

Unveiling the Word

Science and Narrative in Transsexual Striptease

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It was Sunday night at Club La Cage and The Holly Brown Show was underway.¹ I was waiting for the tenth act to begin, just after seeing an obese transvestite on roller skates do an impression of Shirley Temple. The audience appeared to be in various states of intoxication, the smoke-filled lounge loud with chatter that sometimes continued even while the actors were performing. The crowd was in a holiday mood.

The lights went slowly to black, signaling the start of another act. Out of the darkness came the sound of the theme song from the television sitcom "I Dream of Jeannie," a pop culture appropriation that sent a clear message – we would be experiencing "High Camp," the grandest manifestation of the gay subcultural aesthetic.²

The only set piece on the now visible stage was a four foot high genie bottle. That, and the cloud of smoke that issued from offstage, marked the entrance of what could only be an impression of Barbara Eden in her role as Jeannie from the television series. No sooner were the signals received, than a beautiful impersonator emerged from the cloud with a very believable impression of the bosomy blonde star.

Covered by a floor length gold lamé cape, the impersonator strutted the length of the stage while the audience responded to the comedy with enthusiastic laughter, screams and applause. It was still too early to know where Jeannie would go with this act. The television theme song would be over shortly and the performer would have to surpass the quality of the entrance.

As the song came to a close, Jeannie executed a few spins on her spiked heels, sending yards of gold lamé into the air after the style of Loïe Fuller. As the cape came to rest, she opened it with outstretched arms creating a tableau for the display of a very female figure. A gold lamé halter supported the ample breasts while scant gold panties barely covered the crotch. Over this was a body harness made up of numerous strands of rhinestones

positioned to accent the narrow waist and long legs. We got a good look before the cape closed again.

The crowd became uncommonly silent for a moment. We had been misled. This wasn't a female impersonator; this was a transsexual.³ A female nude in this venue would be inappropriate and would hold no interest for the predominantly gay male audience. This incongruity was the clue to the transsexual identity of the dancer. The realization complete, the music and attitude onstage changed radically. A soft disco tune, ironically entitled *Jeannie's Got to Go*, charged the space with a relentless, pulsing beat. The original impersonation of Barbara Eden was surrendered; seriousness replaced camp humor; and Jeannie turned her efforts to the dance.

In the remaining four minutes Jeannie removed her costume piece by piece. Sensuous yet strong walks carried her from one side of the stage to the other; her arms, hands, and wrists moved fluidly while her hips swayed with a suggestive undulation – all meant to signify femininity. Spins and turns created oversize abstract shapes as the cape billowed about her. Several times in the dance she moved downstage to accept money from approving spectators, enveloping one of them in the folds of her cape as it closed over his face buried in her crotch; her eyes glazed with a studied aura of syrupy desire.

Between these movements her clothing slowly disappeared. That massive cape would close briefly to obscure the motions of her hands as they undid various fastenings. First, the rhinestone harness was discarded, revealing the smooth skin and hairless body. This was followed by the halter, uncovering large, perfectly formed breasts whose nipples were graced with pasties. The panties went next, leaving Jeannie with nothing but a g-string. As a finale, she pulled down the g-string and executed two full turns to display her artificially created vagina. With the cheesecake completed, she darted offstage as the house went silent and dark. Pause. Applause.

THE TRANSSEXUAL NARRATIVE

I first saw Jeannie's performance in 1988 during an ethnographic study of female impersonators. The subjects of the fieldwork were the transvestite performers of The Holly Brown Show, an ongoing drag revue staged weekly at the La Cage nightclub in Milwaukee, Wisconsin. Several times a year Jeannie performs as a solo guest artist in the revue, making a colorful addition to the work of the resident company.

I was immediately drawn to her biological realism. It contrasted sharply with the performances of the transvestites whose gender illusions depended on the manipulation of

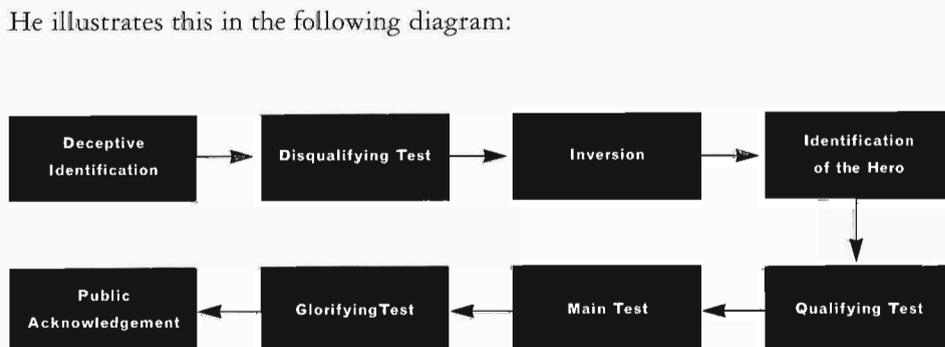
costume and makeup. Jeannie's art, on the other hand, was marked by a process of costume reduction that terminated in a theatrical display of her nude body, something the other performers could not duplicate.

