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# Gender identity construction with transsexuals experiencing liminality: A case study and considerations for counselors

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Gender Identity Construction with Transsexuals Experiencing Liminality:  
A Case Study and Considerations for Counselors  
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A research project submitted to the Graduate Faculty of

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## Abstract

This paper presents a case study of Bethany, a Male to Female (MtF) transsexual, and her experience of gender reconstruction following sexual reassignment surgery (SRS) in 2003. A series of interviews and observations occurred with Bethany in 2004 and the concept of liminality is discussed in relation to various themes gathered from the interviews and observations such as rigidity versus openness of gender roles and sexuality, traditional versus progressive relationships, control versus submissiveness of gender construction and sexuality, fantasy versus reality in sexuality and transition, and passing. Considerations for counselors working with the transsexual and transgender populations are also discussed emphasizing person centered approaches and advocacy.

## Introduction

My first interaction with Bethany came through email during November of 2003 when I invited her to come speak about her experience of being a male to female (MtF) transsexual for a psychology event at my college.<sup>1</sup> She immediately agreed and gave me her phone number so that we could discuss the details. I had some trepidation about calling her, but after a few minutes on the phone, I felt much more at ease. She laughed about the fact that a group from a small, religious college would want her to come speak, but she expressed her openness to tell her story. We set the date, and stayed in touch through email to discuss the information.

All faculty, staff, and students were invited to attend Bethany's discussion. I was not exactly sure how my peers would receive Bethany. In fact, I was not even sure how I would receive her, and I was nervous the morning that we were supposed to finally meet. I had never met anyone that was transsexual before (or at least none that I ever directly knew of), and although I expressed admiration for her courage, I did not really understand what was meant by the term transsexual. I mean, I knew that she had a sex change operation just ten months before, but that was the extent of my knowledge. I was simply told by my family, friends, and peers that it was wrong to change your sex and that people who have sex changes should be avoided.

Needless to say, I was anxious the day I finally met Bethany. The only previous images that I had of transsexuals were those I saw on shows like Jerry Springer where a man brings his mother on to tell her that he is really a woman and then comes onto the stage dressed in flashy female clothes and extravagant makeup while everyone cheers and

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<sup>1</sup> Name has been changed to maintain confidentiality.

the mother cries over the shock. Of course, now I realize that those individuals were not necessarily transsexual, but most likely fell under the term transgender, and before the day I met Bethany, I had no idea what the difference was between the two.

While researching for clear definitions of the terms transsexual and transgender, however, I came across several definitions and explanations of the two terms. Many of these definitions were vague, and it was often difficult to distinguish the difference between transsexual and transgender. In many cases the two terms overlap each other, and they are often used interchangeably. For example, the DSM-IV classifies transsexual individuals under the diagnosis of Gender Identity Disorder. According to this manual, GID is diagnosed when desires, symptoms, and behaviors show that an individual identifies very strongly with the opposite sex (American Psychiatric Association, 2000). Suzanne Kessler and Wendy McKenna (2000) report that transgender includes three meanings: 1) a transformation in the sense that one changes his/her sex to fit the gender that he/she believes to be (transsexual), 2) a movement across genders without the desire to surgically change one's sex (a genetic male who wishes to be identified as a female), and 3) an elimination of gender in which a person does not identify as either male or female personally and does not identify others as male or female.

After reviewing several definitions, however, I felt that the definitions given by the Gender Equity Resource Center at the University of California, Berkeley provided the most clarity. This organization defines transsexual as:

a person who experiences a mismatch of the sex they were born as and the sex they identify as. A transsexual sometimes undergoes medical treatment to change his/her physical sex to match his/her sex identity through hormone treatments

and/or surgically. Not all transsexuals can have or desire surgery (Gender Equity Resource Center, 2011, Transsexual definition section).

Likewise, the Gender Equity Resource Center also offers a definition for transgender:

1) Transgender (sometimes shortened to Trans or TG) people are those whose psychological self ("gender identity") differs from the social expectations for the physical sex they were born with. To understand this, one must understand the difference between biological sex, which is one's body (genitals, chromosomes, etc.), and social gender, which refers to levels of masculinity and femininity. Often, society conflates sex and gender, viewing them as the same thing. But, gender and sex are not the same thing. Transgender people are those whose psychological self ("gender identity") differs from the social expectations for the physical sex they were born with. For example, a female with a masculine gender identity or who identifies as a man. 2) An umbrella term for transsexuals, cross-dressers (transvestites), transgenderists, gender queers, and people who identify as neither female nor male and/or as neither a man or as a woman. Transgender is not a sexual orientation; transgender people may have any sexual orientation. It is important to acknowledge that while some people may fit under this definition of transgender, they may not identify as such (Gender Equity Resource Center, 2011, Transgender definition section).

As the final sentences of the above definition suggests, even though transsexuals fall under the umbrella of transgender and they are often referred to as such, some transsexuals do not identify as transgender because they feel that the term expunges their

identities by implying a collapse of gender roles when they feel they clearly identify with one (“Transsexualism,” 2011). Likewise, some transsexuals prefer to be identified as transgender because they find the term transsexual to be too restrictive (Kessler & McKenna, 2000).

Tina Livingstone (2008) stated in her article regarding person-centered therapy with transgendered clients that she prefers to use the term trans-identified to overcome terms that may be offensive to clients. Likewise, Livingstone asserted that the term trans-historied could be used to refer to individuals who had already accomplished gender transition (2008). Although the terms transgender and transsexual are closely related, it is important to recognize the variations between them. For the purposes of this document, I use both transgender and transsexual throughout this paper and when referring to Bethany because these are the terms she used in reference to herself.

As mentioned earlier, prior to formally meeting Bethany for the first time in November 2003, I experienced anxiety about talking with her and making her feel comfortable. I felt that I had to be cautious about the words that I used, and a lot of questions entered my mind: Would I slip up and say something wrong? Would I offend her? Would she be embarrassed in front of my peers?

Imagine my surprise when I walked out of my dorm to meet Bethany on a cold, crisp November morning just a week before Thanksgiving, and I saw a brown haired, normal looking woman smiling at me from her big white utility truck. As she stepped out of the truck, she was wearing a pink dress with flowers, black high-heeled shoes, and a black cowgirl hat. She was tall, her hair was shoulder length, and her figure was slim but muscular. Standing next to her at the truck I shook her hand and formally introduced



myself. She put a tan coat on, and we began to walk towards the building where she would be speaking. Because of my nervousness, I felt a bit awkward, and I tried to make small talk-asking her if she had any trouble with my directions and if she had to take the day off from work.

We arrived about twenty minutes before Bethany was supposed to speak, and I still had no idea how many students were going to show up. We chatted for a little while longer, and people began to come in and sit down quietly. I wondered if they had as many questions as I did or if they were a bit nervous as well. By 9:30am, the room was packed with about twenty-five students and a handful of faculty and staff. I introduced Bethany briefly, and she began to tell her story and answered questions as they were asked.

While she spoke about her experiences, I was amazed at how many misconceptions I had about Bethany. I automatically assumed that she was homosexual as a male even though she was not, I assumed that others would not have been accepting of her transition although most were, and I believed that she would not have ever married even though she had been married three times prior to surgery. I was astonished by her openness throughout the discussion. She talked in detail about exactly what her doctors did during the surgery to reconstruct her penis into a vagina, she discussed the reactions of her co-workers and two sons, and she was open to share all parts of her life that I assumed she would want to be kept more private. After she finished and all questions had been asked, I thanked her for her participation and walked her back to her truck. Her discussion had sparked my curiosity, and my interest was heightened as to other aspects of this woman's life and story.

Two days later, Bethany was scheduled to speak again for another group on campus because of the success of the first discussion. I attended along with twenty other curious students. This time, however, I saw an even more open side of Bethany. She talked much more about her sexual experiences and preferences revealing to the group that she was a swinger and answering even more personal questions. Most of all, however, I was fascinated when she talked about her roles before having surgery—a logger, a construction worker, a black belt in karate, and an avid hunter and fisherman. I was extremely curious: How could someone go from performing traditional masculine roles to performing traditional feminine roles? How did this gender reconstruction process take place? What would be involved in this process?

Later that evening, Bethany emailed me to thank me for having her come to speak, to say that she felt that she helped to spread understanding of transgender issues, and to say that she would like to meet up sometime for dinner. As I look back now, I can see that Bethany came into my life at a very opportune time. Just one week before she came to speak, my independent research project that was supposed to lead up to my honor's project during the spring semester fell through, and I was faced with the dilemma of finding an entirely new focus just a few weeks before my fall semester ended. Because of my interest in Bethany's experiences of transitioning from a male to a female, I emailed her back to express my interest in doing some interviews with her as well as some observations of her in some of her social settings. She was extremely agreeable and open to the idea, and our first interview occurred in January 2004 after I returned from Christmas break.

When beginning this experience in 2004, I hoped to examine how a transsexual exhibits "doing" gender (Kimmel, 2000) and the process through which a transsexual examines social definitions of his/her new gender and then tries to emulate that model in order to fit into society in that new role. Likewise, I wanted to understand how the reconstruction of gender occurs as well as to gauge how much social factors influence reconstruction of gender.

At that time, my questions included: How are gender roles defined and constructed? What role do they play in gender reconstruction? How does sexuality change and become a part of the reconstruction process? As my time with Bethany progressed, I began to see the concept of liminality as the overriding theme that was crucial to Bethany's experience with liminality being defined as the threshold that occurs while transitioning from one gender to another gender. As a result, I wanted to understand how liminality occurred in relation to the transsexual experience and how the self is redefined through a period of liminality.

Seven years later, I am now in a counseling program and wondering how I might be able to contribute some of this knowledge to the counseling field. I am now interested in reviewing these interviews and observations that occurred with Bethany to provide, not only a sociological perspective but also considerations for counselors and hope that this paper will provide guidance and education for counselors working with transsexuals in the process of their gender definition and transition.

### **Literature Review**

The literature surrounding counseling issues with the LGBTQ population has increased in recent years. Topics such as depression, suicide, self-esteem, trauma,

resilience, psychotherapy, and other multicultural perspectives and theoretical approaches have been researched to help counselors when working with individuals in these populations. Within the LGBTQ literature, however, less research seems to be available for counselors working specifically with pre or postoperative transsexuals. More often, the LGBTQ population is lumped together in research studies or transsexuals are included under the transgender umbrella. However, it is important for counselors to understand the unique challenges and experiences that transsexual clients face and the issues that may come up in the counseling relationship. Before further examining counseling issues with transsexual clients, however, literature will be reviewed that includes relevant transgender history, literature, and research, defining liminality and communitas, and reviewing how liminality relates to the experience of some transgendered individuals.<sup>2</sup>

### **Transgender History, Literature, and Research**

During the twentieth century, the research conducted within the transgender and transsexual realms has been plentiful. Vern Bullough (2000) reported, however, that throughout the first half of the century the literature was mainly dominated by Freudian psychoanalytic theory. Bullough went on to elucidate that transgender behavior in a male was explained by psychoanalysts to be a result of the anxiety and fear caused by seeing their mothers' genitals and realizing that she did not have a penis. Psychoanalysts further asserted that a male individual's transgender behavior resulted from the fear of losing his own penis (2000).

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<sup>2</sup> The majority of the literature reviewed is oriented towards Male to Female (MtF) transsexuals given the fact that Bethany identified herself as a MtF transsexual.

In the early 1960s, however, a researcher named Harry Benjamin refuted the Freudian perspective by asserting that transgender behavior was more biological. Likewise, he proposed a continuum ranging from transvestism to transsexualism to explain transgender conduct (Bullough, 2000), and developed the standards of care for transgender and transsexual individuals that are still used today (World Professional Association for Transgender Health [WPATH], 2001).<sup>3</sup> In accordance with Benjamin, it was around this same time that John Money first proposed a new concept of gender to be distinguished from the term sex due to his observations of hermaphrodites. He later went on to coin terms such as gender identity and gender role (Bullough, 2000).

