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Bosworth, Jonathan

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MASTERS IN COMMUNITY COUNSELLING PSYCHOLOGY – RESEARCH REPORT COVER PAGE

Surname: Bosworth

First Name/s: Jonathan Walter

Student Number: 0606957e

Supervisor: Prof. Brett Bowman

Title: The construction of transitioning in popular websites aimed at transsexuals and significant others, family, friends and allies of transgendered persons (SOFFAs)

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MACC Research Report

Jonathan Bosworth

The construction of transitioning in popular websites aimed at transsexuals and significant others, family, friends and allies of transgendered persons (SOFFAs)

A research project submitted in partial fulfilment of the requirements for the degree of Masters of Arts in Community-based Counselling Psychology (MACC) in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 21 November 2011.

I, Jonathan Walter Bosworth, declare that this research project is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

_____ **29 November 2012**

Signed Date

ABSTRACT

Since the 17th century there has been a proliferation of discourse on sex and a host of sexual identities have been surfaced. One such sexuality that is particularly marginalised is transsexuality; central to which is the management of the transsexual self. The critical study of such practices has often been neglected in favour of 'mainstream' research on transsexuality's deviance, aetiology and treatment. Furthermore, internet-based resources have been identified as a key site for the management of the transsexual self. Hence, this study aimed to investigate the constructions of transitioning in popular websites aimed at transsexuals and significant others, family, friends and allies of transgendered persons (SOFFAs). A search strategy was adapted to select the most popular websites for analysis. A discourse analysis – guided by Parker's (1992) 20 'steps' – was conducted on 12 webpages. The construction of transitioning was dominated by biomedicine and the 'psy' professions. Due to these hegemonic powers the transsexual identity was associated with distress and thus a number of technologies of self – particularly medical intervention – were 'needed' for the management of the transsexual self. This construction spoke to the rights and health of transsexuals but also appeared to limit their freedom and serve capitalist gain rather than the interests of trans persons. Uncovering these power dynamics may have important implications for the Standards of Care, the controversial status of gender identity disorder in the DSM and allowing for the creation of alternative power strategies which may permit more freedom in the care of the gendered self.

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Lastly, I would like to dedicate this research report to all persons who have ever had trouble with gender and all people who dare to cause gender trouble.

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CHAPTER 1: INTRODUCTION AND AIM

1.1. Introduction

There has been a proliferation of discourse on sexuality over the last three hundred years (Foucault, 1976/1990). Sexuality has been deployed as a means of societal control of the body. This control has moved from direct power over the body through punishment to the indirect control of the body through the discipline of the soul. Discourses on sexuality have created, 'uncovered' and inserted various peripheral identities in complex power relations. One such marginal sexuality is transsexuality (individuals that intend to or currently live as opposing genders to their birth sexes on a full time basis)[1](Morgan, Marais & Wellbeloved, 2009; Rachlin, 1999).

Central to transsexuality is the notion of transitioning: the self-recognition and sharing of a transsexual's identity with others as well as a project of body management and modification (Lev, 2004). Key to such a project are the technologies of self. These

> "permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988; p.18).

The transitioning of transsexuals may be pivotal in understanding how technologies of self are employed at a junction of hegemonic power relations between gender, heteronormativity, medical and 'psy' professions as well as subjectivity in relation to oneself and immediate society (Bosworth, 2010).

The significant others, family, friends and allies of transgendered (transgender/ed "may refer to people who do not fit neatly into either the 'male' or 'female' categories, instead crossing or blurring gender lines" (Cook-Daniels, p.2)) persons (SOFFAs) may not only share in the marginal identity of this peripheral sexuality and be greatly affected by their relation to a trans ("quality of being transsexual and/or transgender" (Ringo, 2002)) person but may also play a key role in the management of the trans self and body (Cook-Daniels, 2002; Foucault,

[1] Some of the 'more' common transsexual related terminology will be defined in text (but may also be found in Appendix A for easy reference); however, 'less' common terminology and critical notes on definitions (such as specifying what they may suggest and why such terms were used) will be included in Appendix A in order not to distract the reader with lengthy explanations or deviations on definitions. See Appendix A for a lengthier discussion on the term 'transsexual'.

1976/1990; Foucault, 1994; Landén, Wålinder, Hambert, & Lundström, 1998; Zamboni, 2006). Social constructions of transitioning (by hegemonic power relations) may, therefore, have dramatic implications for transsexuals and SOFFAs (such as how trans bodies are modified and disciplined).

Over the last several decades, there has been a significant propagation and consumption of Internet use by transsexuals and SOFFAs exploring their identities and looking for knowledge, advice and support online (Lev, 2004; Rachlin, 1999; Smit, 2006). Websites aimed at transsexuals and SOFFAs may hence provide a particularly useful area to investigate constructions of transitioning. Through being able to deconstruct these constructions, hegemonic power relations may be challenged (an injunction of a postmodernist Foucaultian theoretical framework) and hence give voice to the modern transsexual technologies of self – how transsexual bodies and souls are attended to, managed and 'improved' – by allowing for potential alternative constructions.

This research argues that the construction of transitioning on websites aimed at transsexuals and SOFFAs was dominated by the biomedical and the 'psy' professions. Due to these hegemonic powers the transsexual identity was associated with distress and thus a number of technologies of self – particularly medical intervention – were 'needed' for the management of the transsexual self. SOFFAs formed a key aspect of this management of the self. The biomedical and 'psy' profession-related construction spoke to the rights and health of transsexuals. However, this construction also appeared to limit transsexuals' freedom in how they may modify their bodies and souls and what gendered subject positions that they may occupy. Furthermore, transitioning was constructed as a commodity and it is argued that current constructions of transitioning may tend more to serve capitalist gain rather than the interests of trans persons. Uncovering these power dynamics may have important implications for the Standards of Care, the controversial status of gender identity disorder in the DSM and allowing for the creation of alternative power strategies which may permit more freedom in the care of the gendered self.

1.2. Aim

This study aims to explore the construction of transitioning bodies through a discourse analysis of popular websites aimed at transsexuals and SOFFAs. In doing so, it is hoped that current discourses on transitioning, body management, gender and sexuality are uncovered and that this provides those involved in transsexuals' transitioning more critical insight into this practice as well as potentially opening up possibilities for alternative transsexual self management practices.

1.3. Rationale

Within Foucaultian theory, sexuality is a historical, social construction that has been used as a means of societal control of bodies and 'souls' (Foucault, 1976/1990). In addition, the proliferation of discourse on sexuality over the last three hundred years has provided a key link between power and knowledge. Perverse sexualities, such as transsexuality, have been particularly fraught sites for power/knowledge and transsexuality is found at a junction of hegemonic relations: outside of the gender binary (Garfinkel, 1967; Kessler & McKenna, 1978), in conflict with reproductive heterosexuality (Weeks, 1985; Weeks, 1986; Weeks, 1995), under the prime control of the medical and 'psy' professions (Billings & Urban, 1982; Smit, 2006) and may be at a complex interface of Western and African discourses (Keenan, 2006). In South Africa, transsexuality is a particularly marginalized identity, under-researched and transsexuals lack visibility and essential and supportive resources and services (Smit, 2006). Transsexuality is therefore an important discursive site in and through which to investigate power relations, truth production (the way in which knowledge production creates 'reality') and to challenge and question hegemonic institutions; the latter being an injunction of post modern theory.

The Foucaultian technologies of self are also crucial to the transitioning of transsexuals. The discourse of "know yourself" (Foucault, 1988, p.19) is particularly present in the narratives of transsexuals (Bosworth, 2010) and such technologies provide a unique intersection for the study of the power relations of the management of the self in relation to broader populations, immediate society (SOFFAs) and one's own self.

In a similar light, new research on transitioning may be critical to the controversy surrounding the ICD, DSM and Standards of Care (Ault & Brzuzy, 2009). Revision of these

power/knowledge sites has significant potential to influence the lives and self and body management of transsexuals and others. The media has been instrumental in these lives and the construction of transsexuality (McLuckie, 2002; Meyerowitz, 2002). A strategic modern media source, the Internet, has resulted in a further upsurge of power/knowledge on transsexuality and is increasingly mentioned as vital in the narratives of transsexuals (Lev, 2004). The Internet is a particularly useful space for marginalised identities and may be used by transsexuals and their SOFFAs for information, advice, support and networking (Cook-Daniels, 2002; Ringo, 2002). The online revolution is also active in stabilising the trans community – over the historical dominance of the clinical setting – as the valued primary source of information on transitioning; as many transsexuals are moving away from chiefly using medical practitioners as knowledge sources to using other transsexuals and SOFFAs via online media (Rachlin, 1999). Websites aimed at transsexuals and SOFFAs thus offer a unique space of inquiry on the management of the body of the modern (transsexual) self and construction of transitioning by transsexuals, their immediate families and friends and society more generally.

These websites also may provide insight beyond only the transitioning of transsexuals but also how marginalised identities may be shared and influence immediate society (namely SOFFAs). There may be an exponentially large number of SOFFAs and the lives of these people may be greatly influenced by their relations to trans persons – such as their own sexual identities being questioned and challenged (Zamboni, 2006). Furthermore, SOFFAs are also an important variable in the management and success of transsexuals' transitioning (Landén et al., 1998).

In academic literature, large gaps exist around transsexuality, the Internet and SOFFAs. Most inquiry on transsexuality is centred on its aetiology, deviance and treatment and has neglected a critical perspective (Kessler& McKenna, 1978). There is also little research specifically on transsexuality and Internet usage (Hash & Spencer, 2009). To add to this, no critical studies have been found on transitioning (other than this author's previous research) or to have included a precise focus on SOFFAs.

Thus, uncovering discourses on transitioning, dominant institutions and technologies of the self may potentially challenge hegemonic constructions of sexuality and its permutations and may thus allow more freedom for gendered bodies (transsexual and otherwise).

1.4. Chapter outline

This chapter has provided an introduction to this research project as well as its aim and rationale.

Chapter 2 will cover the literature review, including an outline of the Foucaultian theoretical framework that guided the project as well as literature on the marginalisation of transsexual identities, transsexuality and the media, SOFFAs, and transitioning and the care of the self.

Chapter 3 will describe the methods, including a rigorous search strategy to define the corpus and a discourse analysis that was conducted on the corpus, which were used to respond to the aim of the study which was operationalised through the research question. The paradigm, reflexivity and ethics are also considered.

Chapter 4 will provide the results and discussion. This chapter is divided into three interrelated sections – psychiatrization, health and rights, and commodification – which uncover and discuss the power relations surrounding transitioning that were found in the corpus.

Chapter 5 will give a summary of the key findings of this project as well as draw attention to the study's strengths, limitations and recommendations for future research.

CHAPTER 2: LITERATURE REVIEW

2.1. The human sciences and disciplining the 'soul'

> "The soul is the effect and instrument of a political anatomy; the soul is the prison of the body" – Foucault (1975/1995; p.30).

This project is centrally embedded in Foucaultian theory on power, sexuality and the care of the self. In *Discipline and punish*, Foucault (1975/1995) tracks the history of the modern penal system in order to examine the changing power relations of punishment and discipline. Foucault accounts how from the eighteenth century to the present, power over the modern subject has become decentralised from the sovereign to society. Three hundred years ago, bodies that were seen to have committed crimes against the King; were sentence by a judge and accordingly ceremonially tortured and executed in the public gaze; this was in order to defend the power and vengeance of the King. Today, bodies that deviate from the norms of society[2] (created, judged and policed by experts of the human sciences), such as those of transsexuals, have their souls disciplined in order to be rehabilitated as productive ('normal') members of the economy. Modern power relations target discipline (instead of torture) onto soul in order to control the body, hence "the soul is the prison of the body" (Foucault, 1975/1995; p.30).

Discipline, the group of techniques by which the modern body's functions can be controlled, consists of three elements: hierarchical observation, normalising judgement and examination (Foucault, 1975/1995). Hierarchical observation: Foucault argues that bodies may be controlled in order to be productive purely from being under surveillance, thus, discipline is able to operate via gaze rather than force. Normalising judgement: central to all disciplinary systems are small scale organizations of punishment. These arrangements grew out of the fear of plague: what was abnormal could have been deadly, hence any deviations of the body were considered bad. Today, deviant behaviour – the gender variance of transsexuality – is corrected through disciplinary punishment – hormone therapy and sex reassignment surgery (SRS) (surgery used to modify primary and secondary sexual characteristics (Morgan et al., 2009)). Professionals in the human sciences ('psy' professions and education) and health sciences measure individuals' behaviour in order to determine norms and deviance.

[2] One should be cautioned at the outset that Foucault tracked the history of society primarily in Europe and that his theories of society may not necessarily equally apply to South African societies (Terre Blanche, 2002).

Examination combines the techniques of hierarchical observation and normalising gaze in order to classify and punish modern bodies: each individual is able to become a case study that can be documented and analysed – such as transsexuals being studied, diagnosed and individually treated, all under the premise of transsexuals seeking out on their own accord (due to surveillance and gaze) professionals and medical technologies.

The birth of psychology was intimately tied to the spread of these disciplinary elements throughout society: this *discipline* particularly produces and marginalises behaviour of deviant modern bodies in order to structure and control their delinquency against societal norms; this is further evident in the later sections on gender, sexuality and the psychiatrisation of transsexuality (Foucault, 1975/1995).

2.2. Foucualtian power and the proliferation of discourse on sex

Foucaultian theory positions sexuality in a postmodernist network of power relations. Foucault (1976/1990) examines and refutes the repressive hypothesis, which proposes that the history of sexuality over the last three hundred years is a history of sexual repression. The bourgeoisie, who chiefly influence this history, became wealthy through hard work and industriousness. In line with this latter ethic, the bourgeoisie held that sex without a reproductive function (such as for pleasure) is an unproductive squander of energy and hence talk on sexuality has become taboo. The repressive hypothesis suggests that in order for modern subjects to liberate themselves from the oppression of sex, they need to talk about sexuality as much as possible.

Foucault (1976/1990) rejects the repressive hypothesis on two main accounts: the hypothesis's claim of the repression of talk on sexuality and the hypothesis's notion of power. Foucault argues that since the 18th century discourse on sex has only intensified and proliferated. Foucault demonstrates that sex became a matter of public interest with the study of population statistics and hence sexual behaviour (e.g. demographic birth rates). Sex is increasingly an object of knowledge and truth production: the likes of medicine, psychiatry and criminal justice draw on and scientifically study the sexual confessions of everyday people.

Foucault (1976/1990) also discards the repressive hypothesis's "juridico-discursive" conception of power that only sees power as oppressive. He reconceptualises power as a much more complex formation in which power is not just oppressive but may also be found in the resistance to oppression and serve a creative, productive function (such as that seen in the discipline mentioned in the previous section). Power is dynamic and forever changing, cannot be owned, is distributed from multiple points, is not applied externally to relations (such as those of sex and knowledge) but is inherent in these relations, omnipresent and strategic, though the sources of it cannot always be known.

This conception of power is inextricably linked to knowledge. Foucault (1976/1995; 1976/1990) tracks how knowledge has changed over time to become what is now called the human sciences. These "reorganizations of knowledge also constituted new forms of power and domination" (Rouse, 1994; p.92). Foucault (1975/1995; 1976/1990) hence couples power and knowledge and since they cannot be disjoined uses the term *power/knowledge* to describe this coupling. Power/knowledge is presented and relayed through discourse – thus the central means of this study.

Biopower – a type of Foucaultian power: that over life and death – is essentially linked to a discursive explosion of power/knowledge over peripheral sexualities, including transsexuality (Foucault, 1976/1990). Biopower is divided into two forms: the discipline of keeping bodies productive (as aforementioned in the previous section) and the regulation of populations. The latter places value on reproductive ability in order to foster the continuation of the bourgeoisie class. However, many bodies – such as those of transsexuals – are unwilling or unable to produce offspring. In the perspective of biopower, these bodies threaten the longevity and health of society. Hence, the human sciences have studied (through confession and scientific practice), created and uncovered a host of perverse sexualities in order to control them through power/knowledge. Transsexuality is such a sexuality – its psychiatrisation is demonstrated in the later section on the medical and 'psy' professions.

Foucault (1976/1990) concludes that sexuality is merely a social construction – which exists relative to other historical contexts – that functions as an acutely powerful means of societal control. The encouragement of the repressive hypothesis for more talk on sexuality is simply an incitement to discourse and hence the spread of this power system. In order to escape this control, discourses on sexuality need to be uncovered to work as potential starting points for

alternative discursive strategies that will allow bodies (transsexual and otherwise) to return to pleasure; hence through uncovering and disrupting discourse, power/knowledge may be further examine and explored and possibly alternative ways in which power produces the self created.

2.3. Technologies of self

Another important aspect of Foucaultian theory related to transsexuality is the "technologies of self", these

> "permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988; p.18).

Transsexuals may particularly use such technologies in the management of their selves and bodies while transitioning in order reach their desired gendered selves. Technologies of self bear specific relation to technologies of domination (such as discipline and biopower) – collectively termed governmentality – power/knowledge and power relations with others (such as SOFFAs)(Foucault, 1982/1988; Foucault, 1988).

Inherent to the technologies of self are the discourses "take care of yourself" and "know yourself" (Foucault, 1988; p.19): the latter appears to be an inverse of the former but is actually the same discourse that has been modified by Christian asceticism (Foucault, 1986; Foucault, 1988). Foucault dates this discourse back to "Greco-Roman philosophy in the first two centuries A.D. of early the Roman Empire" and "Christian spirituality and the monastic principles developed in the fourth and fifth centuries of the late Roman Empire" (Foucault, 1988; p.19). Foucault (1986, p.37) also refers to these technologies as "the cultivation of the self". Bosworth (2010) found the notion of "know yourself" as particularly present in the narratives of transsexuals in South Africa.

2.4. Commodity aesthetics

Billings and Urban (1982) argue that 'the transsexual' has been constructed as a commodity that serves the capitalist gain of biomedicine. In order to better understand how the transsexual is commodified and how this may influence the construction of transitioning, the theory of commodity aesthetics is drawn upon; commodity aesthetics (Haug, 1983, p.7):

> designates a complex which springs from the commodity form of the products and which is functionally determined by exchange value – a complex of material phenomena and of the sensual subject-object relations conditioned by these phenomena. The analysis of these relations reveals the subjective element in the political economy of capitalism in so far as subjectivity is at once a result and a perquisite of its functioning.

Commodity aesthetics draws on a combination of two terms (Haug, 1983, p.8)

> on the one hand to 'beauty', i.e. an appearance which appeals to the senses; and, on the other hand, to a beauty developed in the service of the realization of exchange-value, whereby commodities are designed to stimulate in the onlooker the desire to possess and the impulse to buy.

Therefore sensuality is used to convince the buyer that they 'need' and 'desire' a certain product and therefore allow for the determination and production of a product with exchange value. This convincing happens in a process in which the buyer's interests are manipulated and distorted into something beyond what they were in reality and the "objective realities of happiness and unhappiness form the basis for manipulation" (Haug, 1963 as quoted in Haug, 1983, p.6). The drawing upon people's own needs and desires to increase exchange value may be made possible by disciplinary power (Foucualt, 1975/1995) and implemented through the technologies of self (Foucault, 1988).

2.5. Hegemonic power relations and marginalised transsexual identities

In the literature reviewed, a number of hegemonic discourses appear to exist on gender, heteronormativity as well as on the medical and 'psy' professions in relation to transsexuality. In relation to these discourses and within specific socio-historical contexts – also to be discussed in this section – transsexuality is constructed and exists as a marginalised identity.

2.5.1. Gender and Heteronormativity

> Do we *truly* need a *true* sex? With a persistence that borders on stubbornness, modern Western societies have answered in the affirmative. They have obstinately brought into play this question of a "true sex" in an order of things where one might have imagined that all that counted was the reality of the body and the intensity of its pleasure. (Foucault, 1980, p.vii)

Transsexuality falls at a highly political intersection between gender and sexuality. These relations are dominated by certain views, such beliefs are evident in what Garfinkel (1967; p.122) describes as the "properties of 'natural, normally sexed persons'": 1) there is a gender binary with only two genders (male and female); 2) gender is unchanging; 3) genitals denote gender; 4) cases outside of the first property are either not to be taken seriously or are pathology; 5) special ceremonies are the only way that there can be a transfer between genders; 6) all people are categorisable as either male or female; 7) the male-female dichotomy is what nature intends; 8) and there is no choice of gender but rather a natural designation to one group or the other due to the appearance of one's genitals.

Garfinkel (1967) and Kessler and McKenna (1978) point out that transsexuality defies these properties. Transsexuals with or without medical intervention will always inhabit a third gender identity: outside of the binary that Garfinkel describes (Stoller, 1964a, as cited in Billings & Urban, 1984). Trans people readily move between and outside of the male-female dichotomy; their very existence provides evidence of third or multiple genders (Monro, 2005). The reality of intersexed (persons "born with sex organs that are not clearly female or male" (Morgan et al., 2009, p.6)) people outside of 'male' and 'female' also supplements this proof (Butler, 2001; Fausto-Sterling, 1993; Fausto-Sterling, 2000).

Despite this gender diversification, the study of gender is still a constrained binary: too much 'knowledge' already exists on gender and this prevents people from thinking in and conceptualising alternatives (Bornstein, 1994; Wilchins, 2002a). Only what is named and accounted for in language is 'allowed' to exist: those tempted to move outside of the binary face the fear of loss of identity (Bornstein, 1994; Wilchins, 2002b) – as Foucault (1976/1990) has demonstrated, it has become a belief that sexual (gendered) identity has become 'vital' to modern humanity. Third gendered people (particularly transsexuals) are therefore marginalised by their deviance against what is believed to be the 'natural' order of things. In Foucault's (1980) introduction to *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-century French Hermaphrodite*, he provides examples of how society demands a 'true sex'. Using the example of Herculine Barbin, a 'hermaphrodite' (intersex) individual, he notes how one may not be allowed to exist in an ambiguous sex or beyond a 'true sex' despite "where one might have imagined that all that counted was the reality of the body and the intensity of pleasures" (Foucault, 1980, p.vii).

This ‘natural’ order has even more prescribed norms on gender and sexuality (Weeks, 1985; Weeks, 1986; Weeks, 1995). Sexual expression is expected – according to traditional norms – to only take place in the heteronormative, nuclear family: monogamous (age-appropriate) sexual relations between a man and a woman serving the purpose of reproduction. These norms are subverted by the behaviour of LGBTI (lesbian, gay, bisexual, transgendered, intersexed or queer) persons: these persons (as aforementioned) bypass gender and may have non-reproductive sexual relations (these norms may now be more flexible, e.g. the advent of more effective contraception allowing heterosexual couples to have sexual relations for non-reproductive reasons)(King & Ekins, 1996). Hiearchies of ‘deviance’ (often reflecting those of heteronormativity) too exist within queer identities; hence, certain types of queer behaviour may be more ‘acceptable’ than others – such as being lesbian being less deviant than being transsexual (Bosworth, 2010; Griggs, 1998).

These norms provide an essentialist view on gender and sexuality: that which is normal is intended by nature and that sexuality needs to be controlled by society (Weeks, 1985; Weeks, 1986; Weeks, 1995). However, this view is modernist, reductionist and deterministic. Foucault (1976/1990) and various others (e.g. Butler 1990; Weeks, 1985; Weeks, 1986; Weeks, 1995) reject this notion of sexuality: these norms are socially constructed: hence are only relative and a mere fraction of “the multiple narratives of sexual life” (Weeks, 1995; p.33). Multiple sexualities and gender systems (identities) compete in matrices of power relations.

For example, the gender binary ‘exists’ to exert a power hierarchy of male over female (de Beauvior, 1953; Millet, 1969). Feminism has tried to resist this power relation. However, as Butler (1990) points out, feminism is flawed in believing that women exist as a homogenous group (they in fact differ greatly across factors such as race, class and culture) and that is enforces the gender binary and thus excludes identities beyond the binary (such as transsexuality). Feminists also argue that biology is not destiny: that sex is natural and pre-discursive and hence does not cause gender as it is socially constructed. Butler (1990) argues that sex too has been constructed – by such means as the scientific study of sex; consequently the dual construction of sex and gender has lead to the normative belief (construction) that one’s biological gender (sex) results in one’s masculinity or femininity (gender) which in turn directs one’s desire (sexuality). As has been evident in this section, this construction is only relative and an outcome of power relations. Butler (1990), drawing on Foucaultian theory,

suggests these links between sex, gender and sexuality need to be reformulated in order to be more flexible and less predetermined as this would allow bodies (in this case transsexual bodies) to return to pleasure (possible alternate constructions that may optimise pleasure for transsexual bodies).

Butler (1990) also points out the functioning of the gender binary and a point of resistance against it. Butler emphasises that no true gender exists but argues that gender is rather a performance. This performance is regulated by the binary which results in the appearance that a gender dichotomy exists. Key to performances is the notion that they sometimes fail – hence, failed gender performances would subvert the illusion of a binary. Butler (1990) encourages the use of these failures to cause *gender trouble* and allow for new genders and identities – such as those that do not conform to the "properties of 'natural, normally sexed persons'" (Garfinkel, 1969; p.122) and thus in this project transsexuality.