Further comparison, primarily of characterization technique, provided additional distinctions between Jeannie's striptease act and the work of the impersonators. The other drag show performers I have seen achieve success through sustained portrayals of mass culture media stars which serve as binding referents. Though Jeannie began her dance in character, ostensibly an impression of Barbara Eden, she terminated the impersonation after only one minute into the act. By discarding this convention in mid-performance, Jeannie produced an uncommon and unsettling effect. At first viewing, it seemed that an impersonation was irrelevant to the main body of the performance. Why, then, was a character painstakingly constructed only to be discarded like an article of her clothing?

Paul Bouissac, in his structural analysis of circus acts, has identified key features in the pattern of successive transformations characterizing many of the performances, from acrobats to clowns. He identified the principal divisions as:

1. Identification of the hero, who incidentally is often introduced as a non-autochthon.
2. Qualifying test, which the artist considers a warm-up exercise.
3. Main test, which can consist of several tests presented in a variety of sequences.
4. Glorifying test, which is usually preceded by a special announcement and accompanied by a drum roll.
5. Public acknowledgement of the fulfillment of the task.⁴

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Citing V. Propp's work on the morphology of folktales, Bouissac observes that this structure is common to many forms of western folk theater, of which circus is one.⁵ The plots involve the entrance of the hero who arrives purposefully disguised and therefore unrecognized.⁶ After being misidentified by the other characters and/or audience, the hero calls attention to his deception and makes a claim to an alternate and supposedly true identity.

The hero is then required to submit to a series of tests to verify his claim. The tests consist of any series of actions appropriate for validation of the social role claimed by the hero, and their administration forms the basis of the plot. The testing process involves the accomplishment of increasingly difficult tasks, culminating in a finale whose outcome supports, beyond a doubt, the hero's claimed identity.

In my opinion, the drag show falls into this category as the folk performance form for the gay male subculture. Jeannie's initial deception as a Barbara Eden impressionist, then, is a necessary precondition for the administration of tests. In her exotic dance, the hero – in this case a man who has undergone a sex change – is tested through a progressive disrobing, each article of clothing removed constituting a single test whose revelations lead us on a journey that culminates in a view of the genitals, the ultimate test of the dancer in support of her claim to a transsexual identity. Incidentally, Propp states that the final identification is often made by recognition of a wound or other idiosyncratic mark which only the hero is known to possess.⁷ In Jeannie's act, this identifying mark would be the surgical alterations whose display is both the purpose and culmination of the performance.

Using Bouissac's diagram and divisions of the process of heroic identification, I outline Jeannie's dance as follows:

1. She arrives, a heroine disguised as Barbara Eden. This sets the scene so the dancer can make a claim to an alternative and true identity, making it necessary to submit herself to the tests of proof.
2. The first opening of the cape to display her body in tableau serves both to disqualify her as Barbara Eden and to make an initial claim to a transsexual identity. At this moment, a liminal moment when the performer is between representations, the character is inverted, neither one character nor the other.
3. The main test, consisting of several subtests, is the removal of individual costume pieces. In sequence, she removes the rhinestone body harness to reveal the female silhouette; the halter to display the breasts; the panties, which only partially expose the crotch.
4. The glorifying test, the finale, is the removal of the g-string, forcing the audience to

inspect her genitals, the final proof of the hero's – or heroine's – sociosexual status.

5. The objective being met, the public offers acknowledgment in the form of applause.

Why is Jeannie's deceptive impression of Barbara Eden necessary to the performance? What function does this theatrical structure play in the interpretation of transsexual striptease?

Miss Bobbi St. Charles, who worked as a professional female impersonator in Chicago from 1972 to 1979, says he has seen the device of the introductory deceptive impression used by many performing transsexuals. This practice, he told me in an interview on the 8th of April 1989, was "to freak out the audience, of course." In other words, the realization of the transsexual identity of the performer was most effective when the cueing mechanism contained the element of surprise.

In terms of the drag show venue, the revelatory shock accompanying recognition of the transsexual's status was necessary for the dance's inclusion. Complete clothing removal by a female would not occur in a drag show. To clarify the intention of the performance, Jeannie first had to create a link to the conventions of female impersonators. Through the Barbara Eden impression executed in a camp aesthetic, she fulfilled audience expectations of the genre's style of sexual representation while simultaneously aligning herself with the subcultural values of the audience. Without her doing so, there could be confusion or possible resentment in the presence of female eroticism on a stage presumably dominated by same-gender male sexuality. The shock or "freak out" induced by Jeannie is, then, a justification.

Just in case a few audience members have not made a successful identification, Holly Brown – the show's director – comes out after Jeannie's dance and tells them, "Don't get yourself too worked up over her. It's all man-made." On all levels of production, the goal of the performance is proper identification of the transsexual body.

Jeannie also does striptease in Las Vegas nightclubs for a nongay audience and with co-performers who are biological females. The fact that she is a transsexual is never revealed and is irrelevant under these circumstances. But when the act is performed as part of the drag show, it is the transsexual body, not the female body, that becomes the object of the gaze. It is the introductory deceptive impression that is responsible for the subtle shift from female to transsexual subject. Simultaneously, the subject transfer engages a plot borrowed from the narrative of the mythic hero.

