

Transidentities: the History of a Category

20th-21st centuries

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ABSTRACT

The term transidentities, which appeared in Germany in the early twentieth century, refers to a series of practices for identifying with a gender different from the one assigned at birth. The definition of transidentities is located at the intersection of medical discourse, legal dictates, and social practices. Medical and surgical progress since the first third of the twentieth century have made sex change possible, which depending on the country can include a therapeutic dimension and be accompanied by a change in civil status. Transidentities became more visible beginning in the 1960s, doing so at different paces according to the national political context. Medical and legal measures were adopted to take into account the demands made by “trans,” often under pressure from new international norms. Associations were created in the 1990s and Europeanized in order to depsychiatrize transidentity, and found an ally in the European Court of Human Rights for changing national legislation.



"Transidentities" include diverse practices for identifying with a gender that is different from the one assigned at birth. They are not limited to the single term of "trans-sexualism," which refers to a pathology that is often associated with a distaste for one's anatomical organ, and a desire for an operation. Situated at the crossroads between legal matters, social movements, and medical questions, transidentities have become a major issue in 2017 in the struggle against discrimination.

Germany was the birthplace of transidentities, where in 1910 Doctor Magnus Hirschfeld (1868-1935) described individuals expressing the feeling that their anatomical gender did not correspond to the one they had the impression of belonging to. Theoretical and medical progress, along with progress in surgery (vaginoplasty, phalloplasty, mastectomy, etc.), went hand in hand with advances in sex-change technologies. According to Hirschfeld, a first mastectomy in connection with a transition took place in 1912, while his student Félix Abraham (1901-1937) conducted the first vaginoplasty in Dresden in 1930, on a patient named Dora who had already undergone castration and a penectomy.

In Denmark during the same period, sex change operations included a change in first name, with no acknowledgment of its therapeutic dimension: female patients such as Lili Elbe (1882-1931), who inspired Tom Hooper's *Danish Girl* (2015), were accepted as "homosexuals requesting sterilization." The Nazis' rise to power in 1933 ended the research on transidentities being conducted by Hirschfeld and his students, although new research continued across the Atlantic. In 1953, the American endocrinologist of German background, Harry Benjamin (1885-1986), defined transexualism as "the feeling of belonging to the opposite sex, and the correlated desire for a bodily transformation," and distinguished between "transexualism" and homosexuality. The European reception of this concept was slow, as in Germany there was a preference for the term "transvestite," and in France transexualism was obscured by homosexuality until the 1970s. For all that, in 1956 the Frenchman Jean-Marc Alby (1926-2003) defended a doctoral thesis entitled *Contribution à l'étude du transexualisme* [Contribution to the study of transexualism], which opposed sex change requests, and bears witness to the influence that psychoanalysis had against psychiatric proposals.

Revelations in the press, such as that of April Ashley (born in 1960) in Great Britain or of Coccinelle (1931-2006) in France, made "transexualism" more visible. The demands of trans people spoke to the medical and legal fields, although in France the Conseil de l'ordre des médecins [French Medical Council] refused to offer surgical care for operations for trans-sexuals. In 1972, the Netherlands and Sweden began to reimburse care for individuals requesting surgical reassignments. Taking inspiration from the US model, during the late 1970s England and France attempted to establish gender clinics, which is to say groups of doctors tasked with responding to transition requests. The first recognized French team appeared in 1979 in Paris, and was built around Professors Jacques Breton (psychiatrist at Fernand Widal hospital), Jean-Pierre Luton (endocrinologist at Cochin hospital), and Pierre Banzet (plastic surgeon at Saint-Louis hospital). While medicine haltingly advanced towards covering treatment for sex change requests, this partly came under pressure from new international norms, such as the *Diagnostic and Statistical Manual* (DSM) issued by the American Psychiatric Association (APA). Despite being a major reference in the field, it was also the target of criticism for tending to recognize "gender dysphoria" as a mental illness. The law inconsistently authorized changes in civil status. Belgium offered this possibility in 1973, and French courts (Toulouse, 1977) authorized operations if the "therapeutic" objective was proven, while other courts (Saint-Étienne, 1978) even validated changes in civil status. The situation in many countries is not well known due to a lack of accounts from the period. We know that Francoist Spain criminalized sex changes, while the USSR carried them out in silence, for instance in Latvia when Professor Kalnberz operated on a female patient named Inna in 1970. Sex reassignment operations were late in being authorized in other countries (West Germany in 1981 and Italy in 1982), and were determined by changes in civil status, and not the other way around. The duo of "psychiatry-law" confirmed the recognition of trans people in varying forms, on the condition that a psychiatric diagnosis attested to the request. These strict conditions deprived numerous individuals of operations. In Bordeaux

in 1983, the VIIIth Congress of the HIBGDA Association (Harry Benjamin International Gender Dysphoria Association, currently the World Professional Association for Transgender Health) denounced this situation. Following legal complaints in 1986 on the part of British and Belgian trans citizens, the CEDH (European Court of Human Rights) refused to impose a procedure for changing civil status on member states.

Beginning in the 1990s and even more so during the 2000s, numerous trans associations emerged in Western countries, and fought for legal recognition and a change in mentalities. While psychiatric recognition had enabled an institutionalization of “transsexualism,” its psychiatric definition prompted a considerable pathologizing of the persons concerned. These associations quickly became Europeanized around organizations such as “ILGA” (International Lesbian, Gay, Bisexual, Trans and Intersex Association, founded in 1978) or “Transgender Europe” (2005). They validated a three-part movement that was characteristic of numerous national associations: expertise (especially legal), professionalization (for example on questions of health), and internationalization. They brought dynamism to the European trans movement by proposing bills, founding support groups, and drafting reports on the state of discrimination. In 2017, the movement is still fighting against all forms of transphobia, and is advocating for the depsychiatrization of sex change processes, as well as their coverage by all member states in the Union.

At the same time, legal evolutions have been in favour of rights for trans people. In 1992, France was condemned for violating privacy as a result of the systematic need to justify the difference between a person’s appearance and legal gender. French legislation was changed, and broadened the right of sex changes to include civil status. That same year, Polish jurisprudence authorized sex changes. In 1994, the legal expert and activist Stephen Whittle (born in 1955) demanded a law recognizing trans people, and the Gender Recognition Act was passed in 2004. The preceding year, Germany was also condemned by the CEDH, and had to change its law. Spain and Belgium followed the same changes, presenting processes and conditions for obtaining a new civil status. While some countries were slow in changing their law (Portugal, France), others (Latvia, Lithuania) had no measures in place in 2017 to accommodate the requests of trans people.

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