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## **A Marathon Search for My Deserved Body: How a Chinese Male-to-Female Manages Gender Nonconformity**

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# **A Marathon Search for My Deserved Body: How a Chinese Male-to-Female Manages Gender Nonconformity**

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## **Abstract**

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The hegemony of dichotomous gender identity dominates the discourse on the issues of sex and gender. Through this means, irrational fear brings about prejudice, stigmatisation, discrimination, and exclusion towards individuals who suffer from gender nonconformity. Despite relevant substantial literature, there is a paucity of research on Chinese transgender people. This case study investigates how a Chinese trans-woman deals with her gender incongruence and anxiety through sex realignment surgery. It conducts in-depth, semi-structured interviews, and processes data by means of interpretative phenomenological analysis, with the help of a computerised qualitative data analysis package. It also carries out member checking to enrich triangulation effects. The results unmask the way the participant is being incrementally liberated from being a pretend man in her current state of half-man-non-woman, and her efforts in achieving the gender that she desires. This study reveals factors that influence the embodiment of bodily integrity and psychological adjustments against distress induced by gender nonconformity, therefore supporting the development of a gender-affirming society that benefits both individuals and public interests

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**Keywords:** bodily integrity, gender dysphoria, stigma management, transphobia, transwoman

# **Una Búsqueda Maratoniana de Mi Cuerpo Sentido: Como un Hombre – hacia – una mujer China Maneja la Inconformidad de Género**

Fung Kei Cheng

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## **Resumen**

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La hegemonía de la identidad de género dicotómica domina el discurso sobre las cuestiones de sexo y género. Por este medio, el miedo irracional genera prejuicios, estigmatización, discriminación y exclusión hacia las personas que padecen inconformidad de género. A pesar de la literatura sustancial relevante, hay una escasez de investigación sobre las personas transgénero chinas. Este estudio de caso investiga cómo una mujer trans china lidia con su incongruencia de género y su ansiedad a través de la cirugía de realineación sexual. Realiza entrevistas en profundidad, semiestructuradas y procesa datos mediante análisis fenomenológico interpretativo, con la ayuda de un paquete de análisis de datos cualitativos computarizado. También realiza comprobaciones de miembros para enriquecer los efectos de triangulación. Los resultados desenmascaran la forma en que el participante se libera progresivamente de ser un hombre fingido en su estado actual de mitad hombre y no mujer, y sus esfuerzos por lograr el género que desea. Este estudio revela factores que influyen en la encarnación de la integridad corporal y los ajustes psicológicos contra la angustia inducida por la no conformidad de género, apoyando así el desarrollo de una sociedad que afirma el género que beneficia tanto a las personas como a los intereses públicos.

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**Palabras clave:** integridad corporal, disforia de género, manejo del estigma, transfobia, mujer trans

Transgender bewilderment has been documented in the literature throughout the years (Qi, 2002). In contrast, the hegemony of binary sex and gender dominates most cultures and societies (Ellis, McNeil, & Bailey, 2014), emphasising distinct representations of masculinity and femininity. Such authoritarianism, together with the conventional assumptions of gender segregation and prejudice, induces comparatively widespread adverse reactions towards transgender people. This results in irrational fear, discrimination, marginalisation, stigmatisation (Kaplan et al., 2015), and injustice (Boyce, Barrington, Clare, Arandi, & Paz-Bailey, 2012; Norton & Herek, 2013), surprisingly even among medical professionals (Cicero & Black, 2016). Although attention towards transgenderism has begun to increase since the 1960s, academic discussion remained inactive until the 1990s (Williams, 2014).

Transgender issues are connected to gender identity, and are an expression against a person's birth sex, which produces a conflict of "true gender self" (Ehrensaft, 2012, p. 341) and causes suffering from "self-presentation bias" (Ku et al., 2013, p. 6). This umbrella concept entails a variety of sexual variances such as full-time and part-time transgender individuals, transsexuals, transvestites, intersex people, and cross-dressers (Roberto, 2011), basically denoting discomfort over having the wrong body (Gazzola & Morrison, 2014; Hines, 2007; Loeb, 2008; Rigney, 2003). Therefore, the sense of body hatred towards biological sex characteristics and functions (Raymond, 1994) enforces a longing upon transgender people to present an authentic self (Gagne & Tewksbury, 1999) through their own means. This ambivalence towards gender identification, and their dissatisfaction regarding gender roles that deviate from social norms (Wen, 2009) yields biological, biopsychic, and intrapsychic distress (Ma, 1997); namely, gender dysphoria (Burdge, 2014) (a dissonance between body and mind among the transgendered).

