans genealogies, they rarely, if ever, do both.

Within this black hole, "the continuities between contemporary queer/trans life worlds … and colonial forms of governmentality that reverberate in the extended present" can be found (Ochoa 2016). Queer temporality allows an understanding of time as a space in which events and existence are seen or are swallowed. As such, I also aim to explore T as a way of looking at time that is outside of a linear movement, but rather one which is, while material, not necessarily chrononormatively hinged. Through this understanding of time as a space in which, the presumed absence of blackness, both in the archive and my interviews, is one which speaks directly to institutional silencing of blackness itself.

There is a beauty in these absences, they allow us to sit with the unknown and the unknowable. They force us to sit with the discomfort of an inaccessible empirical truth of the past. They also allow space for slippages in which I place my own hopes of what the past may have been.

The Origin Story

Jack Shephard, Dr Voth, and the Prehistory of Synthetic Testosterone

In the historical fiction novel *Confessions of the Fox* (2018) by Rosenberg, we follow our protagonist Jack Shephard – the infamous London rogue – through his long-lost manuscript from 1724. At the centre of the plot is Shephard's search for synthesised testosterone and the desperation he feels when trying to reach it. Following the work of Moten (2003), who theorised that commodities, in particular slaves, not only speak but scream – Shephard has the mystical ability of hearing the pleas of commodities that were not being loved by their owners, each of them begging to be liberated (Rosenberg 2018:312). Muñoz (2009) similarly conceptualises possibilities of queer futurity in which "queer cultural workers are able to detect an opening and indeterminacy in what for many people is a locked down dead commodity" (Muñoz 2009:9). As such, even commodities scream for a queer future.

The first time Shephard encountered extracted testosterone was just before his top surgery,[4] when the surgeon offered it to him almost as a form of aphrodisiac. Though it had a rancid smell, the testosterone gave Shephard what today might be described as gender euphoria. While inhaling it, "the warmth reminded him of … that moment when he fell from the ceiling into his own skin" (Rosenberg 2018:147). Speaking about his experience on T, Robert Hamblin also likens taking T to a drug, saying: "I don't know whether it's because my brain is now drowned in testosterone [*laughs*] – no, it's swimming wonderfully" (Morgan, Marais, and Wellbeloved 2009: 128)

When encountering extracted testosterone as a raw material again, Shephard heard "a repetitive, garbled sobbing" of a single word – "nobody" – and listened for the mutters and oaths and cries of the commodity. This "nobody" alludes both to the corpses used to create the extracted testosterone, as well as the cries that nobody is using it as it should be used.

Rosenberg (2015) calls the early history of synthetic testosterone the "pre-history of the extraction of the corpse, its juices, its parts; and the simultaneous abstraction of labour on the model of that dissection". This prehistory speaks to the dissection of gonads and experimentation on inmates and military personnel beginning in the Global North in the 1800s

[4] Top surgery is a colloquial term for the various surgeries trans people may have to alleviate dysphoria around their chests. In this case, it refers to the removal of excess breast tissue.

in the quest to extract manhood (Oudshoorn 1994:76). Key to the assemblage of T and masculinity is race, premised on the idea of black men as already brutish owing to an excess of testosterone (Beauchamp 2013). In 1923, the Pasteur Institute's proposed the "construction of an "immense park in Africa" to harvest testosterone, makingVo "the elixir of youth within the reach of everyone"" (Kazarsis and Jordan-Young 2019:8), showing early sexological connections between black masculinity and virility. Within South Africa, where the extraction of virility from black men with the express purpose of aiding the white nation through settler colonialism is enmeshed in the very imagination of apartheid, the early extractive nature of testosterone as a raw material takes on even further meaning.

In his writing, Rosenberg is drawing on the real-life work of prison doctor Leo Stanley who performed over 10 000 experiments around testicular implants on prisoners in the San Quentin state prison in the Unites States of America from 1919 to 1939 (Kazarsis and Jordan-Young 2019). Early experiments on the synthesisation of testosterone were done through extraction from the gonads of dead black enslaved people and prisoners condemned to hanging. It is within Stanley's work that we see the pre-history of testosterone - "the quite literal forced extraction of the hormone testosterone as raw material" (Rosenberg 2015). This experimental elixir was said to increase the virility and vitality of men (fictional advertisement below) (Rosenberg 2018).



Figure 5 - Advertisement for extracted testosterone from Confessions of the Fox

Dr Voth – the fictional academic who annotates Shephard's manuscript throughout the book and so gives the reader insight into his own life – has also been touched by T. Voth's modern-day engagements with T make him devoted to keeping Shephard's story safe, away from commoditisation by the university and pharmaceutical companies. There is a string between Voth and Shephard through time, and one which I could not help but attach to, highlighting all the places in the book in which I found myself.

Endocrinology and Sexology

The genealogy of T is deeply tied into endocrinological and sexological notions of gender and virility. In understanding this genealogy, Rubin's (1998, 2006) work has been pivotal in tracing the co-constructions of meaning housed within synthetic testosterone. This section deals with the early history of synthetic testosterone as it applies both to the individual and the nation.

In her work on the role of sexed hormones in gendered understandings of the body, Oudshoorn (1994) argues "there does not exist an unmediated natural truth of the body" (3). She shows how the convergence of material, institutional and social forces in the field of sex endocrinology worked to create the modern "hormonal body"— the body we now inhabit and believe to be "natural". Within that body, sex becomes the singular driving force of vitality, that which both "debilitates and capacitates" (Amin 2018:597).

The vial of testosterone was first formulated in the 1930s by mixing 'male' and 'female' hormones for cases of "prostate hypertrophy and psychological disorders, such as depression and melancholy" (Oudshoorn 1994:114) and is now sometimes used by cis woman to alleviate some symptoms of menopause. This is to say that hormone replacement therapy (HRT) was never made by pharmaceuticals with the intent of it being used by as a vehicle for medical transition. Rather, the right to use T as gender affirming healthcare has been fought for by trans people, both disrupting and fixing the materialities of gender.

As argued by Rubin (2006), the mythos of testosterone directly effects the way we think of trans identities today. Originally, oestrogen and testosterone were thought to be dichotomous forces, each being the primary lifeforce (and possibly even the future fountain of youth) for their presumed respective sexes. Amin's (2018) work on the 'Biopolitical Genealogy of Transsexuality' shows the 1900s investment in hormones as:

> the moment in which medicine was crediting the glands with the ability to control sex, gender, sexuality, development, vitality, intelligence, and even character, [at the same time] sexologists were identifying the testes and ovaries as the necessary seat of "disorders" of gender and sexuality. (Amin 2018:595)

Vonoroff, one of the early proponents of the possibilities of hormones, saw hormones as "the source of the life of the individual and that of the species … confirmed by the fact that the emasculated male loses both powers at the same time" (Vonoroff 1928 in Rubin 2006:484). In this way, the conception of testosterone has always been imbued with potentiality, both for the

virility of the nation and the individual. The apartheid state's obsession with the strength of the white race placed it as particularly welcoming of the hormone as a vector for virility.

Through testosterone, Vonoroff wanted to challenge nature, challenge the idea of aging itself. As a founder of endocrinology, Vonoroff saw the field as the next scientific frontier, of equal importance to the science which "allowed humans to 'fly' higher than birds, and 'swim' to the depth of the sea" (Rubin 2006:485). Here again we see the technicity inherent in the imagination of synthetic testosterone as a technology equal to submarines or planes in its capacity to expand human capability. As Gill-Peterson (2014) shows:

> The political capacity of technicity allows the hormone molecule to serve as the nonhuman threshold between nature and culture, between transgender and race, and opens onto a form of politics in which neither transgender nor race is subordinated to the other's politics or separated, requiring resuturing through a belated intersectionality or hybridity. Rather, trans and race carry with them historically conditioned potentials for retooling the body and the body politic. (415)

The prehistory of synthetic testosterone is therefore also the prehistory of the Global North's medicalised understandings of trans identities. It was this eugenicist mindset in the Global North that also began to trickle through South African colonial law through anti-miscegenation and race mixing laws in the early 1900s. While fields such as psychiatry framed gender variance in terms of incurable psychosis (part of the broad diagnosis of inversion), sexologists redefined it as a "glandular anomaly in embodied sex" (Amin 2018:594). As Camminga (2019) notes, sexology and eugenics were twin fields that together grew in prominence with their promise for a more 'developed' human race. It is through this dual development of race and sex as scientific categories "visibly demarcated on the body" (Camminga 2019:42) that we can see the colonial underpinnings of both.

Speaking at the University of Cape Town Centenary Lecture in 1929, Lancelot Hogben decried endocrinologists as "glandlords" whose field "might better be described as endocriminology" (Hobgen 1929:663). He condemned endocrinology as the "the nucleus of some of the wildest, most undisciplined and discreditable speculations that could be extracted from medical science" (Hogben 1929:668). Hogben was a zoologist, and yet he used the entirety of his Centenary Lecture debunking the claims of endocrinology, showing just how large the fascination with the emerging field was in South Africa at the time.

Even in the midst of calling endocrinologists charlatans, he paused to add that there was a strong possibility that the study of hormonal glands could lead to discoveries on "the regulation of human life on a much more drastic scale" (1929: 668). Despite his scepticism, Hogben conceded that what we now call testosterone was responsible for "a playful attitude to life" in men (Hogben 1929:664). He also theorised hormones may be responsible for colour change, a phenomenon which "is not confined to chameleons and cabinet members" (1929: 665).

In the 1992 parliamentary discussion which begins this dissertation we again see this chameleon move from the individually gendered to the political. Immediately after bringing an end to the 'good old days' where a woman could become a man, parliamentary member Jacobus Hercules van Der Merwe asks if it is then possible for a Nat (National Party member) to become a DP (Democratic Party member) (Taitz 1993). Van Der Merwe, a political chameleon himself, did end up moving parties, from National Party to Inkatha Freedom Party where he served as their chief whip. He retired in 2014 as the longest serving parliamentary member in South African history, having served for 37 years (SAPA 2014). Hogben's move from biological to personal characteristics, notwithstanding its humorous intentions, once again shows the presumed link between hormones, personality, virtue, and the state.

In 1934, scientists discovered the presence of testosterone in females and oestrogen in males (Oudshoorn 1994). This discovery forced them to rethink the dualistic model of sex, as "the discovery of sex hormones… suggested instead that sex actually moved through the body" (Beauchamp 2013:60). As such, a new "hermaphroditic" model of sex was accepted. This model had as its underlying logic the idea that men and women are latently hermaphroditic by nature, and deviations of the manifestly hermaphroditic are treatable through a correction in hormones (Rubin 2006).