Teresa de Lauretis has explained that the mythic narrative may be reduced to a transaction between a hero and an obstacle. This defines "two positions of a sexual difference thus conceived: male-hero-human . . . and female-object-boundary-space."⁸ This marking of sexual difference in the mythic narrative – its goal according to Lauretis – explains why

Jeannie's introductory deceptive impression can produce a transsexual subject.⁹

When Jeannie wishes to appear as biological female in a nongay nightclub, there is no attempt to work through a mythic narrative. She thus dances a straightforward striptease with a single female image. But by engaging the mythic narrative in the drag show, she introduces the hero who, appearing as a female impersonator, functions as a male signifier overlaying and containing the female dancing image. Her clothing removal then reads as series of tests or female obstacles that, by spatializing the feminine body through segmentation, sexually differentiates itself from the male hero in the abrupt transition from Barbara Eden impression to striptease dance. Simultaneously acting as male hero and female obstacle, the transsexual becomes both subject *and* object of the performance, a double identification with both gaze and image.

The two versions of Jeannie's dance – gay and nongay, transsexual and female subject – suggest that it is the narrative collapse of gaze and image which produces the transsexual. To support this contention, I have noted the deployment of this narrative sequence in the sex-change surgery itself. Both the transsexual identity and physical body are brought into existence through an identical narrative, in an example of what Lauretis describes as “a subject engendered precisely by the process of its engagement in narrative genres.”¹⁰ The structure of Jeannie's performance becomes a quotation of the surgical theory and procedure of the sex-change operation.

Before I argue this point I want to look first at the particular character chosen by the performer in the deceptive impression. Not just an impersonation of a media star – Barbara Eden – but a particular role played by that actress is my point of departure for deconstructing Jeannie's exotic dance. Exposing the identity of the narrative's hero is a necessary “test” that, if passed, will reveal an ideological framework that supports the hidden seams joining scientific knowledge and narrative.

THE FALLEN WOMAN

Jeannie's introductory double impression of Barbara Eden in her role as a sitcom character – also named Jeannie – fulfills a dual presentational aesthetic that is a particular responsibility of a transsexual stripper in a drag show. This responsibility is manifested in the need to present simultaneously two images of women. The drag show performer utilizes a convention of impersonating larger-than-life women whose images are appropriated from pop and mass culture; while, as Roland Barthes has noted, the stripper adopts representations of the Exotic Other.¹¹

Jeannie cleverly responded to the situation by creating an impression of a pop star in her television role as an exotic, oriental female. The sitcom "I Dream of Jeannie" portrays the title character as an oriental genie possessing unlimited magical powers together with the alluring sexual attributes of a voluptuous woman magnified by a vulnerable naïveté. Dressed in the garb of a harem girl, Barbara Eden's character is a peculiar interface of the dynamic, erotic woman and Daddy's little girl.

This double-edged femininity, the erotic and the domestic, forms the core of that type of television comedy called "the battle of the sexes." The plots revolve around a domestic woman, usually a housewife, forced into a straight-jacketed superficial existence whose efforts toward independence are continually thwarted by the husband. She attempts to liberate herself by becoming the erotic and exotic, often with an arsenal of cruel and practical jokes. The husband's efforts to restrain the naughty girl and the game of mental chess that follows results in comedy.

The representation of exoticism and naughtiness is, perhaps, most extreme with Barbara Eden's Jeannie. Yet it is echoed to varying degrees in numerous other sitcoms: for example, the character of Lisa Douglas in "Green Acres"; Samantha Stephens in "Bewitched"; even that seminal entertainment "I Love Lucy" achieves its status through Lucy's continual conflict between wife/mother and show girl.

Barbara Eden's oriental exotic, Jeannie, is a simplistic character seen as humorous in a contemporary sitcom; yet the motivation behind her disruptive antics is a clearly articulated erotic impulse. This all-powerful harem girl will stop at nothing to win the heart of the show's male protagonist, even if it requires placing him in uncomfortable if not actually life-threatening situations. Take away the canned laughter from her enactments of violence and Jeannie emerges not as the naughty girl but as the evil woman. As such, Jeannie is clearly a recent representation of the *femme fatale*, the image of feminine evil inherited from the nineteenth century, during which it achieved a spectacular prominence.

The *fin-de-siècle femme fatale* was a woman of independence, seducing and then leading men to their doom as sacrifices to her self-indulgent sexual desires. Far from being comic, this free-thinking woman was seen as a deadly threat to upstanding men and society in general. This concept of Woman was symbolized by the oriental female, often portrayed as a dancing girl. The oriental female as a symbol for the erotic and independent woman, the antithesis of the domestic wife, evolved from a nineteenth-century representational trend that figured a sexualized Orient, an erotic landscape on which were projected the sexual fantasies of repressed Victorian culture.¹²

It is not difficult to understand the public furor and charges of indecency that

surrounded the appearance of a generation of oriental, exotic, Salome, hootchy-kootchy and Little Egypt dancers at the end of the century. It wasn't that the dances themselves were obscene but that the connection between the oriental female and erotic sex was firmly fixed in the American mind. In the public's eye, the oriental female was a metaphor for the sexual act.¹³