The creation of these possibilities would provide a basis in which transsexuality could be "conceptualised as a post-modern identity project, where the body is actively fashioned to meet people's construction of subjectivity" (McLuckie, 2002; p.28). Conversely, in reality the transitioning of transsexuals – which, as to be seen in the next section, has been constructed in very specific ways – moves within the gender binary and helps reinforce this false dichotomy (Billings & Urban, 1982, Silverschanz, 2009, Wilkins, 2002b). This results in transsexuality actually being "seen as a modernist project enforcing notions of coherence between the signifier (the body) and the signified (gender)" (McLuckie, 2002; p.28). The post-modernist theoretical framework of this research provides an injunction to challenge the foundations of such modernist views.

2.5.2. Medical and 'psy' professions

> Nevertheless, the idea that one must indeed finally have a true sex is far from being completely dispelled. Whatever the opinion of biologists on this point, the idea that there exist complex, obscure, and essential relationships between sex and truth is to be found – at least in diffuses state – not only in psychiatry, psychoanalysis, and psychology, but also in current opinion. (Foucault, 1980, p.x)

Medical and 'psy' discourses have been found to be dominant in relation to other discourses on transsexuality and to play a key role in the construction of transsexuality (Bosworth,

2010). Billings and Urban (1982), Ekins and King (1996) and Kessler and McKenna (1978) argue that the medical field has constructed transsexuality as an 'illness' that requires the commodities of hormone therapy and sexual reassignment surgery as 'cures' to reaffirm traditional male and female gender roles. Advances in cosmetology, medicine and pharmaceuticals have allowed for the construction of transsexuality (Billings & Urban, 1982; Kessler & McKenna, 1978; McLuckie, 2002). In addition to these medical technologies, the 'psy' disciplines have been instrumental in the truth production on transsexuality.

The psychiatrisation of sex in particularly evident in the popular knowledge bodies on transsexuality: the International Classification of Diseases (ICD), the Diagnostic and Statistics Manual of Mental Disorders (DSM) and the Standards of Care (SOC). The ICD-10 and DSM-IV-TR classify transsexuality (only if distress is present) as "transsexualism" (World Health Organization [WHO], 2007) and "gender identity disorder" (GID), respectively (American Psychiatric Association, 2000; Green, 2005). The SOC is influenced by the ICD and DSM and is a set of minimum guidelines for medical professionals to diagnose and treat transsexuality (World Professional Association for Transgender Health [WPATH], 2011). The SOC suggest which people are eligible for surgery – excluding, non-transsexuals such as schizophrenics, homosexuals in denial of their sexual orientation, criminals and prostitutes – and recommends a general strategy for the management of transsexuality: diagnosis, hormonal treatment, cross living (living full-time as the gender in which the trans person wishes to transition to; often under the surveillance of 'psy' professionals) and sexual reassignment surgery (SRS). The ICD, DSM and SOC demonstrate the extent to which modern medical and 'psy' disciplines have measured and conceptualised the transsexual body and soul and in doing so produced a vast knowledge – and hence power – base on transsexuality.

These sites of power/knowledge are highly controversial (Ault & Brzuzy, 2009; Bockting, 2009; Smit, 2006). The ICD, DSM and SOC have been accused of pathologising gender variance, moving individuals within the male-female gender binary and reinforcing this false dichotomy (Baird, 2002; Bildeau & Renn, 2005; Bockting, 2009; King, 1996, Smit, 2006).

For example, the DSM's second diagnostic criterion for GID is "a persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex" (APA, 2000; p.581). Inherent in this criterion is the assumption that there are only "two sexes, each with a

corresponding gender role" (Smit, 2006, p.263). It is also taken for granted that "the normal and desired state of affairs is to be born and remain one sex and to assume its associated gender role throughout one's life" (Smit, 2006; p.263). The DSM's use of the terms "disorder" and "disturbance" to refer to cross-gender identification is also particularly pathologizing of multiple and fluid gender identities.

Another example of controversy over the ICD, DSM and SOC is the inescapable predicament they place transsexuals in (Smit, 2006). In order for transsexuals to obtain diagnosis and treatment, they need to adhere to the existing knowledge norms; if they deviate from these, they face the risk of being stuck in the very gender they are uncomfortable with. For this reason may transsexuals modify their own narratives and behaviours to conform to 'textbook' descriptions of transsexuality (Bornstein, 1994; Griggs, 1998; Lev, 2004; Smit, 2006) but are "ridiculed when they comply" (Smit, 2006; p.278) with these descriptions.

Some have called for the removal of GID from the DSM – in a similar manner in which homosexuality was formally depathologised when it was removed from the ICD and DSM (Ault & Brzuzy, 2009; Bockting, 2009; Smit, 2006). However, such a move may pose problems such as getting health insurance funding for transsexuality-related body modification procedures when it is not diagnosed as a disorder. New criticisms of the ICD, DSM and SOC may surface transsexuality-related problems and provide alternative solutions in future editions of these power/knowledge sites as they are constantly being updated and revised (Coleman, 2009). This is imperative as these systems greatly influence the marginalised lives of trans people (Ault & Brzuzy, 2009).

2.5.3. South Africa

Little academic research has been done specifically on transsexuality in South Africa. The research that has been done clearly indicates the complex marginalisation of transsexuality in this context (Bosworth, 2010; Keenan, 2006; Klein, 2008; Klein, 2009; Smit, 2006; Vincent & Camminga, 2009).

Historically, South Africa has existed as a White-dominated, heterosexist and patriarchal society (Keenan, 2006; Reid & Dirsuweit, 2002; Wells & Ponder, 2006). Typically groups of people that fall outside of these identities have been cast and treated as inferior and hence marginalised. It can be argued that ideas on sexuality have may have been influenced by the

colonising West; this includes the modern gay rights movement as well as the transgender movement (Keenan, 2006). Western discourse may silence potential alternative African ideas on these subjects and there may be a complex interaction between Western and African discourses on sexuality.

Hence, South Africa has been dominated by Western – particularly medical, legal and military – discourses on the body. Vincent and Camminga (2009) describe how "the transsexual body has historically been the site of direct state surveillance, control and manipulation" (p.678) and "how South Africa's medical, legal and military establishments have exerted power over the transsexual body" (p.678). During Apartheid, the state's medical, legal and military establishments policed and 'corrected' deviance from the heteronormative gender binary; even to the extent conducting of sex-reassignment-surgery to 'fix' homosexuals (Kaplan, 2001; Vincent & Camminga, 2009).

In post-Apartheid South Africa homosexuals and transsexuals have been granted equal rights – such as non-discrimination and marriage – to the heterosexual population as well as constitutional rights to change their legal gender (Klein, 2008; Klein, 2009). Despite these legal equalities, modern South African discourse on gender and sexuality is still dominated by heteronormative and patriarchal relations (Bosworth, 2010; Klein, 2008; Klein, 2009). Variations of sexuality and gender are deemed as threatening, inferior (to heteronormativity) and punishable; this is particularly evident in the hate-speech, violence and 'corrective-rape' exercised against township lesbians (de Waal & Manion, 2006; Judge, Manion & de Waal, 2008; Mkhize, Bennet, Reddy & Moletsane, 2010; Reid & Dirsuweit, 2002). Hence, in South Africa (and elsewhere) transgendered identities are often stigmatised and poorly (if not completely) misunderstood (Zamboni, 2006).

South Africa also lacks resources to deal with transsexuality (Keenan, 2006; Klein, 2008; Klein, 2009; Smit, 2006). Only two government hospitals conduct SRS and only a few government-subsidised sex reassignment surgeries are conducted per year (it is argued in this project that biomedicine may be 'oppressive' for trans persons; it, nonetheless, should be noted that mainstream research may cite the lack of access to medical services as marginalising, and that the author supports the freedom of trans persons to access medical services if they deem them necessary but would encourage awareness of the potential 'oppressive' nature of such institutions). Historically, transgendered people have found

'shelter' and some support in the gay community and LGB organizations; however, this "relationship has always been fraught and continues to be" (Vincent & Camminga, 2009; p.692)(Griggs, 1998; Keenan, 2006) – this further marginalises trans people within their 'queer identities'.

"In South Africa the transsexual community lacks visibility" (Vincent & Camminga, 2009; p.680): there are only two trans support groups in the country and two organizations (Gender DynamiX and Transgender and Intersex Africa) specifically aimed at transgendered persons (Smit, 2006). When South Africa's trans community does interact "it is usually in virtual spaces rather than physical locations" (Vincent & Camminga, 2009; p.680). A large part of Gender DynamiX's work takes place online (Keenan, 2006) and in South Africa "local Internet mailing lists, online forums and websites [aimed at transgendered people and SOFFAs] are also increasing" (Smit, 2006; p.286). The functions of Internet media for transsexuals and SOFFAs provide further motivation for the specific text to be analysed in this study and hence are discussed in the next section.

2.6. Transsexuality and Media

"Widespread media coverage" (McLuckie, 2002; p.34) of transsexuality has played a key role in its construction. Meyerowitz (2002) recounts how the media brought transsexuality to and aided in its construction in the U.S.A. In pre-1950s America there was no term 'transsexuality' nor was sexual reassignment conducted. "From the 1930s on, American newspapers and magazines – and later radio, television and film – broadcast stories on sex change" (Meyerowitz, 2002, p.5) in Europe. This media coverage facilitated Americans being able to conceive sex as variable and a desire to change it as possible. From these new conceptions and language individuals were able to "articulate their desires as a longing to change their bodies" (p.5) and "they pushed their doctors to recognise the medical means to change the human body and the complex persistence of a gendered sense of self" (p.5). Through this mediatised process transsexuality was born out of 1950s medical knowledge and technology. In addition the publicity surrounding Christine Jorgensen's sexual reassignment – the first American to go through the process (by travelling to Europe) – "made *sex change* a household term" (p.51).

Decades later there has been a huge upsurge of information on transsexuality: this is attributed to "the technological explosion of the Internet" (Lev, 2004; p.241). This 'new' media source is increasingly mentioned as important and helpful in the narratives of transsexuals – and SOFFAs (for South African examples see: Keenan, 2006; Morgan et al. 2009; Klein, 2008; Vincent & Camminga, 2009). Many transsexuals report experiencing of huge relief at finding others like themselves, validating their experience and finding solutions to their gender dysphoria ("the emotional and other experiences of people who discover a disparity between their inner gender identity experiences and their biological sex" (Ellis & Eriksen, 2002, p.290)); all on the Internet (Lev, 2004; Smit, 2006). Transsexuals and others may use the Internet to find information on "everything from medical and surgical techniques, to advice on *passing*" (see Appendix A: Terminology) (Lev, 2004; p.241)(Cook-Daniels, 2002; Hash & Spencer, 2009; Rachlin, 1999; Ringo, 2002). Many transsexuals even go to the extent of using Internet information to create narratives to ensure they meet the criteria for diagnosis and approval for treatment (Lev, 2004).

The Internet has also been found as valuable in transsexuals' self-reflection, questioning and coming out (see Appendix A: Terminology)(Cook-Daniels, 2002; Hash & Spencer, 2009; Lev, 2004; Ringo, 2002). Ringo (2002, n.p) found that media (particularly the Internet) "facilitated transsexuals and transgender respondents' identification processes in various and significant ways". Hash and Spencer (2009) and Lev (2004) emphasize how the anonymity of the Internet allows trans people to explore "as detached and somewhat amused observers and eventually come to recognize themselves in their reading" (Lev, 2004; p.241). Lev (2004; p.242) states that "amassing information is essential to the [transgendered] client emerging as transgendered and is the first step in the development of a fully integrated identity." These ideas on a 'true' transsexual identity and self that need to be discovered are prime examples of the essentialist, or modernist, conception of sexuality and a type of discourse that this (post modernist) research aims to challenge.

This information may consist of narratives of other trans people and can lead to transsexuals reaching out to others like themselves (Lev, 2004). On the Internet, transsexuals (and SOFFAs) share information with one another as well as meet for support and romance (Cook-Daniels, 2002; Hash & Spencer, 2009; Lev, 2004; Rachlin, 1999; Ringo, 2002). The Internet plays a key role in the production and relaying of discourse and what types of 'self care' transsexuals conduct. For example, Rachlin (1999, n.p) found that study "participants rated

contact with other FTMs [female to male transsexuals] and information from within the FTM community [which often primary interacts online] as the most important factors influencing their decision of whether and what type of surgery to pursue". Smit (2006; p.280) used Internet interactions to get referrals for "more flexible private practitioners" to provide body alteration techniques that others refused hir (see Appendix A: Terminology).

Rachlin (1999) found that over time and with the Internet, the sources transsexuals value and use for guidance and information have changed from mental health and medical professionals to the trans community. Traditionally 'psy' and medical professionals have "been the primary source of information about the gender transition process" (Rachlin, 1999, n.p). However, "the Internet has transformed people's ability to share information and peer support groups and information networks are widely accessible" and replacing the clinical setting (Rachlin, 1999, n.p). This influence of the Internet therefore seems to be a particularly interesting point for a breakdown of the hegemonic 'psy'-medical discourse that is found on transsexuality (Bosworth, 2010).

On the other hand, the media – particularly the Internet – may serve to transmit the (perhaps disguised) technologies of subjectivity stemming from these 'psy' professions. As aforementioned, Rose (1999) emphasises how 'psy' professions have "measured and conceptualised the human soul" (p.11) and how the "power/knowledge of these professions is communicated to individuals via the professions professionals themselves as *various media sources*" (p.11, emphasis added). The Internet appears to be a key mode for the dissemination of these 'self care' discourses of 'subjectivity'. In addition, the Internet may be a particularly dense site for the spread of dominating Western discourses on body management into the South African context.

In Foucaultian theory, technologies of the self – that may be broadcast via the Internet – are specifically linked to other members of society. Hence, the next section examines the literature on SOFFAs.

2.7. SOFFAs

There is a lack of literature on SOFFAs, particularly in comparison to the amount of literature on transsexuality (Ellis & Eriksen, 2002; Zamboni, 2006) but also from within the critical

paradigm (no research was found in this area). The term SOFFA appears to be related to transgender activism and may vary in which groups of persons it includes, such as whether it includes only trans allies or persons 'affected' by trans persons that may not be allies (e.g. co-workers)(Cook-Daniels, 2002).

The existing academic work on SOFFAs points to the acute influence trans people may have on others around them. Zamboni (2006; p.178) explains that if "every transgendered individual touches the life or at least one family member and at least one friend… the number of SOFFAs can become exponentially large." Just as many trans people may struggle with their own gender identity, SOFFAs may not only toil with the trans person's identity but also their own (Cook-Daniels, 2002; Ellis & Eriksen, 2002; Zamboni, 2006). Transsexuality touches "on the fundamental aspects of identity with regard to gender and sexuality – [and] challenges one's notions of these concepts" (Ellis & Eriksen, 2002; p.175). This may be the most pronounced for the spouses and partners of transsexuals: "the very process that brings what outsiders perceive into alignment with the trans person's internal identity simultaneously creates an inner and outer *in*congruence for hir partner" (Cook-Daniels, 2002; p.8). The transition of a gender variant person may result in their partner's sexual identity (as homosexual or heterosexual) being perceived as opposite to what it was before the transition. This issue of identity may lead to difficulties in transgendered-cisgendered couples' social circles as well as partners previously identifying as gay or lesbian finding it difficult to access LGBT resources.

Ellis and Eriksen (2002) describe how SOFFAs on discovering a trans person's gender identity may go through six stages (corresponding to those of Kubler-Ross) "that mirror those of bereavement following the death of a loved one" (p.295). SOFFAs may also share in the marginal status of trans people; including stigma, shame and isolation (Ellis & Eriksen, 2002). In relation to this, Zamboni (2006) suggests that SOFFAs require information on transgenderism: the "lack of knowledge regarding transgender issues, stereotypes of transgendered persons, and diversity of gender variant expression can understandably lead to many questions and misconceptions" (p.175).

These issues surrounding SOFFAs suggest the need of 'self care' for the SOFFAs themselves. Just as the Internet is expected to be an asset for transsexuals, so too may it be used by SOFFAs. Ellis and Eriksen (2002; p.297) provide a list of websites as resources "to

educate, inform, and support" SOFFAs. In addition, the anonymous 'space' of the Internet may be particularly attractive for SOFFAs that fear disclosure of their relations to a transsexual.

SOFFAs also play an important role in the 'self care' of transsexuals. For example, Landén et al. (1998) found that the lack of support from a transsexual's family is a risk factor in the prediction of regret around sexual reassignment. They suggest a "need for substantial efforts to support the families and close friends of candidates for sex reassignment" (p.284).

In Foucaultian theory, SOFFAs – specifically family members – serve as key components in the management of the transsexual body. The family provides an overlap for two types of power: disciplinary power and pastoral power (Foucault, 1976/1990; Foucualt, 1994). Disciplinary power is linked to monitoring and controlling the body as well as identifying what is permitted and forbidden. Alternatively, pastoral power is related to the family serving members of its own family. Pastoral power focuses on salvation: the health, well-being (that is sufficient wealth, standard of living), security, protection against accidents" (Foucault, 1994; p.334) of individual family members (rather than the population) and "is linked with a production of truth – the truth of the individual himself [sic]" (Foucault, 1994; p.333). SOFFAs may hence be key relays of power/knowledge and practices that produce and sustain transsexuality.

2.8. Transitioning and the care of the self

Kessler and McKenna (1978) found that most research done on transsexuality centres on social deviance, aetiology and treatment. This research often falls within mainstream psychology and neglects the critical perspective. Increasingly research is being done from the critical perspective on gender, medical and 'psy' professions (as evident in the earlier reviewed literature) and some discursive studies have been conducted in the area of transsexuality (e.g. Hausman, 2006; Gagne & Tewksburg, 1999; Finn & Dell, 1999; Speer & Parsons, 2006). These studies, however, have not focused on transitioning nor included SOFFAs in their analysis.

Bosworth (2010) investigated the construction of transitioning in the narratives of South African transsexuals. Transitioning was found to be at a key intersection of power relations

between institutions such as gender, heteronormativity, medical and 'psy' professions, the legal and spiritual; this is also evident in the above literature review. Hence, transitioning is a strategic site for the production of truth and power/knowledge and therefore a particularly important area for discourse analysis. Transitioning is also a fundamental locale for examining discourses on the care of the self, including and beyond body modification. Controversy surrounds the hegemonic power/knowledge systems on this subject – the DSM, ICD and SOC: for this reason critical research on transitioning may provide helpful insight.

An explosion of knowledge has been found on the Internet in relation to transsexuality. Transitioning is central to transsexuality and the care of the transsexual self, consequently websites aimed at providing resources on transsexuality are expected to be an exceptionally dense site for discourse. This discourse may have considerable influence on the management of the transsexual self. In addition by including SOFFAs as a specific point of interest in the analysis of these texts, an important point for the study of the relations between immediate society and self care may be uncovered.

A chief motif in this literature review has been the marginalisation and power relations of transsexuality (including SOFFAs). A discourse analysis in a key power/knowledge area (the Internet) on transitioning may surface and identify discourses and in turn provide potential starting points for alternative resistance strategies that may help return transsexual (and other) bodies to pleasure (constructions that may optimise pleasure for these specific bodies).

CHAPTER 3: METHODS

This section describes the methods, including a rigorous search strategy to define the corpus and a discourse analysis that was conducted on the corpus, which were used to respond to the aim of the study which was operationalised through the research question. The paradigm, reflexivity and ethics are also considered.

3.1. Research Question

Given the explosion of knowledge on transitioning on the Internet and the potential truth production this medium may hold for transsexuals, SOFFAs and the care of the self, the research question that guided for this study was:

How is transitioning constructed in popular websites aimed at transsexuals and SOFFAs?

3.2. Paradigm

Due to the critical nature of this research and its social constructionist framework a qualitative approach was chosen as the primary method of analysis (Fossey, Harvey, McDermott & Davidson, 2002).

3.3. Procedure

The corpus used in this study consisted of popular, free-access websites providing information, support and advice for transsexuals and SOFFAs. These websites were primarily selected on their popularity. Meric et al. (2002; p.578) states that "there is no standard way to access link popularity", hence, this research used a multiple search engine methodology – adapted from previous studies on popular websites (e.g. Borzekowski, Schenk, Wilson & Peebles, 2010; Lachance, Erby, Ford, Allen & Kaphingst, 2010) – to rigorously select websites that South African Internet users searching the Internet would likely access.

3.3.1. Search strategy

In order to use Internet search engines, one required input search terms. Different search terminology may produce different search results and hence types of discourse. There are many terms used in relation to transsexuality. For example, the 19 MTF[3] research subjects

[3] See Appendix A: Terminology

(from the U.K., U.S.A. and Canada) in Ringo (2002) identified with "33 labels and combinations of labels". Many people may also not be familiar with Western terminology on transsexuality or with the idea of transsexuality (Manion as cited in Keenan, 2006). Smit (2006) illustrates this case in pointing out how Chetty (1994; p.128) labels Gertie Williams as a "lesbian gangster" despite the fact that 'she' clearly states that 'she' identifies 'herself' as a man. Other South Africans that would be identified by Western discourse as 'FTMs' identify themselves as "butch women" (Manion as cited in Keenan, 2006). Despite this variation in terminology, Ringo (2002) found "the terms most frequently used by respondents were in common usage in the trans and mainstream ('straight') communities"; these terms were "transsexual", "transgender", "trans man" and "FTM".

This study used four search term inputs for various reasons. These terms include "transsexual~", "transgender~", "male to female" and "female to male" (the '~' cues the search engine to search for multiple endings to the term, for example 'transsexual', 'transsexuality' and 'transsexualism'). These terms were partly selected for the reason that they all were likely to supply enough specificity to provide search results on transsexuality; whereas terms such as "butch woman" may not provide as specific results. As shown in Ringo (2002) "transsexual" and "transgender" are the terms most likely to be known by the wider public. "Transsexual" is a medical term that has been used since the 1950s and "transsexualism" has been used in previous editions of the DSM as well as the current ICD; and hence may be spread through medical and 'psy' discourses (Smit, 2006). "Transgender" is the term promoted by the LGBTI activism movement – many gay and lesbian organizations label themselves as "LGBT" and this link between gay and lesbian, and transgender may introduce 'transsexuals' identifying as gay or lesbian (due to not having come into contact with discourses on transsexuality) to the term "transgender". "Male to female" and "female to male" are common terms within trans circles and hence would trigger transsexuality oriented websites; these terms, however, may also be used by persons trying to find out more about cross-gender identification but without trans-specific jargon. All four search terms have a Western foundation – this may have excluded local South African terminology and alternative African discourses but aid the study in showing what specific Western (particularly medical and LGBT activist) discourses are infiltrating South African Internet users.

These four search terms were placed into four different search engines that are most likely to be used by South African (and many international) Internet users: www.google.co.za, www.google.com, www.yahoo.com and www.msn.com. These search engines are South Africa's most popular search engines with Alexa one month traffic rankings (the Alexa "1 month rank is calculated using a combination of average daily visitors and pageviews over the past month: the site with the highest combination of visitors and pageviews is ranked #1") of 1, 3, 5 and 22 respectively (Alexa, 2011a). The three latter sites also have international Alexa one month traffic rankings of 1, 4 and 11 respectively (Alexa, 2011b) and are the world's top search engines by "volume of searches" (Experian Hitwise, 2011).

Once the search engines produced search outputs (specific websites) for each search term, these outputs were examined according to inclusion and exclusion criteria. Criteria for inclusion in the study included: websites providing information on transsexuality and/or aiming to provide support, advice and/or interaction for transsexuals and/or SOFFAs. Criteria for exclusion from the study were: pornographic and erotic material[4], dictionary definitions of the terms, directories that primarily recommend other websites and news stories. The top ten websites (outputs) per search term and search engine that withstood the inclusion and exclusion criteria were ranked according to their search engine ranking (e.g. the number one output of a search engine will be given a rank of 10 and the second output a rank of 9). Next each individual website had its ranks summed across search terms and search engines (the total ranking), hence providing an indication of its popularity across the search engines and search terms.

A website was viewed as a collection of related web pages (each with their own specific URL, or Uniform Resource Locator, e.g. http://en.wikipedia.org/wiki/Transgender) connected by the same sub-domain (e.g. the *Wikipedia* in www.wikipedia.org), hence when the total ranking was calculated different web pages (e.g. http://en.wikipedia.org/wiki/Transgender and http://en.wikipedia.org/wiki/Hormone_replacement_therapy_(male-to-female)) were viewed as a single web site as long as they had the same sub-domain (e.g. Wikipedia). Therefore the

[4] The exclusion of pornographic/erotic material from this study may exclude the bulk of transsexuality-related websites (the Internet has a proliferation of "she-male" pornographic-related content). An analysis of this content and its discursive relationship to the construction of transsexuality online could be a particularly useful perspective from which to analyze the construction of transsexuality, however, such an analysis is beyond the scope of this study due to the study's particular focus on websites providing information and advice centred on the self care of transsexuals as well as the limited time period allocated for a Masters dissertation.

total ranking for a website could have been accumulated from the individual rankings of specific web pages with the same domain.

