"Doing" gender in South Africa: Footprints of tension for transgender persons

by

LESEGO PHENYO WILL RAMPHELE

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DECLARATION

I declare that: "Doing" gender in South Africa: Footprints of tension for transgender persons, is my own work and has not been published or used anywhere else in any form. All the sources that have been used have been acknowledged by way of full referencing.

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Date: 4 March 2016.

ABSTRACT

The 'doing' of gender in our society is constructed along the lines of power, knowledge and being. Power structures angle knowledge and understanding of transgender people and transgender lives in a way that relegates them almost to the museum to be observed as a spectacle or exotic objects. The emphatic frames of man and woman, even in South Africa where the Constitution is considered and understood to be liberal and generous, the life of a transgender body is an Other life. One is either male or female; any other form of doing and being gender suffers peripherisation and classification as special, different, strange or any other exteriorising definitions. This dissertation attempts to question the power or the tyranny of categorisations and classifications of man and woman, drawing from various discourses such as the medico-legal discourse classification. It further looks at how gender is being performed by transgender people. Further it aimed at gaining an in-depth understanding of the experiences and challenges of transgender people with regards to doing gender within a gendered society. The findings within the dissertation tells us, that the performativity of gender is not a neutral space, but enacted by various power structures and those who live outside the norms such as the transgender people , they are subjected to precariousness. It this dissertation seeks to contribute to an unmasking of some easy but harmful assumptions about gender and sexuality. Gender and sexuality may not be taken for granted and assumed according to fixed templates but they are fluid, mobile and flexible beyond the limits of convention

Key terms: Cis-normativity, Discourse Analysis, Gender invariance, Liminality, Performativity, Precarity, Sexuality, Sex categorization, Transgender, Transsexual;

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CHAPTER 1

INTRODUCTION AND PROBLEM STATEMENT

1.1.   Prelude

In the view of this study the notion of a "gender non-binary" society is a refreshing idea that interestingly upsets the widely held assumption of gender as invariably categorised along the lines of a man and woman binary. This assumption has generally remained unquestioned as it represents dominant conception of what constitutes gender in society. In our contemporary era, non-binary and transgender discourses have emerged as an act of defiance to challenge normative understandings around gender. These discourses, while they critique gender constructions by questioning the absoluteness of sexual classification systems, they at the same time reveal gender to be a complex concept. Increasingly, we are being confronted with the idea that gender is a performance. To talk, therefore, about gender as something that people do rather than a static category that they are born into, introduces an epistemological rapture that calls for a different language to articulate gender and its emergent variegated forms of masculinities and femininities as mutable. At the centre of the discussion in this dissertation is the very question of gender insurgency with specific focus on how people that identify themselves as transgender derive meanings and consequently do gender within a society that is gendered along man and woman binaries. Transgender refers to "*the movement across a socially imposed boundary away from an unchosen starting place* – rather than any particular destination or mode of transition" (Stryker, 2008, p.1).

1.2.   Problem statement

Different and new gender terrains are emerging in the twenty-first centuries that defy the traditional gender categorisation of every individual as either a man or a woman. Though this binary view of gender is troublesome in contemporary times, it is often drawn on unthinkingly to make false assumptions about how people should be regarded as gendered beings. There is a general lack of acceptance and understanding when it comes to people who live between and across different genders or who have intersected gender roles and who thereby challenge the notion of a fixed gender identity or fixed gender roles. This has recently come under the spotlight

in South Africa when the former *Sunday Sun* columnist, Jon Qwelane (2008), published acrimonious comments which compared gender non-conformity to bestiality, suggesting that it is a "degradation of values and traditions" (p. 14). Such stereotypes have cultivated a dangerous environment that creates barriers between communities and thwarts efforts to establish positive social change. Therefore, despite an enabling constitutional framework in South Africa, many gender-nonconforming persons still face challenges in their daily lives. Butler (2009) deliberates on how certain people live their gender in an intelligible way while those who live their genders in an unintelligible and unacceptable way are subjected to precariousness.

Our subjective sense of ourselves as masculine, feminine, both or neither; continuously influence how we live a role as either man, woman or other. The concept 'sex' is often used indiscriminately to describe a person's sense of sexual subjectivity and gender categorisation. The word 'sex' is generally understood to refer to the categories of being either female or male (Colman, 2001), especially as differentiated with reference to reproductive functions. The term is also used to refer to the instinct or attraction drawing one sex toward another, or its manifestation in life and conduct. While such binary dichotomous categorisations are used to validate particular states of sexual being, issues of gender are not always as straightforward as people make them out to be. Boyd (2006) argues that visible, intelligible and legible bodies come to define and regulate the terrains of citizenship within the nation. Sexual bodies are legitimised through social management or control mechanisms which consist of prohibitions and sanctions that entail behaviour policing. Individuals are continuously reminded to behave in accordance with expected attitudes, for instance, compliance with an expected dress code and way of being as prescribed by major institutions such as kinship arrangements (Garfinkel, 2006).

A distinction is often made between sexuality, which includes sex, sexual desires, sexual orientation and sexual practices, on the one hand, and gender identity, on the other. Although gender identity interrelates with sexuality, it is not coterminous with sexuality. Often, the notion of transgender is confused with sexual orientation, particularly homosexuality. Sexual orientation is understood within the context of this study to refer to one's natural preference in sexual partners. This predilection is often clarified by reference to the direction of one's sexual interest towards members of the same sex (homosexuality), opposite sex (heterosexuality) or both sexes (bisexuality). In medical discourse, the direction of one's sexual interest is seen to be directed by

physiologic rather than sociologic forces. The need to engage critically with cultural and traditional ways that forge sexuality and how they intersect with new modern ones has been deliberated by Reddy (2012). Despite such assertions, transgender issues tend to be silent in South African academic discourses around sexuality and gender.

Transgender is often used as a broad umbrella term for a spectrum of unconventional gender identities and gender expressions. The term transgender is a less clinical term, referring more to gender identity and gender expression than to sexual orientation and physical sex characteristics. It includes transsexual as a subcategory, which is a term used for people who undergo medical care for the purpose of altering their bodies to align it with their gender identities; this is also referred to as gender transitioning or a gender affirmation process. The phenomena of transgender and transsexual can be differentiated by the extent of the tension that exists between body image (subjectivity) and the physical body (materiality) (Rubin, 1998), where transsexual people seek medical interventions to alter their bodies in order to align it with their gender identity. Wentling, Windsor, Schilt & Lucal (2008) suggest that, similar to any other population, transgender communities consist of diverse and heterogeneous groups and that it is important to take cognisance of this diversity.

Cis-gender is a term used to describe people who are not transgender; it also brings to light the privilege of those who are considered normal or natural (Hammond, 2010). Cis-normativity refers to the assumption that all people who are born male will naturally come to identify as men and all those who are born female will naturally come to identify as women (Bauer et al. 2009). Furthermore, cis-normativity can be understood as the ideology that underlies transphobia (Pyne, 2011). A cis-normative ideology translates into exclusionary practices in areas such as service delivery, hindering the availability and accessibility of services for transgender and other gender variant people.

While culture functions as a source of practices and prohibitions, bodies are politicised by states and governments through their eligibility to citizenship, which is determined by how they look and how they are presented. Transsexual bodies challenge the natural features of the bodies of cis-men and cis-women, whose bodies are aligned with their gender. In this study, "male-bodied women" and "female-bodied men" are those individuals whose gender identity and sex vary from the cis-normative assumption that all female-bodied people will come to identify as women

and all male-bodied people will come to identify as men. Transsexual bodies run the risk of loss of citizenship within a cis-normative society premised on two mutually exclusive and unchanging sexes.

Gender is a social construct that encompasses prescribed roles and meanings for both men and women on the basis of their biological sex. Gender functions within a social setting; it assigns different duties to men and women, ranging from their dress codes to how they are supposed to behave (Namaste, 2006). Furthermore, gender is an acceptable way to categorise and divide people through gender-segregated structures such as rest rooms, male and female wards, women's shelters and changing rooms. According to RFSL - Riksförbundet för homosexuellas, bisexuellas och transpersoners rättigheter, (2007)

> Gender identity refers to to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms (p 8).

Gender identity cannot fall forth from identity since the lens of recognition of a person lies in gender intelligibility and conformity to social standards or norms, and identity is moreover not static but continuously develops, (Butler, 1990).

Sexuality and gender are socially constructed: how we view our gender identity, sex, sexual orientation and sexual practices in relation to ourselves is profoundly shaped by how we are socialised. Unfortunately, practices of socialisation are still strongly informed by a negative view of anyone who does not comply with heteronormativity. In this regard, it is useful to consider the concept of abjection. According to Reddy (2012):

> Abjection identifies those bodies in the population that are currently denied subject status – it is those members of society who are living under the sign of 'unliveable'. It describes the process whereby certain persons are excluded from particular normative ideals of belonging. Alongside those bodies that can lay claim to legitimacy, there are those that do not have that automatic claim. These are abject bodies that fail to qualify as normative subjects (p 52).

This also applies to the lesbian, gay, bisexual, transgender and intersex (LGBTI) community that has been ostracised and deemed deviant for many years. Oppression is taking many forms, ranging from negative remarks to gay bashing, so-called "corrective rape" and other forms of discrimination.

1.3.   Positioning myself as a researcher

It has been argued that even when we believe we are being objective, we are still being subjective as it is impossible to escape the influence of our own interests(Hollway cited in Parker, 2005) According to the paradigmatic stance underpinning the social constructionist approach, reality is fluid and consists of social constructions (Terre Blanche, Durrheim & Painter, 2006). While reality is viewed as the reading of the environment rather than a true reflection of it (Willig, 2008), meaning is forged through interaction (Cresswell, 2007).

I am an African man of trans-experience. This position shapes my own view of reality and the meanings I make in interacting with transgender and other people. My motivation for doing this particular research is based on the need to contribute towards the knowledge about transgender and particularly transsexual persons. My reason for not being stealth and instead disclosing my transsexual status lies in the awareness that by being stealth I would maintain the status quo that promotes cis-genderism and perpetuates trans-erasure. If I research trans-people from a position of distance where I gaze at them from afar, not situating myself as one of them, I de-face myself and the trans-community at large. I therefore put forth my status in an attempt to do justice to and create a sense of urgency around transgender issues. As I conduct this research, I should also speak out about where I am located, where my voice is coming from. I am an inhabitant of a peripheral community of non-conforming people who face hostility, discrimination, precariousness and contestation of space. My voice also comes from academia, as a young scholar. While studying transgender research participants I must declare that I am both subjective and objective. I am not removed from the community I am studying, nor am I divorced from the relations I have with my research participants or exempted from the tensions of doing gender. My viewpoints are coloured by both the discipline of Psychology and my personal experience of going through a gender affirmation process. The terrains of gender are arguably quite malleable and raise difficult questions for people gazing at individuals who do not conform to the

traditional gender model. Those seen as defying the traditional model of fixed genders, sexes and gender roles are subjected to conditions that often lead to precariousness.

As explored by Butler (1990) this precariousness in relation to gender performativity and how those who do not live their gender in an intelligible way are subjected to risky conditions. In this study, I explore and analyse the tensions of doing gender in South Africa, focusing particularly on the implications for transgender people of doing gender within a gendered society. Society is structured around the dichotomy of female and male, together with the belief that each person's gender identity and gender expression will naturally correspond to conventional expectations for their biological sex. While this may be true for many people, it is different for transgender people and other non-conforming individuals who do not subscribe to or fit the above-mentioned model. These individuals continuously face challenges and are subjected to precariousness because of their gender non-conforming identity or expression.

1.4.   Research rationale

There is a significant need to document and look critically at the challenges and experiences of transsexual people as they navigate and make sense of their lives within a system based on medico-legal classifications of sex and gender (Klein, 2012a, 2012b). We need to investigate how different discourses within the South African context, reinforce gender norms and boundaries of being, how they push those who live the counter discourse into a liminal space. Our appearance and expression in public spaces are determined by gender norms and gender differentiation, which are shaped by sexual politics. This determines who will be privileged and recognised, and who will be marginalised and go unacknowledged. These gender norms illustrate and operationalise power, reproducing and sustaining it through social practices (Butler, 2009).

For a number of reasons – socioeconomic, political and medical – transgender people face risks of being dislocated and uprooted from their families and communities. This is often directly related to discrimination based on their gender identity and expression. A number of studies that mention transgender people and accessibility to shelters rely on data extracted from research conducted within the broader lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) context to make extrapolations about transgender people (Pyne, 2011; Ouspenski, 2013), a situation contributing to a phenomenon referred to as trans-erasure.

Despite an enabling and liberal South African Constitution, transformation proceeds at a snail's pace when it comes to ensuring that medical facilities can efficiently cater to the needs of transgender and transsexual people. There are currently only two hospitals in the country that have public transgender clinics, namely Steve Biko Academic Hospital in Pretoria and Groote Schuur Hospital (GSH) in Cape Town (Bateman, 2011). Even though South African law allows for transgender people to undergo gender affirmation surgery, the fact that only two public hospitals offer these services and more so, they have extremely long waiting lists of 15 to 20 years (Wilson, Marais, De Villiers, Addinall & Campbell, 2014) or even longer (Van der Merwe, 2013b), means that only a small number of people are being helped. Most hospitals do not have gender clinics or guidelines for providing care to transgender patients and they often have to travel long distances or relocate to cities in efforts to access gender affirming services (Husakouskaya, 2013a; Van der Merwe, 2013b). Most transgender persons fear going to public hospitals and clinics due to stigma, discrimination and difficulties in obtaining quality care services (Newman-Valentine & Duma, 2014; Stevens, 2012). Despite the existence of international standards of care developed by the World Professional Association for Transgender Health (WPATH) (Coleman, Bockting, Botzer, Cohen-Kettenis, DeCuypere & Feldman, 2011) and efforts at developing localised South African guidelines for primary health care workers (Müller, 2013b) and general practitioners (De Villiers & De Vries, 2013), there remains an urgent need for dissemination and implementation of guidelines throughout the public health care system so as to enable service providers to offer professional and sensitive care to transgender patients (Nkoana & Nduna, 2012). Not only is there a significant need to document challenges related to the accessibility of public health care services to transgender people, but also to document local transgender identities and ways of doing gender so as to inform the development of guidelines that are truly responsive to local experiences and contexts.

The lesbian, gay, bisexual, transgender and intersex (LGBTI) community has made significant progress in attaining equal rights. However, transgender and intersex communities often merely form part of the LGBTI acronym, while in practice they are excluded. Locally, little research has been done on how they experience gender transition and the environment in which they are transitioning. This study therefore aims to contribute towards an understanding of transgender or gender variant people, specifically calling attention to unique aspects of gender affirming processes, showing how these are framed through medico-legal discourses and how this impacts

on transgender persons' experiences and ways of doing gender in the South African context (Husakouskaya, 2013a, 2013b). As such, this research also has the potential to contribute towards policy making and localised guidelines for health care providers (Bateman, 2011).

1.5.   Research questions
The questions that guide inquiry in this study are:

- How is gender identity variously constructed through legal and medical frameworks and how does this influence the way in which transgender people do gender?
- What are the experiences and challenges of transgender people in medical, social and legal systems during the liminal stages of transition, and how do they account for these experiences?
- What are the implications for transgender people of sex classification and categorised spaces in societal structures such as toilet facilities, hospital wards and prisons?

1.6.   Aim and objectives of the study
This study aims at gaining an in-depth understanding of the experiences and challenges of transgender people with regard to doing gender within a gendered society. As individuals migrate from one sex to the other, a transformation takes place medically, socially and legally. A further aim of this study is therefore to explore how transsexual people are constructed variously through the medical and clinical, social and legal discourses at play in this process. And lastly, it aims at understanding how these gendered ideologies promote transphobia.

To achieve the above-mentioned aims, the objectives of the study are the following:

- To investigate how transgender people undergoing a gender affirmation process account for their experience.
- To elicit and uncover discursive networks pertaining to power in personal narratives of transgender people undergoing a gender affirmation process.
- To illustrate the social bases and significance of these discourses by highlighting how they come to reflect, reproduce and/or contest relations of power that are operational within the broader social context where ideas about gender are located.

1.7.   Chapter outline

This dissertation consists of seven chapters. The present chapter gives a short overview of the study. Chapter 2 reviews existing literature on transgender and gender non-conforming people. Chapter 3 outlines the theoretical framework that guides the study; it is based on the Conceptual model for analysing constructions of the body and gender performance. The conceptual framework is developed by drawing from various concepts; it departs from the thesis that bodies are read and the reading is often informed by pre-conceived notions of how gender should be performed. Chapter 4 focuses on the methodology employed in the study and also describes the paradigmatic stance assumed within the study, which is the Social Constructionist approach and the method of analysis deployed in the study is the Foucauldian discourse analysis. Chapter 5 presents the findings of the study, looking at discourses surrounding the doing of gender and the tensions they embody. Chapter 6 offers my own reflections on being a transgender person conducting research about transgender people. Here I look critically at my own perspective and the impact it has on the research that I do. I make use of the concept of complicity to illuminate the implications of the voice I hold as a researcher and thereby take responsibility for my own actions. Chapter 7 is devoted to a conclusion informed by the study's results. Based on gaps that have been identified, it offers recommendations for the work that remains to be done in the areas of gender and sexuality when it comes to understanding minority groups, specifically transgender and non-binary people.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter reviews existing and relevant literature on transgender people and identifies gaps and areas of need for further research. It looks critically at how the medical and legal system in South Africa represents and regulates gender and the implications this has for transgender people. Furthermore, it shows how most studies extrapolate data on transgender people from general LGBTI studies, thus failing to give the necessary attention to factors affecting transgender people. Lastly, this chapter covers the politics surrounding transgender issues, as well as the failures of queer theory to address the materiality of gender due to a one-sided focus on sexuality.

2.2. Gender non-conformity and gender dysphoria

Gender non-conformity refers to the extent to which a person's gender identity or gender expression varies from the cultural norms prescribed for individuals of a certain sex (Institute of Medicine, 2011, cited in Coleman et al., 2011). It is generally accepted within the fields of psychology, psychiatry and medicine that some transgender and gender non-conforming people may experience distress due to conflicts that arise between their gender identity and the sex assigned to them at birth (Coleman et al., 2011). Gender dysphoria refers to distress experienced by an individual due to conflict or incongruence between the person's experienced gender identity and their assigned sex at birth, associated gender roles and primary and/or secondary sexual characteristics (American Psychiatric Association, 2013; Coleman et al., 2011; Knudson, De Cuypere & Bockting, 2010). Gender dysphoria may be exacerbated by how a person's body is read by others, for example, when the body of a female-to-male (FTM) transgender individual is read and referred to as a woman's body and feminine pronouns (she, her) are used to refer to that individual, or when the body of a male-to-female (MTF) transgender individual is read and referred to as a man's body and masculine pronouns (he, him) are used for her.