Each of these theories as well as the development of new gender terminology, distinguished and separate from the vocabulary used to refer to biological sex, opened up the door for an immense amount of research to accumulate on transsexuals over the past forty years. In more recent years, however, some of the research has shifted from trying to discover why transsexual behavior occurs to trying to understand how gender identity, gender construction, and adjustment ensues after an individual has sex reassignment surgery (SRS), but the amount of research is minimal. In fact, most of the research that I have found has been conducted in other countries, and very few studies that I have found have been longitudinal or exhibit follow-up after sexual reassignment surgery to see how transsexuals adjust and how their gender identities and behaviors change post surgery.

However, a few studies have fallen in the realm of the research on gender reconstruction by focusing on perceptions of masculinity, femininity, and gender identity

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<sup>3</sup> The Standards of Care are the guidelines given by the World Professional Association for Transgender Health (WPATH), previously the Harry Benjamin International Gender Dysphoria Association, for the medical, surgical, psychological, and psychiatric treatment of individuals identified as having gender identity disorder (WPATH, 2001).

for individuals identifying as transsexual and/or transgender both before and after SRS. Sam Winter and Nuttawut Udomsak (2002a) conducted a study with 204 male to female (MtF) transgenders from Thailand to determine actual self concepts versus ideal self concepts as well as gender stereotypes that each participant held. Three questionnaires/checklists were administered to each participant to evaluate 1) actual self concept, 2) ideal self concept, and 3) gender stereotypes for both males and females. After analysis, the results were compared with answers on the three checklists from individuals who were not transgender (Winter & Udomsak, 2002a).

Findings showed that the MtF's responded with very similar ideas regarding gender stereotyped traits for men and women as those who were not transgender. At the same time, researchers found that MtF's had unity as a group in the fact that they responded very similarly as to the traits that they did not wish to possess, but were more unique/individualistic in the traits that they wished to possess. Not surprising, the MtF's asserted actual self-concepts that were female stereotyped, but responses also indicated that they wanted ideal selves that were not as stereotypically female as their actual selves. Therefore, the researchers concluded that gender stereotypes do not form the gender construction of male to female transsexuals. Overall, the ideals they hold for themselves are directed by other dynamics (Winter & Udomsak, 2002a).

A follow-up study was conducted by Winter and Udomsak (2002b) to determine what these other dynamics were in the gender construction process. Researchers referred back to the data from the checklists in the original study, and they divided them into four factors looking at dependability, control, risk-seeking, and caring. They then used these

factors to assess which ones might underlie actual self-concepts, ideal self-concepts, gender stereotypes, and traits that the individual desired to lose versus those that they desired to possess (Winter & Udomsak, 2002b).

Results from the regression analysis showed that all four factors predicted gender stereotypes. With actual self-concept, the factor for caring was most highly endorsed by participants while the control factor was most rejected. While the factor for caring was endorsed for ideal self-concept, the factor for dependability was also endorsed. It appears that respondents wanted to be assigned the caring traits, but also wanted to be seen as dependable and resourceful (stereotypically assigned masculine traits). Furthermore, the dependable/resourceful trait was the characteristic that participants wished to obtain while they most wanted to lose traits associated with caring. Thus, the results assert that MtF's in this study aspired to a more androgynous gender identity rather than a highly feminine gender identity (Winter & Udomsak, 2002b).

Contradictory to this notion, Michael Kimmel (2000) argues that many transsexuals are often "doing gender" (p. 100), and states that MtF's become extremely feminine following surgery-acting out a set of exaggerated female traits for their new sex. Kimmel contends that as we do gender, there is a continuous interaction between us, others, and institutions which allows our gender identities to be constantly created and re-created. As we learn our gender roles through socialization, they become ingrained in us, and we perform them for others (the audience), and the audience interacts with us based on that performance (2000).

In accordance with Kimmel, Judith Lorber (1994) states that for a MtF transsexual to construct a new gender identity, they must pass as a woman by using the

male transvestite's tactics and practices-modeling in make-up, hairstyles, clothing, and verbal behavior. Erving Goffman emphasized that we play multiple roles everyday and our presentation of these roles is much like a theatrical performance (“The Presentation of Self,” 2011). Thus, for Kimmel (2000) and Lorber (1994), transsexuals perform gender like the rest of us. Perhaps, however, this performance is more conscious for some transsexuals because some individuals in this population have the awareness of attempting to pass while non-transsexuals/transgenders take the performance for granted, having internalized the gender roles and expectations since birth.

In 2005, a research article was published that included the outcomes of interviews conducted with nine MtF transsexuals to find out how body transformation is produced and experienced (Schrock, Reid, & Boyd). Schrock, et al. (2005) found that the MtF transsexuals in this study talked at length about retraining their bodies to become more feminine and less masculine. In addition, participants emphasized the importance of clothing and make-up (what the researchers referred to as the redecoration of the body) as essential to helping them feel authentic as females. Finally, the researchers found that the participants talked about remaking their bodies by going through SRS, hormone therapy, and other procedures such as electrolysis. The researchers noted, however, that the retraining, redecoration, and remaking of the bodies for these individuals also accompanied changes in cognitions and emotions. Schrock, et al. (2005) concluded that “Interviewees’ trans-embodiment of womanhood was an arduous process that involved not only retraining, redecorating, and remaking the physical body but also reconditioning subjectivity” (p. 13).



Counter to a more social constructionist account of the transsexual experience, neurological research on MtF transsexuals has shown brain differences. For example, a study conducted on seven MtF transsexuals and one FtM transsexual focused on the bed nucleus of the stria terminalis (BST) which has shown to be important in sexual behavior, and studies have shown that the number and size has been bigger in men than in women (Kruijver et al., 2000). In particular, BSTc, the central part of the BST and the number of somatostatin-expressing neurons (SOM), was looked at closely. Findings indicated that the volume of BSTc in the MtF transsexuals was in the same range as women in the control group who did not identify as transsexual. Likewise, the FtM transsexual showed similar BSTc levels as men in the control group who did not identify as transsexual. The study also found that hormone treatments and levels did not affect BSTc volume. The researchers termed these findings as highly statistically significant (Kruijver et al., 2000). Therefore, these findings should be considered as possible factors for sex and gender formation.

Another research project considered the endocrinological factors of sex and gender formation of transsexuals. Fifty-four MtF transsexuals were studied to determine the effects of hormone treatment of estrogen on emotional changes. Results found that MtF's experienced feelings of depression, sadness, and powerlessness more before hormone therapy than after 14 weeks of hormone therapy (Slabbekoorn, Van Goozen, Gooren, & Cohen- Kertenis, 2001). They were also more easily angered. On the other hand, MtF's also experienced higher levels of relaxation, happiness, and reported being easier to get along with after 14 weeks of hormone therapy. In addition, MtF's experienced lower levels of sexual feelings after treatment (Slabbekoorn et al., 2001).

Although these results show the effects of hormone treatment, these results could also be partially due to the expectations of how MtF's feel they are supposed to socially portray themselves (in accordance with traditional female roles and stereotypes) with an increase of female hormones (more emotional and powerless).

Overall, however, the research on gender reconstruction and body transformation following sexual reassignment surgery (SRS) is slim. Kenny Midence (1997) compiled the literature on psychosocial adjustment in MtF transsexuals that had occurred up to the 1990s and concluded that rather than being patient centered, the majority of the research had been medically centered which inhibited us from understanding the cognition, life experiences, and beliefs that influence adjustment (1997). More recently, a research article by Smith, Van Goozen, Kuiper, & Cohen (2005) reported that there are still clients who experience negative outcomes following SRS. Smith et al. (2005) state that "The quality of the few existing follow up studies is rather poor given their mostly retrospective nature. Sound prospective studies are needed to identify predictors of post-operative functioning more consistently and reliably" (p. 90). As a result, this further highlights the importance of gaining an understanding of how gender reconstruction ensues during the adjustment/transition process following SRS.

### **Liminality and Communitas at the Core of the Transsexual Experience**

In 1967, Victor Turner used the term liminality to describe a period in which an individual lives on the threshold and a time in which a person has a socially and structurally ambiguous status (LaShure, 2005). Charles La Shure (2005) explains this best when he writes that individuals in the liminal state

...are in between the social structure, temporarily fallen through the cracks, so to speak, and it is in these cracks, in the interstices of social structure, that they are most aware of themselves. Yet liminality is a midpoint between a starting point and an ending point, and as such it is a temporary state that ends when the initiate is reincorporated into the social structure. (Turner and Liminality section, para. 13).

Charles LaShure (2005) explains that, in a liminal period, an individual lacks social status and is on the margin or between two statuses/phases. Furthermore, LaShure (2005) describes liminality as a period of transition when the individual is not yet a member of the new group or a member of the old group. Kinsella (n.d.) goes on to explain that " ... a person abandons his or her old identity and dwells in a threshold state of ambiguity, openness and indeterminacy. Only after undergoing this process may one enter into new forms of identity and relationship, and rejoin the everyday life of the culture" (para. 3).

Donald Wellman (n.d.) presents an excerpt from Victor Turner's *The Ritual Process* (1969). Within this excerpt, Turner describes liminal individuals as being "betwixt and between" (Wellman, n.d., Liminality section, para. 1) where "It is as though they are being reduced or ground down to a uniform condition to be fashioned anew and endowed with additional powers to enable them to cope with their new station in life" (Liminality section, para. 2). At the same time, these individuals are expected to be humble and obedient to their instructors while in the process of learning the new roles for their novel status. Therefore, within liminality, one can transform and recognize new ways of doing things that challenge traditional thoughts and practices- enabling social

change to occur (Wellman, n.d.). Liminal states are periods that all individuals go through at some point in life. Basically, whenever we encounter periods of role boundaries in life, such as getting engaged or finishing school, we go through a liminal period, and these periods of liminality are usually marked by rituals such as weddings and graduations (“Liminality,” 2011). In liminal states, it is common for emotion to be heightened usually in the form of anxiety or confusion, normal social rules are often suspended, and those in transition are brought together (“Liminality,” 2011). Similarly, Murray Stein (1983/2009) describes psychological liminality as the following:

... a person's sense of identity is hung in suspension. You are no longer fixed to particular mental images and contents of yourself or others. The "I" is caught up in a field it cannot control, whose patterns it does not recognize as "me". While the sense of "I-ness" and some of its continuities remain during liminality, the prevailing feeling is one of alienation, marginality and drift. Critical questions arise as to who and what the "I" is, what it is capable of, where it comes from, where it is going. When the "I" is homeless, as it is in liminality, these Gnostic questions ring with considerable urgency, and they quite naturally open into religious areas of thought and feeling that are otherwise closed (p. 9).

Likewise, those in a liminal state often come together in what Turner referred to as *communitas* (“Victor Turner,” 2008). *Communitas* is a social community marked by a sense of liberation/freedom from the social structure, a common emotion, and a desire to bond together as equals. Furthermore, it is often thought of as anti-structure in the sense that individuals are free from the norms and traditional constraints of society such as social status (“Victor Tuner,” 2008). Although there are several accepted forms of

liminality and *communitas* in Western culture, there are individuals and groups that experience liminality and form *communitas* in a way that represents a challenge to the larger social structure. The experiences of individuals who are transgender exemplify this challenge.

### **Liminality and the Transgender**

Mandy Wilson (2002) conducted a study on transgendered individuals in Perth, Western Australia. Through her research findings, she suggested that transgendered persons do encompass a liminal state. Furthermore, she argues that the liminal period is a space where, instead of a shift in gender identities, transgenders experience a remodeling of their behaviors, bodies, and minds to fit their true gender identity or gender of choice. Likewise, they desire to be seen as normal, and they will often seek to form bonds with other transgendered individuals-becoming a collective. Wilson describes this collective as a liminal *communitas* in which ambiguity floods the gender realm even though this is a space where each is preparing to obtain an unambiguous gender identity in the public. For example, Wilson (2002) describes this state as the following, "Males can be females, females can be males and public gender categories are temporarily and spatially suspended" (p. 435). She goes on to state that, "What is interesting about the privately collective liminal stage is that gender conventions are temporarily suspended, variant bodies are everywhere and yet, the purpose of this phase is often to privately nurture the variant individual for publicly unambiguous genderhood" (Wilson, 2002, p. 436). Through interviewing and observing Bethany, I found liminality to be a major and recurrent theme running throughout all of the concepts and ideas concerning gender reconstruction that kept appearing throughout my data. My findings were much like

Wilson's- Bethany was in a liminal period in which she experienced a remodeling of herself in several ways to fit her new public female gender identity.