The top ten ranked websites overall and the top ranked South African website were intended to be included in the analysis. However, due to the large nature of the resultant websites only the "most popular" web page of each website was included in the analysis – under the logic of that webpage being the most likely web page to be found and viewed. The top website was selected as the most popular website in that domain by counting the most frequent occurring URL for each website from the search engine outputs (e.g. how many times http://en.wikipedia.org/wiki/Transgender was part of the top ten included search results across the four search terms and four search engines).

3.3.2. Corpus

The top ten websites and most frequent URLs as well as the top (and only) South African website produced by the search strategy can be seen in Appendix C. Below is a brief overview of each website and the most frequently found webpage on that website. The websites have also been numbered and will be refered to in this manner throughout the rest of the report.

Wikipedia (Website 1a, 2011 and Website 1b, 2011)

Wikipedia is "a multilingual, web-based, free-content encyclopaedia project based on an openly editable model" (Wikipedia, 2011, n.p). Wikipedia "is written collaboratively by largely anonymous Internet volunteers who write without pay. Anyone with Internet access can write and make changes to Wikipedia articles (except in certain cases where editing is restricted to prevent disruption or vandalism)" (Wikipedia, 2011, n.p). Since its creation in 2001, Wikipedia "has become the largest and most popular general reference work on the Internet, ranking sixth globally among all websites on Alexa and having an estimated 365 million readers worldwide" (Alexa, November 2011, as cited by Wikipedia, 2011, n.p). Two Wikipedia URLs had equal frequencies: "Wikipedia: Transgender" (Website 1a, 2011) and "Wikipedia: Hormones replacement therapy (female to male)" (Website 1b, 2011). Due to this as well as Wikipedia having a highest total rank by a large interval (208 in comparison to the next highest ranked website only having a rank of 85) both webpages were included in the analysis.

Both webpages (Website 1a; Website 1b) resembled encyclopaedia entries, suggested by a formal writing style, an ordered and structured design, figures with captions and long lists of references. Screen shots of Website 1a and Website 1b can been seen in Appendix D in Figures 1a and 1b, respectively. Website 1a provided a broad overview of transgender identities and transgender in relation to other topics, such as: the LGBT community, feminism, healthcare, law, religion, science, in non-Western cultures and coming out. It also offered extensive lists of links to other related Wikipedia pages as well as external links to other websites. Website 1a appeared to target anyone interested in an overview of transgender, such as persons 'discovering' their own trans identities, 'early stage' trans persons looking for more information, SOFFAs, students or any other interested persons.

Website 1b covered hormone replacement therapy for female to male transsexuals by giving an overview on each of the following topics: requirements, hormone changes, contraindications, types of therapy and hormone effects (e.g. cardiovascular, hair and urogynecological effects). It also provided links to other Wikipedia pages and other websites. It seemed to target a more specialised audience than Website 1a, such as trans persons and interested and involved parties (e.g. SOFFAs and health professionals).

Laura's Playground (Website 2, n.d)

Website 2 is "a free support site for MTF, FTM transsexual, transgendered, crossdressers, intersex, androgynous and their significant others and friends" (Website 2, n.p). It was started in response to the high suicide rates among trans people as well as due to the difficulty of finding support sites on search engines where often "sex sites" often rank higher than support sites. Website 2 is run by volunteer transgendered persons and SOFFAs, most who have taken a youth suicide prevention course. The site presented as informal, playful and childlike (see Figure 2 in Appendix D) and displayed a hits counter with over 27 million hits. The most frequent webpage gave a brief introduction to MFT transsexuality as well as various links to other content both on Website 2 and other websites, such as transgender articles, information, advice columns, resources, blogs, forums, chat rooms, support groups, online suicide prevention and research (surveys).

Lynn Conway (Website 3, 2009)

Lynn Conway is a MTF transsexual and professor of electrical engineering and computer science at the University of Michigan. Her website uses this institution's domain and Conway's goal is to use the website "to illuminate and normalize the issues of gender identity

and the process of gender transition" (Website 3, n.p). The most frequent webpage was "Vaginoplasty: Male to Female Sex Reassignment Surgery" which sketched "the historical development and surgical details of vaginoplasty surgery" (Website 3, n.p). It included references to non-Western cultures, medical diagrams, photos, postoperative care, prominent surgeons, "sexual arousal, lovemaking and orgasm", "the joys and wonders of complete gender correction", "completion of transsexual body feminization by cosmetic surgeries" and links to other websites (Website 3, n.p). The page appeared to specifically target transsexuals that had decided to transition and had an age restriction of 18 and warning to readers of the sensitive nature of the webpage's content (medical diagrams, surgical photos and photos of pre- and postoperative genitalia). The webpage's design appeared somewhat dated as well as resembling an encyclopaedia – with medical and "anthropological" photos and history descriptions – but also came across as to some extent personal (the reader directly addressed) and instructional (see Figure 3 in Appendix D). At the bottom of the webpage a hit counter registered over six million hits since 2000.

Transsexual.org (Website 4, 2009)

The description Website 4 describes it as "a site about gender dysphoria, and all of the complexities surrounding it" (Website 4, n.p). The website was created by Jennifer Diane Reitz who defines herself as "an artist, a game designer, a creator and co-creator of websites, a hetaera, and... also a post operative transsexual women" (Website 4, n.p). She describes why she created the site: "The horror and agony that can characterize transsexualism sometimes haunts me to this day, and is the motivation for the creation of this site: I do not want others to suffer as I did, or to die, as I nearly did" (Website 4, n.p). The site is an "officially approved iGuide resource for the Encyclopaedia Britannica" but appears to primary target transsexuals and at times SOFFAs and other interested persons (Website 4, n.p). On the website the reader is personally addressed and the site overall appeared to be informal (with a candy pink background and small animations)(see Figure 4 in Appendix D). The most frequent webpage was the website's homepage: "on this front page, you will find many articles which provide an overview of the topic transsexuality" (Website 4, n.p). Topics and headings included: explanations and introductions to transsexuality, "transition basics", a gender test, "reasons to cherish being transsexual", "why did this happen to me?", transition stories, "reasons to come out", "what can I expect in the long term?", "how to create selfworth", "beliefs that kill", "answers from Jennifer", "a guide to heterosexual dating" and links to other websites (Website 4, n.p).

Susan's Place (Website 5, n.d)

Website 5 was founded and appears to be run by Susan Larson, a male to female transsexual. Users can also rate and comment on the material on the webpages. The following description of Website 5 is given on the site (Website 5, n.p): "This website is here to provide support and assistance to the Transgender community and those who love us... Our forums are used to discuss a wide variety of topics on a [sic] ever changing basis. Information to be found in our library there ranges from coming out of the closet to sex change surgery. Our chat is a secure medium to contact other transgendered people and to discuss your daily lives." The website aims to provide "services to the entire transgender spectrum including TS's [transsexuals], CD's [crossdressers], TV's [transvestites], SO's [significant others] and yes even admirers" (Website 5, n.p). The most frequent URL was a resource page for MTF transsexuals that took the form of a link directory to different FTM related topics and products (see Figure 5 in Appendix D). Topics covered included: FTM prosthesis, mailing lists, transitioning, surgeons, FTM talk, an FTM conference, a transitioning guide, a transgender publishing company, FTM Alliance of Los Angeles, FTM Australia, FTM gear, FTM Informational Network and FTM International (the latter also being one of the other popular websites used in this study).

The Transitional Male (Website 6, 2011)

Website 6 is "an independently owned educational resource helping transmen, friends, family and their significant others" (Website 6, n.p). The site has received over 13 million hits in 13 years. The most frequent URL was the website's homepage which was grouped into different categories: lists of resources (professionals, information and tips), photo galleries and surgery descriptions, "gear, toys, binders, business & miscellaneous", a poll and news as well as displaying various advertisements for a pharmacy, binders, packing gear and sex shops (Website 6, n.p). See Figure 6 in Appendix D for a screenshot of Website 6.

SRS Miami (Website 7, n.d)

Website 7 is the website for The Reed Centre for Genital Surgery/Sex Change Surgery. On it one "will find information on the sex change surgery, sexual reassignment surgery (SRS)... and all the related cosmetic procedures that we [the Reed Centre] offer to the transgender community" (Website 7, n.d). Hence the website appears to primarily target transsexuals interested in sexual reassignment surgery and other related medical procedures. Dr Reed, the centre's namesake, has various SRS related qualifications and accolades which are listed on the site, for examples **"**Dr. Harold Reed is a Diplomate of the American Board of Urology, a

Senior Member of the American Urological Association (having attended 35 consecutive annual meetings), a member of the Society of Genito-Urinary Reconstructive Surgeons**,** the American Academy of Phalloplasty Surgeons (treasurer)...” (Website 7, n.p). The most frequent URL was for the FTM gender reassignment surgery page. The page had a professional and medical feel and centred on a product and service listing (see Figure 7 in Appendix D). Three services were focused on, described and priced: metiodioplasty, “penile implantation for the neo-phallas patient” and “insertion of testicular implants into labia” (Website 7, n.p). Other procedures were also listed for FTM transsexuals (e.g. male chest reconstruction), MTF transsexuals (e.g. breast augmentation and labiaplasty) and other potential patients (e.g. adult male circumcision, foreskin restoration and penile augmentation). The webpage also included payment information, advisories (stopping hormones before surgery and consent forms) and links to eligibility criteria, blog topics and requesting information from Dr Reed.

American Psychological Association (Website 8, 2011)

Website 8 provides information on the American Psychological Association, psychology-related topics and links to other resources. The only URL that came up in the search strategy was “Answers to your questions about transgender individuals and gender identity” which was “produced by the APA [American Psychological Association] Lesbian, Gay, Bisexual, and Transgender Concerns Office and APA Public and Member Communications” (Website 8, n.p). It had a formal yet supportive (with a help centre and instructions on what to do in certain situations) feel (see Figure 8 in Appendix D). The following questions were covered: “What does transgender mean? What is the difference between sex and gender? Have transgender people always existed? What are some categories or types of transgender people? Why are some people transgender? How prevalent are transgender people? What is the relationship between gender identity and sexual orientation? How does someone know that they are transgender? What should parents do if their child appears to be transgender or gender nonconforming? How do transsexuals make a gender transition? Is being transgender a mental disorder? What kinds of discrimination do transgender people face? How can I be supportive of transgender family members, friends, or significant others? Where can I find more information about transgender health, advocacy, and human rights?” (Website 8, n.p). The webpage thus appears to be target to a large audience potentially including ‘early stage’ transsexuals, SOFFAs, APA members, students, employers, librarians and press.

TransGenderCare (Website 9, 2011)

Website 9 is put together by a group of medical and psychological professionals, they describe the site as follows: "TransGenderCare contains a large archive of health information that we have written and compiled from our years of directly providing medical, psychological, electrology, and general health services to generations of transgender folk." The site provides information for all transsexuals but primarily MTF transsexuals. It also targets SOFFAs and health care providers. The only URL that was found in the search strategy was the website's homepage; it had clinical (with medical diagrams of the endocrine system) yet supportive feel (the user is welcomed and directly addressed)(see Figure 9 in Appendix D). The homepage provided links to various services and topics: medical and hormonal, guidance and transition, electrolysis, surgical, support centre, definitions (e.g. gender, transgender, gender expression), applications (e.g. to input one's changing body measurements and to calculate when one's prescription will run out) and popular topics and issues (e.g. breast implants and MTF personal pages).

FTM International (Website 10, 2011)

Website 10 provides information relevant to the FTM International (FTMI) organization – "The voice of FTMs throughout the world" (Website 10, n.p) – as well as links to FTM resources. The site appears to target FTM transsexuals and their SOFFAs and indicates that it reaches "over 100 000 new visitors everyday" (Website 10, n.p). The site designed by an external site design company and had a clean, neat and formal feel (see Figure 10 in Appendix D). The most frequently found URL in search strategy was the website's homepage, it provided the following links: FTMI facts, FTMI events, FTMI meetings, FTMI newsletters, families, healthcare, law resources and join and subscribe.

Gender DynamiX (Website 11, 2011)

Website 11 was the only South African website that came up in the search strategy and is the homepage for the organisation, Gender DynamiX. Gender DynamiX "is a Human Rights organisation promoting freedom of expression of Gender identity and advocating for the rights of Transgender, transsexual and Gender Non-Conforming people" and "is committed to provide resources, information and support to trans folk, their partners, family, employers and the public". The homepage displayed a biological theme (with a DNA helix as part of the organisation logo and design) and appeared to be easy to navigate with groups of categories, topics and links (see Figure 11 in Appendix D). Some of the content displayed included: news, calendar (social and support groups), a health and advocacy conference,

resources (workshops and presentations, articles, FAQs, workplace, books, gender tests, web links). Projects, polls, made a donation and about the organisation.

3.3.3. Analysis

A discourse analysis was conducted on these most popular web pages of the most popular websites. Such an analysis rests on the assumption that language is the vehicle through which power relations exist, these relations are socio-historically situated and are hence able to change and therefore aims to uncover existing constructions in order to allow for alternative 'truths' and more individual freedom (Fossey et al., 2002; Foucault & Martin, 1982/1988; Parker, 1992).

Often qualitative and discourse analyses focus only on transcribed, written or typed text; however, this type of analysis may be greatly supplemented by including visual non-textual data – such as photographs, video and symbols (Norris, 2002; Ravzi, 2006). Hence, this research analysed both the textual and visual aspects – including webpage design, images, and advertisements – of the selected popular websites. The researcher considered how discourses in written text may concur or contrast with the visual elements of the web pages. The discourses related to certain imagery or designs were also explored.

The analysis was directed by the 20 "steps" that Parker (1992) puts forward for the analysis of discourse in his seven criteria and three additional criteria for distinguishing discourses. These guidelines do not constitute a method as such but, as Parker (1992, p.5) insists, they "help to clear up some of the confusions that have followed the incorporation of discourse ideas into psychology."

The researcher began by describing the objects of study (both textual and non-textual) and treating them as texts (step 1). Following putting the text into words, the researcher explored the connotations that these texts evoke (step 2). The third step was to question what objects were being referred to and then describing them. The subsequent step was to engage in "talking about the talk as if it were an object, a discourse" (Parker, 1992; p. 9). After talking about the discourse, the researcher then identified what types of people were talked about in the discourse; some of which may have previously been denoted as objects (step 5). In the sixth step, the researcher speculated about what these people may be able to say in the discourse. This discourse presents a picture of the world which was mapped in the seventh

step. In the eighth step, the researcher was required to figure out how "a text using this discourse would deal with objections to the terminology" (Parker, 1992; p. 12).

Following investigating objections, different discourses were cast against each other and the different objects they were made up of were looked at (step 9). After that, the researcher identified the overlapping points of the different discourses and the different perspectives they take on the same objects (step 10). The discourses were explored further by referring to other texts – such as the literature review – (step 11) and considering the terms used to describe the discourse (step 12). In the thirteenth and fourteen steps, respectively, the researcher was expected to examine how and where each discourse emerged and explore how discourses have changed and what can be learnt from those changes. Thereafter institutions that were reinforced (step 15) and subverted (step 16) when the discourse is used are identified. Discourses support institutions as well as reproduce power relations: in the seventeenth step, the researcher regarded which groups of people profit or loss from the use of the discourse. Leading from this it was deemed which people would desire to promote or dissolve the discourse (step 18). Links between a discourse and other discourses that sanction oppression were displayed in the nineteenth step. In the twentieth and final step, the researcher demonstrated how dominant groups express historical narratives to justify the present and prevent submissive discourses from making history.

3.4. Reflexivity

In qualitative studies the role of the researcher is integral to the analysis and is not neutral (Fossey et al., 2002; Malterud, 2001). Hence the researcher's part in the research cannot be eliminated but needs to be taken into account. In this study, the researcher's previous knowledge (as evident in the literature reviewed), political and critical position (viewpoints on the inequality between patriarchal heterosexuality and queer identities) and research interests (such as on the technologies of self) may influence what material has been uncovered and focused on in the analysis and subsequent discussion and conclusions (e.g. critical findings on how transitioning situates transsexuals within heteronormative power relations). During the analysis and in this write-up the researcher's influences have be taken into account and acknowledged.

3.5. Ethical considerations

No human participants but rather ‘naturally-occurring’ websites that are freely accessible to the public have been used in this study. Hence, according to the University of the Witwatersrand’s Human Research Ethics Committee’s (HREC Non-Medical) guidelines no ethical clearance is required. Despite this, the process of gaining clearance was undergone for training purposes and the ethics clearance certificate may be found in Appendix B.

CHAPTER 4: RESULTS AND DISSCUSION

4.1. Psychiatrization

Since the 17th century there has been a proliferation of discourse on sex (Foucault 1976/1990). 'Perverse' sexualities – such as homosexuality, transsexuality and paedophilia – have been studied, uncovered and kept separate from the 'norm'. It is argued that such practices have created the transsexual identity and thus how transitioning is constructed. Through the scientific study of sex transsexuality has been separated and contrasted to other queer identities and a hierarchy of 'perverse' sexualities has been formed. It is also contended that within this hierarchy transsexuality has been greatly normalised – been constructed in relation to a 'normative' sexual identity, experience or subjectivity – due to the claims and technologies of biomedicine. Biomedicine and the 'psy' professions are key forces in the scientific study and hence psychiatrization of transsexuality, specifically through their means of eliciting confession. Some tension exists between these two hegemonic powers, partially due to constructions of mind-body dualism. An alternative and potential resistance strategy of the lay trans person's (and SOFFA) knowledge to the hegemonic biomedical and the 'psy' professionals powers was found to exist but it is argued that within disciplinary power the trans person's knowledge merely serves to transmit and reinforce the dynamics of biomedicine and the 'psy' professions. This is because within disciplinary society these professions create norms, define 'perversity' and advocate what should be done about such deviance; this power/knowledge is then disseminated through personal contact, the media and the citizens of the society (Foucault, 1975/1990; Rose, 1999).

4.1.1. The psychiatrization of sex

> What exactly is Transsexuality? In which is examined the history, definition, statistics, and biology of the condition. (W4, n.p)

> So too were all those minor perverts whom nineteenth century psychiatrists entomologized by giving them strange baptismal names: there were Krafft-Ebing's zoophils and zooerasts, Rohleder's auto-monosexualists; and later, mixoscopophiles, gynecomasts, presbyophiles, sexoesthetic inverts, and dyspareunist women...The machinery of power that focused on this whole alien strain did not aim to suppress it, but rather to give it an analytical visible, and permanent reality: it was implanted in

> bodies of classification and intelligibility, established as the a *raison d'etre* and a natural order of disorder. (Foucault, 1976/1990, pp.43-44).

Across the corpus it was clear that transsexuality is still on a large scale constructed as a pathology or perversity. For example, in W2 (n.p) transsexuality is described as a "birth defect" and in W6 (n.p) it is implied as something that is hated (for its deviance): "Any hate email will be ignored. If too severe, it will be dealt with legally." Even if the websites promoted transsexuality as being a 'normative' possibility they still conceded that its larger constructions are as a 'perversity', for instance

> transgender people in most cities and states can be denied housing or employment, lose custody of their children, or have difficulty achieving legal recognition of their marriages, solely because they are transgender. Many transgender people are the targets of hate crimes. The widespread nature of discrimination based on gender identity and gender expression can cause transgender people to feel unsafe or ashamed, even when they are not directly victimized. (W8, n.p)

In addition to this evidence, transsexuality was grouped with various other queer identities that have historically and/or are currently still seen as perverse. These 'perversities' were constructed with specific terms which were regularly defined in many of the websites, some of these terms included: "sex", "gender", "sexual orientation", "gender identity" and "gender expression" (W1a, W8, W9, W11). Several webpages had whole sections on frequently asked questions (FAQs) to define these terms (W2, W8, W11) and W8 centred specifically on this format. The creation of new terms and ways of defining – ways to classify and psychiatrize - queerness appeared to be applauded on some of the sites, for example:

> Dr. Benjamin was the first physician/researcher to sort out the distinction between cross-gender identity and homosexuality. Instead of viewing transsexuals as mentally ill deviants as did most psychiatrists of the day, he began to visualize transsexuals as truly suffering from a genuine mis-gendering condition of unknown origins. (W3, n.p)

Also seen in this quote is the link between this classification and the institutions of biomedicine and the 'psy' professions. Further evidence of this is how the development of classification technologies are aligned with the (pathology and disorder) classification systems of the ICD and DSM (both used by medical and 'psy' professions)

> The term "transvestite" and the associated outdated term "transvestism" are conceptually different from the term "fetishistic transvestism" (a.k.a. "transvestic

> fetishism"), as "transvestic fetishist" describes those who intermittently use clothing of the opposite gender for fetishistic purposes. In medical terms, transvestic fetishism is differentiated from cross-dressing by use of the separate codes 302.3 in the DSM and F65.1 in the ICD. (W1a, n.p)

In many of the websites it was emphasised that these classification systems only view being transgender as a disorder if there is distress or disability present, for instance:

> This distress is referred to as *gender dysphoria* and may manifest as depression or inability to work and form healthy relationships with others. This diagnosis is often misinterpreted as implying that simply being transgender means a person suffers from GID, which is not the case. This has caused much confusion to transgender people and those who seek to either criticize or affirm them. (W1a)

It is implied and hence there appears to be a resistance point – to gender diversity being pathologised – in this text. Nevertheless, on many of the very same websites transgender is often still written about as an other or deviation from the norm which undermines such a resistance point and still constructs transgender identities as something that should be kept separate from the norm, hence a perversity or pathology.

In addition to the specific terms that are used to describe and construct queer identities are the actually terms developed and employed to designate specific 'perverse' identities or ways of being. These terms were readily found across most of the websites and many of the webpages also defined and described them. Such terms included: "transgender", "transsexual", "homosexual transsexualism", "non-homosexual transsexualism", "pre-operative transsexual", "post-operative transsexual", "non-operative transsexual", "FTM", "MTF", "trans woman", "trans man", "cross-dresser", "transvestite", "drag queen", "drag king", "androgynous"/"androgyny", "bigendered", "trigender", "gender queer", "hijra", "two-spirit", "third gender/third sex", "pangender", "queer heterosexuality", "questioning", "gender identity disorder", "androphillia", "gynephillia", "polysexual", "asexual" and "transvestic fetishism"(W1a, W8, W9, W11). This vast number of terms and signifiers speak to the proliferation of discourse on sex as well as the psychiatrization of sex (Foucault, 1976/1990).

This psychiatrization of sex is clearly ongoing and in flux as there is evidence that old classifications are being refined and new classifications being developed. For example, W1a

referred to Benjamin's (1966) classification scale of transsexuals into transsexual (non surgical), true transsexual (moderate intensity) and true transsexual (high intensity):

> Many transsexuals believe that to be a true transsexual, a person needs to have a desire for surgery. However, it is notable that Benjamin's moderate intensity "true transsexual" needs either estrogen or testosterone medication as a "substitute for or preliminary to operation" [Benjamin, 1966, p.23 as cited by W1a, n.p]. There also exist people who have had sexual reassignment surgery (SRS), but do not meet the definition of a transsexual... while other people do not desire SRS, yet clearly meet Dr. Benjamin's definition of a "true transsexual" (W1a, n.p).

It is hence apparent in this quote that what constitutes these categories is not uniformly agreed upon or static; thus the current constructions of transsexuality (linking to constructions of transitioning) may be precarious and may be able to be changed in the direction of allowing transsexual bodies more freedom.

In addition to the flux of older terminology, newer systems of classification have been developed with the further ongoing scientific study (and construction) of sex, for instance:

> Transgender people may also identify as bigender, or along several places on either the traditional transgender continuum, or the more encompassing continuums which have been developed in response to the significantly more detailed studies done in recent years. (W1a, n.p)

It may be suggested that systems quoted above may open up further possibilities of gender identification beyond the hegemonic male-female gender binary and allow for deconstruction of the gender binary (Bornstein, 1994; Wilchins, 2002a). However, these technologies form part of the psychiatrization of sex and thus may bring pre-discursive ways of being into power/knowledge. Reformulating of the power/knowledge matrices (by uncovering their dynamics as is intended by doing a discourse analysis) may, nonetheless, allow the limiting biomedical and 'psy' constructions to be subverted and transsexual bodies more freedom: to be able approximate a return to pleasure (analogous to pre-discursive ways of being).

The flux of terminology and change of its usage over time also supports the conception of sex as socially constructed and thus changeable/changing and being historically located. The following is a good example of this:

> The term *transgender* (TG) was popularised in the 1970s (but implied in the 1960s) describing people who wanted to live cross-gender without sex reassignment surgery.