2.3. Gender transition: The World Professional Association for Transgender Health

The World Professional Association for Transgender Health (WPATH) is an international, multi-disciplinary organisation that publishes the *Standards of care for the health of transsexual, transgender, and gender non-conforming people*, currently in its seventh version (SOC-7) (Coleman et al., 2011). WPATH describes SOC-7 as guidelines for health professionals to help individuals find trajectories towards lasting wellbeing and comfort in their gendered selves (Coleman et al., 2011). In South Africa, the Groote Schuur Hospital Transgender Unit in Cape Town is currently the only comprehensive service that uses the WPATH SOC-7 and includes a civil society transgender advocate on their multi-disciplinary team (Wilson et al., 2014). Another public hospital that offers partial services to transgender persons has been criticised regarding the use of old and outdated standards of care developed by the former Harry Benjamin International Gender Dysphoria Association (HBIGDA), and associated discrimination and gatekeeping (Nkoana & Nduna, 2012).

The WPATH SOC-7 defines gender transition as follows, recognising that some (but not all) transsexual, transgender and gender non-conforming people may experience their journey as a gender transition:

> Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role; for others this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualized. (Coleman et al. 2011, p.222)

Generally, a diagnosis is required to access the kind of healthcare outlined in SOC-7. WPATH recommends that health professionals working with transgender and gender nonconforming persons are competent in using the relevant DSM or ICD diagnoses. These include the different gender dysphoria diagnoses in the American Psychiatric Association's (APA, 2013) *Diagnostic and statistical manual of mental disorders, fifth edition* (DSM-5) and the different gender identity disorder categories (e.g. transsexualism) in the World Health Organisation's (WHO,

2015) *International statistical classification of diseases and related health problems*, *10th revision* (ICD-10).

SOC-7 outlines different clinical guidelines for children, adolescents and adults. Clinical evaluation by a mental health professional is required for all age groups. In the case of adults, this includes assessment of gender dysphoria, other potential diagnoses and psychosocial adjustment. After assessment, the adult patient is given information on options that could relieve gender dysphoria and potential medical interventions. Lastly, any other mental health concerns need to be assessed and incorporated into a treatment plan, as well as the person's ability to give informed consent. If eligible, and after exploring reproductive options, the patient may be referred for hormone therapy. Endocrine/hormonal therapy involves masculinisation or feminisation of the body through hormone intake. If eligible, the person may be referred for any of a number of surgeries, which may include breast removal/augmentation, gonad removal and/or genital reconstruction.

SOC-7 recognises that not everyone who pursues a gender affirmation process necessarily wishes to change their entire embodiment or morphological body structure. Some may be comfortable with their birth-assigned bodies while living the gender identity and expression of their choice, others may be comfortable achieving androgynous bodies or possessing both female and male physical characteristics, and still others may be working towards a total change in embodiment. However, the power to assess, regulate and police such gender affirmation processes largely remains in the hands of health professionals and the medical system, with gender identities and expressions remaining medicalised. For instance, the SOC-7 criteria for accessing hormones include "[p]ersistent, well-documented gender dysphoria" and that any "significant medical or mental health concerns […] must be reasonably well-controlled" (Coleman et al, 2011, p. 187). Similarly, criteria for access to genital surgery include "12 continuous months of living in a gender role that is congruent with the patient's identity" (Coleman et al, 2011, p. 202). Such criteria cannot but play out in requirements for certain forms of gendered performativity and presentation, such as how we dress and which visible cues we exhibit, raising a serious question about the ownership and policing of gender.

2.4   Gender variance and medical discourses

Medical and psychiatric discourses frame gender variance as a deviance and pathology through diagnostic classification and labelling (Davy, 2015; Drescher, 2014; Drescher, Cohen-Kettenis & Winter 2012; Eisfeld, 2014), a situation increasingly challenged by advocates for depathologisation (Global Action for Trans Equality, 2011; Suess, Espineira & Walters, 2014; Spanish Network for Depathologization of Trans Identities, n.d.; STP, International Stop Trans Pathologization Campaign, 2012). Treatment is available for people who experience distress because of gender variance or gender incongruence, but the prerequisite for treatment is a diagnosis, which is problematic since it implies that there is something wrong with transgender people. Such a view is especially damaging in the South African context, where discrimination, stigmatisation and lack knowledge are widespread among healthcare providers, and where transgender people continuously experience health care workers as opponents or gatekeepers based on the power they hold when it comes to access to hormonal therapy and gender affirmation surgery (Graves, 2013; Husakouskaya, 2013b; Newman-Valentine & Duma, 2014; Nkoana & Nduna, 2012; Pyne, 2011; Stevens, 2012).

In the view of Singer (2006) the fact that social practice is preceded by ways of seeing, and proceeds to analyse how medical practice is attuned to a certain aesthetics that translates into the medical gaze. The medical gaze impacts on the relationship between medical practitioners and people with non-normative bodies; it determines how medical practitioners view them, relate to them and treat them. The photographs of non-normative bodies in medical textbooks show them with the face or eyes shaded, which ensures anonymity but also takes away personhood through objectifying the body and presenting it as a spectacle rather than as another positive representation of human variation. Furthermore, the locations of these photographs suggest that these bodies do not meet the standard normative ideals of physical beauty and this raises a question as to what constitutes a normal body or normal person (Singer, 2006).

2.5.   The landscape of embodiment

Bodies are texts that are read in a social context. Readings of bodies are based on sex categories and cultural symbols such as clothing and other artefacts. Symbols are also inclusive of the body's physicality or structure. Bodies are usually read within a context where masculinity and femininity are paired with separate sex categories and each sex category is defined on the basis

of binary representations of genitals. Such an ideology is rooted in cis-genderism and cis-normative ways of thinking.

Discursive practices, which materialise how we talk about things and people, construct transgender identities and expressions as pathological because of how experts of psychiatry and medicine refer to them in their discourses and knowledge production practices. Singer (2011) argues that the notion of being trapped in the wrong body when defining transgender people reproduces sex and gender category binaries through the gaze of medical intervention aiming to align the "wrong" body with the "right" gender. Further, Singer (2011) proposes a paradigm shift that departs from utilising wrong embodiment as a description of transgender people, since this comes from medico-psychiatric discourse, and moving instead towards new narrative structures that enable transgender people to define their rightful selves. Such narratives would render transgender people the space to be understood and known in their category of choice rather than that of the medical or psychiatric expert.

The medical and psychiatric paradigm that frames transgender as a form of pathology gives rise, on the one hand, to the othering of non-conforming individuals and thus creates a demand for transgender people to constantly justify their gender identity. On the other hand, it also elicits empathy for the non-conforming individual within a gender-conforming society. The question, "How/when did you know you are transgender?", seems like an innocent question at first, but if critically reflected upon, constitutes a political question arising from a gendered stance that represents and regards itself as ungendered. Posing such a question constitutes a demand that a transgender person should justify their gender and prove the legitimacy of their gender identity and way of being. Bettcher (2013a, 2013b) alludes to the assumption held by most members of society that they may demand accountability or justification from transgender people regarding their gender identity – an attitude which is invalidating and disrespectful of transgender people and their identities. Rather, the starting point should be to accept transgender people's identities without expecting them to justify themselves. The fact that a justification is expected is related to the issue of intelligibility and the treatment of transgender people's bodies and identities as a spectacle to be scrutinised. Bettcher (2013a, 2013b) also contends that self-identity as a starting point is not always understood: when a transgender woman refers to herself as a woman, it does not necessarily mean that she has had or desires genital reconstruction. Similarly, when a

transgender man refers to himself as a man, it does not necessarily mean that he has had genital reconstruction, nor does it mean that he is on testosterone or has had mastectomies or a hysterectomy. This becomes a complex issue when self-identity is not understood within the frame of reference of the transgender person but viewed through cis-normative and cis-gender lenses.

The view of Singer (2011) that critique of the ideology of being trapped in the wrong body is echoed by Bettcher (2013a), who however also challenges the alternative transgender model that assumes that all transgender people view their gender as beyond the binary. Although there are transgender people who see themselves as beyond the binary, many transgender men and women identify themselves as men and women who are not beyond the binary. It is therefore important to be aware of people's self-identity rather than expect everyone to conform to a particular model. Kiguwa (2006) also explores the nature of self-identity construction and allowing people to be starting points of their own identity. Bettcher (2013a) shows the cracks of the model of being trapped in the wrong body by giving the example of transgender women who do not wish to undergo genital reconstruction and are conformable with their penises. These individuals become invisible when we use a model of being trapped in the wrong body. The same applies for transgender men who do not wish to pursue all the potential aspects of a gender affirmation process, such as hormonal replacement, genital reconstruction, mastectomies or hysterectomy. It may be that some individuals pursue only some of these procedures, for instance finding comfort in hormonal replacement without genital reconstruction. Others may find their gender affirming options restricted by financial constraints, health considerations and/or difficulties of access. Nevertheless, this highlights the relativity of identity constructions and emphasises the need to respect individuals' self-identification. While this view is liberating and helps to remove the privilege that cis-gender people hold, it remains contested in a cis-normative society married to a binary view of gendered subjects and sexed bodies.

2.6.   Aesthetics of the body

A distinction between the beautiful and the sublime is useful in analysing the different ways in which cis-gender and transgender bodies are treated. When the aesthetic gaze is directed towards beauty, it brings an experience of restful contemplation, whereas turning to the sublime carries with it an experience of the infinite abyss (Kant cited in Singer, 2011). In the context of bodies,

an aesthetic of normalised beauty that is focused on cis-gender bodies gives us comfort, but non-normalised, "sublime" bodies such as the ambiguous bodies of transgender and intersex people tend to evoke uncomfortableness. This happens because people are habituated to viewing only cis-gender bodies as normal bodies, while transgender bodies are viewed as deviating from the norm. Singer (2011) uses the notion of the transgender sublime, which refers to the unlimited possibilities of transgender bodies and genders, to examine hindrances to health care provision to transgender people. According to Singer (2011), health care workers faced by the transgender sublime experience an overwhelming difficulty to grasp such limitlessness, which impacts on the service provision they offer to transgender people. This is also widespread in the South African context, where health care providers often act with confusion, fascination, shock or revulsion to transgender bodies and genders (Newman-Valentine & Duma, 2014; Stevens, 2012), and many surgeons feel there is stigma attached to working with transgender people (Bateman, 2011).

2.7   Erasure of specificity

Where health care systems do make attempts to include transgender people, the kind of categorical inclusion criteria used often comes at the cost of new erasures and reducing the diversity and specificity of trans bodies and identities to only two binary categories, namely female-to-male (FTM) and male-to-female (MTF), which is the result of trying to mirror the binary categorical system of the traditional sex and gender model (Singer, 2011). Categorical inclusion is therefore not an antidote for exclusion; it is yet another pattern of exclusion that maintains the status quo of categorical privilege. Categorical inclusion by implication excludes people who are living in liminal spaces, for example, those who are either physically androgynous, bi-gendered (having two genders) or poly-gendered (having multiple genders),. Singer (2011) argues that a focus on the inclusion of MTF and FTM categories results in privileging gendered body modifications and identities that do not subvert the traditional sex and gender binary of female and male, but instead aligns with it in an intelligible way within existing institutional structures.

2.8.   Attribution of gender: Culture and space

Gender attribution is a socio-cultural process that impacts profoundly on the lives of transgender people. According to Kessler and McKenna (2006), the attribution of gender takes place in the

interaction between a person displaying certain signs of gender (displayer) and a person interpreting or attributing meaning to these signs (attributor). The attributor interprets the signs displayed by the displayer in accordance with learnt rules about what it means to be female or male. Since the attributor and the displayer are members of sociocultural groups, they draw on constructed knowledge of what constitutes gender and its signs. Socialisation plays an integral part in becoming a member of a group by learning the signs of gender and the process of gendering others. These signs are inclusive of genitalia, secondary gender characteristics, dress code, and verbal and non-verbal cues, which vary from one culture to the other (Kessler & McKenna, 2006). Society contains gendered spaces that are not produced in the absence of matter, but are shaped by crosscutting material relations of power that are multifaceted and range from the local to the global (Secor, 2002). It is within these gendered spaces that culturally specific gender roles exist. These roles are related to the social norms of a group and inform our day-to-day ways of being and doing things.

Gendering and the doing of gender start very early in life, when a child is born, a medical practitioner announces their gender based on their anatomical sex: it is a "girl" if the child is born with a female anatomy and a "boy" if the child is born with a male anatomy. This then informs how the child is to be addressed, dressed and groomed. Gender stereotypes inform different expectations for girls/women and boys/men, their behaviour, characteristics and mannerisms. For example, it has become a dominant expectation in many contemporary cultural contexts that girls are to be dressed in pink and boys in blue. Similarly, a love of sport is associated with men and a love of cooking with women. Gender also shapes the social role a person plays in society (Kane & Byrne, 2006).

There is however also malleability in gender that is especially apparent in gender variant people such as transgender and transsexual people. Such gender malleability often entails foregoing a sense of belonging and membership in society, and being subject to sanctions, prohibitions and denial of certain benefits. Bodies that are considered intelligible, such as cis-bodies, come to matter more within social settings and cultural belief systems, while non-cis-normative bodies like transsexual bodies and other variant bodies have less privileges and rights, and are subjected to precariousness (Butler, 2009). Boyd (2006) contends that the biology of the body impacts on

its social value and political position, reiterated in Butler (2009) with regard to precarity and gender performativity.

2.9.   The process of "passing"

Passing is a term used for transgender people who have the natural ability to be accepted into their preferred gender; it is the inverse of being read as transgender (Cutler, 2012). Many cisgender people feel that transsexual people are deceiving them if they "pass" and do not disclose that they are transsexual. However, the view that passing and non-disclosure is a form of deception is another way of othering. It assumes that a transgender person's gender is counterfeit and illegitimate while a cis-gender person's gender identity and sex are assumed to be natural and exempt from explanation, justification and disclosure. Whereas transsexual people are expected to disclose that they are transsexual, cis-bodied people never have to disclose their status, which is treated as a given (Haynes & Mckenna, 2001). The demand for disclosure indicates how the gender of transgender persons are framed as artificial, while truth is bestowed on those assumed to be "natural", namely, cis-gender people. Cutler (2012) gives the example of a reporter using male pronouns for Lea T, a transsexual fashion model, illustrating a denial of the legitimacy of Lea T's womanhood. This highlights the privilege that cis-gender people have and the challenges that transsexual people experience.

Viewing disclosure as unnecessary also raises problems, as it has implications for trans visibility and trans erasure. Non-disclosure and living stealth render the trans-movement silent and invisible, creating a situation where it is as though trans-people do not exist. Cutler (2012) points out how seeing disclosure as unnecessary could easily be conflated with an avoidance of talking about the experiences and challenges of transsexual people.

Both these positions on passing and disclosure/non-disclosure have advantages and disadvantages. The important question to ask is what purpose does it serve to disclose one's identity in a particular situation or context? Do the pros of disclosure outweigh its cons? One of the themes that emerged from the findings of a study on incomplete sex reassignment was "feelings of rejection and isolation on disclosing one's gender incongruence" (MaseTshaba, 2010, p. 177). This highlights the risks that accompany disclosure of one's identity as a transsexual person. The encouragement of passing within a traditional gender-normative society

implies that there is resistance from society when it comes to embracing diversity or difference, thus pressurising everyone to fit within the normative genders. Butler (2009) refers to it as living gender in an intelligible way. Living stealth refers to the process of not disclosing that one is a transsexual. The implication of non-disclosure is that the person's past is devalued and the non-disclosed information considered undesirable.

The process of passing also poses difficulties when a person's identity documentation (e.g. ID card, driver's license or passport) does not match their current gender presentation, especially during a waiting period for new identity documentation following transition where physical changes have taken place. This can also be referred to as a liminal space, where difficulties arise due to the mismatch between the gender identity and appearance of the person and the information recorded on their identity documentation. Accessing services becomes a conundrum where producing proof of identity is a pre-requisite for service, for example, opening a bank account, entering into a civil union or marriage, making use of public health care services, enrolling at an educational institution, or buying a phone.

2.10. Cis-normative lenses and trans accessibility of health care services

Trans erasure is fostered by cis-normativity within the health care system through informational erasure, such as lack of information about transgender people and their specific needs in relation to gender affirming health care and sexual and reproductive health services (Bateman, 2011; Graves, 2013; Stevens 2012). Institutional erasure involves the absence of transgender people in curricula (Müller, 2013a) and institutional policies (Bauer et. al, 2009; Pyne, 2011). Such omissions render their needs invisible and position them in invisible spaces.

Since cis-norms go unquestioned in health care institutions, they translate into segregated spaces for females and males without any consideration for gender variant people. This fuels transphobia through normalising the assumption that there are only two sexes, female and male, who moreover cis-normatively identify as men and women, and not as "female-bodied men" or "male-bodied women". Pyne (2009) illustrates how cis-normative lenses exclude what are considered unsuitable bodies, structuring service provision in a way that privileges cis-normative people and reinforces the assumption of the existence of only two genders. The practice of

homogenising the bodies and experiences of cis-women and cis-men not only erases diversity among them, but also serves as an erasure of trans-people.

2.11. Discursive violence: Mapping the terrains of the body

In contrast to dominant cis-normative ideologies that refer to transgender women as men and to transgender men as women, there are pockets of transgender subcultural spaces where transgender people's gender identity is affirmed and their bodies read in different ways (Bettcher, 2013a). These spaces challenge the dominant cis-normative ideology that views genitalia as the determinant and representation of one's gender.

The terrains of the body include unexpected shapes or characteristics, such as those of female-bodied men and male-bodied women. These individuals were born female and identify as men, or born male and identify as women. They may or may not be pursuing a process of bodily transition. In cases where individuals are medically transitioning, a process of bodily change takes place whereby the individual may come to possess both female and male characteristics, for example, where an individual may have a male chest, beard and female genitalia, or may have breasts, female features and a penis. This results from the intake of hormones during a gender affirmation process. As we have seen in discussing the notion of the transgender sublime (Singer, 2011), their bodies often cause conflict and uncomfortableness for onlookers who view them through cis-normative lenses (Currah, 2008).