In addition to gender dysphoria, an irrational hostility towards transsexual individuals (that is, transphobia) challenges transgender communities through harassment, discrimination and prejudices (Nadal, Davidoff, & Fujii-Doe, 2014), and physical, sexual, and verbal violence (Bettcher, 2014), particularly in non-heterosexual-unfriendly environments in schools (Garvey & Rankin, 2015; Hackimer & Proctor, 2015) and

workplaces (Priola, Lasio, De Simone, & Serri, 2014). Such a phobia is mainly caused by misunderstandings and scant knowledge of sexuality (Siverskog, 2014). This disapproval not only fails to provide the transgendered with social safety, but even worse, increases social anxiety (Guzman-Parra et al., 2014), thereby bringing out secondary problems; for example, substance abuse (Nuttbrock, 2012), depression, and higher suicide risks (Boza & Perry, 2014; Maguen & Shipherd, 2010). These psychological problems result from internalised and structural stigma (Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015). Apart from the above-mentioned mental health detriments, a higher risk of HIV transmission among this underserved population (Jobson, Theron, Kaggwa, & Kim, 2012) threatens public health.

Sex reassignment surgery plays a role in gender transformation, enabling transgender individuals to cope with gender ambiguity and gender incongruence (Drescher, Cohen-Kettenis, & Winter, 2012; Lemma, 2013). It in turn changes one's gender to trans-women (male-to-female) or trans-men (female-to-male), and realises bodily integrity involving two domains. First, highlighting the ideas of wholeness and intactness (Slatman, 2012), bodily integrity supports the fulfilment of concordance between sex attributes and gender identity, thereby gaining the body with which the transgendered identify. Second, from a person-oriented perspective (Dekkers, 2009), it accentuates an "intrinsic right to control and autonomy over their bodies" (Mathur, 2008, p. 54), nourishing self-respect, self-definition, self-affirmation, self-fulfilment, and volition-driven representation of self. This self identity (Ramachandran, 2009) retains physical and psychological inviolability (Slatman, 2012), and protects against bodily non-consensual interruption (Douglas, 2014) and an invasion against self-determination. In this sense, undergoing sex reassignment surgery is a bio-psycho-social decision (Shu & Li, 2001) for preserving a dignified life via a process starting with the "self-destruction" (Finn & Dell, 1999, p. 465) of an "alien body" (Youngson, 1999, p. 74) and culminating in the "self-production" (Finn & Dell, 1999, p. 465) of a deserved body. Notwithstanding these merits, many transgender individuals only partly undergo sex reassignment surgery, or even undergo no surgical procedures at all, due to diverse concerns. They may instead utilise appearance enhancements and behaviours as a strategy of stigma management to veil their true selves; that is, *passing*

(Goffman, 1963). They are perceived in their womanhood or manhood (Futty, 2010), possibly designating that they are socially recognised and accepted as the gender identity they expect. Therefore, they will be able to secure their rights to live as normal as they anticipate (Garfinkel, 1967).

Although a transgender population exists in most cultures, such as the *hijara* in India (Chakrapani, Shunmugam, Newman, Kershaw, & Dubrow, 2015; Kalra, 2012), and *kathoe*y (Winter, 2006) or *sao braphet song* (Costa & Matzner, 2007) in Thailand, cultural and religious factors that are established against transsexuals (Bucar, 2010; Wood & Conley, 2014) affect their mental wellness and quality of life (Yadegarfar, Ho, & Bahramabadian, 2013). Transgender-related descriptions are not rare in Chinese classical literature (Liang, 2012; Liang & Xu, 2012) and theatrical arts (Leung, 2012; Li, 2003; Wu, 2012a). Cross-gender acting was prevalent in ancient China (He, 2014; Kile, 2013), presenting gender fluidity (Zhou, 2012) in folk entertainment. Man-woman actors occupied major characters in Chinese operas, whereas women were required to be veiled at home and to keep their distance from male strangers. Interestingly, woman-man actresses have also contributed their talented performances to the modern Chinese film industry.