> In the 1980s the term was expanded to an umbrella term, and became popular as a means of uniting all those whose gender identity did not mesh with their gender assigned at birth.
>
> In the 1990s, the term took on a political dimension as an alliance covering all who have at some point not conformed to gender norms, and the term became used to question the validity of those norms or pursue equal rights and anti-discrimination legislation, leading to its widespread usage in the media, academic world and law. The term continues to evolve. (W1a, n.p)

Hence uncovering resistance points and strategies may allow for the possibility that current hegemonic power relations may be reformulated and change over time; this is apparent in the above excerpt in how the term 'transgender' changed from being predominantly a descriptive classification (and seemingly a passive recipient of power) to more of a resistance point to dominant gender power relations.

Other potential resistance points to the psychiatrization of sex are terms and identities that resist definition. For example:

> A transgender individual may have characteristics that are normally associated with a particular gender, identify elsewhere on the traditional gender continuum, or exist outside of it as "other", "agender", "Genderqueer", or "third gender". (W1a, n.p)
>
> An androgyne is a person who does not fit cleanly into the typical gender roles of their society. It does not imply any specific form of sexual orientation. Androgynes may identify as beyond gender, between genders, moving across genders, entirely genderless, or any or all of these, exhibiting a variety of male, female, and other characteristics. Androgyne identities include pangender, ambigender, non-gendered, agender, Gender fluid or intergender. Androgyny can be either physical or psychological, and it does not depend on birth sex. Occasionally, people who do not define themselves as androgynes adapt their physical appearance to look androgynous. (W1a, n.p)

Such identities may cause gender trouble and thus help reformulate the links between sex, gender and sexuality (Butler, 1990). They may also allow for subjects to occupy positions that deviate from traditional gender norms without the help of biomedicine (hence allowing for more freedom for gendered persons); this is in opposition to conceptions of transsexuality

that were found in the corpus that only associate 'properly' changing of gender with biomedical intervention (this is discussed further in the commodification section). This could lead to third or multiple genders being reconceptualised without the binary-promoting medical constructions as well as being depathologised as gender variance is often constructed as a pathology through medical and 'psy' discourses (Billings & Urban, 1982; Smit, 2006).

However, the fact that these identities are already named may speak to their psychiatrization, scientific study and subjection to control by institutions such as biomedicine and the 'psy' professions. Furthermore even if these identities resist being defined, this may be subverted by coming up with new terms by which to classify them (as is evident above) or using existing technologies to define them. For instance:

> Genderqueer is a recent attempt to signify gender experiences that do not fit into binary concepts, and refers to a combination of gender identities and sexual orientations. One example could be a person whose gender presentation is sometimes perceived as male, sometimes female, but whose gender identity is female, gender expression is butch, and sexual orientation is lesbian. It suggests nonconformity or mixing of gender stereotypes, conjoining both gender and sexuality, and challenges existing constructions and identities. In the binary sex/gender system, genderqueerness is unintelligible and abjected. (W1a)

In this instance, it is clear that genderqueer may undermine the gender binary as it goes beyond the "properties of 'natural, normally sexed persons'" (Garfinkel, 1967; p.122) and thus may create gender trouble and help reformate the connections between sex and gender (Butler, 1990). Nevertheless in the example given a genderqueer person may still be categorised by existing terms and this thus then may subvert the potential freedom that the resistance of gender queer may create: that of being less tied to power/knowedge categories (and thus hegemonic control).

In addition to the above support for the psychiatrization of sex about transsexuality and transitioning, further material in the corpus spoke to other elements of the psychiatrization. Some websites referred directly to the scientific study of transsexuality (W1a, W2, W3), for example W1a quoted and discussed studies on the following topics: brain-based studies, androphilic MTF transsexuals, gynephilic MTF transsexuals, mixed samples of MTF transsexuals, gynephilic FTM transsexual and genetic studies. W8 also cited estimates of the prevalence of transgender persons.

Other aspects of the corpus demonstrated how the study of queer identities promotes the universality of cross gender identification and hence that categories such as transsexuality may be biologically-based and thus be relevant to scientific study which may lead to biomedical practice and control (such as biomedical intervention). Such endorsement of universality also constructs transsexuality as a 'natural' or 'essential' category; which many post modern theorists (e.g. Butler, 1990; Foucualt, 1976/1990; Weeks, 1995) would argue do not exist as these categories do not purely exist without social constructions and these are constantly changing over time and place. W3 provides good examples of the support of universality:

> Transsexualism is not a "modern discovery". Instead it is a not-uncommon, naturally-occurring variation in human gendering that has been observed and documented since antiquity. In many cultures, including native tribes in North America, transsexual individuals have long had the choice to cross-dress and live their lives as women, including taking husbands. The surgical alteration of genitalia to relieve intense cross-gender feelings was also not "invented in the twentieth century". In some cultures, even ancient ones, many transsexuals have voluntarily undergone surgeries to modify their bodies in such a way as to "change their sex". (W3, n.p)
>
> No one knows precisely how it started, but such transsexual surgeries were well known by the time of ancient Greece and especially in sexually-permissive ancient Rome, and were often traditionalized in various "religious rituals" that provided the resulting "women" with a place in society. (W3, n.p)

W1a also spent a large section describing transgender practices in non-Western and non-modern cultures, such as: Asia, North America (Native Americans and First Nations), early Medina, ancient Rome, ancient Middle East, Polynesian cultures and Samoan cultures. The appeal to the universality of gender variance was also evident on the wide audiences some of the websites targeted, for instance W1a was available in 37 languages (including "simple English) and W3 was offered in German, Spanish, French, Hebrew, Dutch and Malaysian. These various languages also speak to transsexuality being universal across all the world's major religions.

"We Are an Old People, We Are a New People" (W2, n.p). These universality claims may hold some basis in reality – that people with a desire for gender variance may have existed

for a long period of time and that gender variance exists among all groups of people (i.e. trans persons being "an old people") – but the specific constructions of categories and ways of being of trans persons may be socio-historically and contextually located (i.e. "a new people"). In other words, gender variant people may have always existed but it is only recently in specific contexts that the 'transsexual' (as an identity, way of being and subject position) has come to exist, through the social construction and psychiatrization of sex (some of these constructions are looked at in the next subsection). This is analogous to Foucault (1976/1990) arguing that it is in contemporary times that the identity or category of the homosexual has come to exist. It is thus hoped that by examining the psychiatrization of sex (specifically of gender variant people) current subject positions can be uncovered and their non-static nature exposed thus potentially allowing for new alternative strategies and subject positions to exist to allow trans persons more 'freedom'. It was also noted that the psychiatrization of sex too is ongoing and constantly develops new technologies of surfacing 'perversity', separating it from the norm and controlling it. Despite this adaptive and hegemonic strategy, it may too be a precarious one: Foucault (1976/1990; 1986) notes that previous ways of producing and 'dealing with' sex that were less restrictive to bodies' freedom have existed and thus systems such as the psychiatrization of sex may be overhauled to make way for power dynamics that help return bodies to pleasure.

4.1.2. Transsexual versus other queer identities

The psychiatrization of sex has produced various queer identities, this subsection explores how the construction of transsexuality differs from other queer identities and how this may be due to the strong connections transsexuality has to biomedical and 'psy' professions.

Transsexuals are sometimes defined or partly defined by an aim "to make their bodies as congruent as possible with their preferred gender" (W8, n.p). It is manifest in the literature (see the above literature review) and the subsequent subsections and sections that this aim may be provided by biomedicine and due to the hegemonic nature of this institution and the commodification of transitioning (as later argued) that biomedicine has consequently become heavily tied to this aim and thus transsexuality. It is suggested that because of this link transsexuality has been constructed in specifically medicalised way in comparison to other queer identities.

Medicine (and the 'psy' professions) – in line with the medical model (Engel, 1977) – predominantly views transsexuality as an illness or disorder that needs to be cured and proposes to do so with medical intervention (hormones and surgery)(Bosworth, 2010) whereas other queer identities are relatively free of medical intervention (W1a, W8). The exception to this are intersex identities in which medical intervention is common practice – there are, however, complex differences between intersex and transsexual identities which go beyond this research's focus on transsexual identities. These links to a pathologizing medical perspective associates transsexuality with distress:

> some people do find their transgender feelings to be distressing or disabling. This is particularly true of transsexuals, who experience their gender identity as incongruent with their birth sex or with the gender role associated with that sex (W8, n.p)

In contrast to this other queer identities are rather connected to fun, culture and sexual arousal (cross-dressers, transvestites, drag queens and drag kings)(with the exception of transsexual pornography but in such a case the arousal is generally not that of the transsexual body) and/or political resistance (drag kings, drag queens, androgynous, bigendered and gender queers)(W1a, W8). Also in relation to medical classification and in comparison to other queer identities, transsexuality is constructed as relatively static and full-time whereas some other queer identities are part-time (cross-dressers, transvestites, drag queens and drag kings); and/or changing and varying from person to person (androgynous, bigendered and genderqueers), for example "often include a sense of blending or alternating genders" (W8, n.p) and "exact definitions vary from person to person" (W8, n.p).

The movement between genders in transsexuality also appears to be specifically connected to mental health and well-being (this is demonstrated in the following section on health and rights) – which are also medical concepts – whereas gender variance in other queer identities is associated with various motives, including "fun", "sexual arousal" and "primarily to perform and entertain" (W8, n.p). There, however, may be some overlap between the motives of transsexuals and other queer persons, such as "for emotional comfort" (cross-dressers)(W8, n.p).

Despite the potentially negative aspects of transsexuality's construction by biomedicine – such as being pathologised and being viewed as static – these constructions may serve a purpose: Foucault (1976/1990) argues that even though sexuality has been constructed and employed as a form of societal control, such developments served the function of protecting

the health of the bourgeoisie. Because of health concerns there has been "a greater preoccupation with the body" and sexual activity (and sexuality) have come to be feared "because of its many connections with disease and evil" (Foucualt, 1986, p.238); transsexuality has thus been pathologised but also come to require 'treatment' or transitioning to protect health and 'correct' evil (gender deviance). In a parallel movement the medicalisation of transsexuality may in some ways speak to the health and rights of transsexuals as well as their normalisation. The former will be discussed in the following section and the latter the next subsection.

4.1.3. Identity hierarchy

In Foucaultian theory the term normalisation is linked to the psychiatrization of sex and essentially means being constructed in relation to the norm (Foucault, 1976/1990). Thus once certain sexualities are uncovered and studied they through certain specific means – such as biomedicine as in the case of transsexuality that will be discussed here – may be normalised or may appropriate a movement in relation towards the norm; this relation, however, is a means of control: normalisation is an instrument and effect of surveillance which in turn is an instrument and effect of regulation and control.

This section argues that transsexuality forms part of a hierarchy of sexualities in which the top of the hierarchy consists of the cisgendered, reproductive, monogamous heterosexual norm and below the norm in increasing distance from it are homosexuality, transsexuality and other queer identities (such as cross-dressers, transvestites, drag queens , drag kings, androgynous, bigendered and gender queers).

Homosexuality is constructed 'closest' to the norm as it has been depathologised (removed from the ICD and DSM) and rituals such as marriage which previously only formed part of heterosexuality have been or are in the process of becoming available to homosexuals (Ault & Brzuzy, 2009; Judge, Manion & de Waal, 2008). It is commonplace in literature on transsexuality for discussions of whether transsexuality too should like homosexuality be removed from the ICD and DSM (Ault & Brzuzy, 2009; Bockting, 2009; Smit, 2006) and this may speak to the normalisation of transsexuality. Related text was found in the corpus, for instance: "In February 2010, France became the first country in the world to remove transgender identity from the list of mental diseases." (W1a, n.p)

On W11 (n.p) there was poll asking "Which LGBTI event should GDX [the transgender organisation] participate in next?" with the following options "Pink Loerie Festival", "Joburg Pride", "Soweto Pride", "Mother City Queer Project" and "We don't belong at any of them". Despite these event options being named LGBTI these festivals are predominantly homosexual in target audience and "cause". For example in spite of it being self-classified as an "LGBT" event the Joburg Pride Parade's website names it "the largest and oldest gay and lesbian event on the African continent" (Joburg Pride, n.d, n.p) – excluding transgender - and the theme for the 2011 parade, "Born this gay", was criticised by South African transgender groups for sidelining trans persons by only focusing on homosexuality (Staff Writer, 2011, June 28, n.p). The very presence of the "We don't belong at any of them" (W11, n.p) option suggests that transgender identities may be marginalised by homosexual identities but due to the other options being present there may be an appeal for transgendered identities to join and gain in the normalisation of homosexuality. This therefore supports the idea that homosexuality may be 'higher up' (or closer to cisgendered heterosexuality) in the sexual hierarchy. Sexual orientation was also scarcely mentioned in the corpus and when it was mentioned it was largely part of the deployment of the scientific study of sex, for example W11 (n.p) had the following FAQ "Are transsexuals gay or straights?" and W1a mentioned the 'advancement' of referring to transsexuals as either androphilic or gynephilic as opposed to the previously confusing categorisation of homosexual or heterosexual transsexuals. Thus sexual orientation (and related identities) may speak to a form of study and control and thus an attempt at normalisation (Foucault, 1976/1990). It is hence important that not just the links between sex and gender are reformulated but the links between sex, gender and sexuality (the latter relating to sexual orientation), so that hegemonic systems of control may be subverted and bodies may have more freedom (Butler, 1990).

Other queer identities often appeared not to be constructed as dire and as serious as transsexuality. As aforementioned with the other queer identities, health and rights did not seem to be a key feature of the websites in contrast to transsexuality (see the following section on health and rights to get an indication of how prevalent these discourses were with transsexuals); ideas such as suicide, distress and disability were predominantly associated with transsexuality and not other transgendered identities (e.g. W1a, W2, W3). Some other transgender identities were constructed as part of the carnivalesque (Bakhtin, 1968) and hence where not taken as seriously. This is possibly because such gender trouble is done part-time (as opposed to more permanent gender 'violations' of transsexuality) and in a

ritualised manner which de-emphasises its threat to hegemonic institutions such as the gender binary and heteronormativity. Thus, these identities are able to be surfaced and kept far from the norm without needing to normalise them because they are not deemed as 'true' full-time identities like transsexuality. In other words, it not necessary to bring these other queer identities closer to the norm for additional control due to the ritualised – and thus 'socially acceptable' – manner in which they 'present'. For instance, Garfinkel (1967, p.122) describes the first property "of 'natural, normally sexed persons'" as "there is a gender binary with only two genders (male and female)" and that "cases outside of the first property are either not to be taken seriously or are pathology" and that "special ceremonies are the only way that there can be a transfer between genders", these other queer identities are considered to be part of such "special ceremonies" and thus may be allowed to cross genders. For example, drag kings and queens were associated with performance, entertainment (film, television, pantomime) and culture (W1a, W8). Transsexuality is generally not linked to such 'cultural' ceremonies (with possible exceptions such as the Indian Hijra) and thus is pathologised (in accordance with Garfinkel's (1967) properties); it is therefore normalised through medical control, an alternate form of a 'cultural' ritual (Bolin, 1988, approaches and accounts for such a 'rite of passage' from an anthropological point of view).

Transsexuality may be to a larger extent normalised and higher up in the sexuality hierarchy than other queer identities because of its association with biomedicine. Biomedicine is an effective means of control over transsexuality's potential 'dangers' to the norm: it takes 'ill' people (or traditional gender undermining people) and 'corrects' them with medical intervention and places them back into society as productive members. Because of biomedicine's reinforcement of the gender binary – concentrating on moving people from male to female and vice versa but neutralising mixing of genders and silencing third or multiple gender alternatives – it reduces transsexuality's threat to the gender binary (Billings & Urban, 1982; Bosworth, 2010). For instance, in response to criticisms of biomedical intervention's link to the gender binary, some trans persons may respond "I don't challenge the gender binary. I just started out on the wrong side of it." (W1a, n.p), thus such an approach – through its connection with biomedicine – avoids undermining and rather reinforces the male-female binary. Through similar means it has also been uncovered (in the talk of transsexuals) that biomedicine may reduce transsexuality's threat to heteronormativity (Bosworth, 2010).

It has therefore been argued that through the scientific study of sex that numerous sexual identities are surfaced and categorised and that there are complex power relations between these identities that may form a sexuality hierarchy. Transsexuality may specifically be moved toward the norm in this hierarchy due to its links to biomedicine. This normalisation, however, places transsexuals under specific societal controls related to biomedicine. Such controls may limit trans persons freedom to occupy alternative subject positions. These limits on transsexuals' freedom – specifically in relation to biomedical and 'psy' professions – will be discussed further in the two later sections on health and rights and commodification.

4.1.4. Psychiatrization and confession

Foucault (1976/1990) proposes that Western society deals in a *scientia sexualis:* this form of power/knowledge creation operates by the confession of members of the population to professionals (such as doctors, psychiatrists and psychologists). In the confession, the person who receives the confession has great power over the confessor. In the corpus it was evident that such a practice is ongoing in disciplinary society and that transgendered persons, especially transsexuals, are encouraged to confess to professionals. Such confession places trans bodies under the surveillance (a means of control) of professionals and thus helps reinforce the hegemonic powers of biomedicine and the 'psy' professions. This section will give some evidence of this practice in order to demonstrate how these institutions are reinforced and how this is linked to the psychiatrization of sex, further evidence will also be apparent in the next section on health and rights.

Throughout the corpus, the texts referred to the knowledge of biomedicine and the 'psy' professions in various ways. Some references mentioned them directly by citing them as experts that 'need' to be visited (and thus confessed to), for example:

> This website is independently owned. It is simply a place to learn more about Transitioning from Female to Male. Never replace what you read here or on ANY website for that of your medical or mental health professionals advice! Always consult your physician or mental health provider if you have any questions about your health or well-being. Always adhere to the guidelines set forth by your physician and use this site only as a touch stone or resource for information that may not otherwise be available elsewhere. (W6, n.p)

Other times these knowledge domains were implied as important and credible sources for the information on the website, for instance at the top of W9 there were three medical and 'psy'

professionals with their credentials listed. As abovementioned, often scientific studies or research was also mentioned. A large part of the time though, these knowledge systems were indirectly referred to or implied via using their classifications, recommendations and jargon, such as the aforementioned transgender categories and discussion on the DSM and ICD. These latter references may form part of the larger outcomes of confession: the societal mechanisms of control which result out of the creation of power/knowledge which may have their source with biomedical and 'psy' professions but which may be distributed through the media (e.g. both W1a and W3 made references to the Oprah Winfrey Show) but also the discourse and subjectivity of individual members of society, such as transsexuals and their SOFFAs (Focualt, 1975/1995; Rose, 1999).

The act of confession and the promotion of such confession, however, appeared to be evident in the former reference: transsexuals and SOFFAs being encouraged to consult professionals. This though is not the only form of confession, even though all the texts conveyed existing power/knowledge, many aspects of the corpus appeared to be a form of confession in their own right, especially the websites run and contributed to by transsexuals and SOFFAs. Some of the websites had letter sections in which people write in about their problems and these are posted online (e.g. W2, W4). Forums present on several of the websites (W2, W4, W5, W6, W9, W11) also displayed people's contributions and discussions. Some of the websites had links to personal blogs or webpages (e.g. W2, W3, W5).

The transitioning stories and biographies of transgendered person appeared to be a particularly popular point of interest as well as photo galleries of transsexuals, sometime pre-operation and post-operation including photos of alerted genitalia (W2, W3, W4, W5, W6, W11). This reading of other trans persons stories online is mentioned in literature (Cook-Daniels, 2002; Hash & Spencer, 2009; Lev, 2004; Rachlin, 1999; Ringo, 2002) and some literature (speaking to the health, well-being and management of trans persons) promotes such behaviour as an important part of transsexual persons coming to terms with their own gender identity and transgender identification and transitioning (e.g. Lev, 2004). This practice, the promotion of it and the high demand for such material provides a strong 'market' for confession , thus placing the recipient (be it trans, SOFFA, professional or researcher) in a position of power, particularly if their purpose is that of scientific study (Foucault, 1976/1990).

Another point of confession and 'scientific study' appeared to be the inclusion of polls on some of the websites (e.g. W6, W11). For example:

> Relationship Casualties: If your relationship did not survive after you began your transition, why? Choose answer that fits best 1: My physical changes were too much for her/him to handle 2: It caused my partner, who ID's as Gay/Lesbian, to question their homosexuality status, which was unacceptable to them 3: My face and voice were male but my body still looked female 4: The more gentle nurturing attributes to my personality caused by estrogen had diminished after being on T [testosterone] for a while 5: I became more angry/aggessive even though I tried to keep it in check 6: She or he simply changed their mind about being with a Transman - preferring to remain bi/gay/lesbian 7: She or he simply changed their mind about being with a Transman - preferring to go back to non-trans males All of the Above except #6 All of the Above except #7 None of the Above - Please submit your reason to admin@thetransitionalmale.com, to be added to this poll. (W6, n.p)

It is also evident that under such sites of confession there has already been study of how trans persons are likely to respond (potentially from previous surveillance and confession). Furthermore this extract also demonstrates how power/knowledge developed through confession may limit the subject positions that trans persons may occupy – that it appears likely that a trans person's relationship would have ended due to specific difficulties with transitioning (such as the transitioning not being 'complete' enough). Hence this study of sex produces certain 'truths' which may limit the subject positions which trans persons can occupy.

4.1.5. Biomedicine versus 'psy' professions

McLuckie (2002) argues that the construction of Descartes' mind-body dualism allows for the construction of mind-body misalignment and thus transsexuality. Even though biomedicine and the 'psy' professions are both hegemonic powers in relation to transsexuality, there appears to be a tension between these forces due to the one predominantly appealing to the body and the other the mind.

The following excerpt provides a good idea of this tension

> Certainly a typical male would suffer a catastrophic impact on body image and libido from the loss of his external genitalia. However, it has long been known that with

> counseling and practice, even males who have lost their genitalia to cancer can recover the capability for arousal and orgasm.
>
> Furthermore, intensely TS women are not "regular guys". They do not suffer a negative impact on body image as a result of SRS, but instead find a greatly enhanced body image. The experiences of countless Hijra girls in India demonstrates that even primitive forms of SRS do not desex transsexual girls and in fact helps many of them. (W3, n.p)

It is clear that this insert largely appeals to mind over body, that it is one's feeling and thoughts determine bodily function and health ('psy' over medical). Nonetheless, it also appeals to biomedical intervention or body alteration playing an important role and influencing 'psy' function: that this body modification is required for improved sexual thought and therefore sexual function.

There were, however, other instances in texts in which the 'psy' visibly trumped the medical, for instance:

> Beliefs That Can Kill: Beliefs can destroy you and end your quest to become yourself. Indeed, beliefs are one of the major causes of death for transsexuals. Here is what you need to know to protect yourself from yourself. (W4, n.p)
>
> Voluntary erections can be maintained since the brain is the most important sex organ; a developed repertoire of fantasies and good visualization is a must. It also depends on how one views their own genitals (disgust, strong aversion to, tolerable, etc.). (W1b, n.p)

It thus seems from these two quotes that medical/surgical intervention may not be as necessary as 'psy' intervention and/or psychological well being.

In contrast to this though, the 'psy' professions attempts at 'correcting' transsexuality have been known to have failed and that medical intervention largely has been the best 'cure' for gender dysphoria (Meyerowitz, 2002). This was evident in W3's (n.p) discussions of the history of transsexuality:

> Instead of receiving help for gender-transition from medical professionals, many transsexuals were forced into mental institutions, where psychiatrists tried to "cure them of their mental illness" by electroshock therapy and aversion therapy... Finally, in 1966, surgeons at the John Hopkins Medical Center began performing a limited number

> of MTF SRS operations in effort to help some intensely transsexual patients under care of Hopkins' new gender identity clinic. The Hopkin's staff believed that transsexuals were mentally ill, but they also believed that there was no psychological method for reversing the "incorrectly" formed gender identity.

Other aspects of the texts also suggested that biomedical intervention is the best way to psychological wellness and contentment:

> The scariest statistic is that pre-op Male to females have a suicide rate of 31% with 50% having had at least one suicide attempt by age 20. Post-op rates are below the national average. (W2, n.p)
>
> Many pre-operative transsexual women simply wait until after sex-reassignment surgery to begin an active sex life (due to how they feel towards their genitals and/or an aversion to anal sex) and for newly post-operative women how satisfied they are with the results. (W1b, n.p)

Such tensions have surfaced arguments over whether transsexuality should be viewed as a mental or physical disorder, relating to discussions on removing gender identity disorder from the DSM which classifies mental disorders (Ault & Brzuzy, 2009; Smit, 2006).

From the initial extract in this section and the quote below it is, however, clear that even though biomedical and 'psy' powers may compete, current discourses suggest a complex interaction between the two that requires a symbiotic relationship in order to achieve transsexual health and rights:

> While the psychological impact of such surgery would usually cripple the libido of a normal male, the effect on a young transsexual girl is usually just the opposite: The surgery can be liberating and can enable a fuller expression of her sensuality and her female libidinous feelings (W3, n.p).