"Female-bodied men" and "male-bodied women" challenge the assumption that all individuals born female will come to identify as women and all individuals born male will come to identify as men. As a result, they fall within the most vulnerable groups of the gender variant population. They are treated differently when it comes to service provision. Since medical and social services are still gender segregated, they are not accommodated. According to a report by Ouspenski, (2013) on shelter access in Cape Town, shelters for orphaned children are segregated on the basis of sex, conflating welfare places with gender politics. Social services remarked that there is no place for children like AD, a gender variant orphan from KwaZulu-Natal who was moved from one orphanage to another because of her gender identity and expression. The vulnerability and trauma the child had to endure demonstrates how precarity and lack of social security are experienced by gender variant people. Welfare services and shelters are sex

segregated, where people are placed according to their anatomical sex rather than their gender identity. The implication of this is the exclusion and erasure of "female-bodied men" and "male-bodied women". The severity of discrimination on the basis of gender identity is captured in the comment of a transgender individual who said: "We fight more than we sleep" (Ouspenski, 2013, p. 9). Safety and privacy are two of the most pressing concerns that transgender people have in relation to accessing and lodging in shelters. The report mentions transwomen's concerns about being forced to share sleeping quarters and bathrooms with men because the policies and rules of the shelters are based on placing people according to their anatomical sex rather than gender identity. This puts "male-bodied woman" in the vulnerable position of being at risk of physical abuse, sexual abuse and rape.

Discrimination based on class, race and gender is apparent in the policies, rules and practices governing shelters, resulting in denial of service to transwomen. Some of the women's shelters would say they don't accept men and use the pronoun "he" when referring to transgender women (Ouspenski, 2013). The use of male pronouns disregards and dismisses transwomen's identity as women and further contributes to trans-erasure. Transwomen of colour face multiple intersectional forms of discrimination and marginalisation based on their gender identity, the colour of their skin, their class and the profession they sometimes embark on as their only available option, namely sex work or transactional sex (Stevens, 2012; Van der Merwe, 2013a, 2013b; Van der Merwe & Padi, 2012). The unfavourable and transphobic social attitudes in shelters are exacerbated by racist attitudes: transwomen of colour reported that they were treated differently compared to their white counterparts and this further contributes to their vulnerability.

2.12.   The policing of gender and the right to motherhood and fatherhood

Gender is policed through positive and negative reinforcement; it is policed within social institutions and through internalisation where we also police our own behaviour. Foucault (1977) refers to it as the internalisation of the gaze. Manhood is paired with masculinity and fatherhood, while womanhood is paired with femininity, pregnancy and motherhood. In expecting bodies, Currah (2008) explores the tensions and debates surrounding a pregnant transman. One of the views expressed was that since the transman in question chose to transition, he thereby forfeited the right to conceive and give birth. This statement illustrates how certain rights come to be paired with gender and how the movement across sexes can mean the forfeiture of rights like

conceiving, giving birth or being a mother. According to Browne (2004), there is policing of sex through actions, spaces and politics, and this takes various forms. The same author argues that performance solidifies categories of gender, sex and sexuality where performativity serves as a system in which we are continuously becoming through the portrayal of gender roles

2.13.   The politics surrounding the queer movement and transgender people

Queer theory is meant to address and encompass complex issues surrounding the LGBTI community. However, even in its broadness it has limitations (Butler, 1993). Queer theories fail to address gender's physicalness; rather it addresses the corporeality of sexuality and how the latter materialises. Stryker (2004) compares queer theory and transgender studies as opposite twins. She argues that queer theories utilise transgender identities to legitimise their own agendas – where transgender functions as the encapsulator of all the gender trouble that do not fit within the mainstream – while actually maintaining cis-gender people's homosexuality and heterosexuality as normative categories. The construction of gender's physicalness and embodiment is highlighted by transgender and non-binary people, thus calling into question the assumed staticity of the cis-gendered heterosexual.

A common criticism from the gay and lesbian movement is that transgender people are not challenging the dominant sex and gender binary, but are replacing one gender norm with the other (Cutler, 2012). Transgender people are also depicted as adopting symbols that legitimate gays and lesbians' own oppressed existence (Riddell, 2006). This suggests that trans-people are not doing enough to transgress gender norms. The notion of not doing enough implies some sort of expectation, which raises a question about the agenda of the cis-gender gay and lesbian movement: what do they expect from transsexual and other gender variant people?

2.14.   Alteration of sex description: Legal narratives

South African legislation (Births and Deaths Registration Act No. 51 of 1992) stipulates that all children born in South Africa must be registered with the Department of Home Affairs within 30 days of their birth. Legal identity categories deployed in registration are based on binary sex classification, namely, the two categories of male and female. There is no clear conceptual distinction between sex and gender in South African legislative and administrative systems. The two terms tend to be conflated, with the term "gender" being used interchangeably with the term

"sex" in classification categories. Sex differentiation is also deployed in marriage classification, where a distinction is made between same-sex marriages and opposite sex marriages. This presupposes that there is a clear distinction between the two dominant categories of sex (female and male) and that a male is a man and a female is a woman.

Sex and gender classification signifies specificity, boundary setting and binaries (Klein, 2012a, 2012b). The binary system places a limitation on gender identities through presupposing and enforcing only two genders (women and men) and two sexes (female and males). Since transgender people fall outside the current gender classification system and its criteria for personhood and citizenship, they occupy a liminal space or no man's land. According to Turner (1964), liminality or liminal space refers to a stage where there is structural invisibility, for example, where an individual is no longer classified as a young boy, but is also not yet considered a "man" since he is still in the process of initiation. Similarly, people who are going through a gender affirmation process and have not reached the other end of the continuum of the traditional dichotomy, but are physically androgynous, live in a liminal space. This applies not only to transgender people, but also to intersex people who were born with anatomies considered ambiguous in terms of standard conceptions of femaleness and maleness.

The signifiability of a body is preceded by the mark of its gender. Oakley (1972) differentiates between sex and gender, defining sex as "the biological differences between male and female: the visible differences in genitalia, the related difference in procreative function", and gender as "a matter of culture; it refers to the social classification into masculine and feminine" (p. 18). Butler (1990) Posits that "gender is an identity tenuously constituted in time, instituted in an exterior space through *a stylized repetition of acts*" (p. 179). This means that gender is performed and its performance is influenced by tradition and culture through gender roles and practices in relation to norms of masculinity and femininity.

In South Africa, a person's birth certificate indicates details such as identity number, sex, date of birth and country of birth. Furthermore, any individual living in the country on a permanent or temporary basis has to be registered with the Department of Home Affairs. The Identification Act No. 68 of 1997, Births and Deaths Registration Act No. 51 of 1992 and their accompany regulations utilise sex classification to categorise people in terms of two dichotomous sexes, male and female. The binary terms used in the population register to identify people have much

deeper implications than mere recordkeeping of population statistics by Home Affairs. It also enforces membership categorisation in society at large, profoundly affecting the lives of people who fall outside the specified categories. The law becomes a tool promulgating a frame of reference that determines who may qualify as a legally recognised subject and who not. This takes place through the categorisation and classification of human bodies in a way that excludes people who occupy a liminal space (Michaelson, 2008).

Feminist theorists have questioned societal gender roles emanating from the distinction between men and women, pointing out how they result in inequalities. They argue that gender is not a neutral biological fact, but rather a socially constructed destiny (Rubin, 1998). This viewpoint can also be applied to transsexual people. The binary polarisation of sex distinguishes and marks biology as a destiny rather than a starting point of self-discovery. The polarisation of sex can be problematized in terms of how it impacts on the gender identities of people and the liminal space many of them come to occupy.

According to South Africa's Alteration of Sex Description and Sex Status Act No. 49 of 2003, a person can apply for the amendment of the gender description in their identity (ID) book if they meet certain requirements. Different sets of requirements are stipulated for two categories of applicants, namely, persons undergoing gender reassignment and persons who are intersex. Here we are concerned with those applicants who fall within the gender reassignment category. In terms of section 2 of the Act, gender reassignment applicants can apply for the amendment of the gender marker in their identity documents by submitting a birth certificate and two medical reports from two separate medical practitioners indicating that their sexual characteristics have been altered by medical or surgical treatment resulting in gender reassignment. The first medical report has to come from the medical practitioner who administered the procedure(s) or treatment, while the second report has to come from a medical practitioner who independently examined the applicant to confirm the applicant's sexual characteristics.

The requirement of medical reports illustrates that gender is highly regulated by the state and the medical system. Legislation gives the medical profession the power to verify individuals' sexual characteristics and to determine the kind of legal identity they may have. It is the Department of Home Affairs and medical practitioners that decide who a person may or may not be, rather than the person who is pursuing gender transition. Instead of approaching an individual as a whole

human being, medico-legal and gender discourses reduce the person to certain body parts or sexual characteristics and objectify them as an object of medical examination. Additionally, the state-sanctioned inquiry into individuals' sexual characteristics contravenes social conventions around what may be publicly talked about and shared, as well as professional ethical codes around doctor-patient confidentiality. It changes the rules about what we can and cannot talk about, and when and where we may talk about certain things.

Lea T, a transsexual model, according to (Culter, 2012) was reduced to an object of inquiry and othered during an interview in which she was asked about her sexual characteristics, particularly her genitals. This entailed a transgression of the social conventions around conversation, implying that transgender people are regarded as "other" and therefore falling outside social conventions, making it okay to ask about their genitals. When Home Affairs requires reports from medical practitioners to establish individuals' sexual characteristics, they are delegating the act of inquiry, exempting their own officials from the transgression of conversational social conventions, while still getting access to personal information. The request for medical reports is an attempt to ensure that the gendered body is aligned with the proposed gender of the applicant, thereby safeguarding the binary gender system that requires "proper men" who are male bodied and "proper women" who are female bodied. This kind of policing, monitoring and evaluation of gender and sex dehumanises and objectifies the transsexual person's body and turns it into a public and administrative spectacle. Stryker (2008) draws attention to the notion that people's humanness is considered perceivable through their gender, so that when people are unable to establish a person's gender, they also have difficulty in recognising their humanness. Gender is therefore tightly linked to the legitimisation of one's humanness.

As individuals migrate from one sex to another, a transformation takes place that has medical, social and legal implications in all areas of their lives. Transgender people experience challenges in accessing public health care services, both before and during the transitional or liminal phase of gender affirmation. Societal structures, in the form of medical, social and legal systems play a significant role in how transgender people experience transition. These systems are usually not well informed about the needs of transgender people and are therefore unable to include them.

The issues addressed in this literature review have shown the intersectionality of gender identity, sex, sexuality, space and power, and how they play out in the lives of transsexual and other gender variant people, and are interwoven with the tensions of doing gender.

2.15. Conclusion

This chapter has examined the available and relevant literature that fleshes out some canonical and refreshing arguments regarding the experiences and location of transgender people in South Africa. The phenomenon of gender and that of sexuality have been delineated. The erasures and distortions, including the silences that transgendered people encounter have been alluded to. The challenges for transgender people in accessing appropriate and quality healthcare have been discussed besides the elaborations on the body and embodiment of the transgender people. How transgender people are policed along the lines of constructed social and cultural frames of fatherhood and motherhood has been highlighted together with the political and legal narratives that provide the frames of thinking about and experiencing transgender in the South African setting. The following chapter delves into the conceptual framework that this study deploys.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1.   Introduction

This chapter discusses the conceptual framework that guides the interpretation of empirical data collected in the study. The conceptual framework is developed by drawing on and bringing together the ideas around masculinities, femininities and power. Judith Butler's concept of performativity, precarity and liminality is mobilised to develop an analytical frame for conceptualizing the study. The framework departs from the thesis that people prevalently tend to read gender in a way that is informed by received notions of what it means to be a man or woman. This reading of gender happens within a space that is intercommunal. Within this space it is insignificant whether one is heterosexual, cis-gendered or other gendered. People read bodies based on sex category and as such power plays a role in influencing the reading of gender. It is argued that there is always contestation about the definition of bodies within this intercommunal space which this study observes to be limited and also limiting in so far as it obscures rather than illuminate the wide landscape of gender and sexuality. The increasing current of representation of transgender and the experiences of transgender people necessitates a much richer and deeper understanding of gender and sexuality. Below is a diagrammatic presentation of the conceptual model for analysing constructions of the body and gender performance:

Conceptual model for analyzing constructions of the body and gender performance
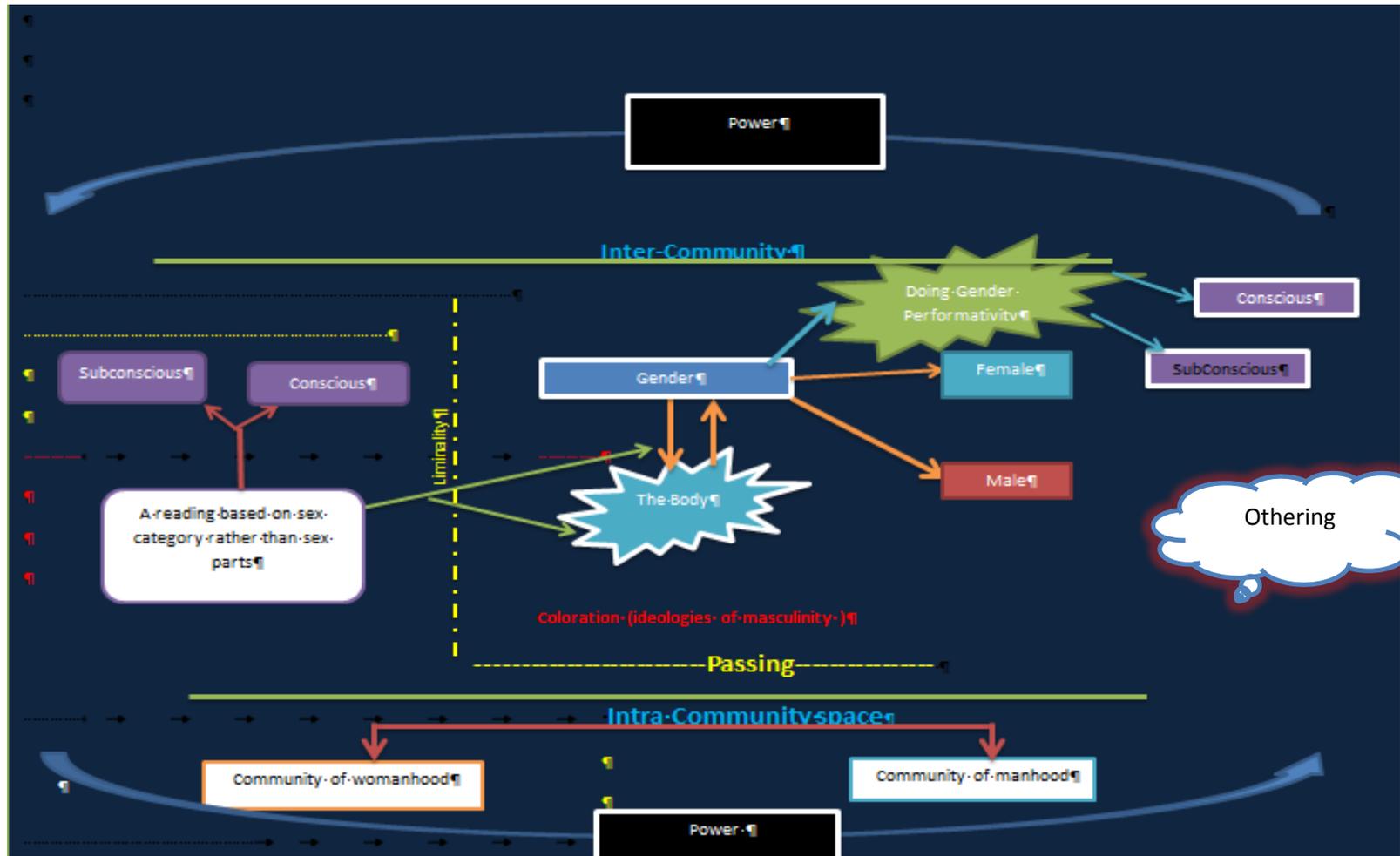
3.2. The contestation of power within the intercommunity space

The intercommunity space is a space where different factors within the community take place. There are different dynamics of power that circulates around the community. There is always contestation of different knowledges and power circulates around. The Foucauldian view on power is elaborated below.

3.3. Foucault's theory of power

A Foucauldian view of power is more than just the oppression of individuals from the other or systems. He further looks at how it operates in a co-relational manner where there is exertion of power by institutions on people and through resistance people forge their own identities. In the exertion of power there is always counter resistance that produces new behaviour. As such, power is not a one sided coin, but it is inter-relational. He focuses more on resistance, how those under constraints resist the power in their day to day lives where there is continued exertion and contestation of power. Power is rather a strategy that encompasses society, it is not owned but rather it is a set of systems that manifest and acts in a circular manner. Foucault (1990) further argues that the sovereign law which conceived power as a directional force exerted on people and located in higher institutions neglected the other aspects constituted in power. He utilizes the comparison of the right to dearth/juridical power and power over life which consists of disciplinary power and bio-politics to illustrate how sexuality is constituted in the society. Foucault sees power as functioning in more than one directional way and located in the social institutions of society. Juridical power uses normalization as the vehicle to promote the norms; it is also visible through positive and negative reinforcement. Power is multidimensional and decentralized between individuals, groups and society at large. Power in this case is not centralized by those in power and exerting it on a docile society, but rather society also possesses the power which is reflected through unwillingness or resistance. The state does not own power; however, it utilizes the law as the system of relations between individuals in ensuring that political system works.

Regulation of the body and the body as a historical artefact is not without reference. The lenses used to view the body are based on particular adopted schemas. People are read based on the sex category in which they are classified under. Therefore, how bodies are viewed and made sense of

is dependent on the fact that it is yoked in history (Foucault, 1977). What precedes the signifiability of the body is the mark of its gender as well as the differentiation between gender and sex. Bodies are read unconsciously based on the sex category they are thought to belong to. On the other hand, when people see androgynous people where they cannot establish their gender or sex category they become aware and conscious of the reading as they try to figure out where the individual belongs to within the traditional dichotomy of gender. Stryker (2008) contends that when we are unable to read people's gender, very often we also have great difficulty in recognizing their humanness and thus gender becomes a marker and a legitimizer of humanness. It can therefore be argued that existing binary schemas of gender diminish the humanity of any non-gender conforming person by setting a framework or lenses where the recognition of the humanity of others is preceded by recognition of one's gender or sex category. Gender consequently acts as a prerequisite for the legitimation of humanness and serves to position the transgender and other non-gender conforming individuals in a precarious position.