The conflation of masculinity obtained through the hormone with all that is needed for a strong nation state therefore shows the eugenicist underpinnings of early endocrinology. As Garde (2018) explores in their research on early endocrinology in the Weimar Republic, "hormones were believed to have the power to revive a lost masculinity, to restore heteronormativity by 'curing' gender ambiguity, queerness, and disability, as well as to rejuvenate and eventually even to cheat death" (5). This new paradigm also opened up a new method of treatment for 'inverts'[5] (Rubin 2006). This treatment divided cases of inversion into acquired and innate, an

[5] An outdated catch all term for sex, sexual, and gender variance.

understanding expressed in the SAMJ in 1928 as follows: “There is generally in these cases an active dominant partner [innate] and a passive one [acquired]. The active partner is… a woman of man-like appearance. She is the real homosexual” (Stohr 1928:455). For acquired inversion, the prescribed treatment was “homosexual hormones” (Rubin 2006) testosterone for men and oestrogen for women – to try and restore balance to the body.

For innate inversion, for those whom inversion seemed incurable, the treatment was ‘heterosexual hormones’, which for women took the form of testosterone. The aim was to medically castrate them, taking away their perverse desires in the process (Rubin 2006). The fear that testosterone would increase virility for lesbian women, however, delayed heterosexual hormone treatment for women. According to Rubin, the reluctance to ‘treat’ ‘females’ with ‘heterosexual hormones’, along with the greater cost of extraction of testosterone in relation to oestrogen, meant the use of synthetic oestrogen as a raw material of gender gained earlier and larger visibility than that of synthetic testosterone.

It therefore should not come as a surprise that the apartheid government, a government so deeply invested in practices of categorisation, would welcome medicalised ‘transsexuality’ and the purported wonders of synthetic hormones (Camminga 2019). Because “health, vigor, and clearly dimorphic gender are inseparable from bio-racial fitness” (Amin 2018:598), synthetic hormones presented themselves, in South Africa, as a ‘cure’ to the social deviancy of inversion. It presented a further possibility of the vitalisation of the white race as a whole.

As noted in Camminga and Lubinsky (2021: 7) in the 1940s and 1950s in the SAMJ:

> [I]ndicating a particular creeping anxiousness regarding male virility, injections of a substance called “testotviron” are noted as a treatment for (cisgender) men with “disturbing symptoms in that most sensitive region” (Begg 1946, 9). The intramuscular injection of testosterone emerges, again in 1952, flagged, this time, as a treatment for patients with “male sex hormone deficiency” ('New Preparations and Appliances', 1952). Notably, in this instance, the use of the injection can be read as not necessarily being restricted to those assigned male. While it was more generally outlined as a cure for a “disturbing…deficiency” in cisgender men, in 1954 two curious articles appear in the SAMJ suggesting concerns with the vial's circulation beyond this population group. It is here we might read, perhaps for the first time, the spectre of trans masculinity in the vision of the vial. Ronald Singers (1954) Possibilities of Sex Reversal suggests that “sex sensationalism” had gripped the South African public imagination and that the lay

public may be "so far misled as to believe that anyone can be 'changed' into the opposite sex at any time if he or she so desires" (Singer 1954, 329). While E.M. Sandler, noting that testosterone might be a possible method of pain relief for menstruation-related symptoms, as well as heightening libido in (cisgender) women, warns of the "dangers" of the hormones masculinisation effect visible in the "growth of hair on the upper lip" and "development of the male type voice" (1954, 995)

Transsexuality

Hormonal therapy as a treatment for inversion was broadly dismissed by the early 1950s (Rubin 2006). As an editorial in the SAMJ noted 1956, "It is only within recent years that endocrinology has become a respectable branch of medicine, freed from the witchcraft and mumbo-jumbo of organotherapy, rejuvenation and the like" (487). In the global North, an end to this treatment brought with it an end to the idea that homosexuality could be cured through medical interventions, while also opening a space for transsexuality to be considered a medically curable diagnosis. According to one article in the SAMJ (Don 1963), homosexuality and transsexuality were two points on the same spectrum, as such "the manifestation of each perversion may be a question of degree and not of real difference" (483). The South African state showed general sympathy towards transsexuals, specifically white transsexuals, as a curable pathology. In this way, medically diagnosable 'transsexuals', were separated from the deviancy of homosexuality and transvestism (Lock Swarr 2012).

The editorial quoted above was responding in part to "an avalanche of publicity about sex change through surgery and hormones" (Meyerowitz 1998:159) which centred around the American Christine Jorgensen. Jorgensen, an actress and singer, was in many ways the first transsexual celebrity, having received gender affirming surgery in 1951 (Stryker 2009). It is through the work of doctors Harry Benjamin and David Caudwell that, along with the press around Jorgensen, "modern transsexuality as defined through requests for bodily transformation via surgery and hormones" was both coined and popularised (Meyerowitz 1998:160). A similar public fascination represented itself in South Africa through articles in Drum, Scope, and Golden City Post which used stories, predominantly of people of colour, who were 'masquerading as a different gender' through the 1950s and 1960s "as particular avenues of titillation for their readership" (Camminga 2019:49).

In 1963, the SAMJ distinguished between "transsexuals" and "transvestites", painting transsexuals as psychologically afflicted people and transvestites as social menaces, linking their deviance to sexuality rather than gender (Don 1963). That same year, the Births, Marriages, and Deaths Registrations Act (81 of 1963) was passed, allowing South Africans to correct any "any omission, defect, or inaccuracy" in their birth certificate (Lock Swarr 2012). This was an early form of legal gender recognition. While not speaking directly to gender, the Act gave people who wished to amend their 'sex' and who had undergone a 'sex change' surgery a loophole through which to change the gender on their birth certificate.

Military conscription occurred in South Africa between 1960 and 1991 (Van Zyl et al. 1999). During this time, numerous conscripts that were found to be gay or lesbian were placed in a military psychiatric ward with "drug abusers, conscientious objectors, the politically unreliable, and the seriously mentally ill" (Kaplan 2004:1415). In this ward, gay and lesbian recruits were subjected to multiple forms of conversion therapy, from electroshock therapy, to narcoanalysis, to hypothalamotomy (Kaplan 2004). In 1969, having little to no success to 'traditional' therapies for converting people to heterosexuality, the military project escalated its torture to the forced sex reassignment of conscripts, believing that if they could not stop the homosexual men and women from being attracted to their own gender, they could change the conscripts' gender to make them heterosexual. Between 1969 and 1987, approximately 900 military recruits underwent forced sex reassignment surgeries (Kaplan 2004). Key to this project's success was the issuing of new identities to people once the surgeries had taken place, ensuring there was no link to their assigned gender at birth.

While thoroughly debunked at the time, the assumptions outlined by Rubin (2006) around sexuality and hormones are what underpinned the apartheid government's programme to force gay and lesbian South African Military to take hormones in the 1970s (Van Zyl et al. 1999). As such, the project also included giving cis gay men testosterone under the belief that homosexuality was caused by hormonal imbalances (Van Zyl et al. 1999: 85). As such, because there was no protocol of what 'treatment' was given and when, synthetic testosterone was being used as part of the military project in two ways. Firstly, as part of the ongoing 'treatment' of women who had undergone forced sex reassignment surgery. Secondly, as an effort to treat gay men's effeminacy by increasing their androgen levels.

The apartheid state's narrative of gender variance as curable and sexual variance as deviant shaped discourse in South Africa by creating a division between state approved transsexuals

and deviant gay and lesbian people. This division would further play out in discussions around trans legibility in the new democracy, as will be discussed in the next chapter.

While the human rights violations of this project may be singular in nature, the underlying logic of 'fixing' gender nonconformity through surgery and hormone replacement therapy is pervasive, as seen through Rubin's research. As Najmabadi (2008) has documented, this is still the prevalent understanding of sex, sexuality and gender in modern day Iran which allows for binary trans acceptance while maintaining homosexuality as a taboo.

Being Seen by the Law

At a Friday night dinner at his friend's family circa 2005, Robert Hamblin - one of the most widely interviewed trans men in South Africa - is jolted out of the cosiness of the moment by a question from his friend's brother: "You two freaks think you can just do this? You can just change like that. Become men. Is that even legal?" Hamblin responds "We don't want to become men… We are men. And yes, the Alteration of Sex Description, Act 49, was ratified by President Thabo Mbeki in 2003 at the dawn of our new democracy" (2021: 304). In his memoir, *Robert: A Queer and Crooked Memoir for the not so Straight and Narrow*, Hamblin adds: "when one brings the law to assist in a confusing social matter, it normally turns into intelligent discussion" (2021: 304).

As alluded to by Hamblin's defence, legislation surrounding trans rights is often what give trans identities themselves legitimacy. According to Spade (2015), a trans legal theorist and prison abolitionist, legal reform is always a double-edged sword when it comes to trans legibility in the law. This is because legal recognition is inherently a form of labelling – and, in turn, a confining of trans experience. Often, if not always, this labelling also serves as an attempt at normalising what is an acceptable trans experience which thereby creates further barriers for trans people who do not fit those criteria. Legal gender recognition is, at its core, a question of trans legibility to the state. While there are clear issues with the Alteration of Sex Description and Sex Status (Act 49 of 2003) - many of which will be discussed later in this chapter, the legal recognition of trans people is an important milestone in South African history purely for that reason - it is recognition.

Law in and of itself is a technology and is part of the assemblage that is the vial and vice versa. The literal fluidity of the vial, as well as its ability to move covertly, can be linked to fear of the gender non-conforming person as "dangerously, deceptively fluid" (Beauchamp 2013: 58). In understanding the American state's regulation of testosterone as centering the trans subject while never explicitly mentioning trans people, Beauchamp (2013) notes "testosterone displays a persistent fluidity that both incites and confounds state efforts to restrict its circulation" (74).

Conversely, according to Garde "synthetic sex hormones play a key role in fostering notions of progress and linearity, that are essential for the legal and medical recognition of trans subjects" (Garde 2018:3). As will be explored through this chapter, South African legislation regarding legal gender recognition has always been intimately linked to the accessibility of the

vial. In particular, the 2003 legislation which Hamblin leans on above derives its wording quite specifically from interventions made by trans people to parliament around the vial.

As shown in Figure 6, legislation concerning birth certificates and identification cards were used from 1963 by people to gain legal gender recognition. Throughout the years, this legislation changed: from allowing gender marker changes as an exception barely alluded to in the wording (1963); to an explicit clause (1974); to then being removed from the legislation entirely (1992) before being returned in 2003.



Figure 6 - Timeline of Legislations

This chapter therefore looks at the ways in which the vial and the people who reached for it were both seen and erased in the years leading up to 1992, and between 1992 and 2003, using three stories: ‘Case 2’, as studied by Dr Don, Frederic X, and Estian Smit. In Case 2 we meet a man who is not named and who cannot advocate for himself, and as such cannot reach the

vial. In Frederick X we get a first name and a mediation of legal gender recognition, seemly partially through some medical acceptance of mutability of gender. Finally, Smit who is able to advocate for himself for legal gender recognition in 2003, using the vial as the key justification for a broader understanding of transition.