Such a symbiotic relationship already seems to exist, for example in the Standards of Care (WPATH, 2011) which requires recommendation letters from medical and 'psy' professionals for hormonal and surgical procedures.

4.1.6. Lay knowledge: The trans community

Despite the biomedical and 'psy' professions being hegemonic powers in the psychiatrization of sex and transitioning, the analysis of the corpus suggested that another power may provide some resistance to these professions' hegemony, the power of the 'trans community':

transgender individuals and SOFFAs (including activists). This is in line with literature which suggests that with the increased use of the internet by trans persons and their SOFFAs the 'lay person' (trans and/or SOFFA) may more be likely to consult the trans community on gender issues and transitioning guidance rather than medical and 'psy' professionals, who used to be the primary persons to consult (Rachlin, 1999). However, further analysis suggested that the trans community may merely serve as relays for disciplinary power.

At least half of the websites produced by the search strategy were run by the trans community (W2, W3, W4, W5, W10, W11) and other websites may also have been contributed to by members of the trans community, for example Susan Larson (the name sake of W5) is a Wikipedia editor and administrator and thus may have contributed to W1a and W1b. On many of the websites, including non-trans community run sites, there were direct references to the trans community as a community (e.g. W2, W7, W11). Transgender and transsexual organizations also appeared to be a large part of this community and available discourse on the internet: two of the texts (W10 and W11) were trans organisations and further organisations were linked to on some of the other websites, for instance W5 had external links to the FTM Alliance of Los Angeles and FTM Australia.

The trans community seemed to hold substantial power, particularly in its ability to provide information, guidance and support. Many of the websites provided chat facilities, forums and letter sections in which individuals could receive direct feedback and support from the trans community (W2, W3, W4, W5, W6, W11), for example the excerpt below, describing a letter section speaks to how vastly powerful the community (by answering almost any question) may be:

> Answers from Jennifer: Wherein can be found the anonymous texts of actual letters written to me, and my answers in return. Guest articles and essays add even more information. Many answers to questions can be found within. Almost any question you can think of is answered here (W4, n.p)

The trans community can also help prevent trans persons from committing suicide (W2) and tell trans persons what they can expect and what they will experience:

> What can I expect long term? I am over 16 years post operative. I present a basic understanding of the long term ramifications of being a transsexual. What are the regrets, the joys, the outcome? I'll tell you! (W4, n.p)

This power will also be further evident in the section on health and rights: on how the trans community can direct trans persons to the specific "technologies of self" (Foucault, 1986; Foucault, 1988) that are 'required' for a 'successful' transitioning. Such influence appears to empower the trans community to have control over their own lives and decisions and reorganise systemic power (Swift & Levin, 1987), thus indicating a possible resistance strategy to the hegemonic professional powers; this strategy, however, is undermined by trans persons relaying the disciplinary power of the professionals.

There was evidence that the activist dimension may appeal to the professional powers, for instance W11's logo and design incorporates a DNA double helix (a clear biological/medical reference) and the organisation that runs W11 was holding a "Trans Health and Advocacy Conference", thus speaking to a pairing of activism, and biomedical and 'psy' powers. The power of some of the trans community run websites seemed to be undermined in a specific way: by potentially constructing (MTF) trans persons as children. Both W2 and W4 had a cerise pink background, cartoons and animations throughout and a prominent image at the top of W2 (see Figure 2 in Appendix D) was a little girl with angel wings in pink outfit with hearts on it. W2 is known as Laura's Playground; suggesting that it is a place for children to go. W2 justifies the choice of such a name and imagery as symbolising new beginnings and 're-going' through childhood and puberty as well as the website being a 'safe' space outside of the pornographic industry for transsexuals. This may be in line with other symbols of the trans community being butterflies (which were also present on W2) as they go through metamorphosis paralleling the transitioning of trans people (W1a). It may, nevertheless, also speak to the difficulty of moving from male to female in patriarchal society as well as traditional conceptions of castration (or orchiectomy) and eunuchs: keeping individuals children through castration (W3). In addition to losing 'reproductive organs', focusing on being outside of the sexual domain further links transsexuals to be children (both something that one should not sexualise). Nonetheless, this potential construction of trans persons as children may undermine them as experts and powers over their own lives.

The trans community is also subverted by its use of professional knowledge (and the language that comes with it) and the esteeming of and referral to professionals. Many of the websites had caveats emphasising that the information and advice present on the websites should not be a substitute for consultation with professionals, for example:

> This website is independently owned. It is simply a place to learn more about Transitioning from Female to Male. Never replace what you read here or on ANY website for that of your medical or mental health professionals advice! Always consult your physician or mental health provider if you have any questions about your health or well-being. Always adhere to the guidelines set forth by your physician and use this site only as a touch stone or resource for information that may not otherwise be available elsewhere. (W6, n.p)

As aforementioned throughout the corpus (including the trans community texts) medical and 'psy' references were made and these professions were implied to be held in reverence and as the key factors in transitioning. For instance the slogan at the top of W5 was "We stand at the crossroads of gender balanced on the sharp edge of a knife", this suggestion that gender rests on a knife clearly implies that transsexuals rely on medical intervention. The implied subjectivity of the trans community right through the corpus – for example "promoting freedom of expression of Gender identity" (W11, n.p) – also may actually suggest that the tran community's power is rather a form of control in disciplinary society in which the 'psy' professions have the ultimate power: to exert hierarchical observation, normalizing judgement and examination (Focualt, 1975/1995; Rose, 1999).

The control of the transsexual body through the trans community's (and its individuals) own subjectivity is further evident and a large focus of the next section of trans health and rights.

4.2. Health and rights

> My purpose is to see you able to understand yourself, to determine what to do, to know the basic plan to actually do it and what it will involve, and to survive and succeed. (W4, n.p)

The above quote essentially speaks to construction of technologies of self for transsexuals to transition; technologies of self

> permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality" (Foucault, 1988, p.18).

The quote also alludes to a 'need' to survive, implying that being transsexual and transitioning can be quite threatening to one's health and existence. This section discusses how trans rights and health were salient discourses in the corpus and how these link to the biomedical and 'psy' professions as well as technologies of self: the care of the transsexual self or as in the compounded name of W9, "TransGenderCare". Power dynamics that emphasise trans health and rights may be particularly productive forms of control but may also speak to the pathologisation of gender variance (thus enforcing the need of trans persons to require specific intervention) and the presence of certain hegemonic powers in these relations may also limit the subject positions trans persons have available to them.

One particularly useful means of societal control that was evident in the care of transsexuals was the subjectivity of the transsexuals and SOFFAs. Rose (1999), draws on Foucaultian theory of power/knowledge and discourse to demonstrate the irony of the societal power relations that construct subjectivity. Citizens – in this case trans persons – living in modern democracies have come to be controlled through their own subjectivities. The 'psy' professions have measured and conceptualized the human soul and the knowledge/power of these professions is (as aforementioned) communicated to individuals via the professionals themselves as well as various media sources (including the texts in this study). These technologies of subjectivity help manage the soul using techniques of self (analogous to Foucault's (1988) "technologies of self") : "the ways in which we are enabled, by means of languages, criteria, and techniques offered to us, to act upon our bodies, souls, thoughts, and conduct in order to achieve happiness, wisdom, health, and fulfilment" (Rose, 1999, p.11).

This managing of the soul relies "upon our recognition of ourselves as ideally and potentially certain sorts of person, the unease generated by normative judgement of what we are and could become, and the incitement offered to overcome this discrepancy by following the advice of the experts in the management of self" (Rose, 1999, p.11). Norms and criteria are given by others in order to evaluate selves "through self-inspection, self-problematization, self-monitoring and confession" (Rose, 1999, p.11). Personal interactions with others as well as individual "beliefs, wishes and aspirations" (Rose, 1999, p.3) are guided by the "new languages for construing, understanding and evaluating ourselves and others" (Rose, 1999, p.3). This use of this subjectivity in relation to trans people (and SOFFAs) accessing trans-oriented websites will be evident throughout this section.

4.2.1. Rights

The rights of transgender persons were emphasised across most of the texts, some references were explicit: “FTM International Leaders focus on Strong Rights, human rights, multiple oppressions, immigrant rights and anti-oppression work” (W10, n.p); whereas other were implied

> GID does not refer to people who feel oppressed by the negative attitudes and behaviors [sic] or others including legal entities in the same way that racist institutions do not create a "race disorder." Neither does GID imply an opinion of immorality; the psychological establishment holds the position that people with any kind of mental or emotional problem should not receive stigma. The solution for GID is whatever will alleviate suffering and restore functionality; this often, but not always, consists of undergoing a gender transition. (W1a, n.p)

It is also implicit in these quotes that transgender persons currently do not have their rights met and that this is linked to their ‘oppression’, as evident in beliefs and behaviours such as “transphobia” (W1a, n.p)(it will also be seen below that oppression links to how transitioning is constructed as difficult). Asserting and creating these rights is an ongoing process, with some organisations needing and asking for help “Survey to lobby Medical Aids and the National Health Plan. Please participate” (W11, n.p). Despite supposedly being part of ongoing LGBT and gay rights movements – because of the sexual hierarchy transgender – appears to be further marginalised (and distant from transgender rights goals) in these movements: “Today, members of the transgender community often continue to struggle to remain part of the same movement as lesbian, gay and bisexual citizens, and to be included in rights protections” (W1a, n.p).

What transsexual rights were constructed to be seemed to centre on freedom of expression of gender identity: “Gender DynamiX is a Human Rights organisation promoting freedom of expression of Gender identity and advocacy of Transgender, transsexual and Gender Non-conforming people” (W11, n.p) as well access to ‘treatment’ and services – such as legal services (W10). Access to ‘treatment’ and services largely appeared to speak to transsexual health; and thus rights and health were at times seen to be paired or implied to be paired, for example “Trans Health and Advocacy Conference” (W11, n.p). It will be argued in this section that this pairing may be a great productive power in relation to transsexuality but it may also contradict notions of freedom of expression as the construction of transitioning and technologies of self may limit the subject positions available to transgender persons.

4.2.2. Health

In the corpus, trans health and technologies of self that promote health appeared to be revered and in demand, for example under the "hottest link categories" on W9 (n.p) was "health and wellness". A quote on W9 (n.p) also spoke to this point: "'A sorely needed site devoted exclusively to transgender health care issues is finally available at transgendercare.com' — *Advocate Magazine"*. Health discourses were also evident in concerns about and aims at reducing suicide (e.g. W2). The various technologies of self in the corpus (described later in this section) appeared to appeal to the goal of trans health: particularly mind-body congruence (Bosworth, 2010).

Health and rights seemed to converge and be directed by medical and 'psy' practice. For instance: having medical consent forms and an eligibility section on W7. Eligibility directly links to the Standards of Care, which are appropriately titled "The Standards of Care: For the *health* of transsexual, transgender, and gender nonconforming people" (WPATH, 2011, n.p, emphasis added). Thus trans person's subjective experience may be directed, limited and controlled through such disciplinary practices which decide what is normal, what is abnormal and how the latter should be treated (Rose, 1999). Health (in contrast to gender dysphoria) appeared even more of a concern when the ICD (WHO, 2007) and DSM (APA, 2000) were mentioned. A point that was emphasised in some of the texts (W1a, W3) was that in order for "transsexualism" or "gender identity disorder" to be diagnosed (which then leads 'treatment') it is required that there be distress and disability (i.e. lack of health). Thus transsexuals being able to (medically) transition requires that they be 'unhealthy', so that they can be diagnosed and 'made' healthy.

Even when the "gatekeeping" (Speer & Parsons, 2006, p.785) of the technologies of the SOC, ICD and DSM were referred to – the double bind of being required to have certain symptoms in order to transition but trans persons being accused of trying to 'cheat the system' when displaying these symptoms so that they can transition (Smit, 2006) – the health of the trans person was still prioritised: "This website was not created to help prospective FTM's and or Transmen cheat the system or use Testosterone illicitly but to help others transition as safely and sanely as possible" (W6, n.p).

4.2.3. Transitioning as an ordeal

The central focus on health in the corpus appeared to relate transitioning to the medical and 'psy' conceptions (and requirements) of 'gender dysphoria' – that one needs to have distress as a basis to want to transition or employ technologies of self – and thus transitioning appeared to be constructed as an ordeal. It thus appeared that many of the websites aimed to reduce such dysphoria and suffering (by discussing and providing various technologies of self); some even spoke directly of 'dysphoria': "This is a site about Gender Dysphoria, and all of the complexities surrounding it" (W4, n.p). The construction of transitioning (and transsexuality) as an ordeal is evident in the following excerpts:

> This page clarifies that post-operative MtF transsexual women really do have female genitalia, and will also help readers visualize some of the ordeals trans women endure to achieve their new physical gender status. (W3, n.p)

> "We are born with a gender identity crisis. It is not an imitated or learnt one, but a natural instinct that urges us to be women." – Dhanam [a Hijra Guru] (W3, n.p)

> The reasons to cherish being transsexual: With a little thought on the matter, I think you will ultimately agree that it is actually a kind of Gift; yes it hurts too, and it is often difficult, but it is also a special birthright. Here is why. (W4, n.p)

> Why did this have to happen to me? The eternal complaint is discussed, and a possible theory of the biological value of transsexuality is presented. (W4, n.p)

Furthermore setting up transsexuality and transitioning as an ordeal leads to transsexuals requiring help, both from the biomedical and 'psy' professions and technologies of self: "Help, I'm a male to female transsexual" (W2, n.p).

This construction of an ordeal may also relate to transitioning going against "properties of 'natural, normally sexed persons'": especially that "gender is unchanging" (Garfinkel, 1967; p.122; Kessler & McKenna, 1978). The biomedical conception of treating illness and disorder may help legitimise the deviance from such properties and rules – or in other words – reduce the threat of transitioning across genders to hegemonic powers such as the gender binary (Bosworth, 2010). One may thus expect that the medicalisation of transitioning to reduce its construction as an ordeal; however, as aforementioned the biomedical ties to

transitioning set up in a way that it has to be an ordeal (i.e. one has to have disorder or gender dysphoria in order to transition). The construction of transitioning as an ordeal joins transsexuality with distress and desperation that may 'only' be 'corrected' through dramatic and risky medical procedures:

> Untold millions of transsexuals over thousands of years have voluntarily sought and undergone surgeries vastly riskier and more dramatic in effect than mere castration. (W3, n.p)

> The agonizing extremes to which these transsexual youngsters will go in order to "approximately have a female gender", with full knowledge that [hijra in India] they will never see their families again and will face social degradation for the rest of their lives, is a testament to the reality and extremity of the gender conflict that they face within themselves." (W3, n.p)

> Vaginoplasty (sex reassignment surgery) is a dramatic and irrevocable final step in male to female gender transition. This step is usually taken only after the deepest introspection and counselling regarding all the options. For those needing complete gender correction, this surgery is a life saving and life enhancing miracle, and can enable them to live a full and joyous life afterwards. However, carrying out of a mistaken urge for such a complete transformation could lead to permanent and terrifying emotional and psychological consequences. (W3, n.p)

As seen in the last quote, because of medical intervention's ability to relieve such great distress biomedicine is applauded as the most powerful and effective technology of self (further evidence of its hegemony). However, such intervention requires desperation and is not for the'fainted hearted':

> IMPORTANT NOTE: This page contains graphic visual material and other medical information that might shock or be very disturbing to some readers. DO NOT READ ANY FURTHER if you are squeamish about surgeries, or if you have any anxieties about your own genitalia. Access to this medical information is NOT AUTHORIZED for those UNDER THE AGE OF 18. By entering this page, you hereby certify that you are 18 or over. (W3, n.p)

> VIEW WITH CAUTION! The photo sequences listed here are definitely NOT FOR THE SQUEAMISH! (W3, n.p)

4.2.4. Technologies of self: Knowledge is king/queen

> To the rational mind there can be no offense, no obscenity, no blasphemy, but only information of greater or lesser value. (W4, n.p)

> Links: Where can I find even more information? (W4, n.p)

The biomedical and 'psy' professions, however, are not just hegemonic in their ability to 'restore' health but in their basis as power/knowledge systems (as linking to the psychiatrization of sex). Across the corpus – and in the literature (Keenan, 2006; Lev, 2004; Morgan, Marais & Wellbeloved, 2009; Klein, 2008; Vincent & Camminga, 2009) – gathering knowledge appeared to be a particularly emphasised technology of self for transsexuals. For example on W7 (n.p) there was a bold box at the top of the webpage labelled "request information" and various references to getting more information: "Then using a printed form, mark it up with any questions or concerns that you might have... Prior to scheduling please be sure all of your questions and concerns have been answered to your satisfaction... Be sure to bring the form to your consultation with a list of questions for discussion with Dr. Reed: (W7, n.p). All the websites had "resources" links and these seemed to primarily speak to promoting that transsexuals (and SOFFAs) 'gain' as much knowledge as possible. Resources took various forms: news/newletters, workshops, books/book reviews/publications, forums, blog topics, letter sections and other links (W2, W6, W7, W9, W11).

Knowledge appeared to be primarily free and accessible to all internet users: "A Primer On Transsexuality: Finally a grade school level explanation of what transsexuality is all about!" (W4, n.p). The medical based websites included references on ethics which seemed to boost their knowledge claims and link their resources to rights and health, for example: "TransGenderCare.com follows a specific code of ethics in order to provide accurate and credible transgender information on the Internet" (W9, n.p). Some of the trans community run sites, however, included disclaimers about their limited knowledge claims, for instance: "All contents are to be considered the singular personal opinion of Jennifer Diane Reitz for all legal purposes" (W4, n.p). Such disclaimers could be argued to undermine the power/knowledge of the trans community. Nonetheless, across all the websites (no matter

which groups of people they were run by) the promotion of transsexuals and SOFFAs gaining as much knowledge as possible appeared to be a strategic point for societal control. As seen in the psychiatrization section, the power/knowledge systems in the corpus all gave the impression that they had their source in the scientific study of sex and thus enforced the biomedical and 'psy' professions as hegemonic powers (Foucault, 1975/1995; Rose, 1999).

4.2.5. Technologies of self: Know thy self

Another accentuated technology of self was that transsexuals should know themselves. Many references to such a technology appeared to suggest a notion of a true (gendered) self, for instance "Below are links to help you explore Transsexuality and mtf' transsexuals. Tge [sic] truth is on these pages. Nothing more." (W2, n.p). Such claims may, however, be open to various post-modern positions on truth - that 'truth' is forever changing and relative. Despite this the mandate to trans persons appeared to be that there is a truth and they 'need' to find it, for example (dialogue between two animated characters on W4, n.p): "'So, the matter of your physical sex is decided then?' asked Ixxy. 'Of course!' replied Palakar 'It is obvious!' 'Ah,' Continued Ixxy with a winning air, 'But to what GENDER do you belong?' This may speak to conceptions that one must know where they fit in the gender binary and thus what their roles should be (2002a) or that in order to be diagnosed and to receive treatment one must have a clear gender identity (APA, 2000; WHO, 2007; WPATH, 2011).

As part of knowing oneself both W4 and W11 offered gender tests:

> Am I a Transsexual? THE GENDER TEST CENTER A testing environment you can use to help determine the degree of your own gender issues. Home of COGIATI, a test specifically designed for the uncertain, questioning, pre-transition Male-to-Female individual with the purpose of helping them to come to a more concrete self definition. (W4, n.p)

This 'need' to test gender, nonetheless, appears contradictory to many transsexual narratives that imply that gender identity is fixed: that trans persons have known of their gender identity since a young age and that it has always been set (e.g. Morgan, Marais & Wellbeloved, 2009).

Knowing one's self was viewed as a means to one's goals, happiness and pleasure, for example:

> Thus the decision for SRS must be taken with great internal soul searching and introspection, and with complete honesty with oneself about one's own gender identity, body image and likely psychic reactions to the body changes of SRS. This is especially true if sexual arousal and orgasm are very important in one's life. However, for those for whom SRS is the right thing to do, that surgery can release them fully from the physical gender trap they had been living in, and free them to experience their full humanity in sexual and lovemaking relationships. (W3, n.p)

Therefore, knowing one's self may be connected to making sure one fits into a sexual category or identity and thus avoids the fear of not belonging or not being categorised (reinforcing the psychiatrization of sex)(Wilchins, 2002a). It may also refer to a discourse on health: that in order to be healthy one must know whether they meet the diagnostic and treatment criteria of being transsexual and thus are not part of another category (such as homosexuals in denial or their sexual orientation, prostitutes or criminals trying to hide from authorities) that may transition but regret it (Griggs, 1998). Knowing one's self may also link to confession: that one needs to know oneself in order to confess to professionals; which may benefit one's health but also allow one to be studied and form part of the psychiatrization of sex (Foucault, 1976/1990). For example, W9 (n.p) offered freeware called "TransLog" which "provides a database application for recording body measurements and medications".

Relating to confessing one's story online (as mentioned in the psychiatrization section) was the implied demand for transsexuals to know and read other's stories online: "Hottest link categories: male to female personal page... male to female personal page" (W9, n.p). These too may be seen as part of technologies of self (linking to knowing one 's self): " Transition Stories: Here are the transition stories of other people, that they have sent to me. Perhaps their experiences can help you in many ways." (W4, n.p). Knowing one's self and the stories of others implies the shared subjectivity of trans persons; but as seen above Rose (1999) argues that such subjectivity is merely a means of societal control by the 'psy' professions.

4.2.6. Technologies of self: Be guided

"What can I do about this? Is there hope for me? Oh yes there is, and a wonderful future besides. Here is what you can do, and what it entails." (W4)

Another reoccurring technology of self was the 'need' for trans persons to be guided. Various guides were available as part of the texts, some guides were more generally and

comprehensive, such as “Joanna’s Guide to Male to Female Gender Transition” (W2, n.p) and “Brian XY... A comprehensive resource on female to male transitioning complete with articles, commentary, and a full gallery” (W5, n.p). Others provided more specific guidance, for instance an introduction “Are You New to our Site? Transgender Journey: An introduction to transitioning, and making the transgender journey a good once” (W9, n.p); tips “presenting tips”, “disclosing advice”, “men’s room tip” (W6, n.p); or in specific areas, “The Quick Guide to Heterosexual Dating for MTF Transsexuals What you need to know about dating men specifically, whether you are pre-op or post-op.” (W4, n.p).

Some of these guides – directly or indirectly – formed part of discourses on health and rights. For example:

> Why you *don't* want to be a woman or a man: A provocative explanation of the real reasons to go through transition, and about one of the greatest traps that can destroy your happiness. (W4, n.p)
>
> See the "WARNING " in Lynn's TS information pages, for clarification of what can happen when male-gendered cross-dressers or drag queens become misguided and have SRS. There have been so many of these misguided cases that the urban myths about SRS have escalated over the years, and there is now a lot of confusion about what to expect after SRS. (W3, n.p)

As seen in these two excerpts, health and rights discourses may link to technologies of self by using them as a means to move away from distress but also as means to avoid ‘incorrectly’ transitioning and becoming unhappy and unhealthy. Also seen in the latter quote, is how the psychiatrization of sex links to the care of the self: that one should only ‘correctly’ fit constructed identities and depending on what identity one fits they should only follow practices related to that identity (e.g. cross-dressers and drag queens should not identify as transsexual and therefore would not benefit from technologies of self around transitioning and surgery).

‘Being guided’ also overlapped with ‘knowing one’s self’, in that one can know one’s self by reading guides and seeing whether such technologies of self would be suited to one’s goals. For instance: “Transition: The Basics Of Changing Your Physical Sex A basic overview of the actual process of changing your physical sex.” (W4, n.p) and “For more information on the overall TS treatment and transition procedures, see Andrea James' TS Roadmap website, which contains outstanding planning information for anyone contemplating MtF gender

transition." (W3, n.p). Both these technologies form part of pastoral power, a subtler power technique (than the likes of biopower) that "looks after not just the whole community but each individual in particular, during his [sic] entire life" and "cannot be exercised without knowing the inside of people's minds, without exploring their souls, without making them reveal their innermost secrets. It implies a knowledge of the conscience and an ability to direct it" (Foucault, 1994, p.333).

As seen in the above quotes, most of the guides appeared to be 'created' and linked to the trans community. These guides may provide resistance to the power/knowledge of the medical and 'psy' professions by providing additional and unique information that the these professions cannot and potentially by having the influence to go against these power/knowledge bodies (Rachlin, 1999); however – as noted in other sections – these websites still seemed to promote the hegemony of the professions. These guides did, nonetheless, have considerable influence, for example being able to tell transsexuals who they should or should not date (and also equating dating to sexual intercourse):

> If you are in doubt about someone's [penis] size, be sure to carefully "feel the width" of your date before indicating a desire for intercourse. That way you can see if he's likely fit into you. If he's definitely too wide, you can decide that you are "too tired" that night. Then find someone else to date. (W3, n.p)

Such influences appeared potentially 'dangerous' as it may limit trans person's freedom to occupy certain subject positions; such as dating someone that they may be suited more than just sexually (having a partner who's penis is not too big for a post-operative vagina). In addition, despite these guides appealing to trans community power/knowledge they appeared to mimic the Standards of Care (WPATH, 2011) and speak to trans subjectivity, thus potentially reinforcing the power of the 'psy' professions (Rose, 2011).