3.4.   The context in which gender performativity takes place

To begin with, individuals are interconnected to other people and therefore to understand the social world, we need not neglect their interaction with others and the context in which the interaction takes place (Semenya: Personal communication, November 12, 2014). In understanding gender performativity it is of paramount importance to take cognizance to the context in which transgender people live their lives and how their overt gender provokes /destabilises the nominative way in which bodies are conducted. The environment affects how gender is performed in relation to the obsession of normalization, uniformity and conformity. This is also visible through the lenses of dichotomy that even in being androgynous and possessing both the femininity and masculinity we are coerced to choose between one over the other, relative to the sexed bodies. The overt gender of transwomen and transmen who do not "pass" in their desired gender living in areas where there is structural violence and the intersection of low income status, high levels of unemployment, low levels of educational status, limited accessibility to gender clinics, high levels of violence & economic crimes and social unrest, puts transgender persons with overt gender identity and expression in a very precarious position. These individuals become the target of violence and transphobia. Similarly shown in the HSRC report on the experiences of gay and lesbians who their gender expression or sexual

orientation is overt become the target of corrective rape and hate crimes (Mkhize, Bennett, Reddy & Moletsane, 2010).

3.5 Precarity

Judith Butler (2009) describes Precarity in relation to living beings and the conditions they live under. She further links precarity to gender norms and how certain subjects live their gender in intelligible while those who fail to live their gender in an intelligible way are at heightened risk of vulnerability, unrecognizability and lack of protection. These can be people subjected to poverty or marginalized groups. Cutler (2012) argues that transgender bodies are to a certain extent portrayed as borderline alien and othered, thus positioning them in a spectacle. Further the spectacle emanates from the history of grotesque and carnival. Othering provides proximity, space and a safe distance from where people can gaze securely at the non-conforming creature that does not fit the categories of society. The binary of sex and gender system ostracizes transgender people and other gender variant or non-conforming people (Pyne, 2011).

Gender norms inform how we can appear in public spaces and the differences is deployed in sexual politics: "who will be criminalized on the basis of public appearance; who will fail to be protected by the law or, more specifically, the police, on the street, or on the job, or in the home. Who will be stigmatized; who will be the object of fascination and consumer pleasure? Who will have medical benefits before the law? Whose intimate and kinship relations will, in fact, be recognized before the law?'' (Butler 2009). In this study precarity is linked to liminal space and gender norms. Based on the Laws in the Country, where there is only two recognized gender categories, Transgender people who are in the liminal stage of transition or who their papers do not match their identity are at risk, they exist without social security since they are rendered invisible or unrecognizable beings within the gender category deployed in South Africa. The lack of unisex rest rooms to lack of unisex wards in hospitals renders those who are gender variant invisible.

3.5 Doing gender: Performativity

''To say Gender is performative is to say that it is a certain kind of enactment; the "appearance" of gender is often mistaken as a sign of its internal or inherent truth'' (Butler, 2009, p. i). Gender is promoted by strict norms that are usually tied to a certain frame of reference and binary.

Gender exists with a reproduction of norms, abiding or transgressing those norms results in doing or redoing gender and thus forming new gendered realities. Considering gender as a norm that creates gendered subjects through regulating and guarding the performance of gender norms, individuals are set to be perceivable through conforming to the gender binary of femininity and masculinity while transgressing it, results in individuals becoming unperceivable. Through the regulation of gender norms, gender normalization is created and thus continuously reproducing gender as a norm where gender expressions and practices are standardized. Therefore, gender has power on normalization and the regulations on gender practices leading to social practices (Gessel & Castello, n.d).

Gender roles and culture play a role in how we are socialized, we do gender consciously and subconsciously:

3.6   Gender roles

The cross-gender variance of roles performed by men and women across various societies and social groups falsifies the notion of biology as the deterministic factor of gendered behaviour. Rather it opens up the possibility that gender is a social construct, varying in how it is socialized from one society to the other. While there is a mismatch between what is expected of a person's sex and the gender they perform, this incongruence in gender variant people indicates that it is more than biology that makes people men and women (Agrawal, 2008). On the other hand how we do gender is very much policed and internalized that we even monitor our own behaviour, Foucault refers to it as the internalisation of the gaze (1977). And we also police the behaviour of others. When a woman acts in a way that is not in accordance with the mannerisms we expect from women we refer to her behaviour as "unladylike" and the same goes for men, where statements like "toughen up'' or "man up'' are used when men act in a feminine way. Here we become conscious of how we do gender as we are reprimanded and reminded of gender scripts. Also mentioned above is the Juridical power which uses normalization as the vehicle to promote the norms; it is also visible through positive and negative reinforcement (Foucault, 1990).

3.7   Precarity and liminality

The term liminality was mostly deployed in anthropology and was coined by Victor Turner (1964) when he was describing the rites of passage in the context of initiation. He mentions the

three stages which were described by Van Gennep on rites of passage, the stage of separation being the first; this is marked by removal of an individual from the societal structure. The second stage which is the liminal period, this is an ambiguous stage of moving through the realm and going through the rituals. The final stage is marked by an integration of the individual back into the society where individuals are commended for going through the process. Victor Turner singles out the second stage of transition which is the liminal stage; he describes this stage as the state where there is structural invisibility, the no man's land. For example the individual is no longer classified as a young boy and on the other hand, he is not yet a 'man' since he is still in the process of initiation (Turner, 1964).

In deploying the term liminality within this particular study, it is used to describe and locate Stages that transgender people go through in their lives. Transgender people live in a liminal space, where they continuously perform gender in a gendered society that promotes heteronormativity and cis-normativity as a norm. There are different stages of transition which can be seen as a liminal stage; the migration between sexes where an individual moves from one sex to the other (the masculinisation or the feminization of the body). This takes place during hormone replacement therapy where an individual develops the secondary sexual characteristics they transitioning to; beard, deepening of voice and body hair and the masculinisation of facial features for individuals taking testosterone (FTM) and for individuals taking oestrogen (MTF) there is breast development, fat redistribution to the hip.

The aforementioned stage of transition is similar to the rites of passage where individuals are in a liminal space. The individual has attributes of both male and female; they may or may not pass as members of their biological sex or opposite sex or may be entirely androgynous. The term passing in the transgender community refers to the stage of being able to be perceived as the member of the opposite sex or desired sex, for individuals transitioning from male to female they would want to pass as females while for individuals transitioning from female to male, they would want to pass as men in various spaces. It should also be noted that the issue of passing differs from one individual to the other. Some individuals prefer being androgynous and neither identifying as men or women. The stage of liminality gives rise to challenges in societal structures which are divided into sex binaries, namely female and male category. The transgender person who is undergoing gender affirmation surgery/process, and is in the stage of

betwixt (liminal stage), where their Identity card does not match their current gender and thus faced with challenges in various societal and social structures. Further the implication of not fitting in the societal structures comes with the position of being in no man's land; this position is marked by lack of security, the loss of safety from the authority or law. When mankind enters a no man's land they are sorely responsible for their own being and losses the protection of their country, also reiterated by Butler (2009) on precarity and living gender in an intelligible way.

3.8   Coloration: Ideologies of masculinity and femininity

Based on the high statics of violence and abuse in the country, where most crimes are committed by men and the history of patriarchy. A male body is perceived as an instrument of violence, that can do harm to a woman. Ratele (2006) in ruling masculinity explores the relationship between sexuality and ideologies around ruling masculinity. Some of the highlighted factors are ideologies of the sexual practices of the human races. The author also draws on the discursive discourses that are overlooked when talking about empowerment, issues such as rape as a tool of war, trafficking of young women for prostitution and forced marriages. This portrays the sexual violence of women and how men's bodies come to be viewed as instruments of violence. On the other hand, Green (2004) contends that it is not the male body that is dangerous, but the ideologies of masculinity. Ratele (2006) posits that masculinity is not only in talk and action, but is intertwined with power. Pertaining to femininities, women are typically expected to demonstrate nurturance which often associated with caring and are in contradistinction to more masculine inclinations ascribed to being a man. In her thesis of moralities of care, Gilligan (1982) persuasively argues that women's conceptions of morality, for example, are grounded within an ethic of care which promotes the idea that women are characteristically inclined to aspects associated with nurturance and nonviolence. Therefore it can be argued that narratives of women as violent abusers, run, against the script associated with hegemonic femininities.

3.9   Passing

Passing is a term used for transgender people who have the natural ability to be accepted into their preferred gender, it is the inverse of being read (Cutler, 2012). Once a transgender person passes as the member of their preferred gender, they experience the dynamics faced by people in that gender as mentioned above the male body is perceived as a an instrument of violence and

transmen are also seen as embodying the male body during or past transition. On the other hand, this raises challenges for an individual who has both the characteristics of male and female, also known as the medically induced intersex or being a liminal space, women turn to feel unsafe when it comes accommodating such individuals in their space since they perceive the male body as the instrument of violence.

3.10   The intra-community space of womanhood and manhood

The intra-community space of womanhood and manhood is highly dominated by the culture of biology. Womanhood is marked by the ability of a woman to reproduce and bear children. The pain of giving birth is seen as one of the sacred signifiers and legitimizers of motherhood. The lack of or the inability to perform the aforementioned signifiers of womanhood pushes one to the periphery. Women who are unable to conceive are seen as being unable to bear the fruits of womanhood. Transsexual women, even after transition, continue to experience the tensions of doing gender, they cannot carry children because of the absence of a womb and eggs, for a transsexual woman who wants biological children; she cannot reproduce without the aid of a cis-woman.

3.11   The intra-community space of manhood

The penis and its history, similar to the intra-community space of womanhood, manhood is also dominated by a culture of biology. The penis is seen as the pinnacle of manhood and very often also assumed to be a panacea to women's problems. The pleasure and satisfaction of sexual intercourse are often drawn from the ideologies of the size of a man's penis. The signifiability of fatherhood is also drawn from a man's ability to implant his seeds and reproduce. Historically the more a man has many children the more his status of manliness is recognized and solidified. On the other hand men who do not have children are very much mocked and continuously pressured to leave a legacy through reproducing. A male child is seen as holding a higher status than a female child; this is based on carrying the family surname. Here lies the intersection of gender and inequality, where women are seen as second sex. Transmen's bodies are unable to produce the seed that cis-men can produce. The transsexual man for him to have biological children, he needs the aid of cis-man. The inevitable limitations position a transmen on the periphery, even within this inter-community space of manhood. Research has also shown that

very few transsexual men go through with bottom surgery (genital reconstruction) and this also serves as a challenge in a space where manhood is marked by a penis and the ability to produce seeds (sperms). A transsexual man cannot impregnate woman without the aid of cis-man. Historically and current discourse around manhood is centralized around the penis as a symbol of manhood, two articles published in the *Mail & Guardian* entitled "The Loss of Manhood", which is based on initiation going wrong and resulting in the young initiates losing their penises, illustrates how the penis is not seen as just another body part but signals the pinnacle of manhood (Malan, 2013). Another article published in the same newspaper based on a study conducted by University of Witwatersrand on penis size indicates the power that is centralized around the penis and pleasuring a woman, this indicates the directionality of pleasure and power, men satisfying women (Ndlovu & Kadenge, 2013). It is inconsequential that one has transitioned the limitations of a trans-body and what it can do marks the continued struggles and tensions that both transsexual women and men's experiences. The limitations of what body modification can do continuously outs the transsexual person. The concept of living stealth cannot be achieved in its entire totality since the limitations of a transsexual body cannot be escaped.

3.12. Conclusion

This chapter has fleshed out the conceptual framework that guides the interpretations of the study. The chapter departs from a theoretical urge to broaden the landscape in which gender and sexuality are viewed. A conceptual model for analysing constructions of the body and those of gender is presented. The understanding of power is stretched beyond the Foucauldian understanding of power that has its own limitations that do not account for the current of the transgender experience as articulated in this study. As articulated by Judith Butler, the concepts of precarity and gender performativity are fleshed out and illustrated for use in this study. The framing of gender roles, the workings of masculinity and femininity are elaborated on as conventionally used and as complicated and problematized for use in this study. An understanding of passing as the process where those who assert their gender are eventually accepted is also understood. The following chapter delves into the methodology of the study.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.   RESEARCH METHODOLOGY

This chapter delineates the methodology of the study. The social constructivist approach that assumes that such issues as gender and sexuality are social constructions is enunciated. The importance of critiques is explained before the fleshing out of participant selection criteria, explanation of the qualitative research approach and data collection techniques. Discourse analysis as conceptualised by Michel Foucault and as used in this study is explained before clarification of the ethical consideration of the study.

4.1.   Research paradigm

4.1.1. The social constructionist approach

The paradigmatic perspective assumed in this study is the social constructionist approach. According to Terre Blanche et al. (2006) Social constructionist research is based on the notion that reality consists of fluid and variable social constructions. This ontological position assumes that the social world is constructed through language. According to Willig (2008), social constructionism depicts the notion that human experience is mediated historically, culturally and linguistically. Experience and perception are reading or interpretation of the environment/ reality rather than a true reflection of the environment or reality. What exists are various knowledges rather than one shared knowledge, language plays a major role in constructing knowledge. According to Creswell (2007), meaning is forged through interaction between people and their environment. The research is based on the process of interaction and the context in which the interaction takes place; paying attention to factors such as power and culture.

4.1.2. The importance of critique

This research is anchored within a critical psychology perspective: Critical theory in research can be defined in terms of the constellation of methodological postures it adopts. It is concerned with empowerment, helping people surpass the constraints of power placed on them based on class; race and gender. Analysis within these approaches tends to be from the lenses of class, race and gender. One of the values of critical theories is the emancipatory role it plays in

marginalized groups such as the transgender community (Ritchie, Lewis, Nicholls & Ormston, 2014).

4.2.   Research approach: Qualitative research

According to Ormston, Spencer, Barnard and Snape (2014), qualitative research is a broad sphere approach which includes a variety of methods found in different disciplines. It is characterized by naturalistic, interpretive approaches where a phenomenon is explored from the interior. It also encompasses the social constructionist approach which is founded on understanding how reality is socially constructed. The characteristics of qualitative research include the following: the research is geared towards acquiring an in-depth understanding of the participant's social world and how they come to make sense of it based on their social interaction, experiences and history. Qualitative research also deploys non standardized, adaptable methods that pay attention to context and data analysis is based on retaining the uniqueness, complexity and tone of the participant's experiences. It is also anchored within exploring new emerging categories and theories. This research study made use of qualitative research approach, due to its nature in exploring how transgender people do gender and construct identities in a liminal space, therefore acquiring an in-depth understanding of the experiences and discourses surrounding transgender people.

4.3.   Participant selection

A sample of six individuals who identified as participated in the research study; they were selected through the use of referrals. Their age ranged from 22-40years. They came from different backgrounds, from semi-rural areas to suburbs. The participants consisted of three transgender women FTM (male to female), one non binary transgender who identify with the pronoun "they" and lastly there were two transgender men FTM (Female to male). Race and class were not factors that were initially considered, however, during data collection it became apparent that these factors impact how gender is performed. This will be discussed further in the discussion chapter. The study took place in Gauteng, Pretoria and Johannesburg.

4.4.   Sampling technique

Based on the sensitive nature of this research and difficulties in finding the participants, the use of referral and snowball sampling was used to identify participants in the study, where participants were asked to refer people whom they knew were transgender are undergoing gender affirmation process. Snow ball sampling refers to a method of sampling, where the initial or first participants are selected based on nonprobability method and in addition the rest of the

participants are recruited through the information or referral provided by first participants. This technique is often used to locate members of rare populations through referral (Struwig & Stead, 2001).

4.5.   Data collection techniques

Instruments

The study aimed to make use of a semi structured interview following an interview guide, however, it became apparent that a one hour interview would not be enough to elicit the rich data; the interviews became longer with few pauses in between as individuals opened up and wanted to narrate their stories. Furthermore, the context in which data was collected was not structured, we took walks around their neighbourhoods, talking and this also depicted the complexity of doing gender within a gendered society, which perceives gender in a particular way. The issues of class and race played themselves out in relation to who was in a precarious position and who was not. The conditions of possibility that afforded others security while the lack of means put others in a precarious and hostile position. Most of the interviews took over three hours, and took place in participant's homes and neighbourhood. The interviews and the conversations were led by participants, from the interview guide; topics were put forth for discussions. The researcher remained the instrument of research through listening and interacting with the participants.

4.6.   Method of analysis: Discourse analysis

Discourse analysis refers to a method of analysis where language or text is analysed. It shows how discourses are used to elicit particular effects on contexts and it also pays attention to articulation. Discourses are broad patterns of talk that can be identified in conversation or speech; it is also referred to as text. Culture or background is a prerequisite for discourse analysis. Discourses are carried through language; they exist and work within a binary/ opposites or counter discourses. Discourses are drawn from a particular frame of reference, for example, racial discourse, gender discourse or medical discourses. Through conversations and dialogues within these discourses people influence each other (Terre Blanche et.al, 2006).

4.6.1.   Foucauldian discourse analysis

Foucauldian discourse analysis is social constructionist orientated and aims to draw discursive world that people live in and how they are being yielded by them. It seeks to understand the ways a phenomenon is constructed through language and other symbolic practices. Foucauldian discourse analysis takes cognizance to the power of a discourse to construct its objects/ subjects and how a discourse affects the physical, psychological and social life of people through subject

positioning and the implication thereof. How we experience ourselves is implicated in discursive constructions and practices of a discourse (Willig, 2008).

Willig (2008) suggests six steps to Foucauldian discourse analysis and they are described below:

Stage 1: Discursive Constructions
How discursive objects are constructed, and how they are referred to within the text, whether the text makes direct reference or not, what references are made regarding the object. The first stage also includes looking at the implicit and the explicit references to the objects.

Stage 2: Discourses
The second stage focuses on different ways of constructing objects, while locating the different discursive constructions of the objects within the wider discourses.

Stage 3: Action Orientation
The third stage focuses on looking at the context within which versions of constructions of objects are deployed, how culture, politics and society portrays objects. Action orientation involves looking at the function and how it relates to text at that time; the function and the benefits of constructing an object in a particular way may serve as a way of reinforcing particular ideologies.

Stage 4: Positionings
Based on the location of a subject within the discourse, the fourth stage looks at the subject position they offer to the object within the discourse. This location offers a person an area of operation, rights duties and limitations. Further, within a discourse there are networks of meanings and legitimation that are available to the speaker on the basis of subject position.