Having been yoked to notions of sex, the image of the oriental dancing girl became a convenient repository for erotic characterization in general, a site wherein multiple concepts of Victorian sexuality could converge to find expression through a single representation. The image of the oriental female as a sexual metaphor thus found an additional application as an image of the prostitute.¹⁴

The *femme fatale*/prostitute image established itself as the visual representation of one side of the binary concept of Woman, wherein she was defined either as asexual and domestic or erotic and independent. Like Barbara Eden's Jeannie, she was both "the virgin and the whore, the saint and the vampire – two designates for a single dualistic opposition: that of woman as man's exclusive and forever pliable private property, on the one hand, into a polyandrous predator indiscriminately lusting after man's seminal essence, on the other."¹⁵

The implicit evil within the image of the *femme fatale* was not simply fantasy. The paintings and posed photographs of Arab harem girls, Indian nautch girls, maharanis and the perennial dancing nymphs provided a concrete visual articulation and an aesthetic imagery for the women of commerce whose proliferation pressed itself ever more noticeably upon the public landscape; for while the *femme fatale* flourished in art, prostitution was flourishing in nineteenth-century America.¹⁶ Outside of marriage and domesticity, women had few options for achieving economic independence other than factory labour or prostitution. In such a situation, it was not surprising that so many women chose the more viable economics of the streets. This choice between extremes only reinforced the concept of women as virgins or whores. It was there to see, enacted in daily life.

The fear and sexual evil that permeated the image of the oriental dancing girl was a projection of the hostility expressed toward the prostitute. Her independence was blamed as the cause of all social ills: violent crime, disease epidemics, social anarchy, economic ruin, atheism, and the spiritual rot of American culture.¹⁷

But help was on its way. Victorian medical theory joined together the concepts of the *femme fatale* and the prostitute to create the cultural paradigm of the Fallen Woman, a female pathology of erotic sex in which all sexual practice outside marriage and reproduction was treated as a disease symptom.¹⁸ This belief in a biological source of morality,

with its roots in Social Darwinism and developed by medical thought on prostitution, had far-reaching social effects. As Barbara Hobson put it, the belief “presumed a . . . female deviance based on sexual inclination rather than specific acts of misconduct,” and shifted the basis of diagnosis from the body to the psyche and, finally, to lifestyle.¹⁹ The prostitute was diseased because she had the *potential* to engage in some types of sexuality. Michel Foucault has discussed how this ideology, freed from specifically physical symptomology, was extended to encompass diagnosis based solely on the *object* of sexual desire.²⁰

THE FALLEN MAN

The pathologizing of the prostitute opened the door for extending this diagnosis to homosexuals.²¹ Because of their potential or desire to engage in certain types of sexuality, homosexuals joined prostitutes in the medical line-up. The newly arrived medical science of sexual aberrations described the homosexual as “a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology.”²² In fact, the term “homosexual” was invented only in 1869 as part of the developing vocabulary in the field of sexology.²³

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“The majority of researchers believe that self-identified gay people are strictly a phenomenon of the last 75–100 years,” the development of a public sexual identity that “was part of the contemporaneous debate over an ideological definition of housewife and mother,” on the one hand, and the erotic and independent woman on the other – a debate which resulted in the invention of the homosexual.²⁴ Homosexuality, though previously considered a sin that could be committed by any man, was fixed by medical literature into the constitution of a “type” of personality that exists independent of specific sexual activity.²⁵

The number and visibility of prostitutes had provided the impetus for the pathologizing of sexual misconduct, the diagnoses being based on the application of visual criteria to public department; but which features of the nineteenth-century homosexual subculture were making it noticeable to the medical community? The sexual act itself was practiced behind closed doors, so what exactly were scientists seeing? Which behaviors and activities, if not explicitly sexual, were being used as the criteria for classification?

The clear separation of males and females while socializing in the nineteenth century meant that men, when not at home, spent their time in the company of other men. Two men together, as opposed to contemporary social interpretation, would not have indicated homosexuality. In fact Peter Gay believes that gay men were safe from discovery in a

Victorian culture precisely because same-sex socializing and companionship was the norm.²⁶ As is known today, most gay men are unrecognizable from their nongay counterparts. Who were the medical researchers observing?

I assert that, because of their extreme visibility and because homosexuality was automatically associated with them, the new classification, "homosexual," was derived from observations of effeminate men and transvestites. In the early stages of concept formation about homosexuals, acts of cross-dressing became, at times, the only distinguishing feature with which to identify homosexuals; consequently, many scientists believed that transvestites constituted the entire social subgroup.