Citizenship

The categorisation and segregation of people in terms of race and gender are central to the creation of the nation-state itself (Spade 2015: 78). As will be shown throughout this chapter, while the categorisation of people was at the forefront of the apartheid state, "apartheid social engineering was shot through with contradictions, uncertainties, irrationalities, and lapses of control" (Posel 2001:88). This may also speak to the socio-legal constructions of identities preferred by the apartheid government. As shown by Camminga (2019), the apartheid government's conceptions of race were explicitly not eugenicist, but rather sociocultural, speaking to the overall wellness of the Nation. This section explores citizenship in relation to biopolitical surveillance, gender, and race.

Citizenship is "a social process through which rights are expanded and claimed" (Klein 2014: 68). Speaking on trans refugees in South Africa, Camminga (2019) adds:

> Borders, both bodily and material, discern a body's ability to identify as a citizen, a member of an imagined community or a stranger. They represent both promise and freedom, and confinement and restriction. (163)

In primarily defining race as a sociolegal construct rather than a fixed, scientifically measurable one, racial categorisation was often determined primarily through class and culture rather than a call to biological difference. In 1946, the Department of Native Affairs looked explicitly at cultural factors when determining racial categorisations. In this way, "the daily lived experience race derived from the ordinary, immediate experience of how people looked and lived" (Posel 2001:94). In other words, decisions were made on the basis of 'common sense'. The ordinary, or what comes to be considered the ordinary, is mediated through the state's intent of othering through folk theory. 'Common sense' as a framework for categorisation is:

> a much less formal, more prototypical approach us[ing] an amalgam of appearance and acceptance – and on-the-spot visual judgement […] to perform the sorting process on the street. (Bowker and Star 2000 in Camminga 2018: 91)

The various, often contradictory, definitions of race hinged on four primary yet opaque criteria: appearance, lineage, respectability, and class. Respectability and class in particular created modes of circular reasoning in line with a Calvinist ethic:

> Superior socioeconomic standing and privilege were considered markers and evidence of biological superiority, at the same time that biological superiority was considered grounds for such elevated social status (Posel 2001: 95).

Of great importance to this Christian ethic is the legitimation of marriage. The importance of marriage in the case of both race and gender show how often social constructs are mediated and administered through intimate relationality. One of the six key determinants of race was if a person was married, whether they were married "by Christian rites or according to Native Law" (Posel 2001:93). The centrality of marriage and the rites associated with it is also often cited as one of the major factors for forced genital mutilation in intersex children, as *"*doctors sought happy endings, hoping to see their patients embrace at least one element of womanhood (or manhood): marriage" (Reis 2005 in Magubane 2014: 774).

When speaking on trans citizenship, the majority of case law in South Africa deals specifically with the legitimacy of a trans person's marriage. The key case was *W v W*, which in 1976 ruled that regardless of any amendments to birth certificates or medical intervention in the case of marriage people remain the sex they were assigned at birth. The very fact that the acts through which legal gender recognition were mediated was the Births, Marriages, and Deaths Act speaks to the chrononormative through which a person can "become legible only within a state-sponsored timeline" (Freeman 2010:3). The right to marriage was also an argument made by the South African Legal Centre (SALC) in 1994 relation to legal gender recognition, stating that were trans women unable to get married they would resort to sex work as "There is no greater confirmation of femininity than that of having normal heterosexual men again and again accept [a trans woman] as a woman" (Lock Swarr 2012: 67). Citizenry is therefore mediated through the intimate, as well as which intimacies the state deems as legitimate, and which are illicit.

Throughout apartheid, the state was also intent on making a singular, centralised database of citizens divided by sex and racial categorisation and documented through fingerprints (Breckenridge 2014). While the racial categorisation no longer exists in official identity documentation, the sex categorisation remains. The advent of the fingerprint in the twentieth century meant that "the body did not have to be 'circumscribed' in order to be

identified. Rather, the key to identity could be found in the merest trace of the body's tactile presence in the world" (Rosenberg 2016). Reminiscent of Hayward's (2010) trans becoming in which a person is co-constructed through space, the haptic is now the citizen in that every single thing a person touches leaves a mark of their identity.

While clearly a medical intervention, the temporally shifting nature of the vial makes it seem less definitive than surgery. The vial is positioned between the social and the biological as it is the vial which many of its users cite as 'enough' to 'pass' socially. According to Snorton (2017), passing is a "limited durational performance" which "expresses a form of agency as well as a promise of restoration" (58) in being read as a citizen through a common sense reading of your identity. T therefore straddles the world of the social and the medical by being a technology of passing. This is how the vial will be read for the remainder of this chapter, as a locus for social legibility, and by extension citizenship, for its users.

Case 2

While not speaking directly to gender, the Births, Marriages, and Deaths Act of 1963 allowed people to change the gender on their birth certificate under the provision that "any omission, defect, or inaccuracy" in the birth certificate could be altered. Revisions to identity documents and birth registers were then decided on by the Director General of Home Affairs on a case-by-case basis.

The general restrictions imposed by the Births, Marriages, and Deaths Act were part of what Lock Swarr (2012) identifies as a tightening of everyday restrictions to combat waning political efficiency in policing identity (59). However, this tightening of everyday restrictions was not accompanied by a streamlining and formalisation of race and gender categorisation. Rather, "the more prolific the legislation, the greater the ambiguities and inconsistencies surrounding the definition" (Posel 2001:90). The racial definitions proffered by officialdom "excelled in vagueness" (Suzman in Posel 2001:90). Similarly, the vagueness of the 1963 Act gave the state ultimate control in deciding for each individual whether they were eligible for legal gender recognition without set guidelines of who would be a suitable candidate.

The wording of 'omission, defect or inaccuracy' implies a previous error which is now being remedied. It therefore also evades the possibility of a change in gender marker being an active choice of an individual later in life. By including specific phrasing around people who undergo 'sex changes', the 1974 and 1993 amendments are the only times in this act's iteration that 'sex

change' is alluded to directly in the wording of the legislation itself, in both cases limiting the scope of people who could apply for legal gender recognition through its specificity. The naming of 'sex change' as a prerequisite to legal gender recognition means that in these later iterations the onus was on the individual to complete, endocrinologically, an act mandated by the government.

In the same year as the Births, Marriages, and Deaths Act of 1963 was ratified, Don (1963), who was the Registrar in Neuropsychiatry at Tara Hospital, noted a significant increase in the number of patients requesting gender affirming care at Tara. Four 'transsexual' patients had come to Tara seeking 'treatment' within the first five months of 1963, of particular interest was Case 2, an 18-year-old who was the only man mentioned in the paper. Case 2 was the first person mentioned in the SAMJ who expressed desire for T. In documenting the case, Don noted a psychological need for "rebirth at an extremely primitive level" (480). Case 2 was denied gender affirming care on the basis of a low IQ level

In attempting to find a cause for gender variance, Don (1963) in the end concludes "Whether transvestism will occur seems to be a question of cultural recognition of the possibility" (482). Seven years before Case 2 makes his way into the SAMJ, Christine Jorgensen was mentioned briefly as a cautionary tale on the limitations of endocrinology (Editorial 1956), opening up potential for trans legibilities. In searching for historical and cultural precedent for Case 2, Don looks to Dr James Barry, "Inspector- General of the English Army Medical Department" (482) who spent time in Cape Town in the 1820s[6].

As noted, Don had an overall sympathetic, but patronising tone regarding 'transsexuals'. While not treating case 2, he did believe that people who desired T had a better prognosis than those desiring synthetic oestrogen in general. He was particularly concerned with the legal ramifications involved in gender affirming care, in particular whether doctors could be disbarred for performing a surgery leading to infertility, which he saw as an inevitable part of bottom surgery. In particular, he questioned the efficacy of hysterectomies, which he called mutilating treatment due to a concern with fertility. He therefore recommended T, along with top surgery, as primary forms of treatment.

[6] In 1824, Barry was tried for having a homosexual relationship with the Governor of Cape Town, Lord Charles Somerset (Holmes 2020).

Frederick X

By the 47th South African Medical Congress in 1969, endocrinology and 'transsexual' identities were at the forefront of the minds of those in South Africa's medical and legal communities. Talks on 'Legal Aspects of Transsexualism', 'Chromosomes and the Gynaecologist', 'Transsexualism – Pre-operative Assessment', 'The Problem of Transsexualism' and 'A Review of the Male Factor in 107 cases of Infertility' were planned for the conference (SAMJ 1969:1346). Dr W. A. Van Niekerk, who was best known for his work on 'hermaphrodism', was the key presenter for 'Chromosomes and the Gynaecologist' and 'Transsexualism – Pre-operative Assessment' (SAMJ 1969:1346). Van Niekerk was appointed as the Minister of Health under P.W. Botha from 1985 to 1989, before which he served as Colonial governor of South West Africa (Wranz 2009).

The National Party's choice to appoint a doctor who was primarily concerned with sex and gender-variance as Health Minister can be read as evidence of the apartheid government's long-term investment in gender normativity for the white population. Military manhood's relationship to synthetic testosterone is a particularly strong example of this investment. From the experimentation on military personnel in the early 1900s in the global North (Kazarsis and Jordan-Young 2019), to the forced sex reassignments of military personnel in South Africa which, as noted, began in 1969 (Klein 2014:58). That same year the Prohibition of Disguises Act, which made dressing in drag "with criminal intent" illegal was ratified (Lock Swarr 2012:12).

In 1970, Sybrand Albertus Strauss, a medical legal scholar, opened his article 'Transsexualism and the Law' by noting that "Without a doubt the legal world must be an unfriendly one for the transsexual" (1970:349). Two years later, 'Frederic X' became the first person in South Africa to have his legal gender marker change to 'Male'. He did so despite having had no gender affirming surgery. Frederic's case was heard by the Director General with testimonies from Frederic's medical colleagues, who confirmed his socially male affect. After a physical examination, it was determined that Frederic X had ambiguous "glandular and chromosomal" makeup (Strauss 1974 in Lock Swarr 2012). It seems the claim that Frederic's hormonal level was not one of a 'typical female' may have played a part in swaying the court. However, in Frederic's case – in line with Posel's analysis of racial identification at the time – the court seems to have the decision made a primarily on sociocultural, rather than strictly scientific grounds.

In 1974, soon after Frederic X's case was resolved, (and the same year South Africa was banned from the UN General Assembly after apartheid was deemed a crime against humanity), an amendment to the Births, Marriages, and Deaths Act of 1963 was introduced specifying that "The Secretary (for the Interior) may on the recommendation of the Secretary of Health, alter in the birth register of any person who has undergone a change of sex" (SALC 1994: 13), and also allowed people to change their names. Under this legislation, the Secretary for the Interior could request any "medical reports and institute such investigation as he may deem necessary" (SALC 1994: 13). The 1974 Amendment therefore greatly restricted the scope of people who qualified for legal gender recognition by limiting it to people who had had gender affirming surgery.

Erasures

The ultimate goal of gender conformity underlines all of the legislation surrounding the flow of the vial and the people who used it in South Africa before 1992. The 1974 Amendment therefore allowed (presumably only white) South Africans to apply for a change to their gender marker until 1992. It was under Van Niekerk's successor, Elizabeth Venter, that the Births, Marriages, and Deaths Act of 1963 was repealed and replaced by the Births and Deaths Registration Act 51 of 1992, under which it was no longer possible for someone to change their legal gender marker.