Stage 5: Practice
It is based on the relationship between discourses and practice; geared towards the exploration of subject positions and practices. Through construction and positioning, a limitation asserts what can be said and practiced by a subject; this is inclusive of the non-verbal practices.

Stage 6: Subjectivity
The final stage is concerned with the relationship between discourse and subjectivity. Discourses offers lenses of seeing and being in the world, through social constructions. Discursive positioning is the core of seeing and doing things, since it offers lenses and ways of being in a particular position. The analysis is geared towards tracing outcomes of subject positioning.

4.7. Strategies employed to ascertain data quality

4.7.1. Measures of trustworthiness

Measures to ensure trustworthiness were applied, through credibility. Activities in achieving credibility, there was prolonged engagement through spending time with the participants in their homes and communities. Prior and post interviews reflexive discussions took place through meetings with the dissertation supervisor, this ensured conformability. Lastly transferability was maximised through the including, dense descriptive extracts from the transcripts in order to provide context and give voice to participants within the study (Krefting, 1991).

The research proposal and research findings are both available at the university, and the researcher can be contacted if there's someone who would like to further do research on the subject matter.

4.8. Ethical considerations

The participants were informed of the following (adapted from Wassenaar, 2006): Consent form where the participants were made aware of the aims, methods, anticipated benefits and potential risks of the research. The participants were also informed on the principle of autonomy, which is based on individual's action and choice to decide whether or not to take part in the inquiry.

The researcher applied and adhered to the principle of justice in research, which entails the treatment of participants with dignity, fairness and equity while also ensuring confidentiality. Participants were also informed that they have a right to withdraw from the study at any given time, they wished to do so. Alphabets were used as pseudonyms within the research study to ensure anonymity. Due to the nature and the sensitivity of the study which entails gender affirmation process and liminality, the study had potential to invoke intense emotions and therefore the participants were given an option for debriefing. Since the study was based in Gauteng mainly Pretoria and Johannesburg, the researcher made use of two Psychologists one from Pretoria and one in Johannesburg this was done so, mainly to ensure that participants were able to commute to the counselling centres should need arise. In ensuring that the counselling itself did not cause any form of to re-traumatization or harm, both Psychologist who were deployed in the research study have expert knowledge and experience in working with Transgender people. However, participants did not make use of the debriefing option, but might make use of it in future.

4.9.   Conclusion

This chapter has undertaken to provide an exposition of the methodology that the study adopts. To start with, the social constructivist approach that provides for how such issues as gender are socially constructed is explained. The importance of critique is validated and the qualitative methodology of the study and its interpretative benefits is elaborated on. Participant selection criteria are explained followed by the explication of the sampling techniques that the study uses. The data collection techniques are fleshed out and discourse analysis as importantly conceptualised by Michel Foucault and used by the study is enunciated. This chapter is important in that the clarification of methodology defends the scientificity and dependability of the study as intellectual and academic work within the discipline of psychology. The following chapter delineates the location and reflexivity of the researcher in relation to the study.

CHAPTER 5

REFLEXIVITY: THE RESEARCHER'S POSITION

5.1.   Introduction

The location and position of the researcher stamps its inevitable mark on the study. In this chapter, reflexivity is deployed to document the experiences and the role of the researcher. Intellectual and academic observation are not neutral, they are coloured by the subjective lenses of the researcher and thus reflexivity helps to reflect on experiences, beliefs and preconceived ideas the researcher may hold. Within the Foucauldian discourse analysis the researcher's role is of one who authors rather than one who discovers knowledge. The research report produced is a discursive construction that is evaluated within a discursive framework and cannot be assessed beyond the scope of its discursive framework. Reflexivity and bracketing of one's own belief is a key component of discourse analysis. The researcher does not claim neutrality but admits to involvement and personal interaction with the subject at hand.

5.2.   Complicitor of the discipline

Sanders (2002) explores the concept complicities in relation to intellectuality that even in arguing against certain ruling ideologies as researchers at a certain level we are complicitors of the very ideologies we are challenging. In the case of questioning heterornativity, cis-normativity, categorization/dichotomy, parthologisation of transgender people by the medical and legal discourse. We are also guilty of compliciting those very ideologies; through what we write, the voices we choose to include in the text and those we choose to exclude. In an attempt to give voice to those I research about, I have included my own voice to minimise the distance where the voices of transgender people are located and to also show that experiences are not only theoretical but real. Sanders (2002) also suggests that acknowledging that we are to a certain extent complicitors gives rise to taking responsibility for what we write about.

To write an argument about the tensions of doing gender within a gendered society by transgender people, is also to raise tensions in itself, and as a result compliciting with the hegemonic system of dichotomy, hence there is a great need to couple complicity with responsibility of the very tensions we are alluding and sparking.

5.3.   Begging to be gendered

In engaging with the literature I have come to my own analysis, what comes to the fore in my mind is the following: Living in a society where citizenship is embedded in gender, we find

ourselves being experts in what constitute being a woman or a man for that matter; we police our own behaviour and other people's behaviour. While the adherence to gender norms supposedly implies buying into the political correctness of gender, it also indicates the attempt to attain citizenship and thus implicitly begging to be gendered. Further, this illuminates the inescapableness from a gendering system where structures in the society are gendered and therefore makes it impossible to live without being gendered while the alternative is to live as the gender outlaw. Similarly, to what Modisane (1989) calls the professional beggar who begs with dignity, living in the society that dims blackness as a deformity that is dependent on white charity, and therefore positioning the black person as a dependent and a cripple.

If we are at all begging to be gendered, the question is who is the master within this system? Is it not the heterosexual cis-gendered hegemonic system? Hypothetically, if all of us as the transgender community we are to go through gender affirmation process and pass within the dichotomy template of women and men will we not miss the life of being the gender outlaws, living on the periphery? I have also come to the conclusion that the system of gender only exists with reference to gender begging which I define as the performativity of gender and the adherence to gender norms; the buying into what constitute manliness and womanliness. For instance the masculinization of a body and the doing of manliness can be both conscious and unconscious, in instances where one's manliness is questioned; one becomes conscious and therefore action is geared towards proving or affirming their manliness, depending on how they perceive the stakes. The doing and the begging of gender can be positive and negative through simple gestures like helping women, which might look innocent, however mostly it is motivated and underpinned by the notions of gender hierarchy, such as not seeing another human being in need, but coloured with gender lenses of seeing women as the weaker sex and needing the aid of men, particularly by virtue of their birth and seen as the second sex. The issue of second sex is elaborated by De Beauviour (1953) in her book entitled *The second sex*. The notion of helping in itself is not a problem, however, what is problematic is when the motive is not neutral, but driven by the ideology of who is weak and who is strong based on gender lenses, and also leading to who is deserving of certain opportunities and who is not deserving based on strength or what is assumed different.

In the same breath, lies dangerous masculinity (Ratele, 2006) this is associated with violence, domination and reckless behaviour; driven by the need to prove masculinity or manliness. While still on the issue of gender begging, it is also important to also talk about femininity, since alongside masculinity is femininity and perhaps fluidity between the two, it will be elaborated

later, but firstly I would like to focus on femininity, identity construction of a woman. Feminization of the body and womanliness, takes place through praxis; A line from the movie Belle (2013), directed by Asante, "Must not a lady marry, even if she is financially secure? For who is she without a husband of consequence? It seems silly - like a free Negro who begs for a master." In the second line the character is able to move herself out of the system of womanhood being defined by manhood. On the other hand the first line portrays begging to be gendered. Departing from the above thesis, taking issue with body modification in relation to not only transgender women and men but also cis-gendered people. With reference to the ladder of aesthetic gaze of what constitute beauty & handsomeness, masculinity & femininity; how we define the above terms is very much intertwined with race, class and other morphological structures such as body size, shape, features, height and etcetera. And Media is not without fault in setting a template for reading bodies and this is linked to the economy of knowledge production (Reischer & Koo, 2004).

5.4 The price of applying technologies of the self: Exiling and silencing of the self

The life of rebelling against the gender system, how do I escape it and take a rest? I need to recuperate before going back to the firing line and fight the gender system that insist on defining me , I rebel by leaving blank spaces on the gender marker form or I write transgender. My application forms are always queried and returned, they say I confuse the system, and I disagree I am not confusing the system, the system wants to create me as a subjects of its own and I am resisting! One has to account and justify themselves if they don't fit within gender binary system, either you beg with dignity like Modisane (1989) talks about begging with dignity because of the system that dims blackness a deformity or you rebel like Krog (2009) who contrarily begs to be black. In her book entitled begging to be black, she relate the experiences of living in the apartheid regime which dimmed blackness a deformity, as she rebels against the apartheid that oppresses other races, as a white woman, she would rather be on the side of the oppressed, however by virtue of her skin colour, she is privileged, even in her refusal. She becomes an outlaw; black people were not trusting of her, while she also did not find a sense of belonging with the ruling system of apartheid. In racialized systems one cannot choose to be in middle or choose to be with the other, rules are set based on colour and people are attuned it. The system of gender operates in a similar way as the system of racism. People are not colour blind, neither are they gender blind. They are attuned to recognize difference before humanity.

Similar to racism, the gender system applies segregation through the use of sex categorization (gender marking) and sex segregation in services, for example female wards and male wards,

female rest rooms and male restrooms. It should also be understood that this is based on the notion that sex categories represent sex parts (genitalia). Going back to gender begging, what is the price of refusing to beg or submit to the system of gender? Butler (2009) talks about precarity in relation to non-conformity, on the margins lies inaccessibility to services that are located at the Centre. One works as an illegal foreigner who does not have identification and therefore is not recognized by the law, unlike citizens or legal immigrants, illegal immigrants experience tensions like gender out laws experience tensions of unrecognizability. Some of the implications of unrecognizability include denial to services, since a prerequisite to service is identification which is sex classified, ambiguity or liminality does not apply neither does it exist for that matter in that system, therefore outlaws are not recognized within the educational system, health system and other systems that service people. Looking at the aforementioned, how can we expect recognition when the law itself that rules the country fails to recognize gender outlaws and discursively insist on deploying a method of specificity on people? The question that follows is whether we are servicing gender or we are servicing people? Are people genders or is gender the intangibility that lies between embodiment and symbolization? If we are to rebel and refuse to be gendered we stand to pay the price and if we give in and conform to the system of begging to be gendered and apply what Foucault, Martin, Gutman and Hutton (1988) call technologies of the selves, are we not exiling and silencing our own selves?

5.5   The principle of staticity and denial of the self as a process of becoming.

The system of gender creates its subjects and on the other hand the subjects create the system of gender and maintain it through gender policing. The relationship is co-dependent and therefore power is not directional but circulates between the system and the subjects Foucault 1990). Through defiance or subversion we are able to see the cracks of the heterosexual cis-gendered hegemonic system.

Bettcher (2013a) contends that the starting point for transgender subculture where the meaning of the word woman has a particular meaning which differs from a dominant discourse of biological sex signifying gender within the traditional model of woman and men. In instances where a transgender woman proclaims that she is a "trans-woman", she means that she was born biologically male and identifies as a woman, while the dominant discourse of understanding the meaning of the woman as constant and unchanging, with the starting point being biology not self-identification. The meaning is different and the proclamation of one saying I am a "trans-woman" is interpreted and understood as a man who lives his life as a woman. Underlying this is the notion that transgender people's identity is inauthentic. Here authenticity versus

transitional in terms of the meaning of the identity of "woman" and "man" whether it only applies to biology or extents to transitional, is dependent on the ontological stance chosen. On the other hand, if womanhood and manhood are viewed within a continuum and as a constant process of transition and not only for transgender people, but for humanity at large, then the meaning attributed becomes broad and encompasses multiple meanings. More so if we take the paradigmatic stance underlying the African epistemology which talks about the process of becoming, that we never truly are, but always in the process of becoming and therefore there is no end point (Mbiti, 1969). And it is also supported by the social constructionist paradigm where there are multiple realities (Willig, 2008). In summation to the aforementioned, Turner (1964) talks about the rite of passage in relation the initiates and also that liminal space can be a permanent space.

On the one hand, cis-men's bodies are viewed as instruments of crime (Green, 2004) and women's bodies are assumed to be vulnerable (De Beauvoir, 1953). On the other hand, while these are the held views, what comes to the fore is the question of how trans-bodies are viewed particularly when they are androgynous. It seems to me that they evoke a site of interest yet uncomfortableness and in extreme cases overwhelming since they are variant from cis-women and cis-men's bodies. They are often seen as alien and far from normality. Singer (2011) talks about the transgender sublime, the inability of practitioners to comprehend transgender and this extends to society at large. The body of Lee T, a transsexual model, is portrayed by the media as an example of an alien and grotesque, being put on a spectacle where cis-women and men can view it. In cases where people fail to comprehend the alien body; they do away with it. Middle sex a documentary on transgender and intersex people, a young transwoman is killed and her perpetrators argued that she deceived them by not disclosing that she has male genitalia. Taking issue with deception and genitalia, bodies are read based on sex category, and sex category is seen as representing biological sex, particularly genitalia, assumptions are that when a person is read as a man then what he has in his pants is a penis and a person who is read as a woman is assumed to have a vagina while these ideologies are drawn from the cis-gendered references and true for many cis-gendered people, it does not necessarily apply to all individuals. To use this frame of reference and to assume that it applies to the entire humanity is to do injustice and to a certain extent apply discursive violence to people's identities. More so it is also incites violence and ideas of hate to non-cis-gendered people by cis-gendered people, example in middle the killers of the transgender women justify their actions by saying they were deceived by the transgender woman, as they had assumed that she had female genitalia and thus they are positioned as victims who were led astray rather than perpetrators who took a life.

5.6   "I am the other to myself": "The 'I' is in the field of other"

The above mentioned statements are not without relevance if we are to discuss the context in which gender is performed and in the context of sexed bodies. We are not born with titles but we are born into titles, and certified through societal institutions such as the law that governs society and social institutions. We cannot forgo certification however we can ask to be rectified, however we cannot choose to opt out of the identification system of polarised gender. The context of rectification and the demand to be re-recognized and acknowledged in one's own identity is not without consequence, since it is the demand placed before the nominative subject that makes or erases the subject. As such there is either acceptance and welcoming or displacement. Transgender people are othered, and remain othered even to themselves similarly to (Ocholla, 2014) bodies are scripts boards which we project and write on through the reading and attaching meaning.

Identity is about belonging, we are indebted to others through the relations we have with them and the society at large. Transgender people cannot forgo the certification of being born into the system of gender, and this overrules self-identification at birth since language is not yet available to our disposal. The "I" as the other to self is in relation to the context in which we are socialized and the demands put on us, those we put on ourselves and others. This takes place through the process of subjectivation-the process of subjecting, and producing a subject (Butler, 1997). The process of keeping in check of ourselves and others is theorised by Foucault (1977) through the use of the metaphor the system of panopticon, he posits that policing and being policed, even in the absence of others, we still police our own behaviour, subjecting ourselves to the set norms and standards. The concept of othering is necessary to distinguish between what is foreign and what is familiar. It is what helps the self to distinguish itself from what is not the self, what is not like the self or connected to the self. It approximates the self from here and there, from the margins and centre, it positions the other on the margins and allows the speaker the will to objectify and dehumanise that which is foreign and not familiar to the self. "Freak", as one of the participant alluded that she is perceived as freak in her community. Through the gaze of othering participant R, they are able to gaze at safe distance to that which is foreign and not part of the self. To acknowledge the existence of that which you see is to accept the responsibility of another human being and their humanness. The denial cuts ties that connects the self from the humanity, thus dispositioning the self and exempting the humans from being responsible to the other. The position of a freak is that which the community and society cannot bear responsibility for; for it is not part of its own, the ownership and responsibility belongs to the freak.

5.7   The state and freedom as responsibilization

The feeling of illegitimacy, to feel that you do not have the right to feel certain emotions, is to be undone, in the sense that there is no space to feel or acknowledge the emotions that one is feeling. The position of a subject is that of being dissolved, being erased; the feeling of not having a right to feel is to be undone. It is to be invalidated; it is to dismiss the very existence of that human being that which is the connection or the relationship of the human being and society at large. The refusal to acknowledge the responsibility for the other person, acclaiming freedom is to distance and divorce the individual from the system. Thus, the happening of the life of the subject is only bared by the subject. Similarly to othering transgender people and positioning them as freaks is to responsibilise and distance them from the society, positioning them on the periphery.

5.8.   Conclusion

This chapter has established and located the researcher in the study as not a claimant to abstract neutrality but as involved and responsible in interacting with the subject matter. The concept of complicity that finds researchers complicit even in those ideas that they critique and oppose is enunciated. The way transgender people implicitly live out a life of begging to be gendered in a prohibitive society is clarified. How transgender people exile themselves from their true being and participate in self silencing and erasures is understood. In responsibilisation the transgender people are not only othered but are sentenced to a cold exteriority and peripherised. The following chapter provides a discussion of the findings of the study.

CHAPTER 6

FINDINGS AND DISCUSSION

6.1 Introduction

This chapter delves into the analysis and interpretation of collected data using the conceptual tools of qualitative research that the study elected. The relationship which the researcher had with the supervisor and with the participants creates the mood of the study as a journey of discovery and growth. In the progress of the study the othering of the transgender people, their social criminalisation and scandalisation is unravelled. The tyrannies of frames of masculinity and femininity that seek to discipline and frame the body of the transgender being emerge at home, in society and in the hospital. The body of the transgender person is as good and as bad as a condemned body that is at once objectified for desire and also for curiosity and exploration. National institutions reject the body of the transgender person, it falls outside the scope of policy and law, and it must be changed to conform and not society to change its attitudes and frames. The transgender body and transgender life are a struggle for being true to the self-first and to the world as a normalcy and not an absence and a silence.

6.1.1 Supervision relationship

The relationship with my supervisor has enriched my way of thinking and my attitude to studies and the research participants. It has also occurred to me that research ethics that are privileged by academic institutions, for some very good reasons, sometimes prevent us from approaching and treating our research participants as human beings. The research encounter has impacted on me the importance of the human subject. Through research we enter into the lives of others and we cannot walk away without carrying with us their universe, we alter them and we are also altered by them. This is what Judith Butler (2004) refers to as the "undoing." We do not only learn through research, we also unlearn and undo some ties and habits that were associated with our previous blindness. The relationship with my supervisor has modified my thinking and has convinced me of what Sanders (2002) says that we as researchers become complicit in the ideas that we come into contact with, be it in affirmation or negation of them.