As Mary McIntosh has pointed out, "the earliest descriptions of homosexuals do not coincide exactly with the modern conception. There is much more stress on effeminacy and in particular on transvestism, to such an extent that there seems to be no distinction at first between homosexuality and transvestism."²⁷ The equation of transvestism with homosexuality was firmly established in the foundational medical studies.²⁸ As late as 1934, scientific writers such as Wilhelm Stekel vehemently disagreed with Havelock Ellis' initial conceptual separation of the two terms, stating that he was confusing the issues and was erroneous in attempting to separate cross-dressing from homosexuality.²⁹

Among the invert population itself, the association of homosexuality with transvestism was no less marked. Effeminate and cross-dressing men defined themselves as homosexual. Their partners, if not exhibiting such outward behavior, were classified as heterosexual by both the gay and nongay publics regardless of their participation in same-sex sexual activity.³⁰ George Chauncey, in his analysis of courtroom and other public documents of the era, concluded that it was not sexual activity that labelled a man homosexual but his choice and use of particular signifying gestures of social gender role enactment.³¹

The specific disease which these transvestite-homosexuals suffered from was "gender inversion." The term and accompanying discourse developed from the writing of Karl Ulrichs, an activist lawyer for homosexual rights in Germany, who saw the homosexual as a "third sex" in whom the soul of a woman is trapped in the body of a man. The invert was seen as a type of hermaphrodite whose condition manifested in a mind/body split. The body was male, but the mind was female. The supposed characteristics of homosexuality, "passion, emotional ill-discipline and sexual looseness," were those associated with the Fallen Woman.³² It was the feminine evil of the homosexual psyche that formed the link to Victorian medical theory and brought about its conception as a form of female sexual pathology.

Returning to the striptease dance, Jeannie's oriental dancing girl also reads as an image

of the nineteenth-century gender invert whose transvestism links him to the paradigm of the Fallen Woman/prostitute through specific representation of the erotic. Both historically and in this stage act the transsexual body is prefigured in a display of the sexualized Exotic Other.

INVENTING THE TRANSSEXUAL

The study on male sexuality issued by Alfred Kinsey in 1948 was a major factor in the social redefinition of homosexuality. Kinsey's report indicated that the number of homosexuals was far greater than had been imagined. His figures suggested that as many as 37 percent of all men had engaged in homosexual activity and that 10 percent were actively homosexual at the time. Prior to this report, it was believed, by some authorities, that homosexuals constituted only .1 percent of the population.³³

The Kinsey Report not only brought about a new understanding of the prevalence of homosexuality but reconceptualized the gay personality and social role. Gay men, it was found, could and usually did look and act like heterosexual men. This discovery was a radical development, breaking with past models that saw homosexuals as effeminate. The study was as surprising a revelation to the gay community as it was to nongay Americans.³⁴ The minority status of transvestites within this group was finally established. The transvestite-homosexual link had been broken.

Though the classification of "invert" had faded from usage, now replaced by the "homosexual" of Kinsey's report, the particular pathology indicated by the former term found a new application under another name. In the 1960s a condition known as "transsexualism" took the place of the older "gender inversion."³⁵ One of the leading medical authorities, Erwin K. Koranyi, defines the transsexual as one who is "anatomically a man by current available biological measurements, but with a distinct core identity of a woman, the male transsexual feels, grows up, acts and behaves as closely to the female as he can."³⁶ But lest we forget what is really being discussed here, Koranyi adds that "their identity is often described as 'females, locked in a male's body'"³⁷ He goes on to state that transsexuals like to spend their time engaging in female social behavior. Specific activities leading to diagnosis are suggested, such as "girl-talk and shopping."³⁸

These beliefs clearly have their source in the discourse on the "third sex" of Karl Ulrichs, while the definition of the transsexual remains identical to nineteenth-century writings on "gender inversion." What is different are the demographics. No longer confusing transvestites and homosexuals, as before, the medical community prefers to see trans-

sexualism as an extremely rare psychic disturbance, by no means to be confused with homosexuality.³⁹

The sex-change operation, or conversion therapy, is now an accepted cure for the transsexual condition, eliminating the psychological self-perception that one is a woman trapped in a man's body.⁴⁰ There is one flaw, though, in this medical narrative of mega-cure: that is, the term "transsexual" was not invented until the early 1960s and was not in medical usage until the late sixties and early seventies. When Christine Jorgenson submitted to her sex-change operation in 1953, there had been twenty-eight prior surgeries performed between 1932 and 1952.⁴¹ Conversion therapy predates the condition it is supposed to cure by almost three decades!

The implications of this surgical dating are, first, that the sex-change surgery was to have been a cure for "gender inversion," a hi-tech surgical intervention that would harmonize the mind/body split of the invert; and, second, that the concept of transsexualism was based on outdated theories discontinued in the academy in order to provide the new technology with a justification after the demise of "gender inversion" as a legitimate area of research. I do not think it beyond coincidence that Christine Jorgenson became a celebrated techno-body immediately following the release of the Kinsey Report, with its attendant reconceptualization of homosexuality.

The pathological condition known as transsexualism did not achieve recognition as a distinct condition until the late sixties and early seventies. I suggest that this differentiation was connected with the rise of the Gay Liberation Movement. Beginning in the late sixties, militant gay activists mounted an intensive attack on medical authority, which forced the American Psychiatric Association to remove homosexuality from its index of mental disorders in 1973. The loss of control over the issue of homosexuality – the medical community's great bastion of nineteenth-century sexual pathology – was an attack against the cultural legitimacy of the profession, calling into question its privileged position regarding social morality. John D'Emilio has argued that the last century's discourse on sexology formed the basis for a professional narrative of social and cultural legitimation, a major tool in the acquisition of political power.⁴² The 1973 victory of gay activists thus represented not only an assault on the discourse of a specific pathology but an attack against one of the profession's meta-narratives.