4.2.7. Technologies of self: Get support and participate in a community

Another technology of self that appeared to promote the health and rights of transsexuals was the urge for transsexuals to get support and participate in a 'community', for example: "Laura's Playground is a transsexual support site... our mission is to lower our high suicide rate" (w2, n.p). Support was promoted and available in various forms, such as: online forums, online chat, support groups (both online and offline) and social groups (W2, W5, W6, W11). The mandate for trans persons and their SOFFAs to participate in a trans community was evident in such activities as listed above as well as being encouraged to vote

on polls (W6, W11), being part of mailing lists (e.g. W5), provide comments and feedback (W9) and to show unity in activism with the transgender pride flag (W1a). These technologies, however, may be only used by transsexuals that are open about their transsexuality; many transsexuals may 'go stealth', hiding that they are transsexual and breaking contact with the trans community in order to be perceived as a 'biological' male or female (Griggs, 1998; Rachlin, 2009). Furthermore, encouraging support and community may form a part of confession (Foucualt, 1976/1990) as well as place trans persons within in the gaze of each other and SOFFAs which may effectively promoted various desired behaviours and thus control.

4.2.8. Technologies of self: Professional consultation and medical intervention

In addition to involvement in the trans community the texts promoted the involvement of medical and 'psy' professionals as part of the management of the transsexual self. Trans persons were advised to consult with professionals for various reasons, for example:

> Lynn highly recommends that all women having SRS find a friendly, trustworthy, competent family practitioner or gynecologist beforehand. (W3, n.p)

> All postop patients should be very careful not to let fears and worries and embarrassments interfere with proper aftercare. If you are having any medical problems and are in doubt about your condition, go see a doctor! Don't let a minor infection or bleeding or pain stop you from doing your scheduled dilations! If there is any problem at all, seek local medical help and also get back in contact with your primary surgeon. You must not let ANYTHING interfere with your dilations, or else you risk the loss of your neovagina. (W3, n.p)

> Therapy is recommended by most mental health professionals for those who suffer from internal conflicts regarding their gender identity or those who feel discomfort in their assigned gender role, especially if they desire to transition. (W1a, n.p)

Professional consultation overshadowed any form of consultation with the trans community and any information present on the websites (even if the websites were medically based), for instance: "Information provided and accessed through TransGenderCare.com is presented in a summary form and should not be used as a substitute for a consultation or visit with a physician, psychologist, electrologist or other health care provider." (W9, n.p). Such

hegemony is clearly linked to medical and 'psy' professions being the key holders of power/knowledge in the psychiatrization of sex (Foucault, 1976/1990) and in disciplinary society (Foucault, 1975/1995, Rose, 1999).

The dominance of the biomedical technology of self was further evident in the sheer amount of website focus on its related topics, for instance the following were various references to medical intervention on W2 (n.p): "Hormones and heart disease", "A guide to hormone therapy for trans people", "I need Hormones NOW", "Facial Feminization Surgery", and "Transsexual Medical links". Other sites listed links to diverse medical intervention topics and discussions and products available, for example W7 (n.p):

> Blog Topics: - Breast implants- Feminizing vaginoplasty- FTM- FTM chest- Male chest reconstruction- Metoidioplasty- MTF- MTF Grants- Orchiectomy- Penile implants- Phalloplasty- Sex change- Subcutaneous mastectomy- Testicular Implants- Uncategorized- Vaginoplasty- Vaginoplasty revision... List of services: **MTF**- Male to Female Gender Reassignment (MTF)- Breast Augmentation- Orchiectomy- Labiaplasty; **FTM**- Female to Male Gender Reassignment (FTM)- Male Chest Reconstruction- Metoidioplasty

Many of these products were deemed "treatment necessitates" (W9, n.p. in relation to hair removal or electrolysis). There did appear to be some resistance points to medical intervention – for instance "Alternatives to SRS" (W2, n.p) – but these were overshadowed by the sheer focus on medical technologies.

There was, however, some breakdown in the promotion of medical (and 'psy') hegemony in some of the texts, for instance:

> However, research on gender identity is relatively new to psychology and scientific understanding of it and related issues is still in its infancy. (W1a, n.p)

> Transgender issues are both new in the scientific field and affect relatively few people, so many mental healthcare providers know little about transgender issues. People seeking help from these professionals often end up educating the professional rather than receiving help. Among those therapists who profess to know about transgender issues, many believe that transitioning from one sex to another – the standard transsexual model – is the best or only solution. This usually works well for those who

> are transsexual, but is not the solution for other transgender people, particularly genderqueer people who do not identify as exclusively male or female. (W1a, n.p)
>
> Unfortunately, few physicians have any clue about SRS. Therefore, if you suddenly have a complication at home after surgery, you may find it very difficult to get medical help. (W3, n.p)

Medical intervention may thus not always promote the health and rights of trans persons.

This was also evident in the myriad of threats to health implicit in available technologies. Such as the complications of a metoidioplasty (creating a mirco-phallus out of the hormonally enlarged clitoris):

> Complications may include but are not limited to less than anticipated length, torquing of the clitoris (usually amenable to release), loss of sensation, tissue necrosis, localized infection, persistent tenderness or hypersensitivity, transient or permanent narrowing of the vaginal opening which may render the vagina incapable of penile penetration, urethral narrowing, urethral obstruction, and urethral fistula (leakage of urine anywhere along the pathway of urethral extension). Between the first and second stages leading to urethral extension, voiding patterns and trajectory may be forwards or backwards and may splash wetting perineal, labial and vaginal skin. (W7, n.p)

Another example was of the potentially negative influence of MTF hormones:

> Contraindications – Hormones MTF: Absolute: history of estrogen sensitive cancer (for example breast cancer), history of thromboembolic disease (unless provided with concurrent anti-coagulation therapy), or history of macroprolactinoma. Relative: Liver, kidney, or heart disease and stroke (or any of the risk factors for heart disease: high cholesterol, diabetes, obesity, smoking); Strong family history of breast cancer or thromboembolic disease; Gallbladder disease; circulation or clotting conditions such as peripheral vascular disease, polycythemia vera, sickle cell anaemia, paroxysmal nocturnal hemoglobinuria, hyperlipidemia/hypercholesterolemia, hyperlipoproteinaemia, hypertension, factor V leiden, prothrombin mutation, antiphospholipid antibodies, anticardiolipin antibodies, lupus anticoagulants, plasminogen or fibrinolysis disorders, protein C deficiency, protein S deficiency, or antithrombin III deficiency. (W1b, n.p)

The latter quote also speaks to the how the level of medical intervention one may have may be limited by their family medical history

The commodification of the technologies of self is made possible by disciplinary power (people's 'needs' and 'wants' being controlled by larger societal forces) but the results of the commodification of the technologies of self (more expensive and 'precious' commodities such as SRS) may limit who has access to them. Trans persons may have limited access to medical technologies due to the availability of trans resources (e.g. Klein, 2008; Smit, 2006), the costs of medical intervention (which will be argued in the next section) and the role medical and 'psy' persons play as gatekeepers (Speer & Parsons, 2006). This gatekeeping decides who is eligible for medical intervention and who is not with specific eligibility criteria (e.g. W7) which most often relate to the Standards of Care (WPATH, 2011):

> The requirements for hormone replacement therapy vary immensely, often at least a certain time of psychological counseling is required. Some organizations still require a period of time living as the desired gender role. This period is sometimes called the Real Life Experience (RLE). People from the transgender community say that RLE is psychologically harmful and is a form of "gatekeeping" - barring the person from transitioning for as long as possible, if not permanently. *See also Standards of care for gender identity disorders*. (1b, w.p)

This gatekeeping may promote the health of gender variant persons by trying to ensure that only persons that are likely to benefit from medical technologies of self obtain them (WPATH, 2011). However, such gatekeeping may drive trans persons to acts which endanger their health:

> Some individuals choose to self-administer their medication ("do-it-yourself"), often because available doctors have too little experience in this matter, or no doctor is available in the first place. Sometimes, trans persons choose to self-administer because their doctor will not prescribe hormones without a letter from the patient's therapist stating that the patient meets the diagnostic criteria for GID and is making an informed decision to transition. Many therapists require at least three months of continuous psychotherapy and/or a real life test in order to write such a letter as is suggested in the HBIGDA [now WPATH] Standards of Care. In these circumstances, the individual may self-administer until they can get these authorizations, feeling that they shouldn't have to wait for a medical professional to be convinced of their situation. In addition, as many individuals must pay for evaluation and care out-of-pocket, expense can also be prohibitive to pursuing such therapy... However, *self-administration of hormones is*

potentially dangerous and orally delivered hormones can cause liver damage. (W1b, n.p)

4.2.9. Pleasure

The discourses on health and rights and the technologies of self seemed to promote the pleasure of the transsexual body. For example, W6 had multiple advertisements for sex toys and a large part of W3 was dedicated to maximising transsexual pleasure, for instance

> The ability to easily become aroused, to desire intimate and sensual contact, and to achieve sexual release through orgasm is a precious gift to bring into love relationships, especially when combined with a desire to give full and complete pleasure to one's love partner too. A loss of these capabilities could ruin the woman's chances of experiencing her full humanity after transition, especially for finding and enjoying a passionate, deeply-bonded love relationship. However, as we'll see, SRS can provide those for whom it is right the chance to fully experience the joys of sex and lovemaking - and thus to finally enjoy a full human life. (W3, n.p)

This focus on the pleasure of transsexual body contradicts the pornography industry in which the transsexual body is viewed largely as an object to provide pleasure to other bodies (generally heterosexual males)(this will be discussed briefly in the next section)(Escoffier, 2011) and in the narratives of transsexual in which the pleasure of the transsexual body is deemphasised and rather the pleasure of the transsexual's partner valued (Bosworth, 2010). Further evident in this discourse on pleasure (particularly in the above quote) was how medical institutions may once again be an agent in the promotion of the rights and health of the transsexual body; it will, however, be noted in the next section that this promotion comes at large costs.

4.2.10. Technologies of self: SOFFAs

Many of the technologies of self that applied to trans persons appeared to apply to SOFFAs. Such as gaining knowledge: "Educate yourself about transgender issues by reading books, attending conferences, and consulting with transgender experts. Be aware of your attitudes concerning people with gender-nonconforming appearance or behavior [sic]." (W8, n.p) and seeking support "Seek support in dealing with your feelings. You are not alone. Mental health professionals and support groups for family, friends, and significant others of transgender people can be useful resources." (W8, n.p). Being a SOFFA was also constructed as being difficult (linking to transitioning being an ordeal) – this supported existing literature on the subject (Cook-Daniels, 2002; Ellis & Eriksen, 2002; Zamboni, 2006) – for example, "Get

support in processing your own reactions. It can take some time to adjust to seeing someone you know well transitioning. Having someone close to you transition will be an adjustment and can be challenging, especially for partners, parents, and children." (W8, n.p). SOFFAs also formed part of the discourses on trans health and rights, for instance: "Advocate for transgender rights, including social and economic justice and appropriate psychological care. Familiarize yourself with the local and state or provincial laws that protect transgender people from discrimination." (W8, n.p).

As mentioned in the literature review, SOFFAs – particularly the family – may form part of a key overlap between two types of power – disciplinary power and pastoral power – thus may play an important role in the management of the transsexual body (Foucault, 1976/1990; Foucualt, 1994). The more SOFFAs are involved in trans persons' lives the better theses power may operate, in that trans person can be placed under gaze (disciplinary power) but also be gently guided (pastoral power): "Keep the lines of communication open with the transgender person in your life." (W8, n.p). The subjectivity of disciplinary power and the gentleness of pastoral power was further evident in the following advice (Foucault, 1976/1990; Foucualt, 1994; Rose, 1999): "Use names and pronouns that are appropriate to the person's gender presentation and identity; if in doubt, ask." (W8, n.p).

The family (and potentially other SOFFAs) appeared be of particular importance in the management of the gender variant bodies of children. For example:

> Parents may be concerned about a child who appears to be gender-nonconforming for a variety of reasons. Some children express a great deal of distress about their assigned sex at birth or the gender roles they are expected to follow. Some children experience difficult social interactions with peers and adults because of their gender expression. Parents may become concerned when what they believed to be a "phase" does not pass. Parents of gender-nonconforming children may need to work with schools and other institutions to address their children's particular needs and ensure their children's safety. It is helpful to consult with mental health and medical professionals familiar with gender issues in children to decide how to best address these concerns. It is not helpful to force the child to act in a more gender-conforming way. Peer support from other parents of gender-nonconforming children may also be helpful. (W8, n.p)

This may relate to children – like other 'perverse' sexualities – not being reproductive members of society; Foucault (1976/1990) argues that for this reason children's bodies have

also formed part of rigorous scientific study. The family – as a key site for the deployment of sex – hence plays a key role in the management of children's bodies and draws on other institutions (such as medical and 'psy' professionals as mentioned in the latter quote) for guidance and control.

4.3. Commodification

> Not all agree. The Rev. Verlyn Hanson, pastor of the First Baptist Church for the past three years says the town turned a blind eye to Biber's [SRS] work because of the economic boost it provided. "The love of money is the root of all evil, and people will overlook a lot of evil to have a stronger economy," he says . (*USA Today* article cited in W3, n.p)

As evident in the above quote, transsexuality and the related technologies of self have become commodities with capitalist agendas. In the first session it was argued that transsexuality has been constructed by the biomedical and 'psy' professions. In the second section it was argued that transitioning was further constructed as a group of technologies of self – of which biomedical intervention was seen as the most crucial – which trans persons (and SOFFAs) need to follow for health and wellness. This final section contends that beyond the societal control gained by biomedicine and the 'psy' professions in 'creating' transsexuality and defining the practices by which transsexual bodies need to be modified, these professions – particularly biomedicine – also have capitalist gain from such practices. This argument reinforces Billings and Urban's (1982) claim that medicine has socially constructed transsexuality and that this forms part of a capitalist agenda; it also demonstrates how new developments in technology (the personal computer, the internet and thus the corpus under investigation) have further been drawn in and used as agents for such agendas.

Transitioning may be particularly vulnerable to being commodified as both commodification and the technologies of self use unhappiness (distress and disability) and the promise of happiness to as a means to mobilise people in desired 'productive' directions – be it societal control and health or capitalist gains (Foucault, 1986; Foucualt, 1988; Haug, 1983; Rose, 1999).

> The illusion one falls for is like a mirror in which one sees one's desires and believes them to be real... An innumerable series of images are forced upon the individual, like mirrors, seemingly empathetic and totally credible, which bring their secrets to the surface and display them there. In these images, people are continually shown the unfulfilled aspects of their existence. The illusion ingratiates itself, promising satisfaction: it reads desires in one's eyes, and brings them to the surface of commodity. (Haug, 1983, p.52).

Biomedicine has thus constructed the transsexual identity which already speaks to many people's desires; such as wanting or needing to belong (Wilchins, 2002b). However beyond this 'basic' desire more complex 'desires' are shown to transsexuals and constructed in a way that trans persons believe that such products – biomedical intervention and other technologies of self – are the 'only' means to their health, wellness and happiness and thus through this process transitioning is brought to the surface as a commodity. An excellent example of this was the numerous galleries of preoperative and postoperative transsexuals available in the corpus (e.g. W2, W5, W7): "flashing" such images at trans persons (who may desire some alteration in their gender expression) may actually lead them to believe that their 'desire' is 'complete' medical intervention.

The commodification of transitioning by biomedicine is in line with other biomedical practices – such as the organ trade and cosmetic surgery – and medicine's aim may no longer only be to "extend life but to transform a person's 'appearance'" (Aizura, 2009, p.305). Thus the process of commodification (including appeal aesthetics) can create 'desire' for products and services – such as biomedical intervention for 'transsexuals' – where they potentially previously were not (Haug, 1983). Furthermore, such moves from focus on health and longevity to cosmetics may lead one to question the 'motives' of biomedicine.

The construction of transitioning being driven by capitalism may be particularly dangerous as the goals of capitalism may be contradictory to that of humanity:

> Capitalism is based on a systematic *quid pro quo*: all humans, even life itself, matter only as means and pretexts (not just in theory but in economic fact) in the functioning of the system. The standpoint of capital valorisation as an end in itself, to which all human endeavours, longings, instincts and hopes are just exploitable means, (and motivations which people can relate to and on whose research and usage a whole branch of social sciences is working), this valorization standpoint which dominates

> absolutely in capitalist society, is diametrically opposed to what people are and want autonomously. (Haug, 1983, p.47)

An example of such exploitation may be the reification and commodification of transsexuals that reaffirms the gender binary (Billings & Urban, 1982).

4.3.1. The commodification of technologies of self

> FTM Gear... Clothing and accessories for the self-made man (W5, n.p)

Various products appeared to speak to the commodification of technologies of self by which trans persons may transition to become "self-made" men and women, for example: "Gold Seal Breast Forms"(W2, n.p), "FTM prosthesis" (W5, n.p), "A Gender Odyssey: an FTM conference" (W5, n.p), "Nick's Presenting Gear- Packing Gear & More" (W6, n.p), "Underworks Chest Binders" (W6, n.p) and "Babeland Sex Toys for a Passionate World" (W6, n.p). Commercial propaganda surrounded such products, for example by making an appeal to being dedicated to the transgender community: "The Breastform store is a proud supporter of Laura's Playground and is dedicated to the Transgender Community" (W2, n.p). Many products also spoke to exclusivity and quality thus allowing for increased trade value: "The Advantages of buying quality breast forms" (W2, n.p). Other appealed to the advanced development of transitioning commodities, such a breast forms "Designed specifically to fit the male torso" (W2, n.p) or FTM prosthesis available in two colours and two sizes (W5).

Medical intervention formed a large part of the aspects of the texts that indicated the commodification of transitioning. W7 was a particularly good example as it was the website of a medical profession; the doctors name was used as a brand in the centre's name: "The Reed Center [sic]" (W7, n.p) and the website showed people smiling, presumably 'satisfied patients' (further convincing the internet user of the "illusion"). The website also had promotional offers for discounts on accommodation for the duration of medical intervention and care and provided information of deposit and payment options. It listed, described (including the advantages and disadvantages) and provided prices for each procedure: "**MTF**- Male to Female Gender Reassignment (MTF)- Breast Augmentation- Orchiectomy- Labiaplasty; **FTM**- Female to Male Gender Reassignment (FTM)- Male Chest Reconstruction- Metoidioplasty- Phalloplasty" (W7, n.p). The services quality was reassured by an extensive list of the doctor's qualifications and association as well as pre-operation and post-operation photo comparisons of previously conducted procedures.

Service providers of medical intervention appeared to compete by using health-risking reductions on costs and requirements, for example the SRS industry in Thailand:

> The Thai surgeons do not insist on the full HBIGDA [now WPATH, 2011] protocol (and instead make their own informed decision whether a patient is suitable for SRS), thus greatly reducing the financial burden and logistical complexities of having to go to two counselors or psychiatrists for several years in order to get the letters of approval for SRS required here in the U.S... However, anyone going to Thailand for SRS should make very certain that they are going to one of the handful of reputable surgeons there who are doing high-quality SRS's using modern surgical techniques in the best hospitals. There has long been a tradition in Thailand of doing what superficial "Hijra-style" SRS's which do not create a full vagina. These are inexpensive surgeries (on the order of $1000 to $1500). Many Katheoy "working girls" undergo these surgeries, not being able to afford the full SRS surgeries (if someone does not need a full SRS, a Kathoey-type surgery might be an option to consider). Bottom line is that anyone going to Thailand should carefully research the latest information on Thai surgeons, and avoid going to the "lowest bidder" for such an important and life-changing surgery . (W3, n.p)

Surgery was constructed as only 'true' form of transitioning and more medical intervention was considered better than less or no medical intervention, for instance "estrogen enables some Hijra now to become very beautiful – even though, sadly, they do not have female genitalia (vaginas) and are not socially accepted as women." (W3, n.p). This is in line with findings in literature; for example, Aizura (2009, p.306) found that English-speaking internet users considering SRS in Thailand followed the following "logic": "that a transsexual woman's sense of embodied completeness is only accomplished through genital reassignment surgery". There were, however, some resistances points to this hegemony such as discussion about alternatives to SRS (W2) or minimal surgical intervention that is less costly: "As an even less expensive alternative, transsexuals in the U.S. can now take advantage of fairly easy access to orchiectomy [removal of testes]." (W3, n.p).

Other commodities included the secondary gain of the medical intervention industry: "At the height of his practice, Biber performed about 150 transsexual operations a year. His patients brought families and friends who remained in town during their loved ones' eight-day hospital stay." (W3, n.p) as well as psychological services: "Dr. Carl Bushong... Transgender

& Transgender Care... For those seeking more than our website can provide – TransGenderCare... Counseling [sic] via telephone, guidance with surgical referrals, feminizing therapies and transsexual issues... doctorbushong.com" (an advert on W9, n.p).

A variety of the technologies of self mentioned in the previous section were, however, offered for free and thus appeared to be a potential resistance point to the commodification of transsexuality as they had no market value; all the websites in the corpus did not require payment and examples of specific free technologies of self were most knowledge resources, knowing one's self (such as gender tests being free on W4 and W11) and support and community participation. Some organisations mentioned were non-profit organisations that were run largely by volunteers, such as FTM Australia (mentioned in W5) and Wikipedia (W1a, W1b). It, nevertheless, may be argued that these free technologies were merely used as forms of surveillance and encouragement for trans persons to use commodities and services that are not offered for free; such as was evident in the dominant discourse on medical intervention and recommendations on medical and 'psy' consultation. A good example of this was W5 which offered a free tool via which internet users could rank and comment on products and services thus aiding in constructing the "illusions" of which commodities are 'essential' for transitioning and hence health and happiness.

Some of the organisation on the websites asked for donations (W1a, W1b, W11) which may be interpreted as a resistance point to commodification but is more likely to indicate how even if those organisations are not profiting they still have to function in a capitalist economy. Furthermore, it may be argued that such organisations may not be required if transsexuality and transitioning were not constructed and commodified in the way they are (as dysphoria and ordeals that require intervention). Other elements also appeared to be breakdowns in capitalist economies, such as the "Big Brothers Binder [material and elastic binders to bind and hide breasts] Program for No/Low Income Transmen" (W6, n.p) and W6 (n.p) not charging for advertisements for "any business associated with or helpful to Transmen". Nonetheless, it could be argued that these 'free offerings' merely support commodified technologies of self; such as still getting trans persons and SOFFAs to want and buy potentially unnecessary or over-valued commodities.

4.3.2. Limitations of commodification

Other than reaffirming the gender binary (Billings & Urban, 1982), the commodification of transitioning posed various threats to the freedom and health of trans persons. One such threat that has already been mentioned was the limited knowledge (on trans issues) of medical and 'psy' practitioners that trans persons are encouraged to consult with and the health dangers of various medical interventions (both by non-trans and trans specialists), for example: "The decision of whether to augment [breasts] or not is very similar for a TS women as for any other woman – a complex one with many tradeoffs of appearance vs sensation vs risks of complications." (W3, n.p).