### **Counseling with Transgender Clients**

When reviewing the literature related to working with transgender clients in counseling, I found different ideas as to how counselors should be approaching their work with transgender clients particularly with regard to gender transformation. It is important to note that transgender individuals often come to counseling with very traditional and stereotypical views of gender (Livingstone, 2008). Livingstone (2008) states that when counselors approach transgender clients from a person-centered approach, clients will often develop a gender identity that “comfortably transcends the binary framework” (p. 141). Livingstone goes on to assert that “Being gender variant is not about flouting the rules or making alternative lifestyle choices; it is simply about having developed differently from the majority” (p. 141).

Similarly, Carroll, Gilroy, and Ryan (2002a) state that it is important for counselors to understand the emerging political and cultural shifts in the transgender community. For example, they assert that counselors should not be completely focused on assisting clients with transitioning from one gender to another gender but, rather, assisting them with developing a unique transgender identity. The researchers state, “In this paradigm shift, the focus is not on transforming transgendered clients but rather transforming the cultural context in which they live” (Carroll et al., 2002a, p. 5).

In relation to these ideas, it is important to mention that I experienced Bethany as having more traditional and stereotypical views of gender when she and I met each other in 2003 which did seem to be a large influence in her transition following SRS. At that

time, I did not get the impression that Bethany was trying to formulate a unique transgender identity. Instead, it appeared that Bethany was attempting to further solidify her existing female identity and wanted others to identify her as a female as well. I think it is also important to mention that I did view most of my interview information through the traditional “binary framework” (Livingstone, 2008, p, 141) because that is how Bethany viewed gender at that time. Also, I believe I had difficulty seeing past the masculine and feminine frameworks at that particular time in my life most likely because of lack of training and experience. I feel that this is important to mention because counselors will most likely work with transgender clients who view their gender identity through this same framework and also because many counselors will feel more comfortable using this framework when working with transgender clients as opposed to assisting them with developing a unique gender identity that can feel very unfamiliar to both clients and counselors. These ideas in addition to other considerations for counselors will be discussed again following a discussion of the interviews and observations that occurred during my meetings with Bethany in 2004.

### **Case Study**

In 2004, I conducted three interviews with Bethany, a 47-year-old Caucasian female from the Eastern United States, who underwent male to female (MtF) sex-reassignment surgery (SRS) in February 2003 after forty-six years of being identified as a male.<sup>4</sup> Bethany had been post surgery for about eleven months by the time these interviews occurred.<sup>5</sup>

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<sup>4</sup> For a list of guiding questions for the interviews, please refer to Appendix B.

<sup>5</sup> Whenever I refer to post surgery, I am referring to any time after sexual reassignment surgery (SRS) took place.

In addition to the three interviews, I had the opportunity to observe Bethany on five different occasions. The first interview was two hours long and took place in my home, the second interview was an hour and a half in length and was conducted in Bethany's truck while en route to a social gathering, and the final interview was performed in my home and was forty-five minutes long. Each interview was audio taped using a handheld voice recorder, and I transcribed each tape from the recorder following the interviews.

The first period of observation occurred at a local LGBTQ club for seven hours followed by a second period of observation that was four hours in length and occurred at a local bar that Bethany would periodically visit. The third period of observation occurred during dinner at my home for two hours before the first interview, and the fourth occurred after the second interview at a swinger's party over a twenty-four hour time span. The final period of observation occurred for four hours when Bethany attended one of my social gatherings as my guest. Field notes were written up after each period of observation. Likewise, informed consent was obtained from Bethany and confidentiality was ensured.

Open coding was done on all interviews and field notes that were collected. After reviewing the content of the interviews several times, main concepts were drawn from the content and distilled into four main themes. These themes included the following: 1) rigidity versus openness of gender roles and sexuality, 2) traditional versus progressive relationships, 3) control versus submissiveness in gender and sexuality, and 4) fantasy versus reality in sexuality, daily life, and transition. As mentioned earlier, liminality was the key theme that tied each of these together and each of these themes is developed fully



when discussing Bethany's narrative in the following section where quotes from Bethany's interviews are used. All quotes used in the following section belong to Bethany unless otherwise stated.

### **Bethany's Narrative and Author's Comments**

#### **Rigidity versus openness of gender roles and sexuality.**

"When I was married, monogamous and totally heterosexual. When I separated, heterosexual, and very selective. After surgery, bisexual, and very open. "

Bethany expressed clear and rigidly defined gender roles both before and after SRS, and much like Michael Kimmel (2000) suggested, Bethany attempted to display highly feminine traits as part of a strategy to pass as a female in society. Likewise, she had overcompensated with highly masculine gender traits/roles before transition. She described on several occasions how she would "try to do the guy thing to maintain the image of bein' a guy." In retrospect, Bethany described her feelings "of something being different" when she hit puberty and high school even though she can recall trying on her mother's underwear around age seven or eight and attempting to put girl's underwear in her mother's shopping cart at a young age.

Prior to surgery, however, Bethany described herself as keeping people "at a distance" on her gender confusion by making sure that she was the best at all of the male roles she was expected to fill. She described this experience when talking about life during her phase as an adolescent:

I was called the 'Great White Hunter' for awhile. Uh, when it came to hunting and fishing and that type of outdoor guy stuff, I mean, I was untouchable ya know. I was always the one that came home with the game, and always caught the biggest

fish. Ya know, I made it a point to be the best. Uh, I learned how to play sports at a certain point in my life. Even though I wasn't involved in organized sports, if we brought up sandlot sports because of my outdoor activities, no one could touch me runnin'. Ya know, I was very athletic, agile, and coordinated, so I could catch a ball and run with it. Uh, I knew early on that I better learn how to fight. Ya know, I was never the big guy. Everybody was bigger than me. I was always small framed, and I learned how to be fast with my hands. And at a certain point, I decided to learn how to be fast with my feet. So, I mean back then we used to, guys would start stock fighting, and I could hit. So, you know as I said, I learned the high points that would keep people at a distance on it.

Therefore, Bethany depicted her male image as a learning process as well. She described herself as learning to play sports, learning how to fight, and learning how to be fast. Basically, she learned the expectations for her as a culturally identified male and performed behaviors to maintain a male image so that she could keep "people at a distance" on her feelings of being female.

Similarly, Bethany also joined the band and took up building trades "which was considered the really guy thing to do." As she entered her high school years, the majority of her traditional male activities were things that she could do alone like hunting and fishing to avoid a lot of social contact. For instance, Bethany described how she withdrew socially, but still maintained her male image:

I mean, I did what I had to do socially. Ya know, I maintained social contacts with my friends, did certain things with them. But I did a lot of things on my own too, spent a lot of time at home, a lot of time doin' things, like I said, huntin' and

fishin' became very big passions because they were things I could do solo and ultimately when I finished 'em, whether I went out hunting, and, ya know, just sat and thought about things or read a book in the woods with my gun slung over my shoulder. But ya know, people thought 'he was out hunting' ya know cuz it was a guy thing. It kept that persona, that image.

Furthermore, when entering adulthood, Bethany continued with very male identified jobs to maintain her male gender image. She owned a firewood company, worked as an installer, drove a tractor trailer, worked as a private contractor in knockout work, cut firewood for a construction company, and finally, started her own business specializing in carpet and upholstery cleaning, snow removal, painting, deck seal and stain, and high pressure washing. At the same time, within the realm of sexuality, Bethany also stuck to the very rigid social expectations of a heterosexual male. She described herself as never being interested in men while growing up or at any point before transition, and always identified as a heterosexual male. Therefore, prior to surgery, Bethany expressed hyper masculine and very rigidly, male defined behaviors as an attempt to maintain a male image for friends, family, and the larger community.

After the surgery took place in February of 2003, Bethany once again began to express gender as a female in a very rigid way. During a discussion about gender, she referred to female gender roles in the following manner:

I think they're more important to me because I think I want to be defined by a gender role at this point. It's like, you want to leave all those male things behind, (Right) and, ya know, become totally female in your gender roles.

From my observations of Bethany, I found this to be true. I met her in November 2003, and she was still clearly in the transition phase.<sup>6</sup> Although still in the transition phase when I saw her again in January 2004, I could not believe the dramatic changes. Her breasts had grown, her figure had become curvier, her hair was curled, her nails were painted, and she was wearing make-up. Additionally, Bethany received breast implants in April 2004; increasing her breast size from an A-cup to a C-cup because she felt that breasts were such an important characteristic of being female. Likewise, when I accompanied her to various bars and parties, I saw her interact with others in a traditionally feminine way. She gave lots of hugs, waited for men to ask her to slow dance, and used a lot of hand gestures when she spoke. Of course, Bethany and I discussed how these various behaviors, roles, and reconstructions had taken place. She described this reconstruction as:

Watch and learn. Like, what you just did. (referring to my hand gestures when I spoke). A lot of hand motions, smile a lot, uh, yeah, I mean all those things. Had to learn how to walk again. Uhh, yeah, feet go in front of each other. Not out here like John Wayne, ya know. Yeah, and shoulders back. Always shoulders back. Makes your boobs look bigger. So, yeah, that's the little things that you gotta try to remember. I mean, for the whole picture, it's like obviously you can't be thinkin' about it all the time. But whenever you do think about it, it's typically when you see a woman who's doin' somethin' that says, without you lookin' at her face or her breasts, that's a woman. And then I try to pick up on that and say

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<sup>6</sup> I have defined the transition phase and the liminal phase as the period that begins with SRS and ends at the point at which Bethany is successfully able to pass full-time as a female in society- sexually, visibly, and legally (Lorber, 1994).

'what's she doing that is sending me that message?' Ya know, I mean it might be how she's standing or ya know, the hand motions, or, ya know, something of that nature that says yeah.

At the same time, she would not participate in activities that might reveal her previous male status. While at one of her favorite country bars, karaoke was available, and she described to me that she used to sing in the Baptist church choir, but tried to avoid singing now because she still sounds like a man when she sings. Prior to surgery, therefore, Bethany overcompensated in her roles to hold up the image of masculinity. In the same way, she has overcompensated in her female roles to hold up the image of femininity.

During this liminal state of transition, Bethany had not only acted out the female gender roles, but, as Wilson (2002) suggested, she had also remodeled her physical body, her behaviors/actions, and her psychological self to fit her new female gender identity rather than simply shifting her gender identity. The way in which Bethany described her "watch and learn" behaviors exemplifies the liminal period as a phase where extensive learning takes place. The liminal state is described as a period in which a person's status and identity is in suspension and where he/she learns the new roles and behaviors that he/she will need for his/her new status ("Liminality," 2011). At a fundamental level, Bethany lost her status as a male in society at the moment of her surgery, at which time she entered the liminal phase. The period at which the liminal phase is over occurs when Bethany is able to pass successfully in society as a female at all times. The concept of passing is discussed later in this section. As a result, this need to pass successfully is preceded by the ability to effectively learn the behaviors and roles she will require to gain

her new status as a female. Like Lorber (1994) asserted, the goal of the transsexual is to successfully pass sexually, visibly, and legally into the new gender of choice. Although this is not the goal of every transsexual, in my experience of Bethany, she was not attempting to create a new gender category or defy the social structure of gender. Rather, she was trying to conform to it.

Despite this rigidity of gender identity expression, Bethany displayed quite a bit of openness to non-rigid sexual identities as well as various forms of gender performances following SRS. For example, rather than being a heterosexual female, Bethany considered herself bisexual following surgery. She was also open to various expressions of sexuality which she had been able to explore through her membership in a swinger's group for nine months following surgery. She described this change from rigid identification of sexuality to a more open identification in the following way:

When I was married, monogamous and totally heterosexual. When I separated, heterosexual, and very selective. After surgery, bisexual, and very open. Ya know, I mean, it's just, I don't know. I mean it may have to do with comfort levels of who I am now, and it may have to-do with a whole lot more offers as a female too, ya know. I mean guys are horn dogs, ya know. So, you get a whole lot more offers when you're a female than you do when you're male. But yeah, total change in the sex frequency and everything else.