6.1.2 Participant relationship

The participants are people I know, I have interacted with them in different contexts in my profile as an activist in the transgender movement in South Africa. The researcher and participants relationship is very directional. It implicitly offers the researcher the opportunity to ask and make an inquiry to the participants while it does not offer the same for participants. It

positions the participant as an object of inquiry and the researcher as the instrument of research. As such there are limitations in what people can ask the researcher and on the other hand, the participants hold power in what they can let the researcher know. In an attempt to minimise the distance that exist in the assumed positions, I invested time in building rapport with my participants, particularly since I was in their space; the interviews took place in their neighbourhoods and homes.

6.2   The context of data collection

The following sections elaborate on the context and background of the data collection process that the study followed.

6.2.1   Description of participant

The participants in this study come from various walks of life. All participants in the study identify as transgender. Participants who were interviewed were six in total and the interviews took place in the participants' homes. P1-P6 refers to the participant's names; the letters are used instead of participants' real names, to protect identities of the participants.

P1 identifies as a transsexual woman, she lives with her mother and her two younger siblings. P1's partner lives with them on a part time basis, I refer to him in this study as C and they have been dating for over five years. P1 and her family reside in the township outside Pretoria central. She is currently in between jobs; she has a beautiful character and an assertive personality.

P2 identifies as a transgender woman. She is a young white woman in her early 20s, she comes from a fairly middle class home, and she is well travelled and did her high schooling abroad. She has recently dropped out of University, due to difficulties she was encountering with her parents based on her gender identity and presentation. During the interview, she had taken residence with friends and was in between jobs. P2 is a well outspoken person when it comes to the issues of transgender people and she is quite a philosophical person who has obviously been thinking in depth about her condition and experiences.

P3 identifies as a transgender person, and prefers the pronoun "they", instead he or she. "They" feels that to use the pronoun he or she would be partly to misgender "them". They identifies as non-binary. "They" is a middle class white non binary individual, who resides in the Pretoria suburbs, "they" lives with their two children and partner who is also transgender. "They" is currently a stay home parent and holds a Ph.D.

P4 identifies as a transsexual woman, she is a young black woman in her early 20s and she resides 74km outside Johannesburg in a semi urban area. The area is underdeveloped with a mix of corrugated iron houses and those made from bricks, and some residents own life stork. P4 stays with her two younger siblings and her parents. She aspires to be a model, she recently came back to live with her parents after her father stopped paying for her fees at college, due to the conflict they had regarding her gender identity and presentation. During the time of the interview, their relationship was still strained and P4 was also experiencing discrimination from her community members. I spend a day with her and got a glimpse of how she was continuously estranged and treated differently by her community members.

P5 identifies as transgender man, he is a black man in his early 40s. He is a Trans activist and currently resides in Cape Town, during the time of the study he was in Johannesburg. He holds a BA in humanities and also holds an executive position in his workplace. P5 has been in the LGBTI movement for a while prior to his transition, since his transition he experiences loss from friends in the activist movement.

P6 identifies as a transgender man, he is a young black man in his mid-20s. He resides with his partner in one of the suburbs in Johannesburg. He comes from an affluent family and has two siblings. He holds a post graduate degree in humanities and currently works as a coordinator for a human rights organisation. He is a very assertive person and outspoken, an active member in the transgender community.

Extracts from the interviews are numbered numerically and also with a P number to indicate which participant said this, for example Extract 1P[1] indicates that the extract comes from the interview with participant 1. Rich data Extracts are useful in giving a picture and providing the reader with context when representing data. It also decreases the distance that is created by the interpretation or analysis itself from the transcripts, thus giving the participants a voice other than what the researcher is saying. As we turn data into transcripts, somewhere the voices are stripped off from the material body. Further as we write the analysis, the original participants' voices fades, and what is left is the analysis, however the distance can be minimised by providing rich extracts from the data.

The discussion is guided by Willig's six steps of doing a Foucauldian discourse analysis. The first step involves identifying the discursive constructions i.e. how gender is constructed and how it is referred to in the interviews (implicit and explicit references to gender). Second step includes identifying the wider discourses in relation to the discursive object and the third step

involves the discursive context in which the discursive object is constructed. The forth step focuses on the positionality, the subject positioning and the available speaking position. While the fifth step looks at the relation between discourses and practices. Lastly the last step focusses on subjectivity, the relation between the discourses and subjectivity. Discourses create conditions of possibility or inhibit them (Willig, 2008). The discourse of gender is heavily embedded on anatomical sex and the practices of engendering through difference, from as early as announcing the newly born child's gender, the dress code, socialization and gender policing. Gender is policed through social controls such as gender roles inscriptions, and discipline takes place through various techniques of talk, for instance, humiliation, othering and discrimination.

6.3   Discursive constructions

The discussion of participants' discursive constructions is guided by the following three research questions:

- How is gender identity variously constructed through legal and medical frameworks and how does it influence the way in which transgender people do gender?
- What are the experiences and challenges of transgender people during the liminal stages of transition, in medical, social and legal systems and how do they account for these experiences?
- What is the implication of categorized spaces and sex classification in societal structures such as toilet facilities, hospital wards and Prison?

6.3.1   Trapped in the wrong body narrative

Transgender people's identity is both co-constructed by the medical discourses and also by transgender people. The medical discourse draws from gender identity and anatomical sex discourse. Within the medical discourse there exists a narrative which suggests that transgender people are born in the wrong body, and that through providing diagnoses, transgender people who wish to undergo medical transition to alter their bodies in order to match their gender identities or reach a certain level of comfort with their bodies, can do so.

The medical discourse sees and reads bodies in a categorical manner, for instance breasts and female genitalia is equated and matched to women while penis, Adam's apple, pronounced jaw line and other manly considered features are associated and equated to men. As such bodies are put on a template and those which do not match the template are subjected to rectification. The lenses used on sex and gender identity are binary, a person is either a female or male, gender identity is seen in terms of people as identifying as men or women only. This reinforces the

discourse of pathology which provides a possibility for transgender people to account and perceive their identity through pathological lenses, with the implication that if you are born in the wrong body then the wrong body can be rectified. P[4] below draws from the medical discourse of being trapped in the wrong body. To say one is trapped in the wrong body is to implicitly state that there is a right body and in the quest of the right body, the wrong body can be rectified. The rectification is in relation to what is right; in this case cis-gendered women and cis-gender gendered men's bodies serves as the template for the right body.

As P[4] draws from the narrative of being born in the wrong body, she also constructs herself as a subject needing Aid, looking at her experience and the two psychological reports that she mentions that states that she was born in the wrong body, she is also constructed by the medical discourse as a medical subject that needs the Aid of medical professionals. In this construction of being born in the wrong body, there is an underlying assumption that there is a mismatch between the body and the mind, and as such the body can be rectified in order to be aligned with the mind and how the person sees themselves. In extract 2 P[4] amplifies the discursive construction of being born in the wrong body, as he challenges the broader narrative that he does not identify with. He constructs his identity differently from the nominative norms as he challenges the notion that certain genitalia is a singer of a certain gender, as he mentions that bodies are different and come in different forms. He constructs his identity within bodily diverse narrative, counter to the narrative of being born in the wrong body.

Extract 1P[4]

> P4: *Then I saw another one in Jo'burg, which Gender Dynamix had referred me to, and obviously he had a clue about trans issues, sought of somehow in the field of Gender Dynamix. Then I went to Pretoria academic with two letters from two different psychologists, that stated that there is nothing wrong with me, I am not crazy or anything, stating that I am a woman born in a wrong body.*

Extract 2P[6]

> P6: *jah, I don't want to think, I have to do bottom to be a man, like being a man is more than just about what is in your pants, like how hard is that to understand as a trans-person, especially as a Trans person, why would you think it's a requirement? men come in different bodies and women come with different bodies, and this narrative of being born in the wrong body, I don't feel that I was born in a wrong body, this is my body, and it's a guy's body, guys come in different bodies and I don't think it's a requirement to have a dick, or the specific kinder dick for me to qualify as whatever.*

The discursive construction of "**being trapped in the wrong body**" directly speaks to both medical and public discourses that alter the body in a particular way, as 'normal' and not normal, such discourses also reject the prescribed alteration of what is constitutive of a 'normal' object. Such alterations are as such deemed transgressive. Therefore, one can argue that such discourses fix specific anatomical parts and features such as genitalia, Adams apple, and pronounced jaw line to gender categories such that anybody that does not fit this template is regarded as abnormal or even disabled. Bodies that do not fit the template are therefore deemed to be in need of rectification. The hospital in such instances becomes a space for rectifying bodies with such anomalies. It is through this standard that people can make judgments about the suitability of a person's identity and the specific ways that this identity can be accounted for. To account for your gender and identity implies following a specific script or template, that locates who you are and can be as well as how you can perform who you are within it. Therefore the construction of being trapped in the wrong body is a direct pronouncement of this template. With regards to speaking position in relation to this construction and discourses that participants draw on, the transgender body is made intelligible and produced through narratives of being "sick" and "not normal". The speaking position offers a person an area of operation, rights, duties and limitations (Willig, 2008). The narrative of being born in the wrong body draws on the medical discourse that provides a speaking position for those who identify as being ill or those who feel that there is something wrong with their bodies. As such implicitly denying and silencing alternative positions from which people can speak, such as those who do not believe that there is something wrong with their bodies but wish to alter it nevertheless like P[6.]

With regards to speaking position of P[4] in relation to this construction and discourses that participants draw on, the transgender body is made intelligible and produced through narratives of being "sick" and "not normal". The requirements for access to medical care for the purpose of transition demands that one follows the script of being a patient, as the constructed object, for example, acknowledging that you there is something wrong with you and the letter written about P[4] amplifies the position of the constructed object.

From the above, Extract 1, we are able to see how P[4] co-constructs her identity through drawing from the medical discourse. In contrast to Extract 1, Extract 2 raises a counter discourse to the medical discourse and the discourse of neat bodies. The counter discourse opens up an alternative way of being that is non-normative. The participant in extract 2, P[6]presents a counter discourse of neat bodies through talk and action. He draws from diversity discourse, creating a new speaking position, which implies that men and women's bodies come in more than one

form; this is contrary to the categorical template used by medical discourse. P[6] argues that genitals do not make men or women, and that they can be read in different ways other than drawing from the popular nominative discourse. This discourse discourages a binary dualistic discourse and a reductionist approach of equating genitalia to gender identity. Further P6, challenges the discourse of seeing the penis as the epitome of manhood. True as it may be for P[6] that the penis is not the epitome of manhood, the challenges that remain, such as the power exercised by the medical professionals through gate keeping and prescribing the affordability of being. This has implications on the way bodies are read in relation to what is constitutive of a neat body, which silences the speaking position of P[6] who draws from the discourse of diversity.

6.3.2 Discursive construction of transgender bodies as objects of desire and inquiry

The transgender body is constructed in a multiple ways, P[4] illustrates her social experience with regards to potential relationships, the discursive object is constructed as an object of interest and inquiry, from the extract below, the potential the hair stylist remarks: "can I test drive it?", test driving is associated with cars more often, especially new cars, potential buyers test drives the cars, P[4] is constructed as an object of inquiry. This is also reiterated by P[1] in extract 4 where her friends constantly ask to see her genitalia. Her body is constructed as different from theirs and inciting an interest for curiosity and inquiry. The body of the transgender person becomes, here, a spectacle and almost a tourist attraction with some exotic attachment to it.

Extract 3 P[4]

P4: yes , it becomes , it's now like that even now , when I am approached by somebody from around here , or I can't say they genuinely want me as their girlfriend , to me I know that, I am not saying I know because I am making assumptions , but it's the way they come up to me ,that tells it all , that gives me that alarm that this person just wants to see that this is really true, because there was a rumor that was going around that I have a vagina that was made out of rubber . So the other day I was at the salon washing my hair and this guy who was washing my hair, said: so I heard that you have a rubber vagina, can I try it.

Extract 4P[1]

> *P1: When I came out I was like(talking to C) guess what, they are saying , they say they want to see it and C said I should not show them , he said he never asked me to show him , don't show them . You know we girls and how we are I mean. maybe they just want to see if it looks like theirs and if it does not then they can go and say , aaa you can see its fake, it's this and that. C said don't do it (in affirming voice) and I said okay. When they asked to see it, I said it still sour you will see it when it is healed and they*

kept asking if it's not healed yet. I said it will be healing soon , you will see it , they said it's been too long now, it's going for a year , and i said it will heal after 5 years .

From above extract it is visible that transgender body is constructed as a site of interest because of its diversity. P[6] in extract 3 constructs his body in a diverse manner, and draws counter to the popular narrative of what is constitutive of a neat body. He challenges the prevailing norms of what it means to be a man or woman. While people P[5] also constructs and confirms that the transgender body is different, he constructs it differently from the neat body, he fears that the world will one day see him naked when he is dead, construct his body as the other, due to not having bottom surgery (genital reconstruction), contrary to P[6] who is more comfortable with his body.

Extract 5P[5]

P5: meanwhile I am just me ummm , instead of this inferiority that I have, I wish I was one of those guys who are just proud guys with vaginas : I have a man pussy or I have man whole, I do envy them, at this point I am still at the point where I am feeling ashamed, I am feeling like I was supposed to have something else, and still technology here in South Africa is not good and even overseas it still has its weaknesses even if I could afford. When I had too much to drink, I start having nightmares, Oh God, when I am dead people will undress me (laughter).

Talking about gender involves talking about the body and this talk is structured in a particular manner and is informed by cultural norms. The cultural norms that prevail construct a woman's body as that which is female and that of a man's body as male. This is drawn from medical and public discourses around the body, which are brought forth through certain practices, for example, the announcement that it is a girl or boy based on genitalia by the midwife, the use of colours blue and pink to demarcate gender boundaries and serve as identification markers of sex. Such a discourse also finds expression through policy practices such as birth registrations, in public areas or establishments where there are restrooms, such as gender markers are still a matter that structure's conditions that dictate how gender should be 'appropriately' performed. The effects of polarity on bodies create the perception that bodies are "neat", below in extract 6 the doctor says to the participant "*a woman does not have testicles*", presupposing that a woman is female, with female genitalia and a man is male with a penis and testicles. The participant was inquiring about the removal of testicles to maximise the effect of oestrogen that she was taking in a form of pills. The extract constructs a neat body in a polarious and a binary way as the doctor draws from the gender and sex discourse. As such those bodies that are not neat, they are

constructed differently, the doctor request to examine the transsexual woman to confirm that indeed she is transsexual, again we able to see the constructed body of a transgender person as an object of interest and inquiry. The body of the heterosexual individual, the so called straight person, seems always to be looming in the background as a tape and a standard to measure other bodies.

Extract 6P[1]

> *P[1]: So I went to a family Dr and I asked him , don't you know a Dr who can remove testicles ? And he was like who wants to remove testicles? (laughter) and I said I want to remove testicles and he said a woman does not have testicles, And I said yes I was born male, I want to remove the testicle so that the ovary can work properly and he was like what are you talking about? And I said I am transsexual and he said no, let me check you first. And he asked me, how many pills do I take and I said, in the afternoon I take 4 and in the evening I take 8.*

P[6] went to see a Psychologist for letters that he would use to access hormonal treatment (testosterone) and the psychologist insisted on seeing him naked, this also amplifies the discursive construction of the transgender person's body as the object of inquiry and interest. Through the abuse of power, the psychologist makes prerequisite to see the transgender man's body before offering service, the effects of the discursive construction of the object puts the transgender person in a precarious position. The body of the transgender person once again becomes an object of exploration, something to be examined to satisfy curiosity.

Extract 7P[6]

> *P[6]: I first went to see a Psychologist in Louis Pasteur and the Psychologist, and after I told him that I am transgender , and because I heard that I would have to have a letter from a Psychologist before I can start on T (testesterone) , so I went to see him because i needed a letter , all I want is to start T and he was like no slow down we need to have a lot of sessions first and I am going to have to see you naked, and I was like what the fuck , and he was like ye , you know umm transition even in the best countries like America is performed by a team and even when you have surgery I am going to have to be in the room so , and I said no I am not getting undressed in front of you and he was like we can't proceed, and I was like sap peace (making a hand signal) laughing.*

6.3.3 Received notions of masculinity and femininity

What is constitutive of being a man or a woman often lies in the construction of gender and sex. The discursive construction around masculinity and femininity is embedded in the discourse of genitalia; the penis is seen as the epitome representation of manhood. From the extract below the participant is requesting for a genital reconstruction, using the "meta" as the metaphor for penis. There is a different type of masculinity constructed here, the one that shows "leakiness". Ocholla (2014) argues that all bodies leak, there is no neat material body, bodies continuously change. P[6] wants a Meta and he also wants to retain his female genitalia, constructing his body outside the hegemonic norms of polarity between bodies of men and women. He constructs his body in a bodily diverse manner, contravening the hegemonic borders of masculinity and femininity. This alternative discursive construction renders a different speaking position and amplifies that bodies leak and they are never neat. The body of the transgender person is at a certain level a possible site of rebellion as much as it has been constructed in the conventional and dominant imagination as a reason for marginality.

Extract 8P[6]

> P[6]: *and for me ideally, I would find these amazing surgeons and they would be a 110 % guarantee that maybe I will have a meta (Penis) and definitely retain sexual sensation and they won't insist on closing me up at the same time. Because I think a lot of problems also come with medical professionals, like you, they don't let you decide for yourself, the type of treatment you want, I remember I came across a doctor who said we can do bottom surgery (genital reconstruction) and I was like ya but I don't want you to close me up and he said* **we don't deal with also those strange in-between cases, I strictly deal with transsexual men** *and I said I am a transsexual man, I just like , why do you insist that my genitals should conform to what you think a man should be, should it not be my decision? If I want a 'matter' [penis] and I want something extra down there but I don't necessarily want you to close me up, why don't you do it, if you can? Why aren't you doing it, why should it fit nicely into what you think should be there? Ideally what I want, and I don't know if I will meet a surgeon who is willing to do that or a therapist who will say I will happily write you a referral letter for that shit, that's what I want, but I don't know if it's possible, they will be like, what is going on with you? And I don't see anything wrong with me and so when people ask me about bottom surgery*

Extract 4 on one hand reinforces the neat bodies discourse through denying service to those who want bodies that are non-normative, the doctor says "*I do not deal with the strange in-between*

cases"; he draws from the discourse of freaks when referring to the strange in-between cases. This discourse draws from polarity when it comes to women and men's bodies, and it also draws from heteronormative cis gendered discourse while discouraging the discourse of fluidity and multiplicity. The discourse of neat bodies, which the doctor draws from, silences P[6] by estranging his wishes and referring to them as strange. P[6] draws from self-identity discourse of fluidity and multiplicity where ways of being are concerned and this also challenges the prescribed way of transitioning according to the medical discourse as expressed in extract 4. Through challenging the medical discourse P[6] also assumes the subject position of an agentic being and defying the annals of medicine which is also prescribed by the medical professional who says *"we don't do any half measures, if you do top surgery (mastectomy) then you have to do bottom(genital reconstruction)"* in Extract 5. Through talk P[6] portrays gender diversity; here received notions of what is masculine and feminine are challenged. P[6] also draws from the narrative of "I am what I am". This narrative of "being I am what I am" challenges received notions of what is a normally constitutive body and ideas about masculinity as well as fitting into a medical anatomically "correct" template. Doctors as scientist present some prescriptions that come with hegemonic and even tyrannical scientific views that can be imposing and domineering, impinging on the power of the transgender person to choose.