According to Lock Swarr (2012), this repeal of binary legal gender recognition also suggested that gender affirming health care was part of "'good old days' of apartheid, acknowledging a past wrong, or at least an eccentricity" (65). This then created a strange dissonance between the legal and medical communities, in which some doctors continued to encourage gender affirming treatment regardless of the legal impossibilities it would then create for their patients.

In 1993 an amendment was added to the 1992 Births and Deaths Registration Act allowing for people who had begun transitioning prior to 1992 to still change their gender marker. The amendment allowed for: "A person who was in the process of undergoing a change of sex before the commencement of this Act, may on completion of the said process apply in terms of section 7B of the Births, Marriages, and Deaths Registration Act, 1963, for the alteration of the sex description in his birth register" (SALC 1994: 20). The use of the word 'completion' presumes a temporal end to transition, a point at which a trans person can apply for legal gender

recognition on the basis that their transition is over and done, an endochronological view which is of in tension with ideas of trans becoming.

The legal vacuum that opened in 1993 was an epistemic injustice. As Aultman (2016) shows, an epistemic injustice occurs when there is a void in naming, through which people's experiences, oppressions, and identities are entirely erased. This kind of injustice "exists within the very structure of how social knowledge is produced, or shaped, by active knowers and contributors" (Aultman 2016:13). In a cisgenderist world, this is the legal norm for trans people. Lennon and Mistler (2014) define cisgenderism as "cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behaviour, expression, and community." (63). Globally, the lack of consideration for any trans person who falls outside of the gender binary inscribed in legislation means this epistemic injustice continues for a large proportion of the trans community in many countries. Citizenship is inherently gendered. By removing the bureaucratic possibility in 1993 for people to change their sex on their identification cards from the sex they were assigned at birth, parliament had effectively erased citizenship for people whose identity documents did not match their gender.

This change in legislation was one of many at the time that ostensibly attempted to erase the harm done through apartheid legislature. According to a report by the South African Law SALC in 1996 which was written to address this legal gap, "there is no such phenomenon as a true sex change or sexual metamorphosis. The transsexual who undergoes sex change procedure takes on the realistic form and appearance of his or her post-operative sex" (Camminga 2019:99).

Also vying for a more conservative legislation surrounding legal gender recognition, during 2003 parliamentary sessions, the Equality Project, an LGBT organisation which had won landmark cases for LGB people in South Africa, "highlighted what they referred to as the "sinister aspect" of "the allowance for changing sex description in the 1963 Births and Deaths Registration Act" (Thoreson 2013) in that "sex changes were used by the apartheid government as a means of oppression" (Camminga 2019:77). In this way, the perverse uses of T by the South African military were being cited as a way of gatekeeping self-autonomy for legal gender recognition.

Estian Smit

By 2003 there was a need to create new law around legal gender recognition, in part due to a "growing number of court cases against the [Department of Home Affairs] by individuals who wanted to change their sex… the [Department] had lost nearly 90% of those cases" (Camminga 2019: 98). In line with the 1974 Amendment, the Alteration of Sex Description and Sex Status Bill proposed that "Applications had to be accompanied by the applicant's birth certificate, reports from the medical practitioner involved in the sexual reassignment and a report from a medical practitioner not involved in the reassignment". This wording would have been highly restrictive and bar a majority of trans and intersex people in South Africa from accessing legal gender recognition due to both the exorbitant fees required for gender affirming surgery in the private sector, and the years long waiting lists in the public sector hospitals (Lock Swarr 2012).

Importantly "in the parliamentary hearings that followed the passing of the [2003] Bill, the word 'transsexual' was rarely mentioned by Members of Parliament and the word 'transgender' was never mentioned, except by the NGOs making submissions" (Camminga 2019:100). As such, while pivotal to the creation of the legislation as a response to the court cases against the DHA, there is an ambivalence towards speaking to who the people that brought those cases may be.

The Cape Town Transsexual/Transgender Support Group, led by Smit and Heradien, was therefore created predominantly as a response to the exclusionary recommendations contained in the bill. The group disbanded soon after the new Alteration of Sex Description and Sex Status Bill was passed (Camminga 2019). What they were fighting for was, ideally, allowance for change in gender description with no requirements from the Department of Home Affairs. They were, however, aware that this was unlikely.

The Cape Town Transsexual/Transgender Support Group proposed three alternatives to the restrictive wording of the Bill. Proposal 1, "Our Heartfelt Wish for a Humane Bill" called for full autonomy in self-identification of gender. Proposal 2, "Significant Amendments" called for there to be no medical requirement for legal gender recognition, favouring instead evidence of "socially transitioning" for at least a year. Finally, Proposal 3, "Minor Amendments Now, Major Revisions to Follow" focussed specifically on the replacement of the term "sex organs" with "sexual characteristics and medical treatment" (The Cape Town Transsexual/Transgender Support Group 2003).

The Group highlighted the urgency of an inclusive and accessible Bill, stating:

> Every additional day that a person has to wait for legal validation of the identity in which he or she lives, place him or her at risk. Not having an ID number, ID document, driver's license or passport that correspond to our lived identity prevents us from exercising our rights freely. It impacts on our ability to move around freely and without fear. (Cape Town Transsexual/Transgender Support Group 2003)

The first proposal made by the Cape Town Transsexual/Transgender support group is by far the shortest for two reasons. Firstly, because the request was simple: that legal gender recognition be decided purely by the self-identification of the applicant. Secondly, because the group knew how unlikely it was for this proposal to be taken seriously by parliament, knowing that government:

> clings to absolutes that do not exist and feels extremely threatened by those of us who cross those artificially imposed boundaries. It seeks to regulate us, track us and require our bodies to fully fit one of the two tiny boxes it constructed before allowing us the legal and social existence we yearn for. (The Cape Town Transsexual/Transgender Support Group 2003)

In this proposal the group asked for an act which is more in line with the spirit of the Bill of Rights in a move to link trans rights to a broader language of nation building. In particular citing national pride in the new constitution. Pointing to a queer futurity imbued with potentiality, the group ends this proposal with the "hope of a future in which each of us will be able to freely live out our identities and develop our bodies in ways that fulfil our greatest potential as human beings" (The Cape Town Transsexual/Transgender Support Group 2003).

In the second-best option – Proposal 2: Significant Amendments – temporality remained deeply entrenched in the validation of transness, requiring that "the applicant" had "lived as a member of the sex corresponding to the sex description under which she or he seeks to be registered throughout a period of one year" as well as confirmation from a mental health professional that they live socially as their genders. The reason for this is as being that in most cases by the time someone is ready and able to spend a full year in society as their gender, they have already spent "any months or even years" "gradually … accommodate[ing] family, friends and colleagues", as well as taking other practical steps like changing clothes, body language and "taking hormones to bring about changes in sexual characteristics" (The Cape Town Transsexual/Transgender Support Group 2003). This proposal rejects any medical diagnosis,

refusing the need for trans people to conform to the medicalised narrative of them being mentally ill. However, it still lists hormones as a possible step towards social trans becoming.

Rather than calling for self-determination as in the first proposal or identification based on social presentation as in the second proposal, Proposal 3: Minor Amendments Now, Major Revisions to Follow called for more flexibility in the type of intervention and authority required for a change in legal gender recognition. The changes recommended as they pertain to people seeking legal gender recognition outside of intersex identities are as follows:

> **1**(1) Any person whose sexual characteristics have been altered by surgical or medical treatment or by evolvement through natural development [delete~~: resulting in a sex change~~], or any person who is intersexed may apply to the Director-General of the National Department of Home Affairs for the alteration of the sex description on her or his birth register.

And

> 1(2) (b) in the case of a person whose sexual characteristics have been altered by surgical or medical treatment, be accompanied by a report by a medical practitioner stating the nature and results of any procedures carried out and any treatment applied or prepared; [~~delete: by the medical practitioners who carried out the procedures and applied the treatment; and~~]
>
> (c) in the case of a person whose sexual characteristics have been altered by surgical or medical treatment, be accompanied by a report stating the present sexual characteristics of the applicant prepared by a medical practitioner other than one contemplated in paragraph (b) who has medically examined the applicant in order to establish his or her sexual characteristics.
>
> (The Cape Town Transsexual/Transgender Support Group 2003, emphasis in original)

As noted by the group, this already excludes a significant part of the trans population who do not undergo medical transition, either because of personal preference or financial limitations.

Even in the naming of this recommendation, there is a trans futurity in which broader, better legislation is hoped for. There were two key arguments for Proposal 3. Firstly, that requiring an invasive surgery that can result in extreme complications is a human rights violation. It could easily be argued that requiring any medical intervention amounts to a human rights

violation under the same principle of bodily autonomy. The second prong of the argument was that the vial does more than enough in "altering both primary and secondary sexual characteristics".

Multiple times, Smit, who was enacting his own trans becoming through the vial, made it clear that a "single moment of sex change is impossible", rather stating that "a degree of visible similarity is the most that can be achieved" (The Cape Town Transsexual/Transgender Support Group 2003). Thinking about this in line with chrononormativity, or the trans ordinary, there is an asymptotic relationship to 'passing'. This asymptotic relationship, which I have mentioned as part of potentiality, is a relational one which relies on how you are read by strangers, something which is often entirely out of an individual's control. For many, passing is a goal they spend their lives chasing, in the potential of fully passing as themselves through common sense readings. Interestingly, Gill-Peterson (2022) has noted that as trans people – women in particular – have become more publicly visible, reaching the goal of passing has become more and more difficult as more people are trained to look for markers of transness. As such, the goalpost of this 'degree of visible similarity' is constantly shifting and arguably becoming harder to obtain.

As such, their third proposal - Minor Amendments Now, Major Revisions to Follow - spoke directly to adding hormone replacement therapy as a lower barrier of access to legal gender recognition with the following reasons:

> Taking hormones is the most accessible kind of medical treatment for trans people. It significantly alters a person's secondary sexual characteristics and is often all that is required to enable a person to live successfully as a member of the sex with s/he identifies.
>
> (The Cape Town Transsexual/Transgender Support Group 2003)

Smit further speaks about hormones in the following ways:

> The full effects of hormone usage are only completed after several years. A person who starts on hormones basically undergoes puberty… Hormones significantly assist us in passing as our true sex and in making us feel more comfortable with our bodies. Most of us start living full time as our true sex while merely being on hormones and without having had any surgery.
>
> (The Cape Town Transsexual/Transgender Support Group 2003)

Also supporting Proposal 3 was the "triadic process of transition" presented by Heradien (Heradien 2003). This process details a normative transition journey for binary trans people, from socially transitioning to taking hormones to then having surgery. This sequence, "shuttled from the psychiatrist, through the endocrinologist, to the surgeon, to the judge" (Carter 2014:235) is an alienating biopolitical requirement of normativity, one which at every point places the legitimacy of one's identity in the hands of institutional powers.

