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Drafting a Transition

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I declare that this **Critical Cultures Research Project** is all my own work and that all sources have been fully acknowledged.

Signed: A handwritten signature in black ink, appearing to read 'Eileen McCarthy', written over the printed word 'Signed:'.

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Introduction

I am exploring transness, I want to dissect the basis of trans identification and where in specific it comes from. Looking to history for enlightenment, the transsexuality of the past leads the way for my research. The existence of trans people is synonymous with the existence of humanity yet this form of self-identification instils a certain anxiety, not just in society but in trans individuals themselves. I want to affirm this identity. In order to do this I will shine a light on what a transition is. Breaking down a 'sex change' to its constituent crafts helps me to examine transition from the perspective of a creator. When the medicinal journey of trans folk is forgotten the very basis of what it means to be trans is forgotten. As a people, it is important to know and respect who we are and where we come from. Today's gender ideology rejects the binary of gender and in some cases, sex itself. This is detrimental to the lives of so many trans folks. Despite the good intentions of this outlook, to refuse this binary is to refuse the very existence of trans experiences including those of our trans ancestors. A label, a word, an identification gives us power. To call something exactly what it is becomes an act of liberation for the transgender community, it demands visibility and understanding.

A journey through identity, history and medicine leads us to a destination of craft, the craft of a transition. Textile haptics draws on the synergistic fields of surgery and dressmaking to become the essential crafts of a gender transition. Medical diagnosis and intervention are the needle and thread that stitch together the pieces of a sex change. Along with the craftsmanship of dressmaking, surgery enables the alignment of these bodies with personal identity. Studying both these fields of practice through a transgender lens I draw parallels between them. Presenting the nuances and intricacies of dressmaking alongside the delicate craft of surgery conclusions can be made about their commonality. Thus understanding how these fields interact in order to dress and heal the trans body.

Chapter 1: Calling ‘it’ by the Name

Can science create a woman? During a speech at Hillsdale College Abigail Schreier described today’s surge in trans identity as ‘the transgender craze.’ (Shrier, 2021) This brings up many questions about who and what is trans in today's climate of infatuation. It can be important as a society to question the world around us and question the people we are looking at. It is crucial to recognise trans people and what makes them so. Looking at the history of transsexuality allows for trans identities to form, to ignore this history is to ignore identity. Identity should be spoken and recognised freely and not be feared because it is these terms that define who and what we are. Identification is critical in demonstrating that these people exist and deserve to exist in our environment, but also as recognition. This recognition of the name gives transness a space in society and demands verification of the identity.

1.1. Terminology and Descriptions

The term ‘transgender’ has been used to describe a wide range of non-ascribed genders in the contemporary world. Viviane K. Namaste described the word transgender as “an umbrella term used to refer to all individuals who live outside of normative sex or gender relations- that is, individuals whose gendered self-presentation (evidenced through dress, mannerisms, and even physiology) does not correspond to the behaviours habitually associated with members of their biological sex.” (Namaste, 2000) This term did not appear out of nowhere, the vast history of transsexuality served as a foundation for the later expansion and formulation of the term "transgender" as an inclusive and varying category for a variety of lived gender experiences.

Our current vocabularies around the transgender community combine an assortment of medical and vernacular language. The medical terminology and descriptions we have for the community have been fabricated throughout the last century and the vernacular terms we have would have evolved alongside, as well as various corrections, modifications, and of course denials. Halberstam compares this to homosexuality - When referring to same-sex desires, we still occasionally use the term "homosexual," but more frequently we use the terms "gay" or "lesbian." Notably, in society we use the term "transsexual" more frequently than "homosexual," but this is because transsexuals are still in some way dependent on

medical technologies and services because they transition by medical means via hormones and surgeries. He states the term “transgender” has come about in recent years as a way of collecting the many lived experiences of transsexuality that can include no-op transsexuals, no-hormones transsexuals, and others. (Halberstam 2018) Doctors, psychologists, social workers, and academics now hold the power of naming and labelling trans people, which then can command the authority of proper scientific investigation. This joins trans people to a system of knowledge that puts emphasis on the notion that these specialists are simply acting as describers rather than producers of new genders.