Rather than humbly relinquishing theories of "gender inversion," the community recognized transsexualism as a symbolic pathology where the performance of antiquated beliefs in a biological source of morality could be played out. This realignment resulted in a curious, but perhaps not uncommon, phenomenon in American medicine – the cure

predating the disease. This discrepancy did not escape attention. In *Hartin vs Director of Bureau of Records*, New York State (1973), the court described the sex-change operation as “an experimental form of psychotherapy in which mutilating surgery is conducted on a person with the intent of setting his mind at ease.”⁴³ Though the American Medical Association has successfully appealed this law that refused to grant female gender status to their sexually reassigned clients, the surgery is still perceived by many as having no therapeutic value. The question I ask is, what exactly is being performed by the surgeons in the conversion therapy? When attention is directed away from the transsexual body and directed toward the physician, an interesting hypothesis emerges.

LETTING THE GENIE OUT OF THE BOTTLE

According to descriptions by Harry Benjamin, Deborah Feinbloom, and Erwin Koranyi, conversion therapy is performed in phases over the course of several years.⁴⁴ The procedure is initiated by ordering the patient to assume a female social role in full female attire. Next are the external alterations, including electrolysis, estrogen therapy to create a female silhouette, addition of breast prostheses, and cosmetic surgery to feminize facial features. This step is followed by surgery consisting of castration, amputation of the penis, and creation of the vagina. After surgery, the patient receives a new set of legal documents such as birth certificate, passport, and so on, which confer a female social status.

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The sex-change surgery and conversion therapy follow the folk performance plot based on the mythic narrative identified by Bouissac, which is operative in Jeannie’s striptease act. The familiar process of testing and heroic identification manifested in transsexual stage performance are again detected in the therapy. I outline the five stages of the folk plot as follows:

1. The patient arrives with the false identity of a biological male. He makes a claim to an alternate and true identity – a woman. This claim sets the scene, making it necessary to submit the patient to the tests of proof.
2. The disqualifying test is given by the physician. The hero, still possessing the physical attributes of a male, is ordered to live, work, dress and pass as a woman in daily life for a period of exactly one year. During this phase, the character is inverted, a liminal moment when the performer is between representations, neither one character nor the other.
3. The main test, consisting of several subtests, is the removal or alteration of individual body parts. In sequence, the transsexual, through the agency of the physician, removes

body hair, removes Adam's apple, takes female hormones to begin breast development, hip enlargement and shrinking of the penis, receives breast prostheses and cosmetic alterations of the face, removes testicles, and amputates the penis.

4. The glorifying test, the finale, is the creation of the vagina, the proof positive of the hero's – or heroine's – sociosexual status.
5. The objective being met, the public offers acknowledgment in the form of a recognized legal status and a new set of public documents.

Evidenced by its repetition, the main theme of this performance is inversion. There are the obvious examples of this theme – the theories of gender inversion that inform the surgery – as well as more interesting manifestations. Notable among these is Bouissac's use of the term theatrical "inversion" in his diagram. In this surgical example, Bouissac's character inversion occurs precisely at the moment the patient assumes a social role that is identical to nineteenth-century descriptions of gender inverts. In addition, the creation of the vagina is described by surgeons as "genital inversion," a literal and physical inverting of the male organs to create female ones.

The concept of genital inversion has its origins in a medical discourse that predates nineteenth-century theory by more than one thousand years. The fourth-century physiologist, Nemesius of Syria, put forth that "women have the same genitals as men, except theirs are inside the body and not outside it."⁴⁵ This belief dominated medical education from Galen to the seventeenth century, when anatomical textbooks can be found depicting the vagina as an inverted penis.⁴⁶

The discovery of the theme of inversion in conversion therapy indicates that medical practice is not the linear evolutionary advance of scientific knowledge that is professed by physicians. To follow a line of thought initiated by Michel Foucault and Susan Sontag, medical science is, in any given procedure, a conglomeration of images, theories, beliefs and technologies drawn from a variety of sources and assembled into what I call a "therapeutic score."⁴⁷ There may be more than a suggestion that medical science is itself a narrative genre, a complex tradition of folk theater whose performers are known as physicians.

At first it would appear that the active figure in Jeannie's striptease dance is Jeannie herself. I maintain that her dance is the *surgeon's* performance. Both the transsexual identity and the physical body of the dancer are creations of medical science. The striptease could not have been presented without the surgeon's prior labour. His presence, even on the stage of the drag show, is implicit at all times.

Transsexuals are classified as pre-operative before surgery and post-operative afterward.

This vocabulary defines the transsexual by her relationship to the surgeon's activities, establishing the centrality of the medical practitioner. Transsexuals also use the appellations of "Pre-op" and "Post-op" in self-description to clarify the relationship.

The active role played by the physician is often resented by the patients, who sometimes feel that the practitioner's demands are unreasonable and that they are being forced, against their better judgement, into compliance with a therapeutic score that is not always rational. A TV broadcast of "The Sally Jessy Raphael Show" on 15 May 1989 presented a panel of pre-operative transsexuals. One of them, speaking about the tests administered by the physician, stated that the demand that they live and pass for women in daily life for one year in order to qualify as "true" transsexuals was an alogical directive that put them in a vulnerable position and made them subject to possible public attack. Many of them must perform this task before physical alteration occurs, while still bearing recognizable characteristics of biological men and before they can achieve an ideal social gender image. Statements like these amount to textual criticism and locate the transsexual as an outsider to the surgeon's performance.