Thus, although her gender roles and identity had been quite rigid since surgery, Bethany's expression of sexuality in transition had been very open and expressed through several outlets. One of these main outlets had occurred through Bethany's membership in various social groups. These groups were extremely important to her gender

reconstruction throughout her phase of liminality. In addition to the swinger's group mentioned above, one such group is a LGBTQ club that Bethany actually joined two years prior to surgery. On our first outing together, she took me as her guest to this establishment. I was introduced to several homosexuals, lesbians, bisexuals, heterosexuals, transgenders, pre-operation transsexuals, and post-operation transsexuals, as well as those referred to as cross-dressers, transvestites, and drag queens.<sup>7</sup> While I was there, I heard many stories of individuals who were regarded as heterosexual, "normal" men and women when not at the club, but they were really living double lives and not able to express their true identities. One such young man who identified as homosexual in the club actually held a position in the high ranks of law enforcement. Because of his work, he was unable to express his homosexuality around his coworkers or peers for fear of losing his job or the embarrassment he might face. I found that this was common, and Bethany informed me that this club offered the opportunity for these individuals to come into a place where they could really express themselves truly without fear of retribution.

As mentioned above, Wilson (2002) referred to this kind of place as *communitas*. In her study of transgendered individuals in Australia, she examined the role of a group called the Butterflies and its effect on the transgender in the liminal phase. She describes that when a person enters a meeting of this group " ... ascribed gender is left at the door

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<sup>7</sup> The term Pre-operational refers to individuals who identify as transsexual but have not yet received SRS. Usually, these individuals are in the process of taking hormones and living as they would if they were their desired sex, and these behaviors serve as preparation for future SRS. In addition, the terms transvestite and cross-dresser are used to describe individuals who wear clothes that are not typical of their actual sex. However, these individuals are usually comfortable with their biological sex and do not wish to have SRS. The term cross-dresser is usually used to refer to a male who prefers to dress in female clothing. Likewise, drag queens are men who dress in very feminine attire to perform for others (Gender Equity Resource Center, Transvestite and Drag section, 2011). In this case, it was for entertainment purposes.

and when the threshold is stepped over, the individual becomes their gender/s of preference" (Wilson, 2002, 434). In this *communitas*, traditional views of gender become ambiguous, individuals lose their gender statuses and become equal in non-status, and each person is allowed to present his/her gender in any manner he/she chooses (2002).

In the same way that Wilson (2002) describes *communitas* for the Butterflies, I would use this term to describe the LGBTQ club of which Bethany had been a member for two and a half years at the time of this study. Upon entering the club, conventional views of gender were transgressed, members viewed themselves as equals, and gender was permitted to be expressed in any form of choice.

Likewise, as described earlier, *communitas* is usually a group dependent upon the norms of anti-structure in which conventional norms regarding status and categories breakdown ("Victor Turner," 2008). This club was definitely a form of anti-structure. Norms and traditional boundaries involving gender and sexuality were lapsed. I found myself looking around the room to determine those men and women who I thought were heterosexual versus those who I thought were homosexual simply by appearances. While I tried incessantly to group people into the two sex/gender categories I held at the time or the three sexuality groupings I thought people fell into, I failed miserably. There were several times in which I was certain that a man was heterosexual, and after being introduced to him or pointing him out to Bethany, I was told that he was homosexual. Also, I was introduced to individuals who I thought were women because they wore skirts, high heels, and make-up only to find that they were men who enjoyed cross-dressing.



As Wilson (2002) identified in her study, liminal individuals, in this case transgendered persons, want to find and bond with others who are like them. The LGBTQ club offered a place where this bonding could occur and where these liminal individuals could experience comfort, openness, and acceptance. It is within this liminal phase and in this *communitas* that individuals are allowed to explore and find themselves, and, in Bethany's case, it was a place of preparation for the new gender roles that she was preparing to take on (2002).

As I mentioned earlier, this liminal phase for Bethany had been a period of extensive learning to be a female- relearning how to walk, talk, dress, and use gestures. Therefore, attending the LGBTQ club since before transition enabled her to meet other liminal individuals who were also transgender and attempting to act out a different gender performance. Overall, it gave her the opportunity to learn from those who successfully passed as females in front of others in the *communitas*. Significantly, unlike her male gender performance, her female gender performance had not been an isolating experience.

### **Traditional versus progressive relationships.**

“Mild to Wild.”

Bethany maintained a very traditional view of her important relationships even through the gender transition process. At the same time, however, I found that these relationships were crucial to her gender construction both before and after SRS. For her, relationships both before and after surgery involved trust, honesty, respect, commitment, and security. Likewise, Bethany described several instances prior to surgery in which she put her commitments before her gender issues. Having been married three times as a man

and raising two sons, she described gender as taking a backseat to her responsibilities and commitments. This came through when Bethany talked about her first marriage:

I met a girl and we lived together for four years, we decided to move in together. And we lived together four years, were expecting a child, we got married, and then we had another one on the way, and that's when she took ill. And basically then, I took over all, ya know, domestic chores. Not only that, bringing home the money. I worked, she didn't. I raised the children. So, ya know, it was full lock, stock, and barrel. You're occupied with all of that kinda gender took a back role ya know. I was married for thirteen years, and in those thirteen years, again understand that she was very mentally ill. Uh, medications and everything. Sex was not a big part of our marriage. I mean there were times when she was in the hospital for six months at a time. So, again gender was put back cuz it is tied to sexuality. The last part was about commitment. Ya know, better or worse, sickness and health. It meant somethin'.

She described her third marriage in the same way:

We were married for a year. She knew well before hand, and, not only that I was transgender, that I was on hormones, and that I did not know where I was going to end up. And she said, ya know, I love you, and we get along great, and let's just get married and we'll see where it goes, ya know. I guess she thought in her heart that I would never make the full transition. And had I stayed married to her, I probably wouldn't have because I committed to her as a man. I knew I was female. I knew that the penis was wrong, but I had made a commitment.

Therefore, although she experienced the feelings of being female, her commitments, responsibilities, and relationships with others were put first.<sup>8</sup> It was not as if she never thought about her gender identity or sexual fantasies, but they simply were not in her realm of possibilities at the time because commitment came first. For example, Bethany told me that she had thought about bondage and discipline prior to surgery, but she said

A lot of the time too that I was in that, ya know, pre-transition period and going through transition, I was married. And I wouldn't step out on my wife. Ya know, I just never cheated that whole time in my life. So, that kinda eliminated it.

On the other hand, following SRS, Bethany exhibited a very progressive view of relationships especially in the sexual realm. This was quite similar to her openness towards various forms of sexualities and gender presentations expressed earlier. As a swinger, she felt open to new forms of sexual expression, and she described her sex life as having gone from "mild to wild." Prior to surgery, Bethany was strictly heterosexual in her rigidly masculine defined roles that she tried to portray to others. However, about seven months after surgery, in August of 2003, she joined a swinger's group that she found through an online search as an attempt to meet friends. At the time, she had joined about six to eight different match/dating sites, but she described the swinger's group as "the one that worked. It fit me, and the people were real. The people were local."

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<sup>8</sup> Eventually, each of the marriages ended. Bethany's first marriage ended because her wife committed suicide due to her long term mental health issues, her second marriage ended when Bethany and her wife came to the realize that Bethany's feelings of being female were not going to dissipate, and her third marriage ended when Bethany faced a sodomy charge in 1999 because her wife face the possibility of losing her children if Bethany was convicted.

As an example of her new exploration with sex within this progressive realm, Bethany described an instance where she was introduced a poly couple, two guys and a girl, who she spent the weekend with:

We did a little bit of uh, ya know, B&D (bondage and discipline). There was no bondage involved. It was all free hand. Ya know, where you just hold on to the cuffs or I whatever. So, at anytime, ya know, you can take off. But, as I said, it was an interesting thing for me. Ya know, to get flogged. And a flog is like a whip with like different tails on it. Real soft, so it doesn't hurt. It's more of an impact than a sting. And, I mean, it was just a totally new sensation, and I liked it, ya know. I'm like, okay, ya know, check out what you can do with this thing. Ya know, bring it up between your legs, and the sensation is unbelievable.

Despite being a part of this swinger's organization, however, she believed that the biggest misconception about this group was that they were promiscuous. Bethany maintained that there were several different reasons for why people might join the group, and suggested that motives were not always sexual in nature. For instance, she described the group in the following way:

It is a total picture of society. Uh, you have some guys in there, some: girls in there, that are not there for sex at all. They're there strictly for the social scene. Some couples are there the same way, just for the social. Uh, it's a much more open party environment. Uh, a lot less taboos on it. And you have other people that are there, they're in bad marriages, they're out cheating. You have other people that are single that don't want relationships as far as that love and

commitment, but they don't want to get out there and play the lie game- 'oh I love you, let's go to bed.' Ya know, it's 'hey you're sexy, come on, let's go.'

Therefore, for Bethany, the purpose of entering this group had been to meet friends first and foremost, and the swinging aspects were what equaled the benefits if she met someone who she desired to have as a swing partner.

Since the group had several "meet and greet" parties for its online members to congregate, I had the opportunity to accompany Bethany to one of these gatherings.<sup>9</sup> In accordance with her description of why people were there, I found my perceptions to concur with hers. There were married couples, singles, young people, and older individuals from all races and social backgrounds. There were individuals there who stated upfront that they were happily married and did not want to partake in any sexual activity while there were others there who clearly stated that they were there to "play." Overall, Bethany described it as "a hundred different reasons why you have a hundred different people in the room."

Like the LBGTQ club, the swinger's group also offered another form of *communitas* for Bethany's liminal period. Since Bethany had not experienced sex as a biological female, her membership in the group not only added to her construction of gender, but it also helped her to learn the sexual roles that she found to be different as a woman. Interestingly, however, Bethany referred to this group most often when talking about what helped her to learn the appropriate gender roles and lessons. For example, she

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<sup>9</sup> The "meet and greet" parties were usually held in a hotel. They were gatherings that enabled individuals to meet each other, have dinner, and dance. Although a block of hotel rooms were reserved for the group and individuals could choose to have sexual relations if they found a partner that they were interested in, these parties were not specifically sexual in nature.

described the girls in the group as having really taken her under their wings and watching out for her. She expressed her appreciation for the girls in the following way:

The females in this group have welcomed me with open arms. And, ya know, I mean there's been no question, ya know, that they've accepted me as a female, and they've shared a lot of things with me. Urn, they look out for me. They'll IM (instant message) me and tell me, 'no, don't talk to that guy, he's an asshole. '

This idea is very characteristic of Turner's concept of *communitas*. Turner asserted that those in the liminal phase are taken in by elders, or members who already occupy the liminal individual's desired status ("Liminality," 2011). In this sense, the girls in the swinger's group have taken Bethany in to show her the ropes and teach her the important lessons and roles that she will need to learn and perform in her new status as female. These women, who have held the status of female all their lives, offer Bethany a "crash course" in "doing gender" (Kimmel, 2000, p. 100).

One of the reasons I joined the group was bein', ya know, makin' that transition. I never had a childhood of growin' up and bein' around, ya know, other girls when we were growin' up, and getting the different lessons that they learned shared with me. I always got it from the guy's side. Ya know, so I've gotta take a crash course. So, this group has been my crash course. What are guys like? Ya know, I wanna deal with the most open, aggressive guys in the world, so I can get this all past me so I can figure out how to handle it and how to deal with it, how to say yes, and how to say no.

Interestingly, however, the traditional and rigid aspects of Bethany's gender role constructions flowed over into this progressive realm. In other words, although she was

open to this alternative lifestyle and this wide arena of sexual expression, sexuality for Bethany still seemed to be role bound and had boundaries. For example, she did not see herself as "easy," and she believed that sex was tied to safety, trust, honesty, and respect. For instance, Bethany explained to me that bondage was only something that she had done a couple of times, and she only trusted two people enough to have that experience with if she decided she wanted it. "Trust is really important. Ya know, I mean, ya know, if you're not, if I don't trust you, you're not gettin' in my bed." Along the same lines, Bethany valued safety in sex. She brought a container of condoms to the party we attended together so that everyone could have some. Likewise, she described a party that she went to for a B&D group:

I went to a play party there, and I got turned off because of the sex. Yeah, I mean, I'm obviously not against sex, but the things I saw that were goin' on there were unsafe. I actually wrote 'em a letter, and asked 'em, ya know, to remove me from their list. Uh, I didn't want their information. Didn't have any desire, ya know, to be in their group. It was just, for me, it was too unsafe.