Today we have an abundance of names for who and what we are. Until the middle of the last century, countless transgender men and women fell between the cracks of the classification systems designed to explain their identity for them and they then found themselves stuck in these unnameable planes of existence. If we were to try to locate in the English language a comprehensive list of every gender identity, we risk falling into the same artificial production of diversity just like Facebook's fifty-one options of gender, states Halberstam. One of the first terms mentioned in facebook's options is the word "agendered," which is relatively new and defines a person's rejection of or exclusion from gender categories. Agendered people can be considered to be androgynous, gender fluid, or gender neutral. To be without a gender is simply impractical in our modern society, there are few ways to communicate with other humans without being recognized with some form of gendered expression. "Agender" thus refers to a desire to be outside of gender norms. So within the vast gendered vernacular of today some people still actively desire that space of the unnamable again. Liberal democracies adhere to this idea of gender neutrality, but it is evident that historically situated disparities are highly important to name, investigate and acknowledge because they allow for trans people to be properly remembered in history, specifically the hatred and aversion towards the transgender community to be remembered.

In a contemporary context, it is hard to imagine what it may have felt like to lack a name for one's sense of self. But only a few decades ago, transsexuals in Europe and the United States did not feel that there was a language to describe who they were or what they needed

1.2. Christine Jorgensen- Making Sex Change a Household Term

Christine Jorgensen, remembered by historian Joanne Meyerowitz and others as “America’s first transgender celebrity,” wrote a letter to her parents in the 1950s informing them that “nature made a mistake” (Meyerowitz, 2015).

George William Jorgensen, Jr. was born in 1926 in a Danish-American neighbourhood in the Bronx. She had mentioned turmoil, isolation, and sadness in her early years in both interviews and her autobiography. She yearned to play with and wear girls' toys and clothing as a young child, and as a teenager, she had crushes on teenage boys. The typical actions of a transgender youngster In her early 20s, George struggled to feel comfortable living as a male because of an intense, unquenchable desire to live as a woman. Jorgensen read the well-known book *The Male Hormone* by Paul de Kruif in the late 1940s, which made the claim that testosterone was the source of masculinity. She began to believe that "sex hormones" were both the root of her issue and a part of the cure. She sought medical advice and discovered that a few surgeons in Europe had already undergone what is now referred to as "sex reassignment surgery". A few instances of operations that were performed in Germany in the 1920s and 1930s under the supervision of Magnus Hirschfeld's Institute for Sexual Science were found in the medical literature. Hirschfeld's institute had been destroyed by the Nazis in 1933, thus Jorgensen was unsure of her options for finding a willing medical professional. She nonetheless travelled to Denmark in 1950 to see family and seek medical attention. She met an endocrinologist in Copenhagen who promised to provide her with free care. He oversaw her two years of hormone therapy and the operation to remove the male anatomy.

The New York Daily News broke the story more than 60 years ago. The front-page headline on December 1, 1952, read, "Ex-GI Becomes Blonde Beauty: Operations Transform Bronx Youth." The inside story is written of Jorgensen, a 26-year-old photojournalist who had fought in the army during WWII and had experienced a "rare sex-conversion" from man to woman. Jorgensen was young, white, photogenic, and customarily charming, and her tale had gone public in a matter of weeks, with hundreds of newspaper and magazine pieces published in the United States and internationally. With Jorgensen still in the news a year later, the Daily News declared her the top story of 1953.

Her clothing, her hairstyle, voice, and even her mannerisms were analysed by the press. Although one writer complained that she "tossed off a Bloody Mary like a male," others praised her "hip-swinging" walk, "slender, trembling fingers," and "girlish blush." Three days later, American Weekly printed the first instalment of "The Story of My Life," a five-part autobiographical memoir. In 1954, the magazine People Today stated: "Next to the recurrent hydrogen bomb headlines, reports of sex changes are becoming the most persistently startling world news." (Meyerowitz, 2004).