The comments made by some transsexuals concerning the difficulties of the required year spent as a transvestite prior to surgery answer a major question regarding transsexual origins. If transsexualism is a medical model originating in outdated nineteenth-century discourse, then where do physicians find men who still identify themselves as gender inverters in a society that has renounced homosexuality as a pathology?

I assert that the transsexual is created during the first-year test in which he is ordered to become a transvestite in daily life. The surgeon demands that this task be fulfilled in order to confirm a transsexual identity. Yet, in reality, the process forces the patient into conformation with the pre-established medical model and its mythic narrative. The first-year therapy amounts to an educational program in which the subject is trained to look and act like a nineteenth-century gender invert. This being accomplished, the surgeon has created his transsexual – a homosexual golem – who can now be put through conversion therapy.

The mythic narrative used by Jeannie in her dance is a representation of the surgical procedure itself, while conversion therapy dictates the striptease aesthetic. As performed by Jeannie, the unveiling of her body is accomplished utilizing the same pattern of successive transformations that unfolds in the sex-change surgery. Beginning with the mistaken identity of the performer, followed by the process of identification, and then in the exposure of body parts that are viewed in a temporal progression identical to the surgeon's handiwork sequence – all this amounts to scientific display, a showcase for medical technology.

The duplication by the striptease of the surgical plot gives evidence that each is bound to the other through a folk narrative that has been engaged both to define and justify its object. In this regard, Jean-François Lyotard, in *The Postmodern Condition*, has discussed at length the reliance of scientific knowledge upon narrative. He argues that scientific knowledge can only claim its status by positing narrative as an Other against which to define itself, and that efforts toward legitimation and validation of scientific knowledge must necessarily invoke narrative in the process. Further, "knowledge is only worthy of that name to the extent that it reduplicates itself by citing its own statements in a second-level discourse that functions to legitimate itself."⁴⁸

Jeannie has only one narrative to express, and that is the one which gave her birth and in which she experiences existence – the Victorian myth of the gender invert. The transsexual striptease, then, is an integral part of the surgery, functioning as a second-level discourse that legitimates the statements of scientific knowledge through citation on the stage. Her dance is a reduplication of the folk narrative which serves as the Logos of the transsexual body while providing the repetition of discourse needed to elevate its first utterance to the status of scientific knowledge.

Without a way to reduplicate itself, the ideology and legitimacy of the sex-change surgery would dissolve, and the striptease would vanish. Without cultural legitimacy, Jeannie would be trapped in a bottle, a no-exit techno-body stripped of meaning. Like her stage character's prototype – Salome – she celebrates the body while flirting with death; for as long as she dances, both the transsexual body and its creative narrative can feed off each other, prolonging life and knowledge.

NOTES

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1. Holly Brown, dir., *The Easter Re-Run Show*, Club La Cage, Milwaukee, Wisconsin, 3 April 1988.
2. For definitions of "Camp" see: Jack Babuscio, "Camp and the Gay Sensibility," *Gays and Film*, ed. Richard Dyer (New York: Zoetrope, 1984), 40-57; Andrew Ross, "Uses of Camp," *No Respect: Intellectuals and Popular Culture* (London: Routledge, 1989), 135-70; Susan Sontag, "Notes on Camp," *A Susan Sontag Reader* (New York: Vintage, 1983).

3. For reasons which I will argue in this essay, I define the "transsexual" as one who has a direct relationship with medical authority through engagement in conversion therapy, i.e. the sex-change surgery. This includes those who are preparing for, are in the process of, or have completed therapy. I have also limited my

study to male-to-female transsexuals, since the female-to-male may be expressing a different narrative that is not within the scope of this paper to explicate adequately.

4. Paul Bouissac, *Circus and Culture: A Semiotic Approach* (Bloomington: Indiana University Press, 1976), 25.

5. Ibid.

6. Vladimir Propp, *Morphology of the Folktale* (Austin: University of Texas Press, 1968), 60.

7. Ibid.

8. Teresa de Lauretis, *Alice Doesn't: Feminism, Semiotics, Cinema* (Bloomington: Indiana University Press, 1984), 121.

9. Ibid.

10. Ibid., 108.

11. Roland Barthes, "Striptease," *What is Dance?*, eds. Roger Copeland and Marshall Cohen (Oxford: Oxford University Press, 1983), 512-14.

12. Edward Said, *Orientalism* (New York: Vintage, 1978), 184-90.

13. In this regard, it is of interest to note the difficulties Ruth St. Denis had in attracting an audience. So strongly was oriental dancing linked to sex that it took more than a decade for her to establish and re-educate an audience that experienced more than sexual titillation from her art. See: David Dressler, *Burlesque as a Cultural Phenomenon* (New York University: unpublished dissertation, 1937), 54; Olga Maynard, *American Modern Dance* (Boston: Little, 1965), 83; Joseph H. Mazo, *Prime Movers* (New York: Morrow, 1977), 94-96; Walter Terry, *The Dance in America* (New York: Harper, 1956), 49; Irving Zeidman, *The American Burlesque Show* (New York: Hawthorn Books, 1967).