Bethany also asserted sexual boundaries and role expectations in other ways. As Bethany talked about some of the people that she expected to meet at the swinger's party, she discussed a young woman who she was supposed to have some photographs taken with:

I've never met Jen.<sup>10</sup> I mean, she is a beautiful young woman. She's in her thirties, she was a Hooters girl. I mean she's got the looks, she's got the body, but

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<sup>10</sup> Name has been changed to maintain confidentiality.

I've never met her. I'm not playin' with her. I'll meet her as friends this time.

Maybe next time, but not this time. I'm not that easy.

Bethany described this as a significant change from when she was a man:

When I was a guy, uh, sex could be just sex, but now, there's gotta be some kind of chemistry there, some attraction. Ya know, I mean, not necessarily love, but there's gotta be that attraction. I mean, the guys, ya know, it's like when I was a guy, the typical guy, you could just take those panties off, let's do it.' But now, it's like, no, you're gonna have to dance with me. I mean this is what I feel inside, you're gonna have to spend a little time, and you're gonna have to talk. And, ya know, if you get me to that point where I'm interested, then yes. But I'm not always at that point, so don't walk in a expect it. Ya know, so that's been a major change.

Therefore, her ideas regarding sexual behavior changed during the liminal phase which could have, once again, been the result of learning that women traditionally are not supposed to be as promiscuous or as sexually driven as men and taking on that role. On the other hand, when Bethany described this change as " ... this is what I feel inside," there was a reference to an essential origin of her feelings. In other words, Bethany saw her changes as coming from an innate source, and her behavior and the roles she was performing were a result of that feeling.

Despite this change Bethany still described her sexual activity as being separate from emotion and love. For her, this separation equaled the separation between the traditional and the progressive values she held about relationships. Sex and love can intertwine, but sex did not have to be tied to love. Sex could be recreational, and she felt



that was how sex should be for her at the time of this study. She stated that "The bottom line is if there's a commitment, ya know who you are comin' home to. You never do anything without tellin' the other one, and they always have veto power in it, but it puts sex with other people and that swingin' lifestyle, it puts it outside of the relationship as far as there's no emotional, there's no love." Ultimately, she believed it was possible to have simultaneously the traditional relationship with the progressive swinging lifestyle.

This change in Bethany's sexual life suggests that sexuality becomes ambiguous in the liminal state in the same way that gender constructions can be ambiguous. For some transsexuals, another layer of experience which is predicted by a lack of status and intense period of learning takes place in the liminal phase. Interestingly, Bethany agreed that this was like a period of adolescence for her. I would describe adolescence as a major period of liminality in the sense that an adolescent no longer holds the status of a child nor does an adolescent hold the status of an adult. Basically, adolescence is a period of transition from one status to another where the behaviors for the old status of child are relinquished while the new roles are learned in order to take on the status of adult. This inevitably leads to feelings of being in the middle-too old to be a child but too young to be an adult. Likewise, adolescence is usually marked by experimentation and transgression of norms. In the same way, this period of liminality for Bethany consisting of bi-sexual exploration and progressive attitudes was similar to the liminal period expressed in adolescence. For Bethany, her reconstruction of gender and her experiments with sexuality were processes of learning new roles and ideas that encompassed both being a female visually and being a female sexually. Furthermore, while her experiences with sex and relationships as a female were new and she was preparing for her new status

in this state of liminality, Bethany's traditional views of relationships still flowed over into her new friendships and sexual relationships with both males and females.

**Control versus submissiveness of gender construction and sexuality.**

"You're a guy on the outside, you're a girl on the inside, and you learn how to blend it together. "

Closely related to the previous themes was the desire for control that Bethany wished to maintain in all areas of her life except for sex. She described sex, particularly B&D as her one release:

When you go bondage, I mean, it is full submission. In my life, I've always had to be in control. And, ya know, every aspect, ya know, from raising my children to my business to helping my ex-wife when she was mentally ill, and all these things. And this was a way for me to give up power. Ya know, for that one small amount of time. Totally submissive.

Interestingly, however, she felt that she was not sexually submissive prior to surgery and that this submission was a product of her expected gender role as a female:

Sexually, I'm very submissive. Ya know, I mean, and I guess that's part of my perceived gender role that, ya know, sure when I'm in bed, I'm gonna be playful, I'm gonna get on top once in awhile, I'm gonna initiate these things. But in the same token, it's more of in a submissive role.

Bethany exhibited Goffman's idea of playing a role much like actors in a theatrical performance ("The Presentation of Self," 2011). She had learned that women are traditionally considered to be more sexually submissive than men, and played that role accordingly. However, this could also have been related to the fact that because she

had so much control in all areas of her life, it was extremely difficult for her to relinquish this control in any familiar arena. Prior to surgery, the swinging lifestyle was not a part of Bethany's life. After surgery, it stood open as a new and unfamiliar realm where opportunities to relinquish control were possible. In this liminal state of transition, bisexuality and swinging were entirely new, ambiguous, and heightened experiences in which she may have felt free to be submissive. Consequently, as boundaries break down and become blurred and control is released in the liminal state, it would make sense for her to have explored submissiveness in this part of her life.

Prior to transition, Bethany described the fact that she was expected to be in control in her marriages and her children's lives. Throughout it all, she described her children as being very active, and she said, "I was always there. I was mom. I was dad. I was everything." Bethany exuded a strong air of independence, and she felt that many others had depended on her in her life. In her first marriage she asserted that her wife maintained dependence on her due to her mental illness. As a result, she did the chores, brought home the money, and took care of the kids. In short, she controlled the finances, childrearing, and maintenance of the home. In fact, she described all of her marriages as being dependent relationships in which each of her wives were reliant on her. Aside from the fact that her first wife maintained dependence on Bethany due to her mental illness, her second wife was on welfare until she met Bethany, and she described her third wife as being "a very leadable person." While each of Bethany's wives may have had their own weaknesses, it's also possible to attribute these dynamics to Bethany's rigid and traditional male gender role construction. She fulfilled the role of the provider as well as

the strong independent head of the household and her wives supported this image by remaining more dependent.

This idea of "doing" the male gender would explain her need to be independent in her work life. She started her own business and worked as an independent contractor. In addition, she took on roles like "the great white hunter" in adolescence. Independence was further achieved as Bethany pulled away from social relationships during this time in her life and she described many instances in which she maintained her male gender identity by doing activities "solo." On the other hand, the possibility must be considered that Bethany had to have so much control over her male gender identity to maintain that social reality and this may have flooded over into several other areas of her life-work, social relationships, and other aspects of the self. Bethany expressed this aspect of doing gender and the literal "work" and control it required:

Ya know, anyone that has the gender issue, gender confusion, cross gender, whatever you want to call it, transgender, we learn to adapt, ya know. You're a guy on the outside, you're a girl on the inside, and ya learn how to blend it together. You make it work.

Likewise, her independence and need for control were expected quite regularly while she was growing up. For example, because of the fact that Bethany's father passed away when she was eleven, she described her mother as constantly pushing her forward and underscoring that they needed to move ahead when they encountered obstacles in life. She described one of her mother's most memorable sayings as being the epitome of the attitude expressed to her after her father's death:

She'd always say, 'sometimes you gotta put on a gorilla suit.' Ya know, sometimes you gotta be strong as a gorilla, and get out there and do what's required. Ya know, even though it hurts, even though you're not feelin' good, even though you don't wanna be mean, or whatever. I mean, this saying applies to so many aspects. And that's somethin' that stuck. Sometimes you gotta put on a gorilla suit.

Aside from the control of emotions, she described her mother as always telling her to be strong and stand up for herself even if she faced negative consequences. It is possible that these environmental influences may also have contributed to Bethany's need for control and independence.

There is a degree of personal control within the liminal phase, to the extent that one allows himself/herself to make changes psychologically and learn the roles and behaviors to be expected for his/her new status. At a more profound level, control and power are relinquished during liminality. The liminal period subsumes one into the more passive role of learner. One is dependent on those with the desired status to teach the new roles and behaviors effectively. As suggested earlier, submissiveness in sex could partially result from the fact that Bethany had assumed this learner role in the liminal phase and depended on the interactions and observations of other women in her daily encounters and in her *communitas* to aid her in taking on her new status as a female in society. Bethany described this idea to me in one of our conversations:

Prior to transition, the surgical part of transition, it was a ten. Bein' the highest level of I'm in the middle of this, and I don't know which way. And as I have, ya know, had the surgery and, ya know, had months now, a year to tune into this role, learn the role, uh, it's really decreased. I mean, I would say it's down to

around a two or a three. Where, ya know, I'm hopin' that within another year's time, that that two or three goes down to a zero. That I am not trans in my mind anymore. I am a woman.

Bethany described the gradual transition from neophyte to expert. At the time of this data collection, she had moved through the liminal period from her status of male to her new female status. But the role of student is not a passive one, and the possibility must also be considered that control is heightened during this phase because, although Bethany was constantly learning, she also exhibited control over the female roles and characteristics that she was actively learning. For example, she was in control of her gestures, the way she talked, and all other aspects of her behavior when she was "doing" (Kimmel, 2000, p.100) female gender roles. Thus, the liminal phase may be best understood as a period of both active control and submissiveness in the reconstruction of gender.

**Fantasy versus reality in sexuality, daily life, and transition.**

"Fantasy's an idea. Reality is puttin ' the idea into action. "

As Bethany's gender confusion began to have more definition and substance during puberty, she began to mention several instances of fantasy that took place prior to surgery. For example, she described her fantasy in the realm of cross-dressing as a young male:

The friends that I grew up with, the guys, never had a clue ya know. I mean, I hid, at that time the feelings were a little stronger, and I was cross-dressing and ya know doing a lot of things of that nature, a lot of fantasy stuff. Ya know, dressing and pretending to be female. Fantasy was also exhibited at events like high

school social gatherings. For instance, Bethany described an instance at a football game: Everybody was at the football games, and, ya know, for me, a lot of that was like, ya know, I don't know, the guys would be like, 'man, I wish I could catch like him. I wish I could throw like him.' And my thoughts would be like, 'Gah lee ned, I wish I was doin' that cheerleadin' stuff, ya know.

Bethany described that her cross-dressing and fantasies of being in a female body continued through young adulthood, and about half way through her first marriage she began to shave her armpits and legs. After her first wife committed suicide, she began regularly wearing women's underwear and grooming full-time as female. Interestingly, the fantasy associated with cross-dressing was also expressed on the job. Bethany always kept women's clothes such as a bikini or women's shorts in her truck so that she could wear them while she was cutting firewood alone in the woods.

Sexually, Bethany referred to the fantasy that was involved for those engaged in the swinging lifestyle. She used the married couples that were involved as examples:

You have a lot of females here that are bi-curious. Ya know, they're married. Uh, and couples the same way. The female is bi-curious. She wants to try it, but she doesn't wanna like get turned down, so it's that she goes to these type of meetings to figure out, ya know, is there a compatibility. When I'm lookin' another woman in the eyes, is there still that spark, ya know, that excitement of the fantasy. So, you have a lot of people, ya know, I guess you would call it pushing the envelope, seeing if it's fantasy or reality.

Within these relationships, Bethany described the fulfillment of the fantasy as the main element that kept the marital relationship alive. By bringing in another woman every once

in awhile, the woman remained satisfied and did not get bored of the relationship or leave her husband. To Bethany, the fact that this fantasy fulfillment could occur as a couple showed the strength and the security of their relationship.

Through my observations and conversations at the swinger's "meet and greet", I found this attitude toward fantasy and fulfillment to be a prevalent occurrence among the group. Of course, sexual fantasy was quite high within the group, and each individual seemed to have his/her own ideas of what his/her fantasy encompassed. A young, married couple that I sat with at dinner was very selective in their choices of sexual partners to take home with them for fantasy fulfillment, and only looked for younger girls or very select couples. One man that I met fulfilled his fantasies by giving oral sex rather than receiving. Yet another was only satisfied when he received oral sex but did not give. Therefore, each person in the group had his/her own fantasies. Although not everyone was there for sexual reasons, several were there seeking sexual fulfillment.