In the 1950s Jorgensen made 'sex change' a household term. She served as a focal point for hundreds of news stories that broached the topic of changing sex and also drew light on the medical nature of transition. She had opened the floodgates of news stories featuring other transsexuals in the popular press. Soon 'sex change' made its appearance in record albums, films, and popular novels. Jorgensen's story not only reached trans-folk but also cisgender people and the public responded in a mostly positive way, considering the social norms of post World War 2 America. The title "Ex-GI Becomes Blonde Beauty" did not only capture a transition from man to woman but also a larger cultural leap, from "ex-GI," the quintessential postwar masculine representation, to "blonde beauty," the hallmark of 1950s white feminine glamour. Jorgensen had succeeded in turning sex change into both an inspirational story of personal victory and a salacious story of sexual deviance.

Before the 1970s, transsexualism was considered a sign of serious psychopathology, a mental disease that needed to be treated with antipsychotics or extensive (psychodynamic) psychotherapy to help the patient accept his or her sex of birth. From the 1970s forward, an increasing number of psychiatrists and psychologists were convinced that, in certain patients, gender dysphoria was a genuine complaint best handled with medical treatment (hormones and surgery), rather than a delusion. These patients have to be carefully chosen and follow a rather rigorous triadic procedure. Only individuals who had had a lifelong cross-gender identity were judged suitable for sex reassignment surgery.

Until the turn of the century, the function of the mental health practitioner was that of a strict evaluator, a tough gatekeeper. Their approach was essentially binary, male-female, with no room for partial treatment. Only in the past ten years has the idea of gender variation or gender nonconformity gained acceptance. Gender dysphoria, defined as the distress caused by a discrepancy between a person's gender identity and the sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics), is thought to affect only some gender nonconforming people at some point in their lives. Treatment is intended to assist individuals who are experiencing such distress in understanding their gender identity

and determining the gender role and bodily adjustment that is best for them. The mental health professional is no longer a barrier to treatment. Psychiatrists must only treat those who have a serious psychiatric illness that interferes with gender care. In recent years, there has been a greater focus on the human rights of gender-variant folks, the effects of social stigma, discrimination, and violence, and ways to avoid them. (Drescher 2014 , pp 137–150)

Chapter 2: The Duality of Thread - To Dress and To Heal The (Trans) Body

Dress is defined as “an assemblage of modifications of the body and/or supplements to the body.”(Roach-Higgins & Eicher, 1992) Clothes are more than fabric stitched together, clothing is our second skin. We live every day of our lives in it. It gives us an outlet for expression, presentation, and representation. Clothing is part of our material culture and allows individuals to portray their self-image and articulate their persona to others. Clothing is performative and helps position individuals as their desired gender, which is why clothing is so important to transgender people. Drawing on correlations between the fields of dressmaking and surgery and how they join forces to drive a gender transition.

Gender-affirming medicine for trans persons is critical for survival; it is universally acknowledged as the only evidence-based strategy for caring for and mending transgender bodies. That along with the materiality of dressmaking form the two elemental crafts of a transition.

2.1. A Shared Operative Nature

There is no denying the adjacent nature of transition and medicine, first and foremost a medical diagnosis of gender dysphoria is the basis for transition. This medical recognition has been something that transgender people have been fighting for centuries. As simple as it may seem, some LGBT advocacy groups and individuals have argued in recent years that it is incorrect for psychiatrists and other mental health practitioners to categorise gender expression variations as indicators of mental disease. These supporters have suggested that the transgender diagnosis should be removed from the diagnostic manuals. Others criticise the use of adolescent gender identity diagnoses to justify clinical efforts geared at convincing kids to reject their chosen gender identity and accept the sex they were assigned at birth as unscientific, unethical, and misguided. They equated the medical efforts to treat gender-variant adolescents to the medical efforts to treat homosexuality. (Drescher 2014, PP 231-254). However, the debates over the treatment of children and young adolescents raise numerous complex concerns that are not quite the same as those over the treatment of older adults and older adolescents. Another view that some other advocacy groups have brought attention to is the fact that removing these diagnoses in either children or adults would lead to

loss of private and public insurance coverage for necessary medical and surgical treatment since all medical treatments require some form of diagnosis. Furthermore, removing gender identity diagnoses from the diagnostic manual would result in the loss of a powerful and better medically necessary argument in various legal proceedings challenging the denial of medical treatment to transgender individuals.