Research has estimated around 400,000 transgender people in China (Jiang, Wei, Zhu, Wang, & Li, 2014). However, territory disparity indicates different attitudes due to historical backgrounds. Hong Kong Chinese infrequently demonstrate disgust towards the transgendered (King, Winter, & Webster, 2009) since most of them are immersed into a westernised milieu that is relatively open. In mainland China, however, contradictions are observed. On the one hand, little explicit harm towards the transgendered results, but neglecting this unprivileged population is the normal practice (Jun, 2010). Indifference conceals this vulnerable group from public awareness and discussion, and so the public pays little attention to them. On the other hand, gradual legal normalisation (Zhang, 2015) favours their space, and attention is being paid to their sexual health (Best et al., 2015). Academia has focused on their legal rights following partial or full sex reassignment surgery (Wu, 2011, 2012b). Unsurprisingly, more complaints against man-to-woman than woman-to-man are detected because of cultural ideology (Ma, 1997, 1999): Chinese usually loathe men who act feminine, whereas in comparison they tend to accept masculine women.

Despite the potential four hundred thousand transgender individuals involved, research investigating this community in China has been limited. This study explores personal experiences in carrying out the incremental process of sex reassignment surgery illustrated by a single case study of a Chinese male-to-female, who has been striving for bodily integrity to rectify the physical body she *deserves*. It also delves into the significance of perceived sex, which has determined her gender transition for *passing*. Outcomes not only extend the horizon of transsexual studies, but also shed light on social interactions with transgender people.

### Research Methods

A single case study, also called a bounded case (Thomas, 2011), is adopted in this research to understand and describe a contemporary phenomenon through real-life situations and information-oriented narratives (Eisenhardt, 1989; Flyvbjerg, 2006). It is unique, experimental, and revelatory (Yin, 1989), largely supported by first-hand data (Hamel, Dufour, & Fortin, 1993) and guided by a logical and systematic research design (Yin, 2009), including data collection, analysis, and trustworthiness.

The interview is a chief method for primary data collection in a case study (Rihoux & Lobe, 2009). This project conducted in-depth, semi-structured interviews through electronic mail and Skype communication. The researcher sent the interview questions to the participant, who responded concisely. This text interview was carried out twice prior to three Skype interviews totalling 329 minutes. The interviews were digitally recorded for transcribing afterwards. Also, multiple data sources were applied to enhance data richness (Yin, 2003), including the participant's blog and web pages from which deeper understandings of her social life were added. Such methodological pluralism marks not only data enrichment but also triangulation, used to optimise the dependability (reliability), credibility (validity), and confirmability (objectivity) of the qualitative research (Anney, 2014; Lietz & Zayas, 2010; Shenton, 2004).

The unit of analysis was an individual; in this project, a purposive-selected informant. The researcher read the texts and transcriptions (from email and Skype interviews) repeatedly and utilised interpretative phenomenological analysis, with the assistance of a computerised qualitative

data analysis package (ATLAS.ti 7), to explore the lived experience, and to engage in it with reflections from both the researcher and the researched, for a specific case of phenomenological psychology (Smith, Flowers, & Larkin, 2009), deepening the understanding of the inner world of the participant. Three “super-ordinate themes” (Smith et al., 2009, p. 96) were organised; that is, gender identity, coming out, and bodily integrity. This paper focuses only on bodily integrity, which resulted from three “emergent themes” (Smith et al., 2009, p. 84); namely, liberating from being a pretend man, half-man-non-woman, and perceived sex.

This research is academically rigorous, and member-checking has been enforced. Aside from multiple data sources, as cited earlier, the participant proofread the verbatim transcriptions (of Skype interviews) in order to ensure their accuracy, which is crucial for data analysis. She also reviewed the early draft of this manuscript to avoid the researcher’s data over-interpretation. Her efforts contributed to this project, yielding insight on transgender studies.