When Bethany and I talked about fantasy and reality during our last interview, she suggested the two exist along a continuum and are defined by our own willingness to take risks. Although she felt that many people use the term fantasy when talking about sex, fantasy need not always deal with sex. She described these ideas in the following manner:

Reality is what we live. Fantasy is what we want, or what we fantasize about, what we wonder about. When you talk about fantasy and reality, it's what are our own limits that we've imposed on ourselves? How far are we willing to go? The courage aspects, the curiosity aspects. Ya know, all those things workin' together to say, ya know, this fantasy's an idea. Reality is puttin' the idea into action.



In the same way, she went on to describe how her sexual fantasies had changed following SRS:

If you talk about sexual fantasies, obviously, they've changed. And the interesting thing, now that I am not, say, testosterone fueled, that it's more of a reality based world. Uh, with estrogen, there was a lot of fantasizing. Uh, ya know, I mean, I was not the type of guy that masturbated a lot. Ya know, it just wasn't a thrill. But in the same token, there was always a lot of sexual fantasy thought. Ya know, what would it be like to do this or do that? And now it's like those thoughts just don't come.

Interestingly, this description does have an essentialist element when Bethany talked about no longer being "testosterone fueled." This roots the act of fantasizing within biological factors- hormones. Overall, however, Bethany described fantasy as being anything we want or dream about. It was her fantasy to physically become a woman, and she made it a reality. Basically, achieving one's fantasy means having courage, initiative, and taking action despite the odds or the consequences involved.

In connection with liminality, I originally thought that as norms break down, *communitas* would epitomize the experience of a heightened sense of fantasy. Through my research, however, I found a clearer pattern of fantasy prevalent prior to Bethany's surgery as opposed to post surgery. This fantasy was displayed through her actions of cross-dressing and trying to connect with others like her. I soon realized, however, that Turner's idea of liminality is not one of stagnancy. Although an individual is in the middle or "betwixt and between", this is a period of action and change. Bethany was neither stuck nor inactive. She was continuously learning and changing her behaviors to

prepare for her new status. This was exemplified by the fact that, as cited earlier, her fantasizing decreased during the liminal phase. Basically, if one has fantasies that lie outside of the boundaries of normality, and they begin to transgress these boundaries, fantasy is then being fulfilled and, hence, decreases during or after the period of action (the liminal phase).

This is not to say, however, that there were no liminal features associated with Bethany's life prior to surgery. In fact, there were many. Wilson (2002) describes the fact that cross-dressers enter a liminal phase when they cross-dress because they have transgressed the boundaries of normality and are acting on fantasy. Essentially, when Bethany cross-dressed, she also entered a liminal phase and fantasy was somewhat fulfilled. It is important to note that cross-dressers do not have the desire to change their sex like transsexuals. They simply have the desire to dress as the gender opposite their biological sex. As Wilson (2002) points out, the difference between the cross-dresser and the transsexual is that the cross-dresser must always return to his/her assigned gender while the transsexual can use surgery to achieve his/her gender of choice. Basically, cross-dressers never enter society with a new gender status—they return to the old one after leaving the liminal period. After SRS, however, transsexuals do relieve their ambiguity because they leave the old gender status behind and obtain the new gender status when completing the liminal period. Therefore, when Bethany cross-dressed and fantasized as a male, she did experience small periods of liminality. However, unlike a cross-dresser, her feelings of ambiguity were not relieved when she had to return to her male roles.

Furthermore, prior to surgery, Bethany clearly experienced what Stein (1983/2009) described as psychological liminality in which the " ... the prevailing feeling is one of alienation, marginality and drift. Critical questions arise as to who and what the "I" is, what it is capable of, where it comes from, where it is going" (p. 9). This was exhibited when Bethany described herself as feeling confused about who she really was, being "in the middle", and seeking "solo" time because of her feelings of being different from the rest of the guys. Thus, prior to surgery, Bethany experienced several of the indicators of liminality, such as confusion, anxiety, heightened emotion, and existing in the middle of two statuses.

As Bethany moved closer to surgery, she described herself as "dressing more and more as female." To do this successfully when she was still ascribed the male status, she described herself as making gradual changes even before surgery. For example, for a while she would just wear women's perfume, and later, she would start wearing women's jeans. She felt that this gradual movement into female appearance helped the public become accustomed to her transition. Rather than people having the shock of a person going from rigid, heterosexual male to bi-sexual female overnight, she felt that the gradual transition allowed others to get used to her changes and not feel as scared or threatened. Consequently, it cannot simply be generalized that all of the learning or changing takes place only between the period of surgery and successful passing. In essence, although this is the acknowledged period of transition in society, there is a continuous building and increased frequency of liminal states before surgery including the associated liminal feelings of anxiety and heightened emotion. Even Bethany described her actual transition as beginning prior to surgery:

Well, my transition started in earnest back in like 1994. When I first started seein' the counselor, that's when I started actually thinkin' about what do I need to do to pass, ya know, to be recognized more as feminine.

Each period of cross-dressing for Bethany was a liminal state in which reality was transgressed and fantasies were played out. After taking off the women's clothes, however, Bethany left the liminal state and returned to her unsatisfactory old status. Therefore, although there are periods of liminality that gradually increase in frequency prior to surgery, it is not until after surgery that a transsexual is able to obtain a new desired status, fully take action in front of the public, and align the new physical body with any previously learned behaviors and roles expected to accompany his/her new gender status. At the same time, one must fully learn the new behaviors and roles that will accumulate from the time of surgery (due to the physical changes) in order to pass full-time and be accepted as a female in society.

Thus, fantasy was not as prevalent in the liminal period that began with SRS because the alignment of the physical body with the gender identity enabled Bethany to actualize her previous fantasy as reality. For Bethany, this new status was not attainable by any other means besides surgery. As a result, Bethany was not able to fully act out her fantasy of being a woman nor was she able to learn all of the roles associated with being a woman (including gender roles and sexual roles) until she had the physical body to match her gender identity.

**Passing-the end of the liminal phase.**

"The more adept you get, the more you learn, the more you change your behavior and change your body language, you pass."

As mentioned earlier, Bethany asserted that she first started thinking about what she would need to do to pass as more feminine in 1994 when she started seeing her counselor. Likewise, she described gradually attempting to pass:

And I remember I started makin' little changes. And your first changes in passing are, ya know, always having a close shave for a guy, and armpits shaved. Uh, woman's perfume, earrings, ya know, the things that you can just do and not think about, ya know. So, I mean, they're the first parts.

It was not until after surgery, however, that Bethany's attempts to pass became more earnest. In some sense, this was when she gained her formal permission by society to become female in behavior and appearance to match her new physical sex. Her driver's license and birth certificate also gave her the legal permission to assert her new identity.

Passing is simply the term given when, like if we walked down the mall, passing is 'do I pass for a woman?' Ya know, obviously, you would pass a hundred percent because you're a woman, but would I?

Since surgery and during the liminal phase, Bethany has performed several physical changes to pass full-time as a female. Aside from the actual SRS in February 2003 where her penis was reconstructed into a vagina and where she was given enough depth to have sexual intercourse with a man, Bethany also had a second surgery performed called a labiaplasty in June of 2003.<sup>11</sup> At the same time, she received breast implants in April 2004, and she had treatments of electrolysis done regularly to remove the hair from her face more effectively. Likewise, due to the hormones, Bethany's facial features became softer and she lost her more muscular features as well as some of her

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<sup>11</sup> Labiaplasty is usually performed a few months following SRS to create the labia and a hood over the clitoris (“Labiaplasty,” 2011).

upper body strength. Most of all, however, it was the smaller things that she learned on a daily basis that helped her to pass as female such as applying makeup, dyeing and curling her hair, and painting her nails.

During our second interview, she described this as a major change post surgery:

That's a big change from male to female is the amount of time you spend grooming and primping. Last night I had to go and get dog food and razors and then I thought, 'well, I need to get this hair changed because it's been red too long,' and it was last night when I'm sitting there with my hair with goop on and a towel wrapped around me, watchin' the clock. And I'm thinkin' now I gotta do my nails in the morning, and I gotta do this and I gotta do that, and I'm like 'wait a minute. This sucks.' I gotta do all this primping, like hours and hours of primping. And then you realize it's ongoing. Ya know, it never stops.

Therefore, the work required to pass is time consuming and ongoing. As mentioned earlier, Bethany described her work to learn the gestures, postures, speech, and walking techniques of women by observing them. Overall, she spoke of her attempts at passing in the following way:

It's been years it seems working on this and this. So this has been the whole process of like trying to figure out how women behave and what they do differently. This hasn't just been the past year. This has been a long time. The more adept you get, the more you learn, the more you change your behavior and change your body language, you pass.

Aside from the immense amount of work that it takes to pass successfully in society, how does one gauge if his/her work is paying off? Basically, how does one

determine if he/she is passing effectively? For Bethany, it was the small everyday things that provided indicators to her as to whether she was passing "100%." In our second interview in March 2003, she referred to talking on the phone as being one of these indicators:

I mean that's the, ya know how I said, the big indicators are like talking on the phone. When you talk on the phone, and you're recognized as female, that's when you know you're successful. And I'm runnin' about fifty percent now. About half of the people that I talk to that have never spoken to me before recognize me as female. I correct them, but I don't correct them in a rude way. Uh, unless they call me sir, I'll say it's ma'am, my name is Bethany. Ya know, or if, ya know, at the end of the conversation when they haven't acknowledged me as female, but they haven't specified me as male, they'll ask my name and I'll tell 'em Bethany. And then I can always hear 'em stumble if I didn't pass. 'Oh, Bethany. Okay.'

I witnessed a similar instance during our interview when Bethany and I were on our way to the "meet and greet." She was talking to a male truck driver on the CB in her truck, and she was warning him of a cop that she saw on the interstate. He thanked her, and proceeded to ask, "Your voice sounds familiar. You sound real familiar sweetheart."

Bethany proceeded to comment excitedly:

There was no face recognition. Ya know, this is somethin' that tells me I'm learning. There was no face recognition. I didn't announce Bethany until after he said that. And he said 'sweetheart.' Which means he identified me as a female just by the way I talked. So that tells me I'm getting somewhere with this. Yeahhh! So,

I mean, it's little things like that that I pay attention to, ya know. So, like, ya know, success indicator. How am I passing?

Aside from the success indicators of passing that came from telephone conversations and verbal contact with others where she was heard but not seen, Bethany had also begun to pass successfully as a female in other social situations as well. When at the "meet and greet" in early March 2004, Bethany pointed out a man to me that told one of her friends that he was interested in Bethany. However, someone at the party informed him that Bethany was a transsexual, and he was shocked that he had conversed with her earlier that night and had not been able to pick up on it. When instances like this occurred, Bethany was reaffirmed that she was successfully passing. Likewise, I was able to observe the changes in the reactions of my own peers as time moved on. For example, when Bethany came to speak at my school in November 2003, my friend Katy attended the discussion,<sup>12</sup> and commented later that she could tell Bethany had once been a man because of her chiseled features and voice. However, when Katy saw her again in March 2004, she was amazed at how much Bethany had changed and commented this amazement to me later: "She looked great tonight. If I had not been informed previously that Bethany was a transsexual I wouldn't have ever known." Therefore, these types of comments signified successful passing, and Bethany used these kinds of indicators to gauge her success.

Thus, passing full-time as a female successfully was a gradual process that required hours of work for Bethany and constant attention to how others acted towards

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<sup>12</sup> Name changed to maintain confidentiality.



her as well as the kinds of things they would say to her. Bethany described this gradual process to me in the following way:

It's like if you took a group of guys and a group of girls, and, ya know, you put lines on the floor and said, ya know, stand on a line where you feel. Ya know, before I was like right in the middle. Ya know, I'm not one of them, but I'm not yet one of them. And, ya know, each day that passes, I get to move a line closer to bein' female.

Likewise, in the section on control versus submissiveness I quoted Bethany as describing her feelings of being in the middle when she said that before surgery she felt that on a scale from one to ten, she was a ten. When we did the second interview in March 2004, she followed with "I would say it's down to around a two or a three. Where, ya know, I'm hopin' that within another year's time, that that two or a three goes down to a zero. That I am not trans in my mind anymore. I am a woman." I believe that this statement is worth repeating because first of all, it signified how well Bethany perceived herself to be passing. In other words, her feeling of being a woman instead of "trans" is closely related to how well she perceived herself to be passing in society. Secondly, it signified that Bethany was moving out of the liminal phase. Her feelings of being in the middle or being in transition were much lower a year after surgery than they were prior to surgery, and she expressed her hope that she would be out of the transition phase within a year-passing successfully as a woman and having the feeling that she was a woman "100%" of the time. Therefore, as Bethany moved closer "to bein' female," her liminal feelings reduced, and she came closer to exiting the liminal period to officially leave her old male status behind and claim her new status of female.