Unfortunately, this consistency to separate medicine from transition has had devastating effects on the trans community, particularly in the United States. In Florida, hormone replacement therapy and gender-affirming surgeries are no longer deemed medically necessary for trans adults, and a total ban of any medical transition for trans youth under the age of eighteen. Not only is the government threatening medical providers with serious penalties or fines if they treat any minor with gender-affirming care but adults seeking gender-affirming care will face waiting periods, and will be required to sign an informed consent form that includes misinformation about the risks of gender-affirming care.

Gender-affirming care for trans people is essential for survival, it is widely recognised as the only evidence-based approach to dealing with transgender patients. It allows for a social transition to take place and for the said patient to live. It's simply a medical diagnosis with a designed treatment plan that is proven to work. As laws like this begin to pass it creates new space for discrimination, any providers who continue to provide care to minors would be subject to professional discipline by the board of medicine. Medical licences could be suspended or revoked as a result of this discipline. Most likely, all providers would voluntarily halt providing such care, health insurance plans would proactively stop offering to cover trans folk and then malpractice insurers could well impose higher premiums or drop coverage for gender-affirming providers even if they do not treat minors or the population covered by the ban.

2.2. Navigating a Transition Through Cloth

Dress is a gender-neutral collective term that is used to represent an individual's or a group's clothing, modifications, and supplements. Dress is important to a person's identity since it serves as an efficient form of communication during social interactions and influences people's establishing identities of themselves and others.

I find the best demonstration of the healing power of textiles can be seen clearly in a gender transition. Textiles not only have the capacity to heal the soul of the transitioner through dress

but also eventually the medical processes of textiles. Fabric can be incredibly important to a transgender person for a variety of reasons. Clothing can serve as a form of self-expression and can help a transgender person to present their gender in a way that feels authentic and true to themselves. I find looking at dress through a sociological lens is key to understanding its importance. Scott McNall discusses the wide variety of social theory today and differentiates social theory under the different perceptions of the function of social theory. Social theory in this case can interpret the social phenomena of dressing for gender. Clothing trends of today such as the various loose-fitting body supplements, like oversized tracksuits and jeans, may not display clear gender differentiation, but gender classifications are frequently highlighted by the body modifications in hair style and texture, or by cosmetic applications that alter the colour of skin, lips, or brows. “Theories must ultimately allow us to explain ourselves, not only as individuals but as sociologists. A theory, a perspective, must allow a person to reach beyond him/herself and grapple with the unknown, the wide range of social facts and bring order and coherence to it.” (McNall, 1983). Viewing dress as a social theory allows us a conceptual perspective of textiles and their significance in conveying identity. (Roach-Higgins & Eicher, 1992)

Being able to dress in a way that aligns with one's gender identity can be a powerful tool for building self-confidence and self-esteem. For transgender individuals, clothing can also play a crucial role in passing or being perceived by others as the gender they identify with. This can be especially important for those who may not have undergone medical transition ie. hormone therapy or surgery, but also for those who may be in the process of socially transitioning. Being able to present as the gender they identify with can help transgender individuals to avoid discrimination and harassment, and can make it easier for them to navigate various social situations. Additionally, being able to access clothing that aligns with one's gender identity can be a matter of safety for transgender people, especially in places where they may not be accepted or supported.

While the transgender medical experience has been examined extensively, few have investigated the art of dressing for transgender people. This is an area that requires extreme sensitivity. Many people are in an experimental phase in terms of their style and care must be taken to support them. Context and personal choice should lead the way. Of course, this experience of dress will be different for trans men, trans women, and non-binary individuals as each one of these intersections will have different goals with clothing. Cis women have long had the freedom to dress in clothes expansive of the gender spectrum so this journey is not as long for trans men. This familiarity with a vast array of gendered clothing makes the

transition to male garments easy. Transfemme individuals on the other hand have a much more complicated task, the change from a male wardrobe to a female wardrobe is much more drastic. Women's fashion today has never been so expansive, there is a wide range of feminine, gender-neutral, and masculine clothing found within women's fashion. It can often be the case for transwomen to make choices closer to the feminine to be correctly perceived in the world.(Adler et al., 2019) In essence, clothes hold great significance to a transgender person since they can be viewed as a powerful tool of self-expression and identification, while also playing a vital part in being perceived as the gender in which they identify.