### **Findings and Discussion**

This case study highlights how stressful it can be for a Chinese male-to-female to be irritated by the gender ambiguity. Such stress presses her to pretend to be a man in order to conform to social norms even after she has partially undergone sex realignment surgery. In her present state of half-man-non-woman, she continues to alter minor sex cues to develop a successful presentation as a stronger perceived sex, which will be a determinant for the completion of her bodily modification. This case also analyses how she views her true self and embodies bodily integrity.

### **Profile of the Participant**

Pippe (pseudonym), a middle-aged Chinese gender non-conformist in mainland China, is in charge of information technology at a university, and provides voluntary services for a web-based transgender magazine. As with many transgender individuals, her male body has distressed her since the onset of puberty (Tsoi, 1992; Vance, Ehrensaft, & Rosenthal, 2014; Yadegarfar et al., 2013), since when she has loathed the development of sex characteristics such as a gravelly voice. This puzzled her, and her self-

seclusion has increased her loneliness (Yadegarfarid et al., 2013) in adolescence.

In spite of being involuntarily tied to what she considered as a disgusting body, Pippe did not dare to express her feelings of depression over being a man, and remained closeted from her parents. However, she has fulfilled the traditional filial expectations of her parents (Chong & Liu, 2016), through which she married a woman and has had a son to continue the family bloodline. She in fact was honest with her wife about her gender problem before marriage. Equivocally understanding her gender ambiguity, her wife innocently imagined an ordinary family life that has never come to pass in practice. The inevitable dissension arose in this conjugal relationship, due to which her wife let this secret out to her parents, who unwillingly accepted this fact. Although her son was too young to understand her gender confusion, Pippe briefly addressed the disparity from his friends' fathers, without giving him the details of her gender incongruence. Basically, she has relieved herself from this challenge within her immediate family members, which enables her to practically pursue her deserved body.

Her yearning to be a *real* woman grows continuously, and Pippe has pondered hopefully how to rectify her mistaken birth body (Alexander, 2005) with improvements in psychological well-being (de Vries et al., 2014). She has undergone partial sex reassignment surgery to depart gradually from being a *pretend man*, and is still searching to become a fully fledged woman who is able to realise her genuine self.

### **Liberating from Being a Pretend Man**

Pippe reiterated her hatred of her own body having male sex characteristics, disowning her inherent sex. Nevertheless, being unable to deviate from social norms, she has been grudgingly pretending to be a man (such as through heterosexual marriage) to reduce the stress of being a minority (Ellis, Bailey, & McNeil, 2015) with herself and with her family members, who inescapably have to cope with public pressure and bias. Having tired of such pretence, she has begun the marathon journey creating her deserved body.

Pippe's bodily perturbation came from her perception that a man's body is normally dirty, with smells and unfavourable secretions (Isaksen, 2002),

which is completely different from the dainty woman's body that she admires. She elaborated on her abhorrence:

“[I'm] pretending as if I *were* a man. I'm sick of this pretence. ... I used to cry in a [close] friend's home. He knows my gender problem. Every time when I visited him, I cried unrestrainedly because that was the only place where I could release myself. I no longer had to pretend there. I cried freely and felt relaxed. ... I hate my own body. ... [I] can't accept my body. ... [I] feel [my] body is dirty. ... probably because of secretions, excessive secretions produce a strong smell. ... A man's body deposits smells, for example, sweat, and others. It's more greasy [than a female body]. I feel this isn't my body. It's very ugly, very dirty. This is [what I'm] feeling. For more than 10 years, I [have been] reluctant to look at myself in a mirror or take photos.”

Being *deprived* of a woman's body, Pippe resented living in a foreign carrier, like a Hermit crab without a soul. She lost her *body*, her control, and her own self. She is carrying a husk with unappealing features, especially her voice, which is an identifier habitually signalling sex. This male voice is still her Achilles heel, which severely frustrates her, and because of which her birth sex is easily identified. In order to prevent hearing such unpleasing sounds from her throat, she was accustomed to keeping silence.

“[I] can't control the changes in my body [in puberty]; for instance, my voice. The voice is not that I want to hear. This shows up every time I have a phone call. ... He (her friend) gave me a 40-minute call in which I didn't say a sentence. I couldn't open my mouth. I really couldn't. I can't stand it (her voice). ... I don't want to use such a voice. ... It isn't soft, not fine, not feminine.”