In line with the third recommendation, the Alteration of Sex Description and Sex Status, Act 49 of 2003 allowed for a change in legal gender recognition by "any person whose sexual characteristics have been altered by surgical or medical treatment or by evolvement through natural development resulting in gender reassignment, or any person who is intersex" (Republic of South Africa 2003). As the Cape Town Transsexual/Transgender Support Group were the only group to speak directly to the requirement of gender affirming surgery, it is highly probable that the testimony of Smit and Heradien directly impacted this wording – particularly Smit's account of the power of T, and its relative accessibility compared to gender affirming surgery.

According to Smit, "natural development could even be the natural development of your own sense of gender identity inside" (The Cape Town Transsexual/Transgender Support Group 2003)(The Cape Town Transsexual/Transgender Support Group 2003) Still in the line of administrative categorisation through sociocultural factors rather than scientific ones, "maintaining of the name Sex Description Act suggests, at least on the part of parliamentarians, a perception that what was being altered was not sex itself but rather the administrative representation and registration of sex in relation to its gendered presentation" (Camminga 2019: 100).

Reflecting on his involvement in the Cape Town Transsexual/Transgender Support Group, Smit had the following to say about presenting at parliament:

> I tried with gender reassignment, sexual characteristics with all those things to give the broadest possible definitions, including a definition of medical practitioner that includes everything and anything, under the Health Act. But in the end, all those very open-ended definitions didn't help us that much in practice, because Home Affairs still don't understand the Act and in of their heads it's still the more conservative conceptions of surgery… Previously the chair of the portfolio committee basically said to me: "Look, this Bill has been long on the shelf. It's elections next year, we need to

> push it through, and we can't go into an extensive consultation or review process of this bill. But we promise you we'll do this in future"; which obviously is an empty promise because, you know, committee chairs, and everything changed after elections. (Smit, 2020)

In serving as a bridge between the social and the scientific by allowing for a common sense reading of someone's gender – one in which they pass – the vial allowed a broadening in what was possible for gendered citizenship. Being discussed in the same parliamentary session were amendments to voters rights concerned with equitable voting systems (PMG 2003). With racial equality on the forefront of national thought, this would also have been the first law made explicitly to apply to all South Africans. In 2020 when I interviewed Smit, they had still not gone to change their legal gender marker themselves and were still waiting on this better future bill.

Administration and Administrators

When applying to get my legal gender marker corrected at Home Affairs in 2022, proof of 'change of sexual characteristics' through T in hand, I was given two identical Birth Registration forms. On the first, I was instructed to put all of my old information, and on the second I was instructed to put all of my new information. The administrative arm of the state could only process my legal gender through an idea of rebirth, and according to the state that rebirth had been proven through T touching me.

Access to the vial is inevitably controlled through various authorities, from doctors, psychologists and government officials to friends and family. How individuals relate to authority, control, and space in relation to the vial will be explored in this chapter. It will centre on people on T between 1992 and 2003, along with the organisations they were involved in to show how their specific intersections impacted their trans becoming through the temporal lens in relation to the space they inhabited.

Administration, here, refers to two very separate concepts: public administration and private administration. Public administration denotes the realm of institutions and bureaucracies that control access to the vial. These include medical aid schemes, pharmacies, drug companies, medical professionals, trans NGOs, and organs of government, among others. In South Africa in particular, NGOs are "the agencies tasked to provide and enforce the rights guaranteed by law and statute" (Thoreson 2013:654). Private administration is the process through which T enters the body. By viewing hormone replacement therapy – and T in particular – as a raw material of gender, I want to understand how both the public and private administering of it enables and disrupts trans becoming.

As noted, part of the intention of using the term "trans becoming" rather than "transition" is a denial of the rigid chronology which affirms a finite beginning and end to transition. Transition ends, becoming is infinite. The relationship between space, authority and the vial has been understood for the scope of this dissertation through Hayward's (2010) conceptualisation of trans becoming. Hayward's becoming also leaves space for the ways in which not only the trans body becomes, but the way that the trans body shapes the environment around it. It is also through trans becoming that we can study the expropriation of subjective capacities, and how these capacities are stretched by structures. Trans becoming requires community, and this relationship to community can radically change a person's relationship to trans becoming.

Hayward draws from Lingis (2000) to argue that our bodies are "always bindings of excitations, affections, and sensations" (226) which move with the world, rather than through it. Bodies are not products of environments, but rather co-conspirators in the creation of that environment. A body within trans becoming, therefore, is one which is "a phenomenological topography of affects … re-energize[ing] bodily boundaries" (Hayward 2010:226). They are bodily expressions which are deeply enmeshed in corporeal space and time which "emerge as intensive maps, values composed of transverse orientations toward a shared world." (236)

In the previous chapter, we saw the many ways in which people who today we might consider trans were made legible and were erased by the state. As mentioned in the methodology, my participants were and are themselves involved in the NGO sector. When institutions were not making space for them to become legible in South Africa, they made space for themselves. In particular, they have been predominantly involved in two LGBT and trans rights organisations, Gender Dynamix, and the Triangle Project, both located in Cape Town.

In what follows, the administrations - and the people within those administrations - created to allow for legibility will be explored. In particular, the Triangle Project and GDX will be considered as vectors through which Charl Marais, Tristan Montgomery, Estian Smit, and Leisl Theron administered the vial, both privately and publicly.

Spaces of administration

Cape Town markets itself as the "pink capital of Africa" as part of its tourism campaign. In 2001, Sheryl Ozinsky, Manager of Cape Town Tourism stated: "The pink rand is worth millions" (Joseph 2001). At the time of writing, Cape Town houses the only designated LGBT shelter in the country (Camminga 2019: 209). Montgomery, having grown up in Stellenbosch – a town only 50 km outside of Cape Town – cites his move to Cape Town as the first time he could truly explore his gender. Theron also met Kirsten – who she would go on to found GDX with – in Cape Town at a queer inclusive church.

Transitioning is a "state of intensifying the unhomely body's limits so as to feel 'at home' in the body" (Hayward 2010: 226).. My participants were white and upper-middle class, and so their views of Cape Town, Pretoria, Johannesburg, and other cities are shaped through that lens and through a level of access to mobility that did not exist for the majority of South Africans. Within each story, there is an imagination both of the city and of small-town life. Each of my interlocuters moved and used movement as a way to access the vial.

Lacy moved to Pretoria in 1992 and working as a nurse at a hospital where Theron happened to be doing the catering. That same year Theron and Lacy began their romance. Before their first date, Lacy told Theron he needed to speak to her about something serious. They set up a meeting at a friend's house, a neutral space for both of them, and Lacy informed Theron he was trans and planned to soon start taking T. He had moved to Pretoria specifically to begin his medical transition after having gone to a psychologist in Durban who recommended Pretoria Academic (now known as, Steve Biko Academic Hospital). Pretoria was the preferred destination for gender affirming care in the late 1980s when Lacy was beginning to consider medically transitioning.

During the 1980s and early 1990s, anyone who wanted to transition through the state in Pretoria first had to see the psychiatrist Franco Colin, who operated a private practice from his house in the eastern suburbs of Pretoria. As described by Theron, Colin's home was the gate and Colin was the gatekeeper. If he 'diagnosed' someone as 'truly transsexual', they could then access hormones and surgery from Pretoria Academic Hospital at little to no cost to themselves. If Colin did not provide that diagnosis, which was only possible to get through private sessions with him, the hospital would reject the application. While Lacy passed Colin's tests, Kirsten did not. As of 2012, Colin was still 'diagnosing' trans patients through outdated and restrictive methods (TIAfrica 2012).

Around 1995, during the period of legal vacuum and after Lacy and Theron had broken up, Lacy was able to get his legal gender marker changed during a visit to Theron, who was, at the time, living in Caledon, a small town in the Western Cape. On his trip, he and Theron went to the Home Affairs in Caledon after having tried various branches in Johannesburg and Durban. Theron and Lacy reminisce about finally finding a friendly Home Affairs officer in Caledon in who regarded Lacy's original identity document as simply a mistake:

> And literally, he gave in the paperwork. They didn't blink, you know, you always have your assumptions of rural people. But he did the paperwork and they said "Well, come back in three months, you will have your documents". (Theron 2020)

Without a framework of what it would mean to pass adequately according to the state, through the vial Lacy was able to get recognition through what the bureaucrats in this small town saw as an error. As such, Lacy did not have to prove his transness, but rather simply present himself in Caledon

Administering Gender

The moment in which T touches the skin and moves into the body is by nature intimate. It is, as a technical object, "life touching itself" (Gill-Peterson 2014:406) and shows a way in which a tactile object - the needle - can be made to take shape through contact with a body (Ahmed 2006:54). This moment of touch, repeated in a contiguous and often finely scheduled manner, is therefore key in the body's relationship to the vial. Among the respondents, there were two ways in which this moment occurred: either administered by themselves or by a loved one. As Nelson (2015) states, recollecting injecting T for her partner, "each time I count the four rungs down on the blue ladder tattooed on your lower back, spread out the skin, push in the nearly-two-inch-long needle, and plunge the golden, oily T into deep muscle mass, I feel certain I am delivering a gift" (46, 47). From access to individual administration, my participants had unique relationships to the vial and control. In this relationship lies the question of the necessity to assert control, as well as who is seen as having expertise and authority.

Montgomery, having never trusted South African doctors or the trans people around him at the Triangle support groups in the late 1990s, was always deeply independent in their approach. As discussed above, Montgomery found the most support through online groups, specifically from people in the United States. This independence also led to Montgomery refusing to go for psychiatric examination before beginning hormones, an insistence he could make in the private sector due to his class privilege.

> I didn't trust local surgeons or local endos[7] to really know what they're doing … [their treatment of me] might not have been accurate. But that was my assumption. And certainly, when I started taking testosterone and the endo prescribed it, I think from already the second one [dose], I self-injected, I liked the independence of it.

Montgomery found it difficult to relate to many of the trans people they had met at the Triangle support group due to the fact that it remained primarily binary and heteronormative. As such, Montgomery found comfort in finding people with more diverse experiences through an international mailing list:

> It was very liberating and affirming for me to, for the first time, hear people speaking of you know – they don't identify as either male or female, or that maybe they identify

[7] Abbreviated form of endocrinologists.

> as male, but don't want to change their bodies. Or that they wanted to only, you know, cultivate a fairly androgynous appearance, or maybe want low doses of hormones. For the first time I heard myself in there, because I was never really, or very seldom interested in genital surgery. That was cool to hear, and this whole range of options in terms of identities and bodily diversity that you could strive for.

Zane, a trans man who was interviewed by GDX, also trusted information he found on the internet over the advice of South African doctors, and so never went to a doctor for gender affirmation beyond going to tell them what prescription he wanted. For Zane, controlling his prescription also felt like a necessity to assert his masculinity in his relationship:

> Knowing his wife would be upset, he did not inform her of his final decision to begin hormone therapy until after his first shot. This has caused a quite a strain on their relationship, but Zane thinks that his wife will get used to it, that once the testosterone has taken its full effect, she will have less trouble calling him "Zane" and using male pronouns for him. (Keenan and Zane 2006)

There were also imaginations of what it meant to administer gender in South Africa and in the global North (specifically, the United States). Tebogo Nkoana, a trans man interviewed as part of *Trans Life Stories* and the outreach officer at GDX recalls first seeing a trans person in 2005 on an episode of *The Oprah Winfrey Show*.