2.3 The dressmaker as the surgeon

The fields of medicine and textiles may not appear to be natural associates but the relationship between the two goes back to ancient times. Plant and animal materials such as wool, linen, cotton, and silk have all been used for surgical suture throughout history. Textiles can be used in a variety of ways to heal the body, including wound care, compressions, medical implants, rehabilitation, and clothing. Today the majority of medical textile products are synthetic, but natural textiles still have a role to play. A 2006 study focused on the benefits of spider silk for use inside the human body (University of Wyoming, 2006.) They highlighted how once the textile was placed inside the body as a scaffolding matrix for a damaged ligament, not only did it provide support, but it also promoted the rejuvenation of that ligament. The natural motion that the elastic spider silk ligament allows would then act as a trigger for the body's cells to fill in and create this new dichotomous ligament.

This example may seem arbitrary to the field of transition but it links the craft of dressmaking to the craft of surgery. Two of the most crucial crafts of a gender transition. To begin there are similarities in the way they are approached. Both require precision and attention to detail, as well as an understanding of the materials and tools being used. In dressmaking, this means knowledge of fabrics and sewing techniques, while in surgery it means knowledge of human anatomy and surgical instruments. Both also require a level of creativity and problem-solving skills, as dressmakers must design garments that are both functional and aesthetically pleasing, while surgeons must navigate complex medical issues and devise effective treatment plans. Additionally, both dressmaking and surgery require a significant amount of practice and skill to master, and both have the potential to greatly improve the lives of the people they serve.

Professor Roger Kneebone and Joshua Byrne share a conversation in a film by Jess Stevenson, a surgeon and tailor respectively. They compare and contrast the commonality between the two fields. Kneebone begins by recalling a visit to Byrne's tailoring studio and being shown the various stages of tailoring a suit. This process resonated with him in regard to the various stages that he would go through in surgery. The shared technique of stitching is brought up, "when people think of surgery they think of people sewing things together, with tailors this also comes to mind." The kind of sewing that is expected in these vocations is both delicate and meaningful. Every stitch used has a purpose and reason, albeit in surgery this may be slightly more important. Byrne addresses his education as a tailor where "your fingers have to learn it, not just your head." He would have to repeat each sewing technique over and over until it became muscle memory. (Stevenson, 2012)

The design process of tailoring parallels with that of surgery, the sense of trying to visualise it before you've started it. There is a certain level of refinement needed for both crafts. You must recognize how a material will react; for instance, a silk jacket will react significantly differently than a cashmere jacket. Similarly "This type of tissue (intestine) is very different from working on an artery or liver- In the same way, I'm sure linen a flannel and whatever else it might happen to be may have different characteristics." Kneebone explains as he demonstrates his surgical approach to sewing to Byrne. There is a sense of materiality shared between them. The intense understanding and assurance they have with their chosen materials are clear in their conversation but also crucial in their work.

Plastic surgeons' design process thinking must extend beyond what they perform on the operating table, beyond what that person will look like when all the stitches are in, beyond when the bandages come off two weeks later, to what it will look like in six months to a year. They have a considerably longer trajectory and a lot more expansive sense of time. It is frequently a long-term connection. Many plastic surgeries will require many stages or future revisions, such as the necessity to replace breast implants every ten years. From Byrne's experience working as a tailor, his relationships with his clients can go on for years over a man's life. His client's posture may change as they get older and their weight may fluctuate over their lives and this may require alterations to garments at a later point. This is extremely comparable to a plastic surgeon's day-to-day or perhaps decade-long work.

Byrne displays some drafted patterns for a gentleman's suit. There are many lines, dashes, measurements, and alterations to the block pattern. By doing this he highlighted some key aesthetics of both tailoring and of a procedure to me, a squiggle of the back pattern piece suggests that there needs to be a lot more cloth used in the back than normal. A line with

dashes through it suggests that a client has prominent shoulder blades, but if that dash were blue he would only have the right shoulder blade prominent. He continues to emphasise the nuances by saying if that mark were both blue and white it would indicate that both shoulder blades are prominent but the right slightly more than the left. This almost tedious attention to detail is only something found in such highly skilled professions.