Presently Pippe is unable to change her voice but dressing enables her to alleviate her sex entanglement. When gender identity is a symbol (Xiong, 2014) for her, clothing is an expression of this symbol. She loves to dress in female clothing, wearing skirts with ornamentation and exhibiting a female figure. She is so contented that she will be taken to be a woman when she dresses in feminine clothing. She only does so when she is far away from home, unceasingly counterfeiting herself as a man to avoid embarrassment to her family. Nevertheless, in order to find a balance between her own

feelings and concerns for her family, she prefers to dress in a neutral style in daily life, a compromise in pretending to be a man. To her disappointment, this turns out to be a failure in passing herself off as the opposite sex, in that merely 10% of people may see her as a woman when she wears neutral fashions. She feels strongly disconcerted, and is hesitant in how much she can be read as a woman.

Such outcomes have opposed Pippe's expectations, leading to depression and suicidal ideation due to the imbalance between the efforts she has done and the return she expects. Such disappointment after her great effort to transform herself caused her to believe that death could potentially help her escape from this predicament. Her life is too harsh, meaningless, and full of contradictions without a *proper* body. She cried out tempted to give up:

“... such a meaningless life ... [I] was unable to build normal relationships with people. ... [I] was frustrated. [I] would rather die. ... I was depressed. I thought without the [desired] body, everything I did becomes meaningless. That is, everything is disconnected from me, and everything I've done is disconnected from me. I wanted to do nothing. ... I've put forth my greatest effort in order to persuade people to see me as a woman [but this has failed]. Such a failure strongly frustrates me. ... Why should I endure it (the failure)? ... [I] withdrew [and go] to the last step; that is, an escape. ... I've endured so many things but can get nothing. Sometimes I wanted to die. ... Sometimes when I crossed a road, I suddenly didn't want to continue and then stopped walking [in the middle of the road]. ... [I thought] this (death) was a solution.”

Pippe is by no means yet resigned to continue to carry a man's body and conceal that fact she is a man, so she has made the serious decision towards body modification (Stone, 2013) in order to regain the freedom to access her authentic self (Sell, 2001). However, her bodily remedy has only reached halfway, and she despises the state of being neither man nor woman.

### **Half-Man-Non-Woman**

Physical attractiveness is closely associated with self-image and social status for women (Adler, Kless, & Adler, 1992). Pippe did not find about a

path out of her gender non-conformity prior to body modification, and had considered how to commit suicide. She recalled her psychological struggle:

“At that time, I really couldn’t accept [my body]. I wanted to die. I also wanted to know people who want to die how to die. Suddenly, I thought I would suffer loss if I died because I hadn’t done what I should do. Even if I needed to die, I should do something for myself. I had to change; therefore, I visited a doctor (a sex reassignment surgeon). I had them (testicles) removed [but no further operations yet], and [I] felt good. Death is not necessary then.”

Since 2000, Pippe has begun hormonal treatment and takes estrogen, which beautifies her skin and hair (Winter & Doussantousse, 2009), and produces breast growth, softening skin, and a reduction in muscle mass and strength (Wilczynski & Emanuele, 2014). Although these do not thoroughly meet her requirements, she has received allowances towards gender expression (Riley, Clemson, Sitharthan, & Diamond, 2013). She articulated her amazed responses to hormonal therapy:

“[My breast] has grown a bit. ... [The growth] isn’t ideal but there is a bit [breast growth]. ... [Body] fats newly distribute. Thicker fats are on a female body than on a male. ... [My hair] is [now] softer, finer, and lighter in colour. [My] skin isn’t as greasy as a male, more brisk and less acne. ... Male feet produced stronger smells. It (estrogen) inhibits smells. ... Once, I stopped taking estrogen [to prepare] for some surgery, I found [my] feet became stronger smelling [again].”

Despite the positive ramifications, Pippe has experienced some shortcomings:

“Because of estrogen insufficiency [perhaps as I’m taking a small amount], [I felt] a little bit menopausal [syndrome]. ... Sometimes [I] suddenly sweat. ... I’m still having such symptoms. I’ve asked doctors but they don’t know how to deal with it. ... If I forget to take the drug (estrogen) for a few days, [my] acne will flare up.”