> I did research, although I didn't think I would find any information about it in South Africa – I thought that perhaps it only happened overseas. I remember thinking to myself that I ought to write a letter to Nelson Mandela, so that he could assist me financially to get a sex change overseas but fortunately I found out that [South Africa has doctors who do gender affirming surgeries] (Morgan, Marais, and Wellbeloved 2009: 90)

This is not to say that there was no visibility of trans men on South African television. According to Smit, in 2002 there was an interview with a trans man on the talk show *Felicia* (often cited as the South African equivalent to *The Oprah Winfrey Show*). Nkoana later went on to establish his own NGO in 2010, Trans and Intersex Africa (TIA), which "primarily focuses on black trans and intersex people living in rural areas and black townships in South Africa" (TIA 2012).Lacy was perhaps the only respondent that showed faith in the South African medical system. When trying to prod him on things that I perceived as injustices in the way doctors had treated him, he consistently deferred to them, emphasising their expertise, and

insisting they were doing what they thought was best. From Lacy, Theron learnt of the vial and transness simultaneously, when her prospective partner at the time told her that he was trans and about to start hormones.

> Because [Lacy] was a nurse, he trained me... I had to practice a few times on the orange because that's the right procedure. And then he could show me where to measure, but I don't know how to pull it without making bubbles, because he always pulled it…. but I was the one that administered. I actually gave a huge amount of trans men shots because many times, even at Gender Dynamix sometimes people who worked there would come into my office and I'd do their shots for them. So yeah, he taught me because we were in a relationship, and he was a nurse. So, he taught me how to, and I administered the shots.

Theron also describes giving Lacy his first shot and seeing him move through his trans becoming as something that deepened their relationship: "being the first witness, if I say first witness, first layer, you know, on an intimate level as well to be the first witness". What qualified Theron as a worthy administrator was not her medical knowledge. Not much expertise is needed to administer. Rather, I argue, what made her qualified was her intimate relationship, first as a partner and then as 'Mama Trans' to the trans people around her. In Theron, therefore, there is an interweaving between the public and private administration. It is through her experience with the private administration of the vial that she became involved in the public through GDX.

Creating Admins

In South Africa, as is the case in many countries in the global South, transgender identities are often introduced as a key population which, in turn, is often entirely linked to international relief and HIV prevention. In 2018, the University of Witwatersrand Research and Health Institute (Wits RHI) announced it was opening South Africa's first dedicated clinics for Transgender Care. Four clinics were opened: two in the Eastern Cape, one in Cape Town and one in Johannesburg. Originally, the clinics only serviced trans women sex workers, seen as a key population at risk of AIDS (Wits RHI 2018). The clinics were therefore originally set up only to deal with HIV/AIDs related care for the trans feminine population. It was only through the lobbying of the South African trans community that they began to administer and prescribe T. Throughout my time there as a member of the Community Advisory Board, there was a sense of overwhelming frustration at the lack of

resources and a high rate of personnel turnover which meant the clinics could not be relied on for a dependable and consistent supply of T. Nor could they be relied on for secure, inclusive, and caring psychosocial care. I left after six months, not feeling like much of an advisor or an advocate for the community.

In 1996, the Triangle Project was founded as an offshoot of Gay Association of South Africa (GASA 6010). Focusing on the 'apolitical', or 'deracialised' needs of gay men, GASA 6010 was founded in 1981 by a predominantly middle-class white gay cohort with a specific focus on the HIV/AIDs crisis as it was framed in the Global North. The organisation changed their name in 1996 to indicate a move to a more multifaceted program that focused more broadly on the LGBT community (Triangle 2022). Part of this multifaceted approach was creating support groups for trans people in the late 1990s. However, according to Theron, Triangle "was quite transphobic at that stage". During the early 2000s, Triangle did not see itself as an advocacy group for trans rights, focusing primarily on the psychosocial aspect of support groups (Theron 2019). According to Theron and Montgomery, these groups were run by a psychologist who some people found stifling. This gatekeeping, from Theron's point of view, came from a refusal to learn about the community they were meant to serve: "she would just say 'no, it can't be done'. This is not possible because you don't know [if it's possible]. And you're also not interested to find out".

According to Montgomery, the people involved in these support groups were primarily heterosexual, "binary trans people, and primarily white. In the end, they weren't really activists". Montgomery, Smit, and Theron felt the support group at Triangle did not provide adequate diversity or support. For Smit, a key example of this was that while Triangle was consulted by the Equality Project around the 2003 Act, Triangle did not then consult the people in the trans support groups themselves. This "closing of the door", as Theron describes it, led people to create alternatives. For Smit, that alternative was the Cape Town Transgender/Transsexual Support Group which had a specific focus on legislative change. The support group was founded in a coffee shop in Cape Town. For Theron, it meant founding GDX.

Theron met her second trans partner, Lex Kirsten, at a queer friendly church in Cape Town. She was introduced to Kirsten as a kind of expert in the field, having helped Lacy through his medical transition. Theron cites the regional differences between Lacy's experience in Pretoria and Kirsten's experience in Cape Town as one of the main reasons she began GDX:

> You know, I always say my second relationship [with Kirsten, after Lacy] is what started Gender Dynamix. But in hindsight you have to calculate the first relationship in, because at that time I wasn't the activist, I was with nothing. You know, I was just a partner to a random trans person, right? But I didn't know that the amount of information I gathered in that first relationship in Pretoria, then moving to Cape Town, it's a different province, it governs itself to a certain degree when it comes to the law of the land. Right? So, the system was completely different. That stark difference was one of the realizations that something had to be done here.

In order to allow Kirsten to remain stealth, Theron took the lead in public engagements. Theron and Kirsten initially began GDX to support trans people coming out in the workplace. At the core of its mission, then, was a question of trans becoming – of how trans people move in their environments. The organisation showed its commitment to documenting trans embodiment, both through the Body Mapping workshop (Figure 8 below) which was exhibited in Constitution Hill in 2007, and through what is arguably their largest research output under Theron, *Trans: Transgender Life Stories from South Africa*, published in 2009 as an archive of the lived experiences of over twenty trans South Africans which I have used throughout this dissertation.

Due to the fact that Home Affairs officials often still require proof of gender affirming surgery, regardless of the 2003 Act, a large amount of GDX's day to day work is engaging with the administrative functions of the state, including educating "Home Affairs to ensure that trans individuals get proper identity documents" they also "help trans people navigate the refugee, asylum, and immigration system, open bank accounts, get access to medical care, and meet many other routine but critical needs" (Thoreson 2013: 654). As such, their primary function is as a mediator for other administrations.



Figure 7 - images from the 2007 Gender Dynamix Body Mapping Workshop, accessed through the GDX website[8]

GDX also had a blog detailing the lives of its constituents in its early days. These posts are no longer on the current GDX website but can be accessed through the Way back Machine.[9] In 2006, under the pseudonym Super T Man, anyone from the GDX community could share articles they had written to the website. The introduction of Super T Man to the repository began as such:

> Is it a bird, a plane, a man or a woman?
>
> No it's the Gender DynamiX Super T Man! - the defender of the underdog... or is it the underwear?
>
> Super T Man collects articles to bring to this space every week. He is looking for funny informative information and views for or about Transgender/ Transexual people.[10]

[8] https://drive.google.com/file/d/1WUOzfwd7sxQnPW-a3nazcrs6YUFEKt_H/view

[9] Launched in 1996 and as part of a library of digital ephemera, the Way back machine "contains over 2 petabytes of data compressed, or 150+ billion web captures, including content from every top-level domain, 200+ million web sites, and over 40 languages" (Internet Archive, 2022)

[10] See https://web.archive.org/web/20201101010717/http://genderdynamix.co.za/content/blogcategory/29/183/4/4/

Among other artifacts of GDX which can now be found through the Way back Machine are several articles by Marais and Hamblin, life stories and the "TG Dating South Africa" – a service for "Friends, love and romance for transgender people, their friends and admirers".

According to Theron, "Triangle Project today regarding the trans issues and Triangle of 2002 and 2003 are two different organisations". Smit, who now works as Triangle's Research, Advocacy and Policy Manager, reminiscing on this shift said:

> One of the big lessons I learned is that your kind of arch enemy can become your friend. It was really traumatic back then. When I clashed with Triangle and I also stopped going to the support groups after that … back then, I would never, ever have predicted I would end up working there

Smit now sits in an office that did not cater to trans people when he most needed it to, doing a job that was outside the scope of Triangle's imagination at the time. Their trans becomings, their interactions with the vial, are a part of who and what Triangle is today.

The legacy of Charl Marais

It is through becoming that we see "the ways bodies intensify (and are intensified by) habitats, environments, neighbourhoods" (Hayward 2010, 227). Charl Marais shifted the environments around him, and he will forever be part of Cape Town in the ways that he shaped it. This section explores the different aspects of Marais' life as a coloured man born in 1952 in Cape Town. He worked at GDX as its Management Secretary, bookkeeper, and newsletter editor from 2005 to 2011. He was also one of the co-editors and contributors of *Trans: Transgender Life Stories from South Africa* (2009).

Marais' story is filled with encounters of spaces in the city, Cape Town in particular, that were not 'for him'. He spent time homeless, institutionalised and then living with cis men who did not know he was trans. He also joined the Phoenix Society (Phoenix) circa 1985, where he was both the only trans man and the only coloured person in an otherwise all-white organisation. The information I draw on comes primarily through his blog posts for GDX and his workbooks, which were left to GALA.

Phoenix

Phoenix was founded in 1982 with ties to the Beaumont Society in the United Kingdom, which established in 1966 as a support group for the transgender, transvestite, transsexual and cross-dressing community (Morgan et al. 2009). According to Marlene,[11] the founder of the Phoenix:

> The objective of Phoenix was simple – because cross-dressers, and now I'm including transvestites, fantasy, transsexuals, whatever, are extremely lonely people. This was to keep people in contact with each other by correspondence because even that was helpful to quite a few of them. If they wanted to meet they could organise that themselves. But it was basically to end the loneliness (Marlene in Morgan et al. 2009: 42).

The Phoenix Society created a space primarily for white people assigned male at birth to create community and informal spaces through which they could explore their femininity. It ran mainly in Johannesburg, with a smaller and less consistent cohort in Cape Town. While at face value did not create a space for masculine legibility, it is where Marais first found community.

Phoenix Society also published a magazine called *Fanfare,* which included fictional and nonfictional letters, comics, and photographs of the Phoenix meetings. These scenes are deeply domestic in nature, showing either one or a group of Phoenix Society members dressed femininely in each other's houses. There's a distinct absence of Marais or people like him in the zines' images.