A particular limitation of commodification on trans persons freedom is the cost of medical intervention; even if medical intervention were a necessary part of transitioning most trans persons cannot fully afford it (Keenan, 2006; Klein, 2008; Klein, 2009; Smit, 2006) and the payment of and "insurance coverage for medical care is a coherent issue in the intersection of transsexuality and economic class." (W1a, n.p). Because of stigma, distress and disability associated with transsexuality and gender dysphoria many trans persons may be economically 'disadvantaged' and thus unable to afford the 'treatments' which are supposed to help them relieve their dysphoria:

> A report released in February 2011 found that 90% of transgender people faced discrimination at work, and were unemployed at double the rate of the general population. Over half had been harassed or turned away when attempting to access public services. (W1a)

The cost of transitioning thus appeared to particularly feed into trans dysphoria:

> One of the greatest difficulties faced by young, intense transsexuals who are very certain of their need to undergo complete gender correction is the high cost of transition and the long time-period (several years) to get everything approved. The overall costs of counselling, hormones, electrolysis and surgeries is typically $30K to $40K in the U.S. Because of their gender condition, many younger transsexuals are unable to obtain good enough employment to save money fast enough to achieve a timely transition. Meantime, they are often doomed to watch as their bodies continue to masculinize (even if taking estrogen) which makes a successful and complete transition seem further and further out of reach. (W3, n.p)

Another disadvantage of the commodification of body modification (particularly around cosmetic procedures) was that the illusion created – that which a person becomes to believe they fully desire and 'must' have – may be extremely powerful and actually cause dissatisfaction which realities which previously were not considered problematic (Haug, 1983). The following excerpt on vaginoplasty and vaginal cosmetic surgery provides good evidence of this:

> Many newly postop gals at some point suddenly become overly concerned about whether their new genitalia are going to look perfectly normal and whether they are "deep enough" for intercourse. These concerns can be very disabling and prevent the woman from relaxing, having fun, learning her body well, and then going out and dating and becoming open to sexual activities with a partner. This can become a kind of panic as the possibility of sexual intercourse as a woman begins to present itself. Newly postop women need to know that as long as they have at least 4" of depth, they will be able to have fun sex with most average-sized men. More than 4" is defintely better, but 4" is just enough. Many postops have about that much depth and do just fine in relationships with men. Also, most men find female genitalia a bit scary and just don't look all that closely. If you are a fun sexual partner and your genitalia are sexually functional, then you should have no concerns about "looking perfect".
>
> By the way, quite a few GG ['genetic girl'] women have confusions and concerns about "how they look". A recent controversy in Australia clarifies this issue: Most GG women have not seen the details of many other women's vulvas, but nowadays they may often see photos of other women in their boyfriends or husbands' porno magazines. In Australia the men's magazines such as Playboy and Penthouse are forced to digitally "pretty-up" and simplify the appearance of women's genitals in their photos in order to be sold without plastic-wrap covers. As a result of seeing these modified photos, many women in Australia have now gotten a very unrealistic notion of what most women's vulvas look like, and this has led to many women there to seek out plastic surgeons to make their genitals "look normal"! This story should help more postop TS women to relax a bit and not worry so much about "how they look". There is a very wide range of vulvar appearances, and most postops these days fit somewhere within the rather "normal-looking" part of that spectrum. (W3, n.p)

4.3.3. Pornography

Even though pornography was excluded from the corpus due to time limitations and a focus on the care of the self, it is important that this industry be noted in relation to the transsexual body. The online transsexual pornographic industry – specifically of 'desiring' the "she/male" (preoperative MTF transsexuals) – commodifies the transsexual body for the gaze of (largely) heterosexual men (Escoffier, 2011). This 'commodity' has formed a massive industry, by growing more than 5000% in the last five years with an estimated 188 million men having visited such websites (Examiner.com as cited Escoffier, 2011). The apparent difference between the pornography industry and technologies of self appears to be that in the former the trans body is an object of sexual gaze and commodity and that profits are overall not being made of body modification whereas in the latter the transsexual body is under the control of the subjectivity of trans persons and SOFFAs and profits are made from the focus on controlling and modifying the transsexual body. Some overlap between the "she/male" and transitioning commodities, however, may exist; for example Escoffier (2011) recounts that because may trans persons cannot afford the medical procedures they desire to transition they may become sex workers and performers in the pornographic film industry in order to gain the capital means required to transition.

On searching for the term "transsexual~" on MSN.com – which did not automatically offer a "SafeSearch" – only four websites out of the first 150 search results were not related to pornography or 'erotic' dating sites; this may demonstrate how much larger the former industry is in comparison to the latter, transsexual pornographic websites may hence be a strategic point of analysis to further understand the commodification on the (transsexual and otherwise) body.

CHAPTER 5: CONCLUSION

Since the 17th century there has been a proliferation of discourse on sex and various sexual 'identities' have been 'uncovered', studied and socially regulated: one such identity is transsexuality (Foucault, 1976/1990). Literature indicates that this identity is particularly marginalised due to various socio-historical influences, such as its deviance from the "properties of 'natural, normally sexed persons'" (Garfinkel, 1967, p.122) and gender variance being pathologised by the biomedical and 'psy' professions (Smit, 2006). Central to this marginalised identity is the practice of transitioning in which transsexuals draw on various technologies of self in order to become gender 'congruent' (Foucault, 1986; Foucault, 1988; Lev, 2004; Rose, 1999). The media has played a large role in the construction and 'popularisation' of transsexuality and a relatively new and a particular interesting site for the deployment of these technologies of self appeared to be internet media, whereby trans persons and SOFFAs seek out information and support (Lev, 2004; Ellis & Eriksen, 2002). Trans-oriented websites were also indicated as potential points of resistance to professional control due to their potential for offering trans persons and SOFFAs an opportunity for moving away from primarily professional consultation to more 'laic' support online (Rachlin, 1999).

The study of transsexuality has largely been focused on mainstream research on deviance, aetiology and treatment and thus it may be argued that critical engagement with transsexuality may have been relatively neglected (Kessler & McKenna, 1978). Furthermore there is paucity of research on SOFFAs, particularly in the critical domain (Ellis & Eriksen, 2002; Zamboni, 2006). Despite this, transsexuality – especially transitioning – has been found to be enacted at the junction of multiple power relations (Bosworth, 2010) and thus the critical study of transitioning may be a particularly strategic point to uncover current power relations. To this end, this research aimed to investigate how transitioning was constructed in corpus of popular websites aimed at transsexuals and SOFFAs.

A vigorous internet search strategy was used to select ten popular international and one popular South African website and a discourse analysis was then conducted on the most frequently occurring (in the search strategy) webpage page for each of the websites. The analysis indicated that transitioning was constructed at a juncture between the psychiatrization of sex, health and rights, and commodification.

Transsexuality formed part of the ongoing surfacing, studying and control of 'perverse' sexualities; and was constructed by being separated from and contrasted to other sexual identities. In relation to other gender variant sexualities transsexuality was associated with distress, pathology, being fixed and defining and whereas other sexualities were seen as part of entertainment, ritual, political movement, in flux and changing and/or being only part-time. The vast focus on the psychiatrization of sex indicated the hegemony of the biomedical and 'psy' professions. Transsexuality's specific links to distress and illness was related to its closer ties to these professions than the other sexualities mentioned in the corpus. These close ties, nonetheless, also focussed on the health and rights of trans persons and helped normalise – bring into closer relation and control to the norm – transsexuality in a hierarchy of sexualities. Thus transsexuality was seen as less of a threat to the norm than other sexualities as long it was under the control of medical and 'psy' professions. Furthermore the confessional nature of the websites in the corpus proved transsexuals and SOFFAs (the confessors) to be particularly vulnerable scientific study and thus construction and control by biomedical and 'psy' professions (accepting the confessions). A tension existed between these two hegemonic powers but overall they appeared to work together in a symbiotic relationship. As indicated by literature (Rachlin , 1999) it did initially appear that the presence and emphasis of the trans community on the websites provided resistance points to medical and 'psy' power/knowledge; however, on further analysis it was argued that the trans community merely served to reinforce these professions, such as through control via the construction of the community's own subjectivities (Rose, 1999).

These professions' control and hegemony was further evident in numerous technologies of self which were promoted by the texts. These included the importance of gaining knowledge, knowing one's self, being guided, getting support and participating in a community, professional consultation and medical intervention (the latter being constructed as the most vital technology of self). Similar technologies of self were advocated for SOFFAs and they too were constructed as instruments of the professions. The dominance of the biomedical and 'psy' institutions in the technologies of self promoted the health and rights of trans persons – including the promise of pleasure for the transsexual body which previously may have been neglected (Bosworth, 2010). They, however, also constructed transsexuality as distressing and disordered and thus requiring the technologies of self, particularly their own services, especially medical intervention.

In the corpus the technologies of self and transitioning were produced as commodities. The process of commodification – particularly the 'flashing' of these commodities on the websites aimed at transsexuals and SOFFAs – created an illusion: a construction that the technologies of self sensually mirror and serve transsexuals (and SOFFAs) every need and desire and thus are 'required' for the health and happiness. A myriad of products and services (particularly medical ones) were promoted and available throughout the corpus; however, accessing the websites themselves as well as the various services and technologies of self they provided were free, these free technologies nonetheless appeared to support and endorse transsexuals and SOFFAs buying into the commodities as 'vital' for their transitioning. These capitalist agendas were cautioned against as they may stand "diametrically opposed to what [trans] people are and want autonomously" (Haug, 1983, p.47), such as by rewarding biomedicine for its construction and control of transsexulity but in the process reinforcing the gender-binary and thus further pathologising gender variance which may limit all gendered persons freedom, particularly marginalised transsexual persons (Billings & Urban, 1982; Butler, 1990; Wilchins, 2002b).

This research has therefore argued that the biomedical and 'psy' professions – through the scientific study of sex (including means such as confession) – have constructed transsexuality as a disorder (distress and disability) that upon which intervention for correction is necessary. The manner of which such intervention is laid out is through trans persons and SOFFAs own subjectivity; this subjectivity is used as a means of control in which transsexuals 'need' to draw upon various technologies of self (particularly that of medical intervention) in order to go through and survive an ordeal (transitioning) in order to become congruent or healthy. These technologies of self may however – because of their commodification – be more supportive of capitalist gain than the interests and freedom of trans persons. Biomedicine thus has constructed the transsexual identity and the commodities (especially medical products and services) that transsexuals 'need' to consume and in so doing has served its own capitalist agenda rather than the freedom of trans persons.

5.1. Strengths

This research's strengths lie in its unique focus in under-researched fields, its rigorous selection of a corpus, its implications for the SOC, DSM and ICD and most importantly its

potential influence for carving of alternative paths for thinking about (transsexual and any other) gendered bodies.

As aforementioned, there are large gaps in the following research areas: the critical study of transsexuality – specifically transitioning - and in depth study of transsexual's (and SOFFAs) use of the internet. This study has contributed critical and in depth research to these gap areas as well as identified these areas as strategic junctures to study marginality, gender, sexuality, biomedicine, the 'psy' professions, commodification, governmentality and power. Such research may hence form the basis and introduction to further investigation into these fields and their complex interactions.

In addition to providing such research, this study created and adapted a unique 'sampling' methodology. The rigorous selection of popular websites required the adaptation of existing research techniques (e.g. Borzekowski, Schenk, Wilson & Peebles, 2010; Lachance, Erby, Ford, Allen & Kaphingst, 2010) and took into consideration the use of search engines, search engine popularity, multiple search terms, website ranking and URL frequency in order to determine website popularity. Furthermore the corpus selected from such a search strategy was particularly advantageous in the likelihood of it capturing and disseminating a wide variety of dominant discourses and consisting of naturally occurring, non-contrived discourse (Parker, 1992; Speer, 2002). The analysis was also strengthened by including visual and design elements (Norris, 2002; Ravzi, 2006).

The Standards of Care, DSM and ICD's positions on and roles in transsexuality are highly contested (Ault & Brzuzy, 2009; Bockting, 2009; Smit, 2006). The power dynamics uncovered in this research – particularly around the potential negative effects biomedical and 'psy' ties may have for transsexual persons – may be useful contributions to such arguments, for instance removing the gender identity disorder from the DSM, and the revision of such systems in the 'best' interests of trans persons. It may also be important to disseminate the uncovered power dynamics amongst trans persons, SOFFAs, medical and 'psy' professionals in order to help trans persons (and any other gendered persons) to have more possibilities for self-making. This may be done through websites such as those included in the corpus as well as through other knowledge systems such as training and information manuals and textbooks.

Most importantly, it is hoped that by uncovering such power dynamics resistance points for alternative strategies against hegemonic powers may be created and power matrices may be reorganised to allow bodies (transsexual and otherwise) to return to pleasure.

5.2. Limitations and recommendations

Despite these strengths this research has a number of limitations.

This study's biggest limitation may be the positioning of its corpus within the "digital divide". The "digital divide" (Fuchs & Horak, 2008; Mehra, Merkel & Peterson Bishop, 2004) describes "the troubling gap between those who use computers and the internet and those who do not" (Mehra et al., 2004, p.782). This gap is closely related to socio-economic status, level of education, race and urban-rural geographical location (National Telecommunications and Information Administration [NTIA], 2000). In 2007, the national average of South African households with access to Internet facilities was 7.3%. Wealthier and urban areas had much higher access than other areas, for example 14.2% of household in the City of Johannesburg Metropolitan Municipality reported Internet access (twice that of the national average) (Statistics South Africa, 2007). Therefore, the discourses found in the study's analysis on websites may be most predominantly accessed and disseminated through subjects with specific demographic qualities, such as higher socio-economic status and level of education. However, Internet access in South Africa is increasing; for example, the South African Advertising Research Foundation (2011) report that in 2004 and 2005 4.7% of the South African population sampled had accessed the world wide web in the past seven days: this percentage grew to 9.8% in 2009 and 2010. Many South Africans also now use their mobile phones to access the Internet, thus furthering the range of Internet users. In addition to this, the discourses found in the websites that this study analysed may be spread beyond those who have access to the Internet and this corpus may still have been a strategic entry point for the analysis of transitioning discourses.

This study was also limited to only analysing 12 webpages due to time limits. Therefore it is likely that it provides greater breadth than depth of study than if whole websites were to have been analysed. It may, however, be argued that due to the rigorous selection strategy to obtain the most popular websites and webpages the corpus was still likely to have uncovered a variety of and major discourses. Furthermore, this research has only examined discourses on transitioning present on websites. There may be other competing discourses that either

were not uncovered or are not present on the websites analysed. Further study should examine explore these and how they may interact with the discourses examined in this study. The critical study of gender variant people has been criticised for neglecting the everyday lived experiences of trans persons (Namaste, 1996); hence this study may be open to such criticisms, nevertheless, it may be argued that even though this study has not had phenomenological focus its wider aims of creating more possibilities for the self-making for all gendered persons may largely impact the lived experiences of people's everday lives (Kessler & McKenna, 1978).

Related to the limitations imposed by only analysing 12 webpages was the limited focus on SOFFAs. This study initially aimed to include a focus on SOFFAs, this concentration was however limited because only the most frequent web pages were analysed in the corpus instead of whole websites and thus focus on SOFFAs was limited by the amount of text linking to SOFFAs found on these webpages. The analysis on SOFFAs could have been more in depth if whole websites formed the corpus as many of the websites had links to SOFFA sections (even though having limited text on SOFFAs on their most frequent URLs) which thus could have been part of the analysis providing more material on SOFFAs and thus substantially contributing to research gaps on SOFFAs roles in transsexual's transitioning (Ellis & Eriksen, 2002; Zamboni, 2006). It is therefore recommended that future research projects attempt to provide central focus on SOFFAs and adapt their methods (specifically their search strategy if websites are going to be used) to facilitate such focus. A particularly fraught sight for further research on SOFFAs may be on exploring in greater depth how SOFFAs may in one sense disrupt or offer resistance to biopower while in another sense be co-opted as a relay for it.

This research primarily used a discourse analysis with rigorous corpus selection; future research on related topics may benefit from extending such study to a mixed methods approach, thus including the interpretation of quantitative data. For example such analyses may focus on the data generated through the frequency of website 'hits': what types of websites and discourses are more popular or widespread and greater accessed from different geographical localities or by different population groups; such data may allow one to tease out certain socio-cultural and historical developments in discourses and thus power/knowledge relations. Other types of studies into the same corpus may also prove useful and have an impact of the lives of trans persons and SOFFAs, such as examining the

accuracy of information presented on websites on transsexuality and possibly comparing this across professional and trans community websites; the popularity search methodology that this study used was adapted from studies examining the accuracy of information on the internet, such as eating disorders and genetic testing (Borzekowski, Schenk, Wilson & Peebles, 2010; Lachance, Erby, Ford, Allen & Kaphingst, 2010).

Another limitation of this study is that it excluded pornographic websites due to time limits as well as a focus on the care of the self. It was, however, evident while conducting the study (such as sorting through the search engine outputs) as well as in literature (e.g. Escoffier, 2011) that transsexual pornography may be a particularly strategic point to study gender, sexuality, commodification and other power relations. These sites are thus recommended as targets for future research.

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APPENDICES

Appendix A: Terminology

Cisgender(ed): "describes people whose gender identity matches their sex at birth" (Morgan et al., 2009, p.5)

Coming out: "the realization of one's identity or the communication of that identity to others" – identity normally in relation to sexual orientation or gender identity (Ringo, 2002).

Female-to-male transsexual (FTM): a person assigned as 'female' at birth but would later live (or intend to live) as a 'male' (or more masculine) (Morgan et al., 2009).

Gender dysphoria: "the emotional and other experiences of people who discover a disparity between their inner gender identity experiences and their biological sex" (Ellis & Eriksen, 2002, p.290).

Hir: 'Hir' belongs to one of several gender-neutral pronoun systems" (Cook-Daniels, 2002, p.2); these may be used to prevent reinforcing the gender binary as well as not only including "male and females, but also individuals who claim a gender outside or beyond 'male' and 'female'" (p.2), such as Smit (2006).

Intersex(ed): persons "born with sex organs that are not clearly female or male" (Morgan et al., 2009). Previously referred as "hermaphrodite", however, this term may have offensive connotations.

LGBTI: lesbian, gay, bisexual, transgender and intersex

Male-to-female transsexual (MTF): a person assigned as 'male' at birth but would later live (or intend to live) as a 'female' (or more feminine) (Morgan et al., 2009).

Passing: being perceived by other people as a gender that is not the same as one's birth sex; for example, a MTF may be thought to be (or pass as) a woman by the general public despite still having male reproductive organs.

Sex reassignment surgery (SRS): surgery used to modify primary and secondary sexual characteristics (Morgan et al., 2009).

SOFFAs: significant others, family, friends and allies of transgendered person (Morgan et al., 2009). In this research (as in Cook-Daniels, 2002, p.3) also refer any "individuals who are personally affected by their association with a trans person." SOFFAs may include: spouses and partners, parents, siblings, children, friends, co-workers, neighbours and even store clerks to mention a few.

Trans: used in this research "to mean the quality of being transsexual and/or transgender" (Ringo, 2002).

Transgender(ed): "may refer to people who do not fit neatly into either the 'male' or 'female' categories, instead crossing or blurring gender lines" (Cook-Daniels, p.2). Transgender may refer to a range of people, such as 'butch' lesbians, effeminate gay men, cross-dressers and the intersex. Tewksbury & Gagne (1996) place transsexuals at one end of a transgender continuum with female impersonators at the other end.

Transition: "process that transgendered people move through in accepting their gender identity, particularly the physical, legal, and psychological experience of moving from one gender identity to another or allowing others to see their authentic identity" (Lev, 2004, p.399). Transitioning may involve moving from one distinct gender identity (e.g. male) to another distinct gender identity (e.g. female) or it may entail moving (back and forth or staying at a 'position') between distinct gender identities (e.g. in an ambiguous state between 'male' and 'female').

Transman (transmen): see female-to-male transsexual.

Transsexuality (transsexual): 'True transsexuality' was historically defined by individuals requesting surgery to modify the sex (specifically their genitals) of their bodies to match their 'male' or 'female' gender identity (Benjamin, 1966, as cited in Rachlin, 1999). However, many transsexuals may live out gendered identities different from their birth sexes due to various reasons, such as not having the financial resources for surgery, not seeing surgery as a viable option (the current medical technology to construct 'male' genitalia for female-to-male transsexuals produces an 'unrealistic' product that may not be properly functional for urination and sex or provide adequate sensation), not believing surgery is required for their gender identity or not having access to Western medico-psychological discourses on gender (Rachlin, 1999). The historical definition therefore proves insufficient as it would exclude many individuals and specifically construct 'transsexuality' in terms of the male-female gender binary and Western medical discourse (i.e. that gender variance – outside of 'male' and 'female' needs to be corrected using endocrinological and surgical intervention) (Morgan et al., 2009; Rachlin, 1999). A more inclusive definition of 'transsexuality' that aids in allowing alternative constructions of gender is of individuals that intend to or currently live as opposing genders to their birth sexes on a full time basis. Hence male-to-female transsexuals (MTF or transwomen) would be assigned as male at birth but would later live as 'female' (or more feminine) and female-to-male transsexuals would be assigned female at birth but would later live as 'male' (or more masculine).

Despite this reworking of the definition of 'transsexuality' – that is to be used in this project – 'transsexuality' still carries historical medical connotations. For this reason many, particularly the LGBT activism movements, prefer the use of 'transgendered' or 'transgenderism' (e.g. Morgan et al., 2009). However, as seen above, 'transgendered' refers to a broader range of persons; including and in addition to transsexuality. For the sake of specificity the author will maintain the usage of 'transsexuality' to refer to a precise identity; no offense or reading into specific (particularly hegemonic) discourses is intended by this usage.

Transwoman (transwomen): see male-to-female transsexual.

Appendix B: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MACC/11/004 IH**
PROJECT TITLE:	The construction of transitioning in popular website aimed at transsexuals and significant others, family, friends and allies of transgendered persons (SOFFAs)
INVESTIGATORS	Bosworth Jonathan
DEPARTMENT	Psychology
DATE CONSIDERED	23/03/11
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 19 May 2011

CHAIRPERSON
(Professor M. Lucas)

cc Supervisor: Prof Brett Bowman
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2013

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix C: Search strategy results

Table 1: Top 10 websites overall (according to total rank "popularity") with frequency per URL

Popularity	Website	Total Rank	Specific URLs found in search	Count per URL
1	Wikipedia	208	http://en.wikipedia.org/wiki/Transgender	4
			http://en.wikipedia.org/wiki/Hormone_replacement_therapy_(male-to-female)	4
			http://en.wikipedia.org/wiki/Transsexualism	3
			http://en.wikipedia.org/wiki/Hormone_replacement_therapy_(female-to-male)	3
			http://en.wikipedia.org/wiki/List_of_transgender_people	2
			http://en.wikipedia.org/wiki/Sex_reassignment_surgery_(male-to-female)	2
			http://en.wikipedia.org/wiki/Male-to-female_transsexual	2
			http://en.wikipedia.org/wiki/Sex_reassignment_surgery_(female-to-male)	2
			http://en.wikipedia.org/wiki/Male-to-female	2
			http://en.wikipedia.org/wiki/Female-to-male	2
			http://en.wikipedia.org/wiki/Transsexual	1
2	Laura's Playground	85	http://www.lauras-playground.com/mtf.htm	7
			http://www.lauras-playground.com/ftm_articles.htm	6
			http://lauras-playground.com/	2
			http://www.lauras-playground.com/transsexual.htm	1
3	Lynn Conway	68	http://ai.eecs.umich.edu/people/conway/TS/SRSlink.html	7
			http://ai.eecs.umich.edu/people/conway/TSsuccesses/TSsuccesses.html	3
4	Transsexual.org	52	http://www.transsexual.org/	3
			http://transsexual.org/What.html	2
			http://transsexual.org/index.html	1
5	Susan's Place	46	http://www.susans.org/Female_to_Male/	5
			http://wiki.susans.org/index.php/Transgender	2
			http://wiki.susans.org/index.php/Gender_reassignment_surgery_%28male-to-female%29	2
			http://www.susans.org/	1
			http://wiki.susans.org/index.php/Transsexualism	1
5	The Transitional Male	46	http://www.thetransitionalmale.com/	5
			http://www.thetransitionalmale.com/#caveat	1
6	SRS Miami	34	http://www.srsmiami.com/FTM-female-to-male.html	8
7	American Psychological Association	27	http://www.apa.org/topics/sexuality/transgender.aspx	4

7	TransGenderCare	27	http://www.transgendercare.com/	4
8	FTM International	22	http://www.ftmi.org/	4
			http://ftmi.org/	2

Table 2: Top (and only) South African website

Popularity	Website	Total Rank	URL	Count per URL
14	Gender DynamiX	8	http://www.genderdynamix.co.za/	1

Table 3: Corpus (webpages used in analysis) with allocated numbering

Website number	Website name	URL
1a	Wikipedia: Transgender	http://en.wikipedia.org/wiki/Transgender
1b	Wikipedia: Hormones replacement therapy (male to female)	http://en.wikipedia.org/wiki/Hormone_replacement_therapy_(male-to-female)
2	Laura's Playground	http://www.lauras-playground.com/mtf.htm
3	Lynn Conway	http://ai.eecs.umich.edu/people/conway/TS/SRSlink.html
4	Transsexual.org	http://www.transsexual.org/
5	Susan's Place	http://www.susans.org/Female_to_Male/
6	The Transitional Male	http://www.thetransitionalmale.com/
7	SRS Miami	http://www.srsmiami.com/FTM-female-to-male.html
8	American Psychological Association	http://www.apa.org/topics/sexuality/transgender.aspx
9	TransGenderCare	http://www.transgendercare.com/
10	FTM International	http://www.ftmi.org/
11	Gender DynamiX	http://www.genderdynamix.co.za/

Appendix D: Screenshots of top webpages



Figure 1a: Wikipedia – Transgender (W1a)