Pippe reiterated her hatred of her own body. However, she is still maintaining her dilemma situation – half man and half woman – until she is

able to complete the entire alteration in the future, because she has not yet prepared for full sex reassignment at this moment. She perceives sex reassignment surgery differently from how she interprets sex distinctions, elucidating the following:

“[Sex reassignment] surgery that makes you become a female can only convert [sex] organs. But nobody can see whether you (I) have the organs (female genitalia). Nobody will know whether I have the organs even if I’ve done the surgery. People won’t feel what I’ve changed. Therefore, it doesn’t matter whether I undergo the operation [to remove the penis and construct a vagina]. ... In fact, surgery can’t make you [really] change from a man to a woman. It gives you a [sex] organ only. This is an [artificial sex] organ only. ... Nobody can see [my] reshaping [of anatomical sex] from the outward appearance. ... [Genital] surgery can’t change the outward appearance [indicating genital difference]. It can change organs only. ... My current body is in the post-surgery state [which has shown augmented breasts, and finer skin and hair].”

Pippe repeatedly explained that sex reassignment surgery is unable to change one’s sex thoroughly but solely enables the transgendered to keep close to the sex with which they identify. For instance, the surgery cannot alter genes and the skeleton. Nor does it allow trans-women to be able to procreate, or facilitate sexual pleasure. For these constraints, she enumerated a set of loose criteria for her completion of the surgery: self conditions, environment, financial capacity, and psychological needs. She was unable to explain these terms clearly; however, she summarised the key consideration using the word *image*. The image she emphasised refers to being perceived or read as a woman, at least superficially.

“If most people see me not as a man, I’ll change [the genitalia]. ... Therefore, I’ll do some more improvements first, which direct people to think I’m a woman. When most of them see me as a woman, I’ll go to dig a hole (vaginal construction). ... At that time, I’ll take the last step (vaginal construction). ... [What I mean] is not people I know but people I don’t know, that is, strangers. ... How can I know whether people see me as a woman? Through contact, I can observe how people see me. I will then assess further. If most strangers feel that I’m a

woman, I think I (my feminine image) am alright. But if they see me as a man, I think it (genitalia construction) won't be necessary. ... In a nutshell, the image is the primary issue. ... For example, a woman usually has apparent breasts. But you still feel a [genetic] woman with plain breasts is a woman. But you won't feel that a man who has done [genital] surgery with plain breasts is a woman."

Her present state of half-man-non-woman has afflicted Pippe, which hinders her from *passing* as a woman and has degraded her quality of life. This dissatisfaction motivates her to continue the transition in managing her body in such a way that people will perceive her as a woman:

"I've done small operations (cosmetic surgery) to remove visible male characteristics. I had heavy beard, and I did away with it. This is terrible. ... Currently, laser technology is used to burn it (beard) out. It (laser) doesn't create too many cuts. It burns directly on my face more than a hundred strikes every visit. I've paid for 11 visits. ... It (the laser operation) covers [an area] as small as a piece of a finger nail at every visit. ... The hair follicles were burnt out. After 11 visits, there're still pertinacious ones. I pluck them manually. As strong laser was applied due to such a heavy beard, it sometimes burned my face. But I didn't use anaesthetic. ... It was pretty painful, and felt like being hit by a rubber band [when applying every strike]; perhaps more painful than acupuncture, totalling more than a thousand strikes. In fact, I was aching but I could bear it. ... I've done different operations. The pain is inevitable but I'm happy. ... Physical pain is nothing, but psychological pain hurts [me much]."

In addition, searching for a reliable physician to undertake liposuction, Pippe wants to gain a slimmer waist in order to be more feminine. She has also started vocal training to acquire a voice closer to her requirements even though the effects are far behind her anticipation. These actions reflect how Pippe perceives femininity and differentiates between physiological sex and perceived sex, that is in her case, between a physiological woman and a perceived woman.