6.3.4   Discursive narratives of transitions

There are multiply ways to transition or go through gender affirming process. Below P[6] illustrates how certain narrative of transition creates pressure, for people to conform. As he states the process of transition, he construct transition as a process that can take multiple path, however as transgender bodies are gazed through the cis-normative gendered lenses, the transgender person experience pressure when they want to transition contrary to the hegemonic notions of what is constitutive of men and women's bodies. The medical hospital is constructed as a place for not only quality care services for people but rather gated areas of access where ways of transition are drawn from the hegemonic notions of what men and women's bodies should look like. This presupposes that there is right way of being, that is constituted in neat bodies. The narrative of neat bodies is also amplified by other transgender persons, as they construct transition around the bottom surgery (genital reconstruction). The transgender body remains the object of interest and inquiry, P[6] mentions his experience of participating in another study, this amplifies the discursive construction of transgender person's bodies as objects of interest and inquiry.

Extract 9P[6]

P[6]: I think there is a lot of pressure, I think when you say you are transsexual, specifically, and people think that, okay that means you want the entire thing, whatever the thing entire is. People think that automatically T, then Top and bottom surgery, I mean if you are a trans guy why would you not ?I remember, I was participating in a study and there was a ...I mean I did go to Steve Biko at some point and asked them about top surgery and that I was on T and had Psychologists letters and I have been seen by a therapist and they said it's fine we will do your top but we don't do any half measures , if you do top then you have to do bottom and at that point I was like I don't want anyone to force me to do bottom and a lot of my friends were like they offer you to and bottom ad you like not taking it, what's your problem? And I said I don't want anyone to decide for me what surgeries I need.

6.3.5 "But we don't do any half measures, if you do top then you have to do bottom"

The statement "half measures" presupposes that there are full measures, neat bodies and the regulation of those bodies through ensuring that each body that enters the space of "rehabilitation" comes out as a neat body. Transition or gender affirming process is seen in linear teams, with a particular starting point and an end point. The medical professional draws from the neat bodies discourse, which is counter to half measures, resulting in an ambiguous body, however bodies are only in half measures or ambiguous in so far as the existence and in reference to neat bodies. Below I have put forth pictures of bodily diverse transgender persons to not only show the leakiness of bodies and rapture of polarity, but also to render these bodies visible. The pictures depict the bodily diverse bodies, when applying a multiplicity gaze. However, the medical gaze construct this bodies as bodies in half measures P[6] mentioned from the above extract that medical professionals were insisting on a particular process of transition that is reference to cis-gender bodies which entail hormonal treatment, mastectomy and bottom surgery.

Figure 1: Robert and the mirror (Davidman, 2006)

Figure 2: Frances (Davidmann, 2007)

The discourse of multiplicity and self-identification is also posited by Bettcher (2013a) as she proposes a move towards multiple reality discourse. In illustration of this, she draws from self-identity as a starting point and uses the example of transgender subculture, where bodies are read differently from the nominative lenses. When a transgender woman refers to herself as transgender woman, it is often assumed that she means that she has had genital reconstruction but rather it means that she perceives her selves as a woman. This then marks the term woman open to multiple meaning; this also applies to transgender men and other non-conforming individuals.

6.3.6   Gender roles and the discursive construction of the "other"

Extract 10, below shows, familial tensions, when P[4]'s father says *"make me tea or ask or your mom"*. This bears reference to prescribed gender roles and how they are resisted, the act of making tea is often gendered and it is associated with the women's gender role. On one hand P[4]'s father endorses and makes P[4]'s gender intelligible through asking her to perform one of what is perceived as "womanly" duties, making tea. On the hand P[4] defies gender categorization and how it is traditionally performed. This construction is a resistance manifesting particular set of practices, for example familial discourses and the roles that men and women are expected to perform. Through resisting this discourse, there is an implicit meaning that is communicated; refusing to perform what is assumed to be "womanly'' duties, is it a refusal to be gendered or simply a refusal to perform gender roles in a traditional way? The tensions of how subjects are located with the familial discourse and the conditions of possibility made possible by the discourse, shows the power struggle.

Drawing again from extract 4, where the doctor says to the transgender man, "I don't deal with the strange in-between cases; I strictly deal with transsexual men". There is an emergence of the othering, constructing and gazing at the transgender person as the other but not another. The discourse of freaks, strangeness and the unknown makes it possible for people to talk about the transgender people as strange and different from them. This emanates from the construction of sex and gender as static rather than fluid. This sex and gender staticity lens can be seen below, in extract 10, illustrates how behavior and identity are often seen in a causal relationship. P[4] says when her mother is angry she refers to her as a "freak". Her identity as a transgender woman is seen as the cause of her behavior. Thus, her identity is recognized and acknowledged through blame. Language is also used as a discipline tool, a governmental strategy to discipline and control.

Extract 10P[4]

> *P4: My father would be like umm can you ask your mom to make me tea or you can make it. And I would be like I will ask my mom to make you tea. (laughter).so with my father it's like that, with my mom umm I can see a slight bit of her getting used to what's happening with me you know because if we are talking and she would be like daughter or she would address me as she but sometimes when she a little bit pissed she would be like you know you are a bit of a freak, I don't know what to call you right now. So like when she is pissed with something I said or did.*

6.3.7 "She is a man"

Drawing again from the discourse of a freak in relation to the extract below, we can see the discourse of caution which is evident in how the transgender woman is constructed as a freak and a deceiver, who assumes the subject position of a perpetrator. The potential suitor who makes advances on the transgender woman is constructed as a victim by some community members. Through talk and the act of misgendering the transgender woman is positioned as a man, thus the effect of the discourse here is discursive violence, that surfaces in a form of erasure and denial of womanhood. This raises questions of citizenship as to who constitute as a woman and who is entitled to the use of the term woman. Butler (2004) in undoing gender she talks about the undoing of the self through denial of recognition of one's identity. There is erasure of the transgender woman's identity and this erasure also fosters and conceals other forms of violence and oppression, such as gender based violence against women, patriarchy, sexual violence, class and race. Transgender women are constituted in multiple ways depending on their situation and their location at a particular time, as such they are not immune or

exempted from the above mentioned struggles of women. More so, the erasure serves as a concealer for those oppressions and thus marginalizes them further. This is also reiterated by P[1] who is often misgendered by some community members, who caution others that they should not be deceived by the appearance of P[1], the community members construct and positions P[1] as a deceiver. This discourse of deceiver emanates from the contrast of appearance and representation, it is assumed that sex category is the representation of genitalia and as such the transgender woman is seen as deceiving others through representing herself as woman while she is a man (Bettcher, 2007).

Extract 11P[4]

> P[4]: *that somebody knows somebody that does not like me or does not like what is happening with me and they tell the person who is interested in me, she is a man that is the thing, they don't say she a transgender woman. So it's hard for me, I can say that with people who don't know my history, I hate to use this word, I don't like it, but I pass as a female, without seeing that I am trans and I was born male...*

Extract 12P[1]

> R: *so guys who know you around here, how do they treat you?*
> P1: *No, he is gay (laughter),*
>
> R: *Even now they still say that*
> P1: *He is gay (with a low tone) don't be fooled by the looks and the body, he is gay, he is a 'he'. And I go like, who are they talking to? (Laughter)*

6.3.8 The crisis: Liminality and citizenship

In the South African context there are politics of citizenship and which are played out in gender discourses and policy to legal frameworks. The intersection of different discourses in relation to the regulation of the body and its representation produces and positions individuals in a liminal space, whom are also considered security threats. Bodies talk and bodies are read, when there is a mismatch between the reading and what is written on one's identity card, crisis occurs within the gender policy/legal framework. The identification and the regulations of how bodies are supposed to be in reference to the neat bodies discourse, is problematic for transgender people, since they don't neatly fit into the template. There tension experienced by a transgender person, in the transitioning process, for example, a transgender person who is transitioning from female to male who has developed secondary characteristics of maleness, with an identity card that still says female, is in a liminal space, as the regulations and the norms that govern how bodies are

read and classified, is in contrast to this body. This contrast produces a liminal space, and at times a precarious position for the transition being. The liminal space is a produced space, it emanates from the deviation of the nominative rules that govern society. Similarly, to how Turner (1964) deploys liminality in relation to young initiates who are no longer boys but are not yet men, since they are still in the process of initiation. There are liminal spaces which are accepted and there are those that are not accepted, it depends on the norms that governs that particular society. In Turner's use of the concept liminality, the space is a socially accepted space and a sacred space that is respected within the culture, as such when initiates come out of the initiation school; they are celebrated and showered with gifts. Liminality can be a space that is occupied indefinitely depending on the norms and rules that produce it within a particular society. Deploying the metaphor of Hallway, one of the participants in the study that was conducted by Davidmann (2006), as they were talking about gender non-binary:

> "There's a lovely saying that one door closes and another door opens but its hell in the hallway….that's something I think a lot about. Being trans, you're in the hallway. A trans life is the one in the hallway. These doors open and shut but at the end of the day you can only open a door into the male world on one side and the female world on the other side and you have to join society on either side. But if you stay in the hallway, which I believe is much more freeing because you're not bound by either side, its infinitely harder because you're not bound by either side but you're not belonging to either side. The hallway is a wonderful place. Hallways can have windows and they can have wonderful views" (p 196).

Similarly, to liminality, applying the same metaphor of a hallway, hallways like liminality, they can be beautiful, sacred and celebrated places like in the case of initiates but they can also be dangerous spaces to be in, in cases where they are socially not acceptable spaces, the individuals occupying that space, are seen as outlaws, security risk. Recent xenophobic attacks to foreign nationals in South Africa (Mandla, 2015), also depicts the issue citizenship, living in a liminal space, being the other and not another, we see subjection to precarity in a form violent attacks towards foreign nationals. Policy and legal frameworks in South Africa enact gender through various practices; extract 13 depicts the subject position of the transgender man in a liminal space with implications of precarity, emanating from the mismatch between his gender presentation, how his body is read and his identification card. Appearing differently from what is recorded on one's identity card raises questions for the legal gaze that ensures that all citizens should appear as they are recorded within legal framework. The legal framework constructs

sexed and gendered beings, as it matches gender, sex and sex representation. The effects of the legal discourse are politics of gendered citizenship and outlawing.

Extract 13P[5]

> R: And changing your ID, how was it, I assume there were times when you passed and the ID was still saying female?
>
> P[5]: Yes, my ID, it became a matter of agency as well, umm I use an FNB bank card, and those bank cards are written Ms whoever and surname so retail or shops or whatever they started rejecting me, no sir you can't use this card until the owner is here, I am like, I am the owner and they say no sir it's a woman's card, next...So I realized that I had to change my ID, so I can change my cards. I choose to change the gender first. because in the Home affairs you can only apply for one change at a time, so I choose to change my gender first so that at least I have an ID that says I am a man and I look like a man...But when I still had the female ID number, It was more problematic because I could not pass at the airports.
>
> R: so they refused for you to travel?
>
> P5: They refused completely SAA, at Cape Town airport was like this is a problem, i was kept there for hours, they were making copies and whatever. When I was at there at Kenyatta Airport, in Kenya, I was kept for hours, being send from one office to the another, people speaking in foreign language, this one to the other, go this way, go down there, you keep showing your ID, they keep giggling or humiliating you, it got hectic and I knew I must change the ID now

In Extract 14, below P[6] illustrates her experience with the Law as she was purchasing a simcard in the store. The South African law on communication: The Regulation of Interception of Communications and Provision of Communication-related Information Act, number 70 of 2002 (Rica), which was passed in September 2005 requires that all mobile simcards should be registered before they can be sold to the customers. The simcards are registered using the identity card. Which at the time P[1]'s gender identity marker on the identity card said male, while she presented, identified and was read as a woman. P[1] was purchasing a simcard when the shop assistant stopped her, questioning what was written on her identity card; she was with C who is her boyfriend. Extract 14 similarly to extract 13, P[5] and P[1] were subjected to precacrity due to the mismatch between their identity documents, how their bodies are read and their gender presentations. Both participants are constructed and positioned as deceivers. The subject position occupied by the participants is secondary to their representation, what their body

represents is the sin of "being", within the dominant normative rules that govern society through contrast between material body and the representation of that body in paper. "Being" in this case is secondary to representation, since the starting point is homogeneity in reference to the cis-genderism and cis- normativity. As such the participants are subjected to various forms of discipline, which take place through denial of service, humiliation, scrutiny, violation of privacy, threat to incarceration and other forms of discursive violence.

Extract 14P[1]

> P[1] *:so when I was doing Rica they asked for my ID, I took it from C and gave it to them. And shop assistant [asked whether] is it mine? And I told him no it's mine and he said the security should close the door and the queue was getting longer and people were saying make it snappy.*

> *R: people were just listening to the conversation?*

> P[6]:*Yes, they asked me if I wanted them to call the cops ? For what? They said what you are doing is against the law. You cannot come here with someone's ID and you want to Rica. I told them it is my ID. C told them it is my ID, and they said we are together, stand aside. Luckily there was someone I knew who worked there who leaves on the same street as me, I asked them to call her and she came and confirmed that it is my ID. The manager asked me, you say you live on the same street as T, you now my friend, when I come to T's place I am going to visit you first. so you can explain to me, we thought transsexuals are masculine , the boobs are there but they are mannish , legs and hands . (Laughter) how different? They said my hands and hair is different it does not look manly. I said thank you, can you rica my simcard. No we want to know more, I said to them this is not Oprha's show where I can just stand here and you just learn about me. C was laughing, the security apologized. And T was laughing when she passed my house saying, everybody asked her questions when I left.*

Referring to Extract 14 again, there is discursive violence that comes into play in the politics of citizenship, when one is considered a security risk, invasion of privacy, being made a spectacle, and an object of inquiry, when the shop assistant says "*we want to know more*". P[1] is positioned as an object of inquiry, her dignity as human being ceased to be, she is not seen as another but the other. Where the private becomes public, the conditions of possibility are enacted by the discourse of objectification. Similarly to P[5], who is positioned as a security risk and was detained and cross questioned at the Kenyatta Airport and in other cases purely denied service.

> **"My gender is a constructed deconstructed performance art"**
>
> *"The theorem of human beings"*
>
> *The sum of an intelligible being equals to one gender, one sex per subject divided by the match between sex & gender identity where she equals to female & female equals to woman and he equals to male and male equals to man.*

There is an underlying mathematical land maker of geographies of being where the epistemological view is based on the above equation. This epistemology is applied at birth as the child is introduced into world, through the use of language, the based on the infant's anatomical sex, the gender is announced, "she is a girl if "she" is female and "he" is a boy if he is male. The constructed identities inform how the infant will be socialized. Often but not always the infant will grow up to live within the epistemology however, transgender persons falsify this notion. They have shown that this epistemology is not universal to all human beings, that it is problematic to conflate sex and gender, and to assume that all people will be cis-gendered, and that pronouns she and he are universal representatives of all human beings. Transgender people illustrates that sex is not a determinant of gender identity as they identity away from the given starting point to their own assumed identities. Further the pronouns or he and she, don't apply to all, while most people identify with one gender, others identify with more than one gender and others identify beyond the binary, within plurality and fluidity like "they" or "Ze". P3 from the extract below constructs "their" identity within plurality "my gender is a constructed deconstructed performance art".

Extract 15

P[3]*: Exactly, exactly ummm, and I think that also because of the reality of kinder of(pause)...I was having a whole conversation with somebody recently where they said, you can be as non-conventional as you want, you can be a non-conventional , non-conforming female and still be called female. If you are cis-gendered and your identity is that your internal gender is concurrent with that which you were assigned and you cis-gender-ed, you can be gender non-conforming , you can be a masculine of center-butch woman with you still identifying as butch and you can still identify as a woman. And then you have people who are Trans, like me who was told my whole life that you are a girl and me kinder going, aaahhh, not really but okay if you insist (wavering voice) you know. I am definitely not a boy either. You know so, so at no point in my evolution of gender did I ever feel so attached to being male that I would actively*

pursue that and change my entire expression that I can be perceived male. I think that's the biggest struggle for non-binary people, is that you don't... even if you live a very open minded kinder of community where you are exposed to transgender people and you have an experience of various different queer identity, you not necessarily going to come across other non-binary people and in that situation you don't really know that non-binary is an option and you do even realize that gender is actually a continuum as much as sexuality is. And there are gray space which don't fit, kinder current binary gender definition and that its okay to live there and it's okay to identify there, and it's okay to actively seek that , and it's okay to wear a binder and a dress shirt if you want, You know think I was recently chatting to they about presentation. I had someone refer to me as my gender is a constructed deconstructed performance art

There is violence in interpreting bodies in a homogenous way. With that said and drawing from the aforementioned, there is a counter discourse to the reference of Cis-normativity, where the subjects becomes primary and the representation of the very being on paper is secondary, which is visible through how the participants identify themselves. Liminality can be a creative space that holds nonconformity and societal proscriptions are inverted, reworked and transformed, this space can be made possible through the use of language and action. "They" finds solace in liminality, through presenting as both and beyond the binary of the pronoun 'she' and 'he'. Liminal spaces are similar to heterotopias. Foucault (1986), defines heterotopias as spaces that subvert norms that take place in the bigger society and Hetherington (1997),) defines heterotopias as "sites associated with alternative modes of social ordering" (p 12)."They" draws from the non-binary and beyond discourse which is the alternative ordering without gender binary, which makes it possible for multiplicity and fluidity. The subjects are intelligible beings without the gender binary of being he or she, a man or woman. The humanity of the subjects is not preceded by gender neither is it dependent on it, but rather it is independent of it. As mentioned above that liminal space can be precarious spaces, "hell" and beautiful as depicted from Davidmann (2006), the conditions of possibility that makes precarity possible are also dependent on class, with class comes security. In the South African context, race and class are linked, mainly as the aftermath of the previous system, apartheid. The majority of black people live in precarious conditions (Seekings, 2010). The privileges of class that comes with race, makes possible for the conditions to do gender in a non-nominative way and to be exempted from precarity. Beyond binary discourse is drawn upon to make such a construction of gender intelligible. Bettcher (2014) argues that maybe we are trapped in the wrong theory, suggesting epistemological change when theorizing gender representation and genitalia. She deploys Maria Lugone's concept of "multiple worlds of sense" to theorize. The concept suggests that there are

multiple worlds that exist and multiple ways of living in these worlds, heterogeneity exist within these worlds. However, what seems to play a role in the existence and survival of a world is dependent on political dispute. She deliberates, that in understanding a transgender world we can see it in parallel to hegemonic dominant notions of gender.