An increasing interest in the intersections of art and science has resulted in cross-disciplinary collaborations that have identified connections and stimulated new ideas. 'On the Mend' investigates how crafting can disclose the textile processes that quite literally underpin modern surgery. Despite scientific and technological advancements, the current surgical practice continues to rely on the application of expertise and skill through the hand. Surgery can be viewed as a craft if we were to define it as the manipulation of materials drawing on tools and technology to accomplish a specific goal. As can be observed in Professor Kneebone's conversation above, he has investigated the likeness between tailoring and surgery in order to improve his surgical teaching.

During a 2016 Residency at Oxford University Hospital Isla Millar observed various plastic & reconstructive surgeries, her installation acknowledges Kneebone's work in this field. Her practice-based research study aimed to add to these discussions by examining the craft processes that support surgical practice from both an artist's and maker's perspective.



Fig. 2. Isla Millar, 'On the Mend', 2016, Porcelain, stainless steel surgical instruments, silver, pewter, surgical sutures, stainless steel, various bandages and dressings, surgical crepe paper

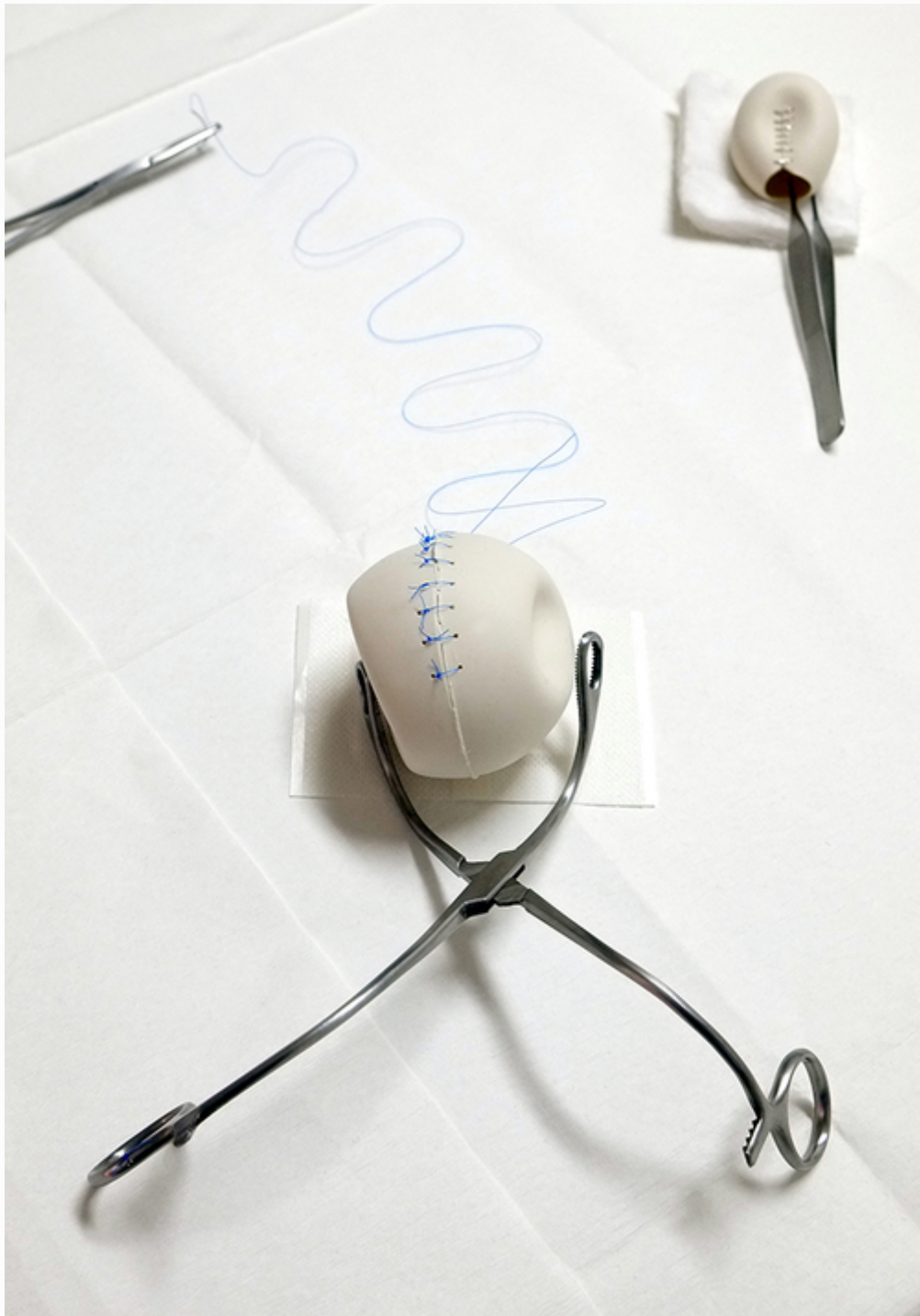


Fig. 3. Isla Millar, 'On the Mend', 2016, Porcelain, stainless steel surgical instrument, silver, surgical sutures

The pieces, arranged on a long table, stimulate an operating theatre environment but also, the depiction of a journey from damaged to mended. Millar has produced organic structures that appear soft but are yet delicate using porcelain to express the value and fragility of the body. Emphasising the haptic skill of surgeons, The marks of the hands and medical instruments used as tools in the production process can be seen on the unique porcelain items. The

surgical instruments have been manipulated to mimic the surgeon's awkward gestures and movements, hence viewing these medical instruments as an extension of the hand.

The installation also includes a slow motion film that references the strategic knowledge of the surgeon's craft. Gestures made with a light source create gently moving shadows. These deliberate movements contrast with the still forms of the static surgical instruments suspended above the floor. This offers us a sense of the labour required to mend and rework the fabric of the flesh. Reflecting on the vulnerability of the patient and the trust we place in the hands of the surgeon, some of the pieces are carefully balanced: an instrument supported by a bandage; a porcelain object gently held above the table by an instrument; an instrument suspended over the edge of the table, balanced by the weight of the porcelain vessel and the taught suture that connects them. The skillful balance of medicine and practicality and humanity and care observed in surgery is also reflected in the juxtaposition of