## Perceived Sex

Transgender individuals suffer from a gender identity in opposition to their inherent sex, which triggers their awareness of gender autonomy as a fundamental right (Weiss, 2010) to realise bodily integrity. However, their experiences in such self-determination vary from person to person as long as sex reassignment surgery is a major possibility for full or partial modification. Pippe recalled her feelings when she received an electronic note from her friend:

“A few days ago, I received a mobile message from a friend who has just finished her [full set of sex reassignment] surgery in Thailand. She was very happy. I admire her very much, and I’m upset for myself, my situation.”

Although Pippe is very eager to become a full woman, she has carried out only those parts of the surgery which cause her feminine cues to become visible, as per her expectations; for instance, through finer skin. This suspension of further bodily alteration causes her struggles against her primary intentions to linger, because that depends on how she values her sexual presentation, which is strongly linked to the perceptions of other people around her. She has been making great effort to enhance her gender visibility and convince people that she is a woman through discernible attributes such as hair and appearance. Such perceived sex will indicate how much she has been socially identified (Patosalmi, 2009) as a woman, that is, *passing* (Bischoff, 2011), from which she can achieve greater satisfaction. In this case, genitalia construction is outside of her immediate goals since it does not give an obvious identifiable sign that can differentiate her sex before and after surgery, implying that her physiological sex is unable to solve her discontent with gender identity.

*Passing* is a prominent concept for both internal and external purposes (Bischoff, 2011). Pippe will feel satisfied if she can achieve visual conformity. In fact, her urge to pass as a woman is a need within her social life that is necessary to reduce embarrassment, exemplified in a recent encounter as she had:

“When I joined a trip with my friends who even knew my gender ambiguity, I was annoyed over the hesitation on with whom I shared a room. If my roommate was a man, I felt uneasy. But if I shared a room with a woman, she might feel uneasy. ... If they had seen me as a woman, men wouldn’t share a room with me but women would do so willingly. ... They’d respect me as a woman. They’d take consideration of me as how a woman feels. ... This (perceived sex and/or *passing*) is a practical issue. If others see me as a woman, they’ll treat me as a woman and I can minimise unnecessary mess.”

Importantly, Pippe accepts the discrepancy that exists in that *passing* is only *passing* and that perceived sex is not identical to birth sex (Koch-Rein, 2006), regardless of how much others read transgendered individuals as their desired gender. She explained:

“I understand that I’ll never be an [inherent] woman even though I’ve proceeded with genital construction. You can tell whether one is a man or a woman from many aspects, including behaviour, vocabulary, and mannerism. No matter how close you can perform, some people can know your original sex from your transformed sex through gut feelings. I’m too rational not to accept this reality. But I still want a woman’s body, and I want people to see me as a woman.”

Gender identity for Pippe is connected not only to her “transgender self” (Fraser, 2009, p. 126) but more crucially to the societal self (Wolfradt & Neumann, 2001) (the association between an individual and society). *Passing* as one’s perceived sex represents the social domain of the transgendered, revealing the fact that human beings are both isolated beings and social beings (Fromm, 1971). Realising the “social self” (Mead, 1913, p. 374) from the subject *I* and the object *me* reflects the significance of intersubjectivity (Slatman & Widdershoven, 2010) through person-to-person dynamics (Stanghellini & Lysaker, 2007). Transgender people seek both *I* and *me* as the gender they identify, which is also what matters to cisgender people. Pippe distinguishes physiological sex from perceived sex, in which the former may not necessarily coincide with the latter. However, this does not obstruct her from being passable as a woman. The destructive construction of sex reassignment surgery signifies a physio-psychosocial approach, where intrapersonal emotions are tightly interweaved with

interpersonal interaction. This intra-interpersonal dynamics illuminates that in addition to being a private, personalised possession, the body involves social recognition (Gracia, 1998).

## **Implications**

Gender dysphoria exposes gender non-conformity as the transgendered suffer. In accordance with the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013), it has been de-pathologised. Rather than been as cases, the transgendered should be respected as subjects, as individuals, and their needs and life difficulties should be understood (Ma, 1999).