**Defining gender identity: The role of the counselor.**

I believe that the case study presented above highlights the importance of what Carroll et al. (2002a) asserted: “the focus is not on transforming transgendered clients but rather transforming the cultural context in which they live” (p. 5). From Bethany’s narrative, it is clear that Bethany felt strong pressure to ascribe to a female gender identity and perform the roles and behaviors traditionally associated with that gender identity which took away the freedom for her to develop a unique transgender identity. Since gender is largely a socially and culturally structured entity, it is important for counselors to work towards transforming the culture to help lessen the pressure to ascribe to either male or female. Tori DeAngelis (2002) points out that transgendered individuals most often choose to identify as either male or female because “it’s too challenging to live in a gender-dichotomous society otherwise” (p. 44). Likewise, Dickey and Loewy (2010) suggest that counselors use a social justice framework when working with transgender clients where clinicians help to change the unfair practices, policies, distribution of resources, structures, and human rights that social institutions perpetuate. In addition, Carroll et al. (2002a) states that in order for this kind of shift to occur, counselors need to change their attitudes to be trans-affirmative, increase their knowledge and skills about the transgender population, and gain understanding of the clinical issues facing transgendered individuals

In addition to changing the cultural context, Tina Livingstone (2008) emphasized that transgendered individuals need to be met with unconditional positive regard, genuineness, and empathy so that relationships can be formed with counselors that will

facilitate affirmation, acknowledgement, respect, and self definition. In addition, Livingstone (2008) asserted:

When one meets gender variant clients with genuine respect and regard, laying aside heteronormative gender assumptions, and authentically exercising a dedication to going with the client's direction, at the client's pace, and with the client's unique way of being, then one can engage in the privileged relationship of relating to these people not as they seem to outsiders, but as they seem to themselves. (p. 141).

Therefore, Livingstone makes the assertion that counselors are important to the experience of the transgendered client and are essential to creating a space where clients can define themselves uniquely.

Aaron Devor (2004) proposed a model for transgender identity development that includes fourteen stages ranging from identity confusion (stage 2) to identity comparison (stage 7) to transition (stage 11), and, finally, to pride (stage 14). Counselors may find this model useful when examining how transsexual clients are forming their gender identities. However, it is important for counselors to keep in mind that the formation of a transgender identity will vary greatly from person to person (Devor, 2004) which again highlights the importance of "going with the client's direction, at the client's pace, and with the client's unique way of being" (Livingstone, 2008, p. 141).

Overall, I believe that the content from the interviews I conducted with Bethany provides good examples of the issues that transsexual clients may be dealing with related to gender identity construction following SRS. As in Bethany's experience, many transsexual clients will come to counselors attempting to pass, exploring new sexual

realms, trying out traditional gender roles and behaviors, and playing out fantasies. Clearly, there is a transition period following surgery where transsexual clients need additional support. Viewing this transition period through the lens of liminality may be helpful for clinicians when assessing the social and psychological issues that transsexual clients may face as well as the pressure to adhere to traditional gender frameworks. The counselor's role is to assist clients with sifting through all of the social and cultural norms and biases to help clients transcend the liminal idea of losing an old status and gaining a new status in society to developing a unique gender identity that clients feel are most reflective of who they are to themselves and to the world. In addition, counselors then need to advocate for their clients and for the social acceptance of their clients' unique gender identities.

#### **Other issues when counseling transgender clients.**

Lauren Mizock and Thomas Lewis (2008) assert that it is the responsibility of counselors to develop cultural competency when working with clients identifying as transgender including educating themselves about the history of transgender issues as well as educating themselves about current transgender issues. As with many issues, counselors should also reflect on gender biases and stereotypes that they hold themselves and be observant of how these biases and stereotypes might be affecting their work with transgendered clients (2008). This idea seems particularly important due to the fact that I mentioned earlier that I viewed the content of my interviews and my observations of Bethany through the traditional gender framework in 2004 and discussed how difficult it was for me to move past those biases and stereotypes. Based on my work with Bethany, I would also suggest that counselors examine their biases and stereotypes surrounding

sexuality as well. In their article titled “Transgender Issues in Counselor Preparation” Lynne Carroll and Paula Gilroy (2002b) stated that counselors need to explore their attitudes, raise their consciousness, build their knowledge, acquire understanding, and develop clinical skills before working with transgender clients. I recommend that counselors and counselor educators read this article for a good overview of the skills necessary for counselors to provide competent care to transgender clients.

In addition to educating themselves about transgender issues, it is important for counselors to review the Standards of Care that exist to assist transsexual clients with transition (WPATH, 2001). Dickey and Loewy (2010) also suggest, however, that counselors should read the guidelines written by the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) which provide information on culturally competent care for transgender clients. These guidelines differ significantly from the Standards of Care which focus on all providers (medical doctors, counselors, etc.) and have experienced controversy within the transgender community (2010).

Furthermore, Mizock and Lewis (2008) state that counselors need to avoid attributing all of the issues/problems transgender clients bring into the counseling room as resulting from the gender identity issue and should be assessing for other issues separately such as depression, trauma, and suicidal ideation. Building on Livinstone’s ideas, Mizock and Lewis (2008) state that therapists should create a nonjudgemental atmosphere and take additional time to build rapport with clients due to the negative experiences they may have had in the health care industry. Likewise, it is beneficial to clients if counselors provide good case management and link transgendered clients to peer support groups as well as necessary legal and medical resources. Finally, counselors

should seek supervision and consultation when working with transgender individuals to ensure quality care (Mizock & Lewis, 2008).

Smith et al. (2005) conducted a study on 325 adolescent and adult transsexuals and found that 98.4 percent stated that they had no regrets about changing their sex following SRS. Despite this successful outcome, it is important for counselors to be aware of the multiple issues that transsexual clients may face. Much like Bethany, transsexual clients often come with multiple issues aside from gender transition. For example, Mizock and Lewis (2008) reported that transgender individuals experience twice the amount of violence as nontransgender individuals when looking at national rates of violence. As a result, hate crimes, physical abuse, and sexual assaults are issues that may come up in counseling. Likewise, Mizock and Lewis state that transgendered individuals will often not report these types of crimes for fear of retraumatization in the criminal justice setting. In addition, research has indicated that individuals identifying as transgender often have higher rates of childhood sexual and physical abuse as well as have higher rates of HIV and are more likely to be involved in sex work (2008).

Furthermore, Mizock and Lewis (2008) report several risk factors for transgender clients that make them experience more difficulty in dealing with trauma including: lack of social support, belonging to marginalized racial and ethnic groups, engaging in high-risk behaviors such as substance abuse and unsafe sex, suicidal ideation (particularly in response to trauma), self-injury, intimate partner violence, lack of access to health care, employment and housing discrimination, and daily injustices. In addition, individuals identifying as transgender are more likely to face poverty, unemployment, homelessness, depression, and anxiety (2008). As a result, it is extremely important for clinicians to

take these issues into consideration when working with transgender clients and realize that they may come up in counseling.

Sanchez and Vilain (2009) brought up another consideration when they conducted a study on 53 MtF transsexuals and found that “the fear of how a transsexual identity would affect one’s life was the best predictor of the severity of psychological distress” (p. 202) suggesting that mental health is adversely affected by social stigmatization or the fear of being socially stigmatized. Based on the outcomes of this research, Sanchez and Vilain (2009) suggest that counselors have transgender clients explore their experiences with discrimination and evaluate whether the client has internalized the negative messages received from others while assessing how those messages are affecting the client’s well-being. Bethany’s narrative also further points to the importance of helping transsexual clients build a support system. Much like the support and comfort Bethany found in her communities/groups discussed above, Maguen et al. (2005) asserts that “Social support is conceptualized as a crucial protective ingredient against the development of adverse mental health effects...and individuals with higher levels of social interaction have greater overall well-being” (p. 481). Counselors are often one of the first sources of support that transgender clients encounter. As a result, this further highlights the importance of counselors being able to make appropriate referrals to support groups and other trans-affirmative providers.

### **Conclusion**

Thus, throughout my interviews with Bethany I found the theme of liminality to reappear continuously through Bethany's descriptions of being in transition, experiencing ambiguity, and learning new roles. Bethany also reported experiencing a rigid male

gender construction prior to surgery, and throughout the phase of liminality. Post surgery, she began to express a rigid female construction. Prior to surgery, she was very masculine; following surgery, she was very feminine. Despite the existence of rigidity, however, Bethany displayed openness in her sexuality. No longer did her sexual identity consist of being a heterosexual; rather, she identified as a bisexual female.

Bethany's traditional attitudes towards relationships had not changed, but she had gained more progressive attitudes towards relationships and sex in the liminal phase. Prior to surgery, Bethany described commitments as eclipsing her gender issues and sexuality. During the liminal phase, however, her attitudes became more progressive. This change was exhibited by her swinging lifestyle and her sexual experimentation. However, throughout liminality she came to believe that both the traditional and the progressive could exist together. Basically, a committed relationship was the base for an emotionally healthy couple to enjoy the swinging lifestyle.

Furthermore, the liminal/transition phase gave Bethany the opportunity to display more submissiveness than prior to entering liminality. Not only was she more submissive in sexual encounters following SRS, but she had also taken a more submissive role of student during this stage in order to learn the behaviors needed to take on her new status from other females. Despite this change, however, there was still a great deal of control expressed in this phase because Bethany had to actively control her behaviors to exhibit a rigid female gender construction. Therefore, both control and submissiveness were important to the liminal period.

Prior to the liminal period, Bethany described experiencing a high degree of fantasy. After surgery and entering liminality, however, she experienced much less



fantasy due to the fact that she had actualized her prior fantasies as realities. However, each fantasy period prior to surgery (such as cross-dressing) provided a short period of liminality, and these phases increased in frequency and duration as surgery became closer. Likewise, sexual fantasy decreased during the liminal phase, and Bethany described acting on sexual fantasy in committed relationships as an agent that makes them stronger.

Due to the fact that a case study is presented in this paper, the concepts presented may not be able to be generalized to the experiences of other transsexuals. In 2004, I did not have access to other transsexuals, nor the time to devote to performing interviews and observations for more than one person. It would be beneficial to have more studies conducted like that of Wilson (2002) where a larger number of transsexuals are interviewed and observed to generate comparisons to Bethany's experiences of liminality and the reconstruction of gender.

It is worth noting that I did not meet Bethany prior to her surgery. Therefore, I have no information regarding Bethany's experience prior to the transition phase. Bethany's descriptions of her behaviors, thoughts, and lifestyle prior to surgery were completely bound by her own memories and reconstruction of memories. I had no opportunity to observe those occurrences. There is the possibility that Bethany had matched up her thoughts and behaviors regarding her past experiences so as not to experience cognitive dissonance. In this sense, she may have seen her past as existing in a way that it may not have really existed so that she would feel more comfortable with her decision to go through with SRS.

Future studies should also focus on interviewing transsexuals who have not yet had surgery; starting interviews and observations prior to surgery, as well as interviewing participants post-surgery. By doing this, further examination could take place to find out if the liminal phase has some key features and/or experiences that are common among most transsexuals. At the same time, this further examination would deepen an understanding of rigid versus open construction of gender roles, traditional versus progressive relationships, control versus submissiveness in gender construction and sexuality, the role of fantasy versus reality both prior to and after surgery, as well as other factors that are key to understanding gender reconstruction. Further examination of how the process of defining gender identity occurs in the context of the counseling relationship as well as counseling with post-operative transsexual clients would be helpful as well. In addition, it would be interesting if future studies would examine cultural differences. Wilson's (2002) study was conducted in Australia, and although I found my findings to be similar to hers, it will be important to examine other cultures as well.