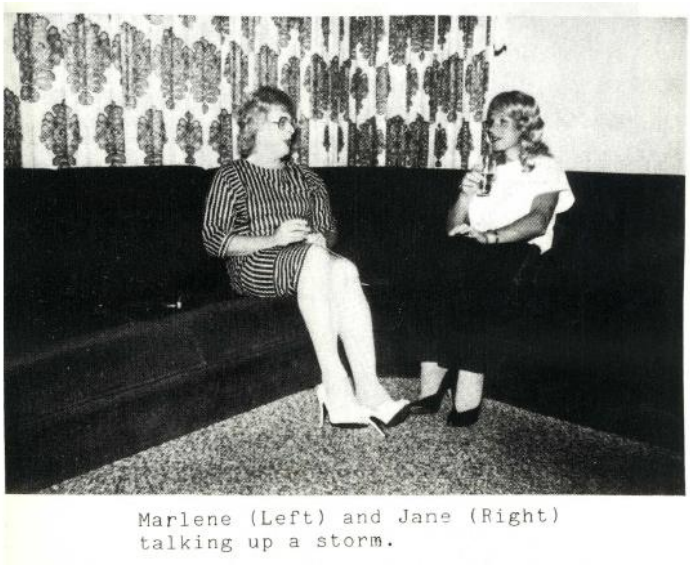


Figure 8 - Excerpt from Fanfare Magazine No. 22 (May 1986)

[11] I am using her first name because that is what is supplied in the book

Marais would go to the house parties hosted by members of the Phoenix Society "all dressed up in my suit … They always said that I made history for Phoenix. I was the only female to male cross-dresser in their group, and also, in that apartheid era, I was the only coloured member" (Marais 2009, 20). Going to these suburban parties would have undoubtedly meant entering spaces in Cape Town which, under the laws of the time, were not legally accessible to people of colour.[12] Phoenix disbanded in 1995.

Reading Marais

The workbooks stored at GALA are three shorthand notebooks of 60 – 80 pages spanning from 2008 to 2012. These were a diary, accounts book and a draft book for GDX articles. Each of them contains parts of Marais' story, the stories of those around him, and the scribblings of numbers and sums for GDX bookkeeping. To borrow from the now overused adage, these notebooks show how the personal is political, how the trans ordinary and trans becoming often require slippages between the private and the public.

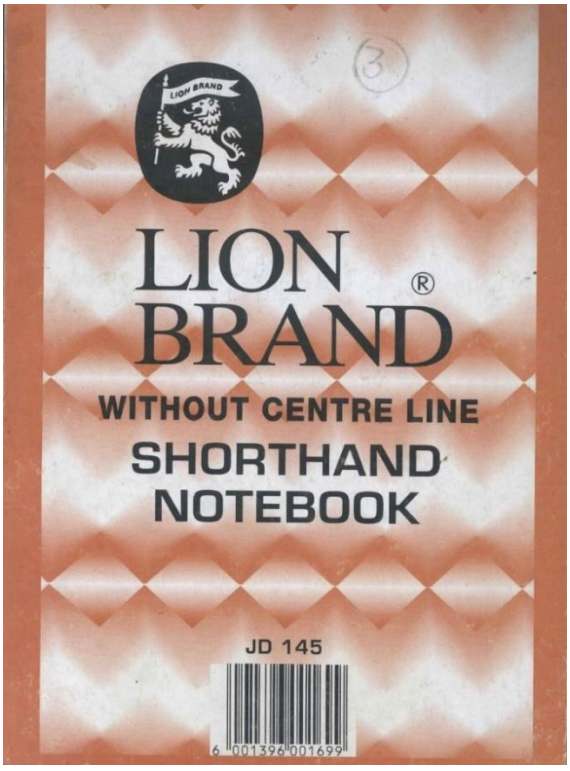


Figure 9 - The front of Marais' Third notebook (GAL0108_GenderDynamix (GDX) G2.3)

[12] The Pass Laws Act of 1952 meant so-called "white areas" were inaccessible to people of colour without a work permit.

The notebooks also contain the drafts of many articles Marais posted on the GDX website, giving a distinct insight into his thinking, and writing process. There are also pages which feel even more intimate. One page, shown in Figure 10, is empty except for the words "eleven months of pain, confusion, suspicion, legal actions, statements". Every so often, Marais begins a retelling with the words "hello world", perhaps with the knowledge that these notebooks may someday become part of an archive.

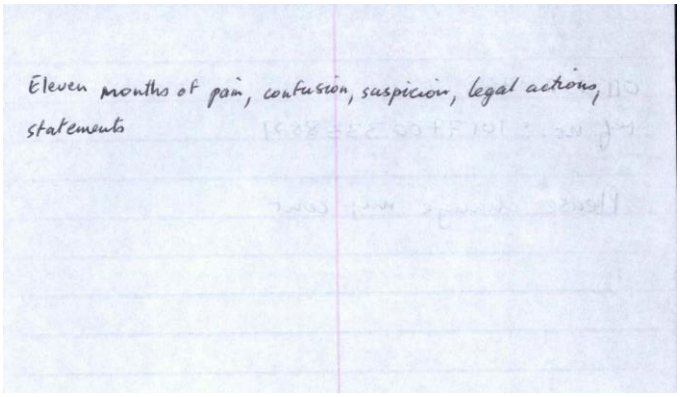
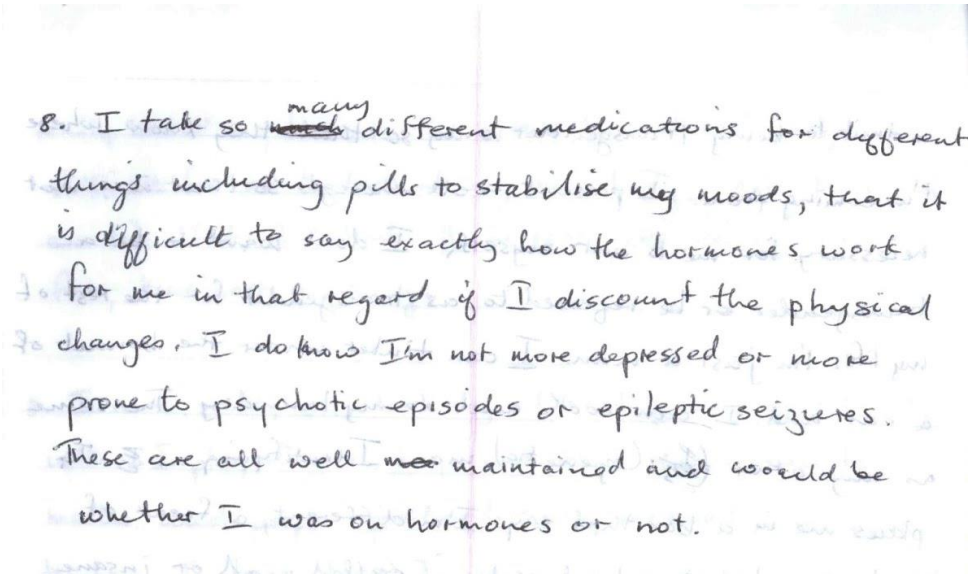


Figure 10 (GAL0108_GenderDynamix (GDX) G2.1)

Marais went on T in 1992, a few months after getting a hysterectomy. He considered both as possible rebirths. In 2011, just two years before his death, he got a metoidioplasty[13] which he saw in many ways as the final step in his trans becoming (Marais 2012a). After waiting twenty years for a new identity document, in 2010 he also proclaimed a rebirth:

> Things would have been so different if I had this little book in my hand 20 years ago. I might have been married to that girl for who I still have feelings. But this is a new beginning for me. I am a week old. Yesterday my mother said to me. This is who you now are. (GDX 2010)

[13] It is colloquially referred to as bottom surgery.



8. I take so ~~much~~ many different medications for different things including pills to stabilise my moods, that it is difficult to say exactly how the hormones work for me in that regard if I discount the physical changes. I do know I'm not more depressed or more prone to psychotic episodes or epileptic seizures. These are all well ~~me~~ maintained and would be whether I was on hormones or not.

Figure 11 - (GAL0108_GenderDynamix (GDX) G2.1)

In 1978, Marais was hospitalised in relation to psychological trauma experienced due to sexual assault. In taking out a restraining order against his perpetrator, Marais sought legal counsel:

> The lawyer who was assisting with this asked me, "Have you ever considered having a sex change?" Then the penny dropped. I looked at this man and I thought "Now, how did you know?" I didn't answer him at that stage but I went out thinking. And then I started plotting. Where can I find out about this? We didn't have the Internet then. I didn't say anything to anybody (Marais 2009: 18).

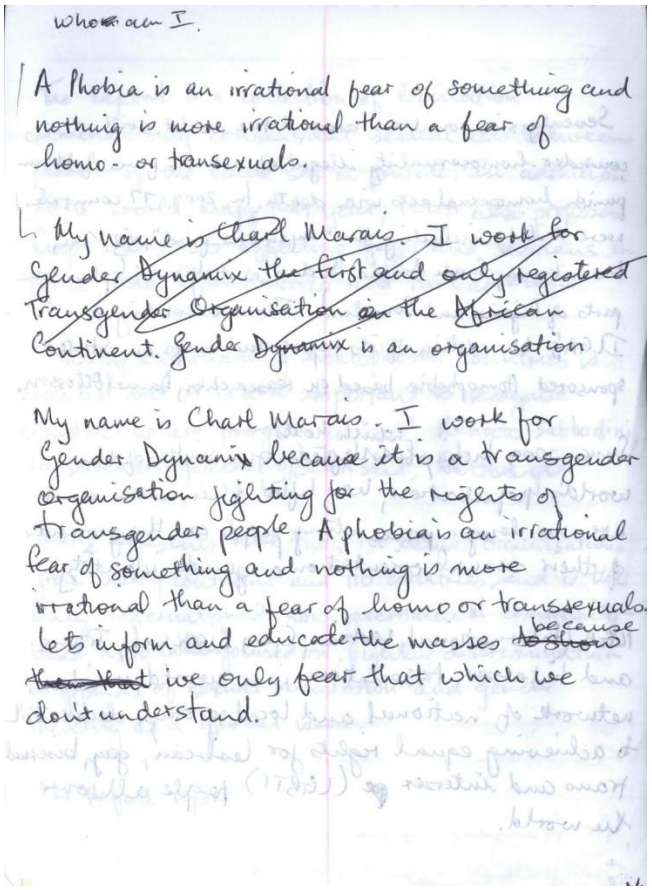
It would be another four years before Marais would begin seeking a medical transition. Marais' induction into trans becoming was therefore facilitated by institutional authorities, in particular, psychological, and legal professionals.