There is a range of acts that can magnify bodily autonomy and accommodate the preferred gender tendency of the transgendered, such as cross-dressing, and plastic and cosmetic surgery, which is subservient to attaining better perceived sex and ability to pass as the desired sex. Additionally, body ownership combines the senses of corporeality and psychological satisfaction (Schotsmans, 1998). Although gender non-conformity has been redefined as not being a mental illness, the rate of mental problems in this vulnerable community is higher than that in the general population (Hoffman, 2014; Nuttbrock et al., 2010). This group faces challenges not only of internal conflicts concerning their “authentic gender self” (Ehrensaft, 2014, p. 574) but also of social exclusion (Kerry, 2014). Failure to pass as their desired sex frustrates their social life and mental wellness. Therefore, helping them present themselves in the desired way is of foremost importance, and is a collective effort on the part of the transgendered, social policy decision makers, medical service practitioners, legal professionals, and scholars.

Indispensably, governmental resources play a leadership role in spearheading advocacy for transgender equality. Affirmative campaigns for this disadvantaged population are viable through public education and the legal establishment to protect their rights in the public space, school, the workplace, family and marriage, and health equity (Lo & Horton, 2016; Reisner et al., 2016; Winter et al., 2016). Hence, in order to educate the public in the awareness of gender dysphoria, it is suggested that educational curricula be reformed in order to introduce gender variance (Bilodeau &

Renn, 2005) to youngsters, which can reduce peer-to-peer bullying in school. Also, psychoeducation should be provided to both families with transgender children (Harper & Singh, 2014) and other parents so as to increase the acceptance of transgenderism.

There is a limited supply of transgender-specific mental health providers and psychological consultants, even though emotional problems are not rare among the transgendered. Updated knowledge of gender identity and polished communication skills (Hagen & Galupo, 2014) are recommended for improving the competencies and professionalism of therapists, especially for the pre-operation and post-operation stages of transgender clients. A comprehensive competent care includes empathy and sensitivity to gender concerns, such as body image, sexual issues, social rapport, and religious factors, to develop a more robust resilience among transsexual persons.

A spectrum of community, professional and peer support for the transgendered and their families (Graham et al., 2014; Kivalanka, Weiner, & Mahan, 2014) is critical for creating a trans-affirming society (Singh, Meng, & Hansen, 2013). A trans-friendly environment benefits gender diversity and inclusiveness, together with a reduction in social costs, for example, in mental health expenditures, and suicide prevention.

Of significance, it is proposed that transgendered individuals review how they engage self-determination in ways that rely on how they interpret bodily integrity. Excessive dependence on the effects of *passing* implies the surrender of their autonomy. Their rich experience in sensing both femininity and masculinity indeed enables them to understand the sexes more deeply. This uniqueness paints their life in a more colourful way, dissipating gender-precipitated tribulations.

### **Limitations**

This single case specifies the personal experiences of the participant, which does not tend to result in generalisation in the transgender population since the primary objective of a case study is to explore an assigned lived experience. A larger sample size is suggested for forthcoming projects. Also, it articulates a Chinese male-to-female, which may not reflect the life of

trans-men or transgender people in other cultures. Studies on these gaps may offer future research directions.

### Concluding Remarks

Gender nonconformity is connected to personal, familial, and social dimensions, which produces interpersonal and intrapersonal isolation. The transgender individuals suffer from their *wrong* bodies when they confuse the gender identity and subsequently are afflicted by stress and self-hatred. Misunderstandings worsen fear in the public because the gender role of this group differs from the social norms. Simultaneously living in various worlds disorientates the transgendered: the social world, the inherent physical body, and the gender identification. Thus, the presentation of true self in these conflicts becomes an inevitable challenge for this marginalised group.

This case study argues that perceived sex, to a certain extent, is more important than physiological sex for some transgendered individuals for the sake of being better able to pass themselves off as their desired sex. In reflecting multiple layers of gender (biological sex, perceived sex, self-satisfied gender, and social gender), it asserts the interactions between *searching* body and *making* body, from which bodily integrity creates meaning in gender identity, in *passing*, in social dynamics, and finally in life and existence. Apart from the fulfilment of intrapersonal identity, external gender recognition serves as an indicator of social acceptance that can minimise stigmatisation and inferiority. Hence, a gender variance friendly environment is conducive to creating a harmonious society.

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