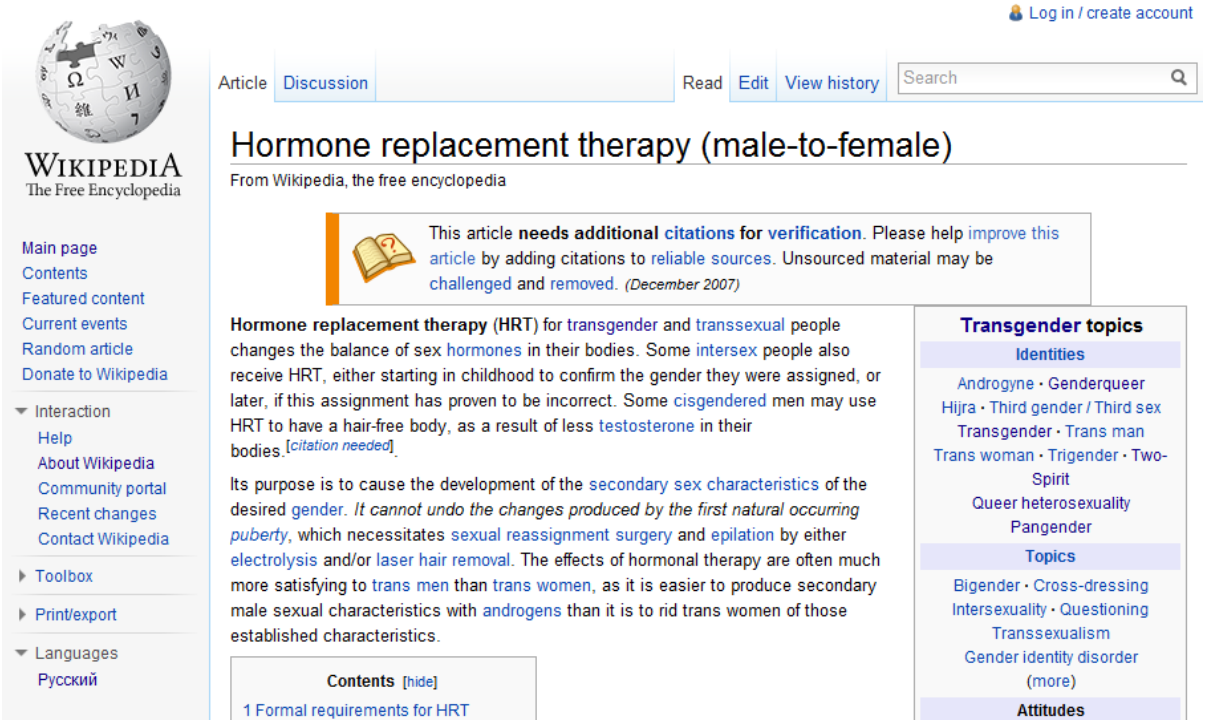


Figure 1b: Wikipedia - Hormone replacement therapy (male to female) (W1b)

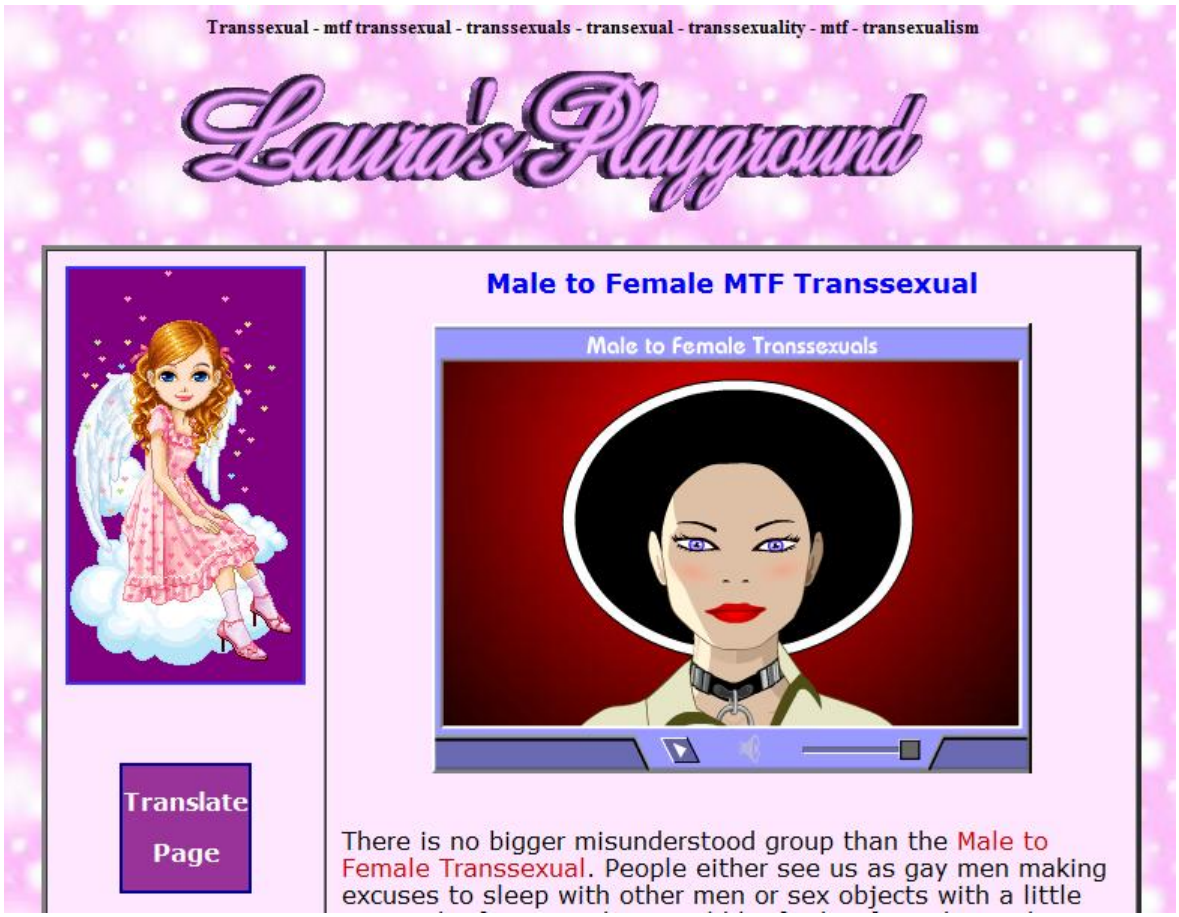
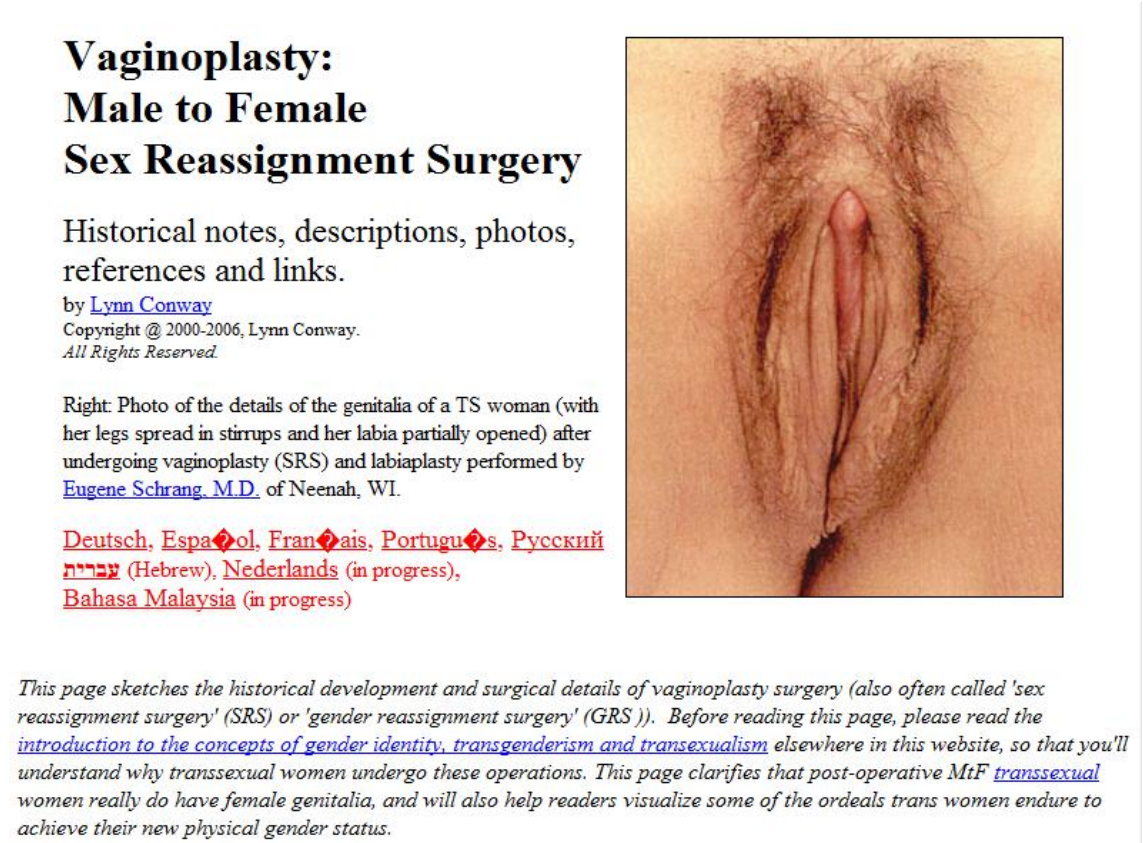


Figure 2: Laura's Playground (W2)



Vaginoplasty: Male to Female Sex Reassignment Surgery

Historical notes, descriptions, photos, references and links.

by Lynn Conway

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Right: Photo of the details of the genitalia of a TS woman (with her legs spread in stirrups and her labia partially opened) after undergoing vaginoplasty (SRS) and labiaplasty performed by Eugene Schrang, M.D. of Neenah, WI.

Deutsch, Espa&#65533;ol, Fran&#65533;ais, Portugu&#65533;s, Русский עברית (Hebrew), Nederlands (in progress), Bahasa Malaysia (in progress)

This page sketches the historical development and surgical details of vaginoplasty surgery (also often called 'sex reassignment surgery' (SRS) or 'gender reassignment surgery' (GRS)). Before reading this page, please read the introduction to the concepts of gender identity, transgenderism and transexualism elsewhere in this website, so that you'll understand why transsexual women undergo these operations. This page clarifies that post-operative MtF transsexual women really do have female genitalia, and will also help readers visualize some of the ordeals trans women endure to achieve their new physical gender status.

Figure 3: Lynn Conway (W3)



Figure 4: Transsexuality.org (W4)

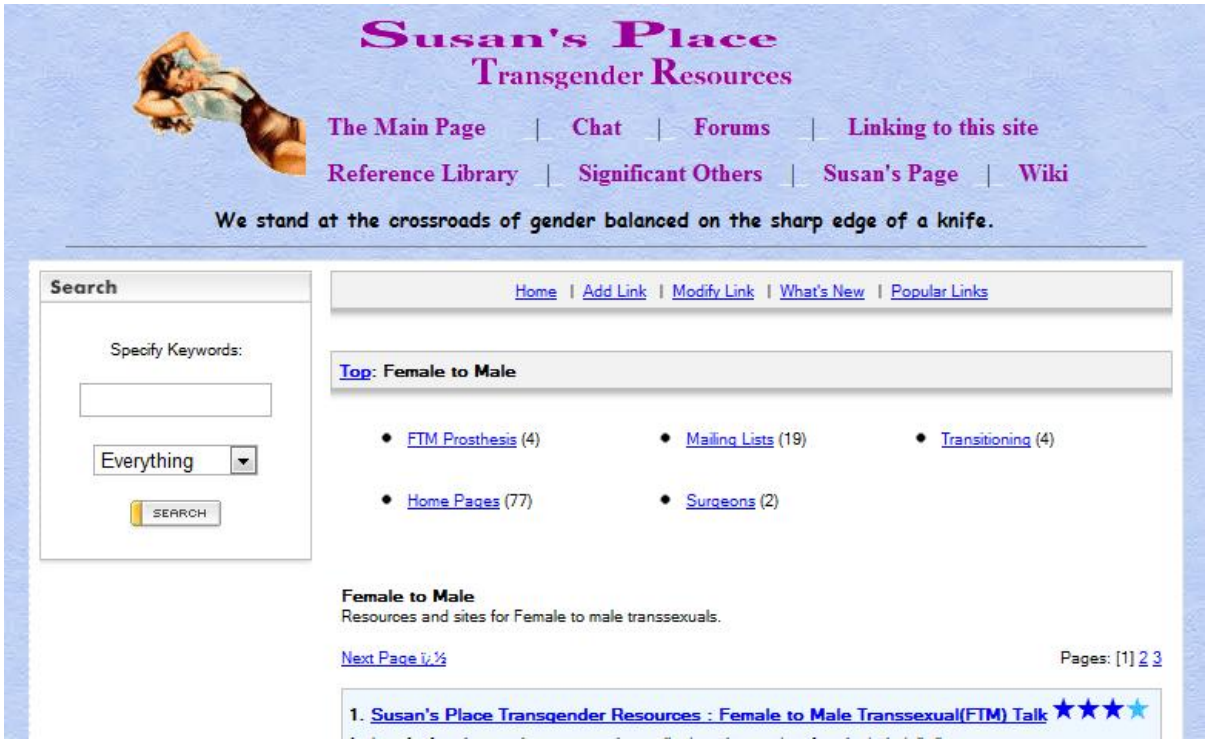


Figure 5: Susan's Place (W5)

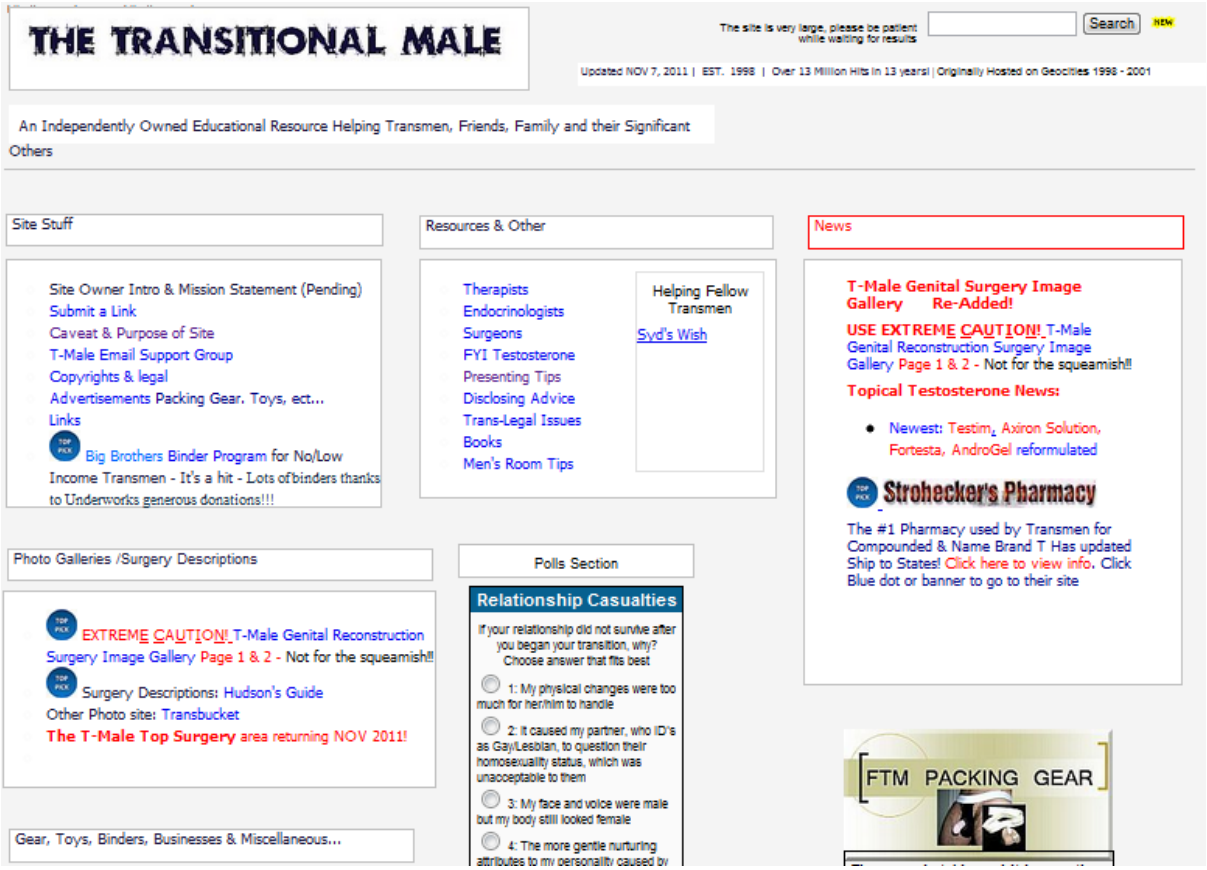


Figure 6: The Transitional Male (W6)



Figure 7: SRS Miami (W7)

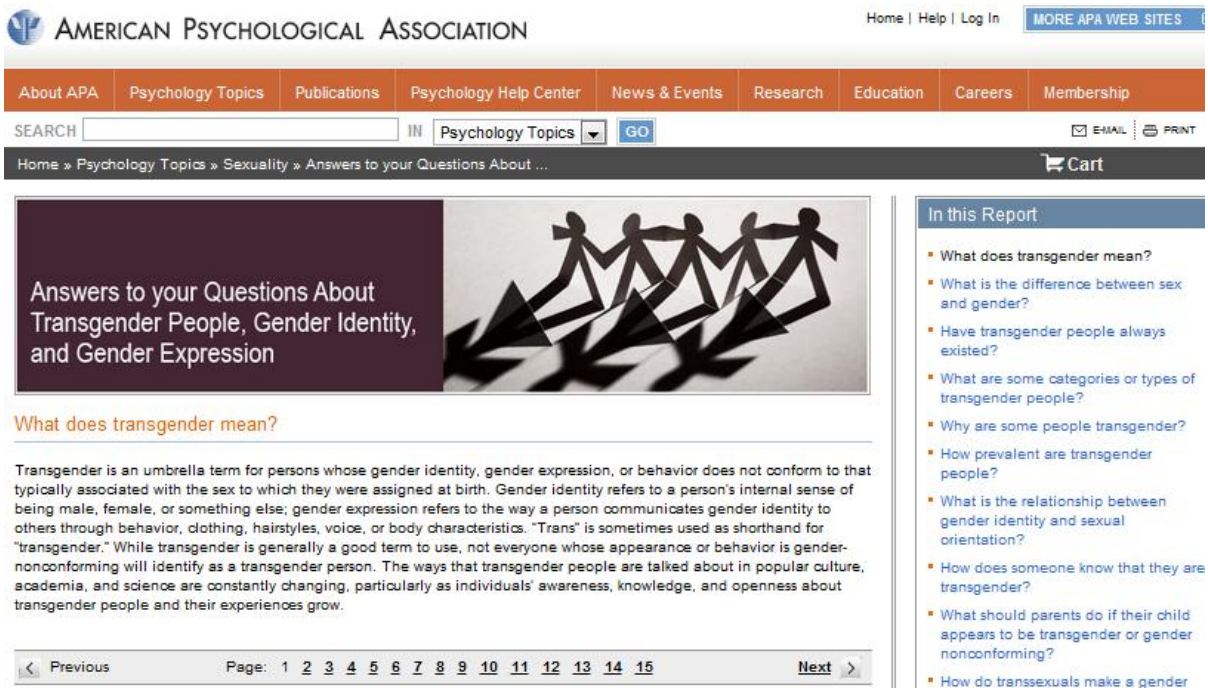


Figure 8: American Psychological Association (W8)



Figure 9: TransGenderCare (W9)



Figure 10: FTM International (W10)



Figure 11: Gender DynamiX (W11)

Appendix E: Supervisor contract

Appendix E: Supervisor contract

16. STATEMENT OF PRINCIPLES FOR POSTGRADUATE SUPERVISION

IN A CONTEXT OF ACADEMIC FREEDOM AND WITHIN A FRAMEWORK OF INDIVIDUAL AUTONOMY AND THE PURSUIT OF KNOWLEDGE THIS AGREEMENT IS WRITTEN IN THE BELIEF THAT THERE IS A RECIPROCAL RELATIONSHIP AND MUTUAL ACCOUNTABILITY BETWEEN SUPERVISOR AND STUDENT.

THE SUPERVISOR AND THE STUDENT:

1. Will establish agreed roles and clear processes to be maintained by both parties. In the case of joint supervision everyone's role needs to be clarified.
2. Will meet regularly and as frequently as is reasonable to ensure steady progress towards the completion of the proposal, research report, or dissertation or thesis. This time varies but the normal minimum requirement for face-to- face contact, spread across each year of registration is: 10 contact hours for an Honours project, 15 contact hours for a Masters by research report and 24 contact hours for a Masters by dissertation and a PhD.
3. Will keep appointments, be punctual and respond timeously to messages.
4. Will keep one another informed of any planned vacations or absences as well as changes in his or her personal circumstances that might impact on the work schedule. Unplanned absences or delays should be discussed as soon as possible and arrangements should be made to catch up lost time.
5. Will ensure that research on animal or human subjects is conducted according to the procedures and the requirements of the relevant University Ethics committee.
6. Will together complete progress reports on the research project, as requested by each Faculty Graduate Studies Committee.

THE SUPERVISOR:

1. Undertakes to provide guidance for the student's research project in relation to the design and scope of the project, the relevant literature and information sources, research methods and techniques and methods of data analysis.
2. Has a responsibility to be accessible to the student.
3. Will be prepared for meetings with the student.
4. Will expect written work as jointly agreed, and will return that work with constructive criticism within a timeframe (a suggestion of 2-4 weeks) jointly agreed at the outset of the research.
5. Will provide advice that can help the student to improve his/her writing. This may include referrals for language training and academic writing. The supervisor will provide guidance on technical aspects of writing such as referencing as well as on discipline specific requirements. Detailed correction of drafts and instruction in aspects of language and style are not the responsibility of the supervisor.
6. Will support the student in the production of a research report, dissertation or thesis. Provision should be allowed for adequate, mutually respectful, discussion around recommendations made.
7. Will assist with the construction of a written time schedule which outlines the expected completion dates of successive stages of the work.
8. Will ensure the student has the opportunity to present work at postgraduate/staff seminars/national/international conferences as appropriate.
9. Will assist with the publication of research articles as appropriate.
10. Will discuss the ownership of research conducted by the student in accordance with the University guidelines and rules on intellectual property, co-authorship and copyright.
11. Will ensure that the research is conducted in accordance with the University's policy on plagiarism.
12. Will ensure that the student is made aware in writing of the inadequacy of progress and/or of any work where the standard is below par. Acceptability will be according to criteria previously supplied to the student.
13. Has a duty to refuse to allow the submission of sub-standard work for examination, regardless of the circumstances. If the student chooses to submit without the consent of the supervisor, then this should be clearly recorded and the appropriate procedures followed.

THE STUDENT:

1. Undertakes to work independently under the guidance of the supervisor. This includes reading widely to ensure that the literature pertinent to his/her chosen topic has been identified and consulted.
2. Is obliged to make appointments to see the supervisor and will arrange meeting times well in advance.
3. Will think carefully about how to derive maximum benefit from these contact sessions by planning what he/she wants in these sessions.
4. Should submit written work for discussion with the supervisor well in advance of a scheduled meeting. The kind and frequency of written work should be agreed with the supervisor at the outset of the research.
5. Undertakes to submit written work that is relatively free of basic spelling mistakes, incorrect punctuation and grammatical errors. Responsibility for the accuracy of language, the overall structure and coherence of the final research report, dissertation or thesis rests with the student.
6. Undertakes to heed the advice given by the supervisor and to engage in discussion around suggestions made. Ultimately the student has to take responsibility for the quality and presentation of the work.
7. Should strive, within reasonable bounds, to maintain a focus on his/her research area and to work within the agreed time schedule.
8. Will prepare material for presentations at seminars and conferences.
9. Undertakes to submit papers for publication.
10. Agrees to honour agreements about ownership of the research and in accordance with the University's guidelines and rules in relation to co-authorship, copyright and intellectual property.
11. Will ensure that the work contains no instances of plagiarism and that all citations are properly referenced and that the list of references is accurate, complete and consistent.
12. Agrees to work in accordance with the criteria of acceptability as supplied by the supervisor.
13. Undertakes not to place the supervisor under undue pressure to submit work for examination until the supervisor is satisfied that it has reached an acceptable level of quality.

I confirm that I have read and understood this statement and agree to be guided by its principles

Name of student : Jonathon Bosworth

Student's signature : Bosworth

Name of Supervisor : Prof Breet Bierman

Supervisor's signature :

Name of Co-Supervisor : N/A

Co-Supervisor's signature : N/A

The broad area of study is: Sexuality, Gender Critical Psychology

Provisional submission date is: 07/11/2011

Degree : Masters in Community Counselling Psychology

School : Human and Community Development

Faculty : Humanities

Date : 27/02/2011

Specific agreements pertaining to: ownership and joint publication, funding, etc. may be attached and signed.

GRIEVANCE PROCEDURES. It should be acknowledged that during the course of the research, both students and supervisors can feel aggrieved. In this event, matters should be dealt with as swiftly as possible by the parties involved and, if necessary, the appropriate Postgraduate Coordinators and Committees. There is, in addition, a University Grievance Policy to help guide deliberations. It is available on www.wits.ac.za/prospective/postgraduate.