Overall, I found Bethany to be experiencing layers of liminality. Aside from the liminal period between surgery and passing, Bethany also encountered liminal states prior to surgery when cross-dressing and acting out fantasy. Following surgery, she exhibited liminal layers in rigid and open constructions of gender roles and sexuality, in traditional and progressive relationships, in controlling and submissive attitudes towards gender and sexuality, and in the fantasy and reality of gender and sexuality. In a sense, Bethany appeared to be peeling off layers through the liminal experience-attempting to find her core self as a woman.

Finally, the information presented may provide some counselors with a framework to view the social and psychological issues that transsexual clients may face following SRS, it is important for counselors to be more focused on assisting clients with developing a unique transgender identity as opposed to shifting from one gender to another gender and advocating for cultural change so that these unique identities are accepted by others. The issues and experiences that Bethany encountered following SRS may be similar to issues that other transsexual clients may face as well. Counselors can play a pivotal role in assisting transsexual clients with working through similar issues surrounding gender and sexuality, can provide a source of support for these clients, can link these clients to trans-affirmative providers, and, most importantly, can provide a relationship that fosters acceptance and respect for these individuals when they have encountered so much adversity.

## Appendix A: Reflections on this Research

Reflections from 2004

Although I had met Bethany twice in November 2003, I was still extremely nervous when I had to meet her for our first official outing to the gay/lesbian/bisexual/transgender club just two months later. I remember pacing the room nervously the hour before I was scheduled to meet her and wondering what I had gotten myself into. I tried to mentally prepare myself for what it would be like to hang out with Bethany without a classroom setting and without my peers. I tried to picture what I would encounter at the club. I had no idea what to expect or what kind of people I would meet. Needless to say, I was fearful of the unknown. More than the unknown, however, I was fearful of my ability to handle this project. Being from a small, rural town, I had never had experiences with transsexuals or even homosexuals and minorities before coming to college, several questions ran through my mind. What did I have to bring to this project? How could I relate to Bethany or those in her social circles? What could I discover that could even possibly add to the knowledge base on this topic? The deeper fear, however, was that I would experience something that changed me and made me question my own identity and beliefs?

Throughout this experience, I often commented to others that I was learning more about myself than I was about transsexualism, liminality, or the reconstruction of gender. To a large extent this is true. Approaching something so drastically different from anything I had ever experienced forced me to transgress my own boundaries and challenge my fears and preconceived notions. Thus far in life, however, I have discovered that the times when I have grown or changed the most have been when I have

taken myself out of my comfort zone and faced my fears. Those times when I have feared most such as going to college, studying abroad in Greece, falling in love, trusting others, and leaving home all shaped my self identity once I allowed myself to experience them. In the same way, this project challenged me to leave my comfort zone and face the fear of possibly discovering something different from what my small town culture had raised me to believe: "People who change their sex are wrong. Stay away from them."

I could write pages about how I have changed through this experience. My categories of sex, gender, and sexuality are being pushed to the limits and redefined. My ideas of right and wrong are being challenged and changed. My personal examination of my own sex and gender identity is causing me to grow. Even my inner and outer dialogue about gender is being transformed. However, I would much rather tell you about Bethany. I would much rather tell you about the person I have met who has changed me rather than how my experiences with this project have changed me.

Looking back now, I cannot even imagine what this year would have been like had I not met Bethany. Not only did I grow and change, but I met an amazing woman who repeatedly inspired me to pursue my dreams, to fulfill my fantasies, and to never let anyone hold me back from being my true self. By example, she showed me that anything in life is possible. There may be hard work and adversity standing in your way, but the reward is worth the struggle. In a world where I have seen so many people forsake who they really are to conform and be a part of the group, Bethany showed me that it is possible to stand up for oneself and express the truth that one feels inside.

At the same time, I found Bethany's religious faith and spirit to be unshakable. In my four years of college, I have come to question my own religious beliefs, doubt the

existence of God, and question the purpose of my own existence. I was inspired by Bethany's belief that she had been created by God even after everything she had been through. She still believed: "God knows my heart. He gave me a perfect soul, but he didn't give me a perfect body. Look at hemaphrodites and unics. Ya know, look at the chromosomal imbalance in some people. So, what's this that something can't be wrong between your legs? God doesn't make mistakes, but nature does." From these kinds of discussions with Bethany, I found myself rethinking my religious stance and, once again, redefining my religious boundaries.

Moreover, I expected not to have anything in common with Bethany prior to meeting her, but I soon found that we had much more in common than I ever thought possible. Despite our age difference and history of life experiences, Bethany and I were able to relate as women. Aside from religion, we discussed issues involving relationships, family, politics, emotions, sex, work, and education. Most of the time, these discussions did not occur in interview format. Rather, I would ask about her life and she would ask about mine-often through weekly emails to say hi and see how things were going.

Going into this experience, I was not too sure about how much I wanted to reveal about myself, but I tried to give her as much as she gave me. Somewhere along the line, this relationship became a friendship, and I began to value Bethany as a source of wisdom and hope for living out my own life in the way I have always dreamed about-turning my own fantasies into realities.

It was not until my last interview with Bethany, however, when we were discussing her future, that I fully realized just how common our dreams really are. When I asked her what she wanted people to say about her when her life came to an end, she

replied: That I set an example. I'm out front with it, and I'm open, and I'm setting an example not only for the other trans girls that are comin' up to not be afraid of society. Get out there and say 'it's my life. I'm gonna live it,' but also for the education for the other people.

I then asked her, "when you get to the end of your life, and you look back, what is it that you want to say you're most proud of?" Bethany began to cry, and she replied: When I get to the end of my life, I mean if it were to end right now, I made it, ya know. I'm happy. I made it. How many women live their whole lives, and they don't make it? I made it. At that point, I realized that my dreams are quite similar-I want to set an example for and touch the lives of others by living out my own dreams, I want to be happy, I want to say "it's my life, and I'm going to live it," and when it's all over, I want to know that I made it.

#### Reflections from 2011

As much as I dreaded writing this paper to satisfy my Ed.S. requirements, I do not think I realized how wonderful it would be to delve back into this experience that I had with Bethany seven years ago. I found myself surprised by some of the ideas I presented originally and how much my assumptions about gender and sexuality were tied to traditional frameworks at the time this research was conducted. I realize how much I have changed as an individual and how far I have come as a counselor. At the same time, writing this paper also made me realize how far I still have to go in becoming culturally competent with regards to the transgender population.

While writing this paper, I found myself reflecting on the life changes I have experienced since I met Bethany. Since that time, I have gotten married and become a

mother which has certainly impacted my worldview. In particular, I thought about my children and the excitement I experienced when I found out I would be having a boy during my first pregnancy as well as during my second pregnancy. I remember how I believed that if I ever had children, I would not push them into traditional gender roles or expect certain gender ascribed behaviors. Now I look around my house, and I see toy cars, dinosaurs, and miniature super heroes. I recall that I handed my son a doll around the time he turned one, and I cringed as he smashed the doll's head on the floor and picked up a truck instead. I remember thinking, "Boys are just different," but I have to wonder if somehow I (and everyone else) had already inadvertently started pushing my son towards traditional male gender roles and behaviors. Going back into this research made me realize how much pride I have in my boys and the fact that I have already thought about what sports they might like to play and the grandchildren I hope they give me one day. Essentially, I still find myself having difficulty moving totally away from those traditional gender categories and, if I am really honest with myself, I know the grief that I would feel if one of my sons ever told me that he wanted to become a girl because I would have to let go of some of those gender specific ideas I have had since the ultrasound. I guess all of this reflection has made me wonder about how difficult it will be for me to become more culturally competent with this population despite the gender frameworks which are so heavily ingrained in me.

I would not say that Bethany and I have stayed in regular, consistent contact since 2004, but we have emailed each other from time to time. I do know that Bethany is now married to a man and that she still has her own business which appears to be very successful. I would be interested to find out how Bethany views her gender identity now



that she is eight years post surgery. I also wonder how Bethany's experience of transition may have been different in 2004 if she had encountered a counselor that had given her the space to create her own unique gender identity as opposed to playing into the idea that Bethany must pass as a female.

I have worked with a few transgender clients since my experience with Bethany, and I have found these counseling relationships to be rich and affirmative for the clients especially since I have taken a primarily person-centered approach. Much like mentioned earlier in this paper, a person-centered approach has given these clients the flexibility and respect to define themselves in their own ways. Writing this paper has made me once again examine my own gender biases and stereotypes which will further assist me with becoming more culturally competent when working with these clients. The experience of writing this paper is just another reflection to me of how I will constantly be changing and growing in my journey as a counselor.

Appendix B: Guiding Questions for the Three Interviews

Family/Hometown/Childhood

When were you born?

Where were you born?

What was it like growing up then?

-socially?

-economically?

What was your mother like?

-What is the most memorable moment you have of your mother?

-How did she impact/shape your life?

What was your father like?

-What is the most memorable moment you have of your father?

-How did he impact/shape your life?

How would you characterize your relationship with each of your parents?

How many brothers and sisters did you have?

-Names?

-Birth order of each?

How would you characterize your relationship with each of your siblings?

What is the most memorable moment you have of each of your

siblings?

How were the personalities in your household different/similar?

Overall, what was life like in your household?

-If you could use one word to describe your family at that time in your life, what would it be?

-If you could use one word to describe your family now, what would it be?

-the overall atmosphere?

What was your community/town like?

How did it feel to be a part of that community?

Within that community, which individuals and/or events do you feel impacted your life the most?

How did your family fit into the larger community/town?

-Did you consider yourself to be the typical kind of family that lived in your community?

-Economic background? Socioeconomic status?

What did your parents do to make a living?

What kinds of activities/traditions did your family have?

What role did religion play in your family/household?

Were there any other family members who were important to you as a child?

What kinds of activities did you participate in as a child?

-Were there any that you wanted to participate in but never

had the chance to?

-Sports?

As a child, what did you want to do with your life? What did you want for your future? What did you want to become?

What is the most positive, memorable moment you have from your childhood?

What is the most negative, memorable moment you have from your childhood?

What was your elementary school like?

-Middle school?

-High school?

What were your friends like?

-Best friend(s)?

What were your relationships like with others during school?

-Males?

-Females?

-Teachers?

What kinds of memories do you have of school life?

What were your strengths and weaknesses in academics?

-Favorite subjects?

What kinds of extracurricular activities did you participate in?

What was your first job?

What kinds of jobs have you had throughout your life?

How did you meet your first wife?

What was that relationship like?

-When were your sons born?

How did you meet your second wife?

-What was that relationship like?

How did you meet your third wife?

-What was that relationship like?

Looking back over your life, which individuals you feel impacted your life the most? Tell me about them.

Looking back over your life, which events do you feel impacted your life the most? Tell me about them.

#### Questions Regarding Transsexualism

At what point did you start to feel as if you were born in the wrong body?

-As a child?

-Adolescence?

How did this realization affect your life?

-Your relationships?

Did you hide this from others? If so, why?

Did you tell anyone? If so, who?

How did this realization affect the way you viewed the world?

Did you feel different from others in your family?

-From others in school?

-From others in your community?

What kinds of emotions did you experience because of this realization?

At what point in your life did you actually feel as though you wanted to get the surgery done?

When did you decide that you were definitely going to get the surgery done?

What emotions did you feel leading up to this decision?

Did you enter counseling before or after telling your friends and family?

How did this process affect you?

How did you tell your family and friends?

How did they react?

How did you go about the change from male to female prior to surgery?

What steps did you take? What stages did you go through?

When and where did the surgery take place?

Who were your biggest supporters?

What were the biggest obstacles you faced?

-from society?

-within yourself?

What kinds of outside sources did you seek for support?

-chat rooms?

-memberships?

-clubs/bars/groups?

Since your surgery, what kinds of emotions have you experienced?

What has been the hardest thing to deal with since the surgery?

What has been the easiest adjustment since the surgery?

What steps have you taken since the surgery to transition from male to female?

Looking back over the past year, what/who has been the biggest help/support in your transition?

What organizations/groups have been the most essential to your transition?

Which individuals have been the most essential to your transition?

How have your relationships changed since the surgery?

-Family?

-Friends?

-Co-workers?

How was your business affected by the surgery?

What kinds of things in your life have impacted you the most in your transition over the past year?

How do you feel that you are viewed by your community?

How do you feel that you and other transsexuals are viewed by society?

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