In an article entitled 'Are Trans People Really Free?' written by Marais for Freedom Day in 2012, Marais states: "Freedom for a transgender person is: not having to live in stealth". He concludes the interpersonal and economic necessities which often require stealth, means for trans people "Freedom Day is not a celebration of freedom but a reminder that they have been reduced to second class citizenship" (Marais 2012b)

As discussed in the methodology chapter, part of the difficulty in finding and knowing trans elders, in particular trans masculine elders, is a lack of older trans visibility. Marais wrote a lot about living in stealth and wanting to be known as a man without the trans prefix. When he began working at GDX, as noted, he was living in a house of cis men that did not know he was trans:

> All they know is that I am a man. I hope they never find out differently. I live in the house with them; I use the same bathroom. And, it's not just that they accept me as a man, they don't know I was born a female. I'm just one of them because I present as a man (Marais 2009: 21)

In part, Marais living in stealth stemmed from a desire to live a 'normal' (cis hetero chrononormative) life. One of the ways he expressed this desire was by wanting a "real wedding", not "a civil union thing". He describes wanting to be at his own wedding, "in my tux, getting married to the woman I love and being recognised as a man" (Marais 2009: 21). Once again, this desire is not only interpersonal but institutional, wanting to be recognised as a man both by his future wife and the state.



who am I.

A Phobia is an irrational fear of something and nothing is more irrational than a fear of homo- or transexuals.

My name is Charl Marais. I work for Gender Dynamix the first and only registered Transgender Organisation on the African Continent. Gender Dynamix is an organisation

My name is Charl Marais. I work for Gender Dynamix because it is a transgender organisation fighting for the rights of transgender people. A phobia is an irrational fear of something and nothing is more irrational than a fear of homo or transsexuals. Lets inform and educate the masses because ~~to short~~ ~~then that~~ we only fear that which we don't understand.

Figure 12 - Speech Notes (GAL0108_GenderDynamix (GDX) G2.3)

Figure 12 shows the notes Marais made in preparation for a conference. The top of the page reads: "who am I". In the first draft, Marais simply says "I work for Gender Dynamix", and then gives a factual description of the organisation. He then scratches out that paragraph and replaces it with "I work for Gender Dynamix because it is a transgender organisation fighting

for the rights of transgender people". The addition of "I work there *because"* in the second draft shifts the fact of his working for GDX from being a passive act to a choice. Such an emphasis is particularly important for Marais, who had for many years hidden his involvement in GDX from the people he lived with. Marais' relationship with his own trans identity and trans pride was deeply enmeshed in the oppressive structures he found himself in. His involvement in the Phoenix Society then later in GDX shows his desire for trans community. He also cites the publishing of *Trans Life Stories* in 2009 as a turning point for him. It meant that his name came to be directly associated with trans life in a way that was publicly searchable.

This idea of rebirths is deeply entrenched in linear trans chrononormative narratives. Marais' extended wait for the change of his identity document shows how and when that rebirth becomes delayed. Between 1990 and 1996, Marais was dating a straight woman who broke up with him because she could not reconcile Marais' identity with her own. She was frustrated that Marais could not be "a full man", saying the transition process wasn't fast enough. His response was that he did not have money to "move forward" with his transition (Marais 2009: 20).

Marais was a man born in Cape Town to a coloured family in 1952. Marais was born in 1978 in a mental ward when a lawyer first said the word transsexual. Marais was born in 1992 at Groote Schuur hospital when he got a hysterectomy, which during apartheid was a prerequisite to beginning T. Marais was birthed by the Director General of Home Affairs, with the assistance of Robert Hamblin, in 2010 when the gender marker on his identity book was finally changed after twenty years of trying (Marais 2010). Marais was born on the 6th of October 2011 when he had metoidioplasty allowing him to "finally stand up and shout, 'Yes, I'm a man'" (Marais 2012a). **Error! Hyperlink reference not valid.**Marais died in 2013.

Marais died in 2013 and despite everything he had written and all the activism he had advanced, the only searchable eulogy on Google is a blog post that misgenders him for half the article (Zagria 2014). It is my sincerest hope that I've done better for Marais, Montgomery, Hamblin, Lacy, Lex and all the other people whose stories I've relied on in the writing of this dissertation.

Conclusion

It has taken just over two years to write this dissertation. The conceptualisation of this project, however, began a year earlier, when my access to T was being threatened by a national shortage. In writing the conclusion, I am reminded of how Ahmed begins her meditations on *Queer Phenomenology*, a text that has shaped this dissertation perhaps more than any other. In it, she begins by considering the table on which one writes. On my table, as suggested by my supervisor B Camminga, there is an empty vial of T staring at me, reminding me that wherever I meander, it remains the focus of this dissertation. There are also sticky notes of references I need to double check, people to call, plans to be made once I hand in.

I sit at my desk with pyjama pants on, shirtless. About six months into writing this dissertation I had top surgery, and I often joke with my friends that I paid much too much for it to ever wear a shirt again. T has given me a wondrously hairy chest and a beard to scratch in contemplation. It has also greatly increased my internal body temperature, making being shirtless feel at times like a necessity.

Because of COVID-19, this desk has been a particularly solitary one. Outside of the two rabbits taking a nap behind me, the room is empty. I wonder if the reason I've put off writing a conclusion for so long is because I am scared that, like the vial of T on my desk, once I let go of this dissertation, I too will be empty.

In phenomenological practice, there is the ability to "render everyday life in prose without compromising its unremarkableness" (Long Chu 2017:142). In having my friends read this dissertation, they often commented on how heart-breaking, how awful the stories contained in it are. They mean it as a compliment, as a way of showing the strength of affect in my writing, but at the same time I can't help but hear it as a failure. Trans life can be gut wrenchingly tragic. It can also be joyous – euphoric even. It can be stunningly revolutionary, opening doors to potentials of new becoming. It can be salacious and sexy. It can also be boring. By focussing on T, I wanted to show the beauty of the mundane and the boring. Perhaps this is an apolitical desire that wants to look at my own trans embodiment outside of the racialised, classed, and gendered transmisogynoir that is endemic today.

However, and perhaps for my own state of mind, I would like to posit this project as an attempt to reach a trans ordinary filled with love and community, one which can be mediated through the vial as "the potentiality imbued within an object … a mode of being and feeling that was

then not quite there but nonetheless an opening" (Muñoz 2009:9). This potentiality, of state, of technicity, of semiotics, of the body and what we do in the search for 'it' is central. In this potential, there is trans becoming and trans ordinary.

This dissertation followed T through bodies, affects, touch and time. It traced affective registers of legibility, which affects we find legible, and the desire for legibility itself. It is the affective which sutures together the vial and the technical object. In turn, it is T which sutures together the biological and the political of biopower.

This dissertation has taken seriously the world of the haptic, what we touch and feel, and how in turn it touches us. From the viscosity of the vial to the intimate administration of the needle, to the touch of the city, to the biometric touch of the fingerprint, to the raw violence of commodified gender.

The first chapter, 'Meeting the Vial', begins with a story ostensibly not about the vial, but rather with a woman's experience with the idea of reconstruction and development, both politically and personally. Linked to this is a discussion of the "good old days" that came eleven years before, suggesting a temporal shift between apartheid and post-apartheid ideology.

In tracking T as an arbiter of apartheid nation building, this dissertation has by necessity had to leave out co-constructed identities which are also tantamount to an understanding of South African Nationhood. In particular, the history of intersex South Africans draws many parallels to those of people who touched T. Intersex people have been thoroughly pathologized through the SAMJ, and it is through the work of intersex activist Sally Gross that the 2003 legislation looks the way that it does (Klein 2009).

The second chapter, 'Reaching for the Vial', lays out my theoretical and methodological commitments to T, temporality, and the technical object. The name of the chapter is inspired by artist Khanya Khamini's work in figure 13.



Figure 13 - Illustration by @KhanyatheDesigner. Accessed through a private account. 13 February 2019

As articulated in Camminga and Lubinsky (2021: 5):

> the fingers, ostensibly of @khanyathedesigner, get close to the vial but are stopped by red strands that, while strong, are beginning to show the strain. Reminiscent of puppet strings @khanyathedesigner is straining against control, bodily, gendered and otherwise. Indicative of the many hurdles to accessing testosterone in South Africa, not least of which the script, the side of the vial provocatively reads "test". Not appearing on the actual physical object, alongside the red ropes and his red artist tag 'KTD', this rendition of the vial also has red stripes. In a striking visualisation akin to Gill-Petersons (2014) understanding of life touching itself the red in this image akin to blood, links artist, desire (and restraint) and object through a sense of possible (but inhibited) flow. @khanyathedesigner's use of red is also evocative of love, it is a colour that is alive with possibilities – both of harsh brutalities and beautiful desires. Here, @khanyathedesigner's desire, very possibly his lifeblood, is just out of reach. His happiness script is not yet fulfilled.

This dissertation has looked at a small sector of the trans population, those who have used T, to understand how an often medicalised understanding of trans identity becomes contextually crucial. I have hoped to show there is no stability in the formation of trans identities, or in the

vial itself. That being said, I believe my own blind spots as someone who mostly fits into, and has had access to, this medicalised becoming has at times left this dissertation making universals out of specifics. In particular, my desire to place people of the past into a trans becoming that fits my understandings of gender has meant at times an excitable reading of the archive, rather than a sober and cautious reading of it, both in its specificity as South African as well as the specifities of people whose identities I have no way of accessing.

Temporally, this dissertation is framed around a legislative absence. Indeed, this dissertation as a whole is often times about absence and the anxieties absences can create. As such, a methodology of absence itself took form. As a researcher committed to some notion of historical value, this method was also a point of anxiety, as it should be. To point to an absence is to point to something which cannot be, or does not want to be, found. Allowing those absences is therefore an acknowledgement of the often-violent systems that created them. T can also be read as an anxious object – linked to the anxieties of virility for both masculinity and the nation, which through the gendocrine system which arose in the 1900s have become exceptionally intertwined.

The third chapter, 'The Origin Story', therefore serves as a bridge between the theoretical and the 'real' by showing how the genealogy of T is imbricated in racialised understandings of virility. It moves from the early synthesisation and conceptualisation of testosterone in sexology and endocrinology, to how this imbrication of race, masculinity, and virility led to the abuse of gay and lesbian military personal in the SADF in the 1970s.

The chapter on legal legibility, space and trans becoming, 'Being Seen by the Law,' and that on administration, 'Administration and Administrators', show how institutional powers are continually moulded through affects, and as such I take seriously the ways in which T has constituted those affects. As such, I have conceptualised law as a technology of self-creation and as an arbiter of the chrononormative. Here, chrononormativity is also a straightening of what was once bent. The finals chapters also question the desire to be legible itself. In ending with the story of Marais, there is a sombre tone to what legibility and a cut off temporality means for the history of people of colour, particularly in the global South. This is not a question this dissertation has answered, but it is my hope that a methodology which embraces absence takes a step in honouring the joy and potential which the archive so often refuses to document.

The vial, in its dense fluidity, has moved and does move through atoms, individuals, communities and states as a technical object of potentiality. It moves between affects

orientations, and identities – reconstituting them as it does so. Its genealogy is one of joy and trauma and extraction and mundanity. It pierces the worlds of masculinities and tenderness. I'll be injecting it again after this dissertation is handed in, maybe it will mean something different then.

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