14. John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper, 1988).

15. Bram Dijkstra, *Idols of Perversity: Fantasies of Feminine Evil in Fin-de-Siècle Culture* (Oxford: Oxford University Press, 1986), 334.

16. D'Emilio and Freedman, 130-38.

17. See: Charles Baudelaire, "The Painter of Modern Life," *The Painter of Modern Life and Other Essays*, trans. Jonathan Mayne (New York: Garland, 1978), 36-37; Vern L. Bullough, "Homosexuality and the Medical Model," *Journal of Homosexuality* 1.1 (Fall 1974): 103; Estelle B. Freedman, "Sexuality in Nineteenth-Century America: Behavior, Ideology, and Politics," *Reviews in American History* 10 (December 1982): 203-05; John S. Haller and Robin M. Haller, *The Physician and Sexuality in Victorian America* (Urbana: University of Illinois Press, 1974), 91; J.-K. Huysmans, *Against Nature*, trans. Robert Baldick (New York: Penguin, 1959), 65-66.

18. Barbara Meil Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (New York: Basic Books, 1987), 111-14.

19. Ibid., 114.

20. Michel Foucault, *The History of Sexuality, Volume 1: An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1980), 19-20, 40-41.
21. Jeffrey Weeks, "Movements of Affirmation: Sexual Meanings and Homosexual Identities," *Radical History Review* 20 (Spring/Summer 1979): 168.
22. Foucault, 43.
23. Peter Gay, *The Tender Passion*, Vol. 2 of *The Bourgeois Experience: Victoria to Freud* (Oxford: Oxford University Press, 1986), 224.
24. Martin Bauml Duberman, "Reclaiming the Gay Past," *Reviews in American History* 16.4 (December 1988): 519.
25. For an introduction to the literature on the "medical model" of homosexuality see: Bullough; D'Emilio and Freedman 109-38; Foucault, *History*; Gay 222-35; Weeks; and George Chauncey Jr., "From Sexual Inversion to Homosexuality: Medicine and the Changing Conceptualizations of Female Deviance," *Salmagundi* 58/59 (Fall-Winter 1983): 114-46.
26. Gay, 202.
27. Mary McIntosh, "The Homosexual Role," *The Making of the Modern Homosexual*, ed. Kenneth Plummer (London: Hutchinson, 1981), 37.
28. See: Peter Ackroyd, *Dressing Up: Transvestism and Drag: The History of an Obsession* (New York: Simon, 1979), 25; Harry Brierly, *Transvestism: A Handbook With Case Studies for Psychologists, Psychiatrists, and Counselors* (Oxford: Pergamon Press, 1979), 10; Havelock Ellis, *Studies in the Psychology of Sex* (New York: Random House Press, 1936), 1-110; Jonathan Katz, *Gay American History: Lesbians and Gay Men in the U.S.A.* (New York: Crowell Press, 1976), 39-52; John Marshall, "Pansies, Perverts, and Macho Men: Changing Conceptions of Male Homosexuality," *The Making of the Modern Homosexual*, ed. Kenneth Plummer (London: Hutchinson, 1981), 146; Richard von Krafft-Ebing, *Psychopathia Sexualis: A Medico-Forensic Study* (New York: Putnam, 1969).
29. Dave King, "Gender Confusions," *The Making of the Modern Homosexual*, ed. Kenneth Plummer (London: Hutchinson, 1981), 163-64.
30. George Chauncey Jr., "Christian Brotherhood or Sexual Perversion?: Homosexual Identities and the Construction of Sexual Boundaries in the World One Era," *Journal of Social History* 19.2 (Winter 1985): 190; see also Quentin Crisp, *The Naked Civil Servant* (New York: Holt, 1977), 62.
31. Chauncey, 190.
32. Simon Shepherd, "Gay Sex Spy Orgy: The State's Need for Queers," *Coming On Strong: Gay Politics and Culture*, eds. Simon Sheperd and Mick Wallis (London: Unwin Hyman), 214.
33. Erwin K. Koranyi, *Transsexuality in the Male: The Spectrum of Gender Dysphoria* (Springfield, Illinois: Charles Thomas, 1980), 21.
34. John D'Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United*

States, 1940–1970 (Chicago: University of Chicago Press, 1983), 37.

35. Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian Press, 1966), 14.; see also: King, 171-72.
36. Koranyi, 27.
37. Ibid.
38. Ibid.
39. Ibid., 25-28.
40. Ibid., 111, 127.
41. King, 171-72.
42. D'Emilio, 146-47.
43. Koranyi, 111.
44. Deborah Heller Feinbloom, *Transvestites and Transsexuals: Mixed Views* (New York: Delta Press, 1976).
45. Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987), 27.
46. Ibid., 28-29.
47. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan Smith (New York: Vintage, 1975), 199; see also, Susan Sontag, *AIDS and Its Metaphors* (New York: Farrar, 1988), 8.
48. Jean-Francois Lyotard, *The Postmodern Condition: A Report on Knowledge*, trans. Geoff Bennington and Brian Massumi (Minneapolis: University of Minnesota Press, 1984), 38.