the hard, cold stainless steel and the soft textiles which wrap and support some of the stitched porcelain vessels. The combination of these two fields is demonstrated once again in the sympathetic interventions, they open and close, hold and join, support and protect. She hopes "to reframe surgical practice, challenging the natural reaction of most towards surgery (that of fear and perhaps revulsion) and instead convey the meaning behind the work and the craft that is essential to the achievement of the purpose but invisible in the end." (Millar, 2016)

Conclusion

Drawing conclusions from my studies, I have developed a better knowledge of transgender identity and the materiality of a transition. Examining the experiences of trans lives back in the 20th Century up to today allows for ideas of who exactly is trans and what that identity means in application to society. There is strength in the trans name, it contains lived experience, and suffering but also recognition. This recognition becomes vital in the trans plight for assessing gender-affirming care. Exploring the dual flame of transgender identity and medical identity it becomes apparent how the very basis of trans identity is formed. The biology of trans bodies is what makes trans bodies, the very same biology so many are too quick to dismiss. While the desire for many modern queer advocates to remove the ‘barriers’ of diagnosis for transness may seem to be harmless, this idea disregards the very basis of what it means to be trans. By removing these ‘barriers’ we lose a crucial sense of identity, security, and recognition in the 21st Century.

Breaking down a ‘sex change’ to its very crafts allows me to view transition through the sense of a maker. Textiles have the power to restore not only the transitioner's psyche and identity through garments, but also the medicinal practices of textiles become the building blocks to changing sex. Viewing a transition in this way has given me a fresh perspective on my own transition. I have gained an understanding of my own experiences and the medical procedures I have undergone as a transsexual. To dissect the surgical interventions of a transition plays on the curative role in which textiles can play in a transition.

“A sense of visualising it before you’ve started”

Professor Kneebone draws upon his surgical process as design. (Stevenson, 2012) This resonates with me in the application of craft in a sex change, both involve a level of creativity and forward-thinking. This idea of crafting a transition speaks of my studio practice. In order for me to wrap my head around my own experiences of gender reassignment is to apply these experiences to textile processes and garment construction techniques. Comparable to the alteration of a garment, surgical intervention for trans women and men shape their identity. The manipulation of material with the goal of adjustment and alignment speaks of the experience of gender transition.

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