In being an agentic being and choosing one's starting point that is counter to the nominative discourse of cis-gender, there is peripherisation, but more so peripherisation lies in identifying above or beyond binary like "they" is doing. "They" who identifies in plurality challenges the systemic violence that forces individuals to choose from the binary of him or her. "They" defies the polarization of gender through opting out and identifying as gender fluid. From extract 16, we are able to see that "they" is happy to discover non binary as an option, opting to be outside the system of binary. Non binary and multiplicity is an antithesis for the hegemonic knowledge, the dual binary discourse of gender.

Extract 16P[3]

> *P: Exactly and then afterwards, after having been in that whole thing about the kinder erasing space of being pregnant and having kids, and having babies and being the stay at home parent, um I started doing kinder a lot of self-introspection, about how I fit into the world and funny enough on twitter, I came across this concept of non-binary trans and for a moment I felt like the heavens have opened and the angels sang, and I was like oh my god this is actually an option. We can actually choose not to pick and pretty much since then I have been identifying as gender fluid.*
> *R: mhh*
> *P: Because I do feel that my gender is quite, it has extremes, I think I have probably spent most of my time, androgynous agent, and then I have fluctuation of female and male...But, yeah, I can be of more male than female currently but I am sure I will go back to the final again once this shock of having being pregnant.*

6.3.9 Liminality and the institutionalisation of gender

In the order of things, Foucault (1986) illustrates that heterotopias amplifies the space on which knowledge is created by contrasting it with an alternative way of doing things as such producing new knowledge. Liminality similarly to heterotopias can be creative space for new knowledge. Liminality is a produced space, it emanates from the deviation or transition from a particular space, while the end departure might not be known, liminality is a transient space, it is a continuous space that is produced. The rules that govern society also produce the conditions that life can be lived by. The South African law allows for change in gender marker; Alteration of

Sex Description and Sex Status Act No. 49 of 2003, while the law allows for change in gender marker, it does not state any conditions that an individual can opt out the gender marker category. It only allows and recognizes the dual categories of individuals as either being a man or woman, which is also conflated with sex description, male or female. These law produces conditions under which life can be lived, contrary to those conditions or deviation from it, produces a new space, a liminal space. As individuals transition, particularly the transsexuals, male to female and female to male persons, there are times where the development of new characteristics as a result of hormone intake, as mentioned above . For instance a female to male person, who has developed secondary characteristics, such as facial hair, deeper voice and other characteristics associated with a male body. While his gender identity and presentation is that of a man, during the process of waiting for a new identity card, his old identity card might still say, female, this is in contrast to his appearance and gender identity. This contrast, positions the female to male individual in a precarious position. Extract 7 below depicts the life of a person is a liminal space and the precarious position he occupied, while in the process of changing his gender marker. The effects of being in a liminal space in this case is precarious, the individual was subjected to discipline in a form of humiliation, privacy invasion and denial to service.

Extract 17P[5]

> *R: And changing your ID, how was it, I assume there were times when you passed and the ID was still saying female?*

> *P5: Yes, my ID, it became a matter of agency as well, umm I use an FNB bank card, and those bank cards are written Ms whoever and surname so retail or shops or whatever they started rejecting me, no sir you can't use this card until the owner is here, I am like, I am the owner and they say no sir it's a woman's card, next ...So I realized that I had to change my ID, so I can change my cards. I choose to change the gender first so then in terms of ID then because in the Home affairs you can only apply for one change at a time, so I choose to change my gender first so that at least I have an ID that says I am a man and I look like a man but people, I remember at airports they received this ID because it still had a female name, sir is this your ID and I said yes, it had my photos with the right gender ,ahh they stated giggling ,the other one is asking what is wrong , yoo this man his name is Esther and they were laughing ,uncontrollably and I kept my face serious, and I said it is this bloody home affairs, that gave me this wrong ID, I am in the process of changing it and they let me pass . But when I still had the female ID, It was more problematic because I could not pass at the airports.*

R: so they refused for you to travel?

P5: They refused completely SAA , Cape Town airport was like this is a problem, I was kept there for hours ,wanting to make copies, when I was at there at Kenyatta Airport, in Kenya, I was kept for hours send from one office to the other, people speaking in foreign language ,this one to the other, go this way, go down there , you keep showing your ID, they keep giggling or humiliating you, it got hectic and I knew I must change the ID now

From the above mentioned Extract it is clear how gender is institutionalized and how the body is regulated and monitored through institutions. As such bodies that fall outside the regulation of the institution, they are subjected to discipline in a form of precarity. Similarly, to what Foucault (1990) refers to as bio-political power. Its manifestation within the population takes place through monitoring that comes in a form of interventions and regulatory control. This intervention and regulatory control are included in institutions that govern and regulate the body.

6.3.10 Coloration: Ideologies of masculinity and Femininity

Discursive construction: construction of black male bodies:

As transgender men go through the process of transition, there is a shift in how they are constructed as "males", as opposed to when they were previously read as "female". P[5] gives an account of how is currently perceived and read. He narrates an incidence of being lost and looking for assistance in direction. His need for assistance was overshadowed by race and gender. He is constructed and framed as the representation of danger, "*A face of crime*". These inferences are not without history. Ratele posits that male bodies are constructed as instruments of violence, and this is owed to the history of patriarchy and domination. P[6] in Extract 19, similarly gives an account of being lost and looking for direction, and being constructed and framed as an instrument of crime, where women assumed that he posed harm by virtue of his male identity.

Extract 18P[5]

P5: when I first arrived in CT, when I was leaving I did not know whether I should turn left or right, cause i was new there and did not know the way, I packed my car on the side and as people were getting out of the Mall I tried to ask is CT this side or the other side, and it clicked in my head for the first time I am a black man and a face of crime in this country, so now know when I am walking on the streets and there is a woman and it's just the two of us I give her space deliberately, I either walk very slow or very fast,

because she is already scared ummm, I am not going to do anything but she is scared,
it's at night and she is thinking there is a chance that this guy will do something to her
so I have the consciousness that I am a black guy and what it means to be a black guy

Extract 19P[6]

P6: I think the weird thing was when I started transition and I started to pass, ummm I
use public transport all the time, before I was able to buy myself a bike and I remember
one time I was lost and I wanted to ask for help, and even I did not want to approach a
strange guy, men are portrayed in a certain way as perpetrators of crimes and I wanted
to ask a lady, for the directions

R: You were still telling me about the directions

P6: I was not going to go up to a guy because I was not always passing ,I learned that
life as being a black lesbian is not always safe space, I was in a black area and the is a
lot of hate crimes, saw I thought let me go up to a chick and the first chick I went to,
when I said sorry Hi the facial expression of shock from her face and walked further
away from me as fast as possible and realized that this s not going to work, and I
remember consciously appealing to be more feminine (laughter) and how fucked up is
that? I went sorry Ma in a feminine voice and that is actually when someone stopped
and I told them that I am lost. (Laughter) and she gave me directions and I had to
appear more feminine. For like, to even stop a stranger, because they do see you as this
guy, a black man, like it's difficult, people automatically get defensive around you and
guard their space.

The two extracts as they highlight the travelling of bodies and the reading that is gendered and raced, where black male bodies are constructed as instruments of violence and crime. Transgender women when perceived as men rather than women, particularly with assumptions of having male genitalia, they are also constructed as people posing danger. The penis is seen as a weapon. Ratele (2006) posits that sexual violence and rape has been used as tools in war, in human trafficking and forced marriages. On the one hand, as soon as a transgender man passes and is read as male, the implication is, he is read and framed as an as instruments of violence. On one hand, transgender women particularly when assumed not to have undergone genital reconstruction, they are seen and perceived as men, as such they also constructed as posing danger, instruments of violence. P[1] in Extract 20, she is constructed and framed as a man, posing danger of sexual violence to women. In the world which views sex as the representation of

gender and men as instruments of violence, the trans-woman's womanhood is invisibilized and sexual politics come into play, where her sexual identity and orientation is put into question. Again deploying world traveling of Lugones (2003), we can see that in certain worlds individuals are constructed in ways that they are not afforded security rather they are constructed as security risk while in other worlds where they are constructed differently they might be afforded security. How one is constructed very much determines the conditions of possibility and whether it will afford them security.

Extract 20P[1]

R: do you think perhaps it had something to do with the fact, you had a penis that time and ...(interjects)

P1: ye, some of them said , what if he is bisexual and she rapes us ? And I said wena since Primary, high school until here I never slept with a girl/The only thing I look at is a guy. if a an attractive guy passes my head will turn ,I will even brake a neck. Then the guys were like you see? We don't want her in the guy's toilets. Before she breaks her neck when she sees something. And I was like ....mmmmtlll

R: so they were accusing you of being bisexual

*P1: jah saying what if I rape them or something, saying some people are **perverts**, we will never know.*

Lugones (2003) tasks us to ask fundamental questions such as who is afforded acceptance within the social world and who is financing it? For instance; in the case of looking at different structures to which people subscribe and belong in society, there are always questions and judgments to be passed. Institutions such as religion, culture, the law and the medical system are a telling example. These structures influence each other, and in turn influence the subject and as such it either affords them or deny them social acceptance. It deploying the concept of multiplicity, plurality and travelling worlds, we able to see how the Igbo people in the Eastern Nigeria who illustrate that roles such as wives and husbands are not limited to a particular sex, for instance women can be male daughters through patriliniage and the role she assumes, a daughter who inherits his father's legacy and becomes the heir in the family, in absence of a male child becomes a male daughter (Amadiume & Caplan, 1987). De Beauvoir (1953) in second sex argues that women are not born but they are made, this illustrates that roles can be assumed by different sexes and they are not limited to any particular sex.

6.4   Integration: The material/corporal body

The way in which the body is conceptualised and constructed by the dominant discourse is assumed as universal truth. A sexed body is a gendered body that has certain anatomy and it is unchanging and in cases where it is changed then it is a representation of certain sex anatomy, either male or female. The body is knowable according to this conventional paradigm. However in deploying multiversity and travelling through worlds and world, Lugones (1987) illustrates that individuals occupy different spaces, at different times. In other words bodies are shifty and mobile.

The idea of travelling is based on how the people are constructed in different worlds. Here Lugones (1987) refers to worlds and the world as spaces inhabited within the society, and in her elaboration she uses attributes and characteristics. These bodies are not the same everywhere to everyone. Similarly to transgender people, as they occupy different spaces in different worlds, this occupation of space can be wilful and in other cases it might not be wilful, as they are constructed, for instance a transgender woman may be constructed in certain worlds within the society as being a "man" due to the corporal body being born male, and not possessing a certain phenotype. Within travelling the worlds, in other worlds such as the transgender subculture she might be constructed differently, and the physical composition might be secondary to identity rather than taken as primary and the body might be read differently, where how a person identifies takes precedence over how they might be read (corporal body) as. Oyewumi (1997) posits that western culture exaggerates the presence of the body and privileges sight over auditory capacities. Arguing that Yoruba culture privileges the auditory rather than sight, what becomes evident in the Youraba culture is the importance of listening to how the person identifies rather than relying on sight or visual perception to make extrapolations about a person's gender.

Applying multiversity and plurality can help us conceptualise the self better as it travels different worlds, for instance a transgender man, who is on hormones, and has had a mastectomy but still retains his womb and ovaries, if he decides to start a family and conceive, within the universality discourse that sees female as equals to woman, mother and a wife, it is impossible to apply it to an individual who has not forgone his rights to conceive and still identifies as a man or for example in the case where a male to female transgender women, who medically transition after having fathered children, e.g. Caitlyn Jenner a well-known tennis player who is a transgender woman, recently transitioned from male to female, does it mean that as she has transitioned, does she have to forgo her history and her role as father? Or can she self-

travel and play different roles? Are women the only individuals who can be mothers or is motherhood a process relating to a child? And by a child I refer to an individual who has and might still be under one's guardianship constituted by a relationship between a child and a parent, particularly with identity. Multiversity and plurality opens for conceptualizing the self as playing different roles within different worlds in a society, the traveling allows for mobility of the self, and such the self again is becoming and not static or seeing the self as multifaceted, consisting of more than one side (Lugones, 2003).

The body is a site of contention in a sacralised space; it is a site under the gaze. The body is a site to gaze at, a site subject to a gaze, a site of difference; for instance race, gender and class. A site that is subject to accountability and morality, for example, religion, spirituality and the law are currents to which the body is subject. It is a site that can be oppressed and liberated, for instance, slavery, racism and freedom. It is a site that can destroy and be destroyed in war and violence. It is a site that can be hierarchized, sacralised, promoted to the superior and be worshiped. It can be a site of intimacy through social interaction. Oyewumi (1997) argues that bodies are not just bodies but they are also social bodies. A body is a site that can be manipulated through medical cosmetics, for example, plastic surgery. It is a site of contestation and dominance, where other bodies have more rights than others, for instance racism, Fanon (n.d) talks about the zone of being and non-being when elaborating on discrimination and racism, where white lives mattered more than black lives. It is a site of representation of gender and sex, it is site of subject to deterioration, aging. A site of care and nurturing; wifeliness and motherhood, Gilligan (1982) posits that the notion of women's morality is grounded within the ethics of care. A site of protection and provision; manhood and fatherhood, for instance Drayton (2014) explores the construction of good providers, provision of economics by men to their family in relation to education, where these men see education as the mobility towards economic freedom and providing for their families, how they construct themselves and are constructed as providers. A site of disgrace, a body can be, a site that can be degenerated, second sex and whoredom, for example, women constructed as the weaker sex (De Beauviour,1953), the vilification of women in history (Sjoberg & Gentry, 2007). It is clear that a body as site can be constructed in many ways and it can and is expected to perform certain functions. In a word, a body is subject to and vulnerable to power.

6.5   Conclusion

At the beginning of this thesis I departed from the Foucauldian view of power, which states that power is never owned, it circulates and through resistance meaning is forged and the power

circulates. Contrary to the above statement, I would like to conclude with an argument that even when power circulates its impact has variability, it can be continuous. For instance, when lives are lost, when lives continue to be invisibilized, unrecognized, pushed to the margins. In the case of the law in South Africa issues of fluidity and gender remain silent. For people who don't identify within the binary of man and woman, the law does not recognize them. The law functions within the polarity of gender and the individuals remain peripherised and unrecognized. Women who become husbands, men who become wives, or the women who seek to practice polyandry, and even bisexual women who wish to have partners who are male and female often fall on the blind side of national policies and law. The transgender body is easily invisible, silent and absent in its full presence. The transgender body is othered, subjected to demands of full measures so that it can achieve completion in the judgment of experts. The transgender body is also objectified and subjected to the curiosity of desire and taste. The transgender body is severally scandalized on one end as a disability and an inadequacy, on the other hand as a site of exotic difference to be explored or normalized.

CHAPTER 7

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

7.1   Limitations of the study

The aim of the study was to problematise the notion of gender in particular how transgender narratives rapture normative constructions of how gender identities come are understood. Such a deconstructive take required an analytical lens that questions theorizations that legitimize the pathologization of non-normative gender presentations. To this end, a framework was particularly designed to highlight the need for new conceptual frameworks that could explain how the transgender experience without falling into the normalizing trap of existing binary theorizations of sexuality and those that explain queer identities. While the concepts proposed in the theoretical framework chapter such the intercommunity space and power plays out spatially to construct the transgender narrative have the potential of providing useful analytic anchors, the proposed conceptual requires a more nuanced interrogation to examine how the concepts can be operationalised as a unique theoretical framework to explain the transgender phenomenon.

The study also attempted to examine the discourses that impact on the lives of the transgender people, however it was limited to one particular province, Gauteng, as such it cannot be generalized to other provinces. Gauteng is unique in that, it is a multicultural Province with inhabitants of people who have migrated from the homelands to seek employment, as such it is highly multicultural and multilingual, with fusion of various cultures. It is possible that in other provinces, the transgender individuals experience life differently due to monocultural practices. Having said that, given the constitutional framework which applies to the entire country, where recognition is based on the polarized sex and gender, and the two terms often being conflated with each other, it is some challenges it is possible that the might be similarities in experiences, For instance, the gender identity recognition against the given gender marker on the identity book, which based on sex.

Given the sampling method that was used to access participants and the number of participants who took part in the study, the participants only consisted of black and white individuals. As such race also contributes to the limitations, it is possible that other cultures practice gender differently, however these factors were not the focus on the study, but it is important to acknowledge that they might contribute to how people do gender within a gendered society.

7.2   Recommendations: Decolonizing Gender and ensuring human dignity

It is highlighted in the study that during gender affirmation process, transgender individuals experience distress and there is a need to do more research on the emotional experiences of gender affirmation process. Upon cancellation of the patient's surgery or postponement of the affirmation process, it is necessary to have a therapist intervene to help the patient deal with the delay of the affirming process. Care should be taken into consideration, how the process is done, for instance, it is unethical to tell a patient over the phone that their three-year long awaiting process for gender affirmation surgery is postponed with another 12 months without considering their state mind and effect of the distress. This is of paramount importance, since these are people's lives and there are vested emotions involved when waiting for surgery. The data indicates that there are some high levels of distress when surgeries are cancelled and postponed. Transgender people also, because of the emphatic othering of their lives and bodies, have few or no people around them to share their stresses and frustrations with. Most of them, in silence are consumed by stress, shame, guilt and even fear about who and what they are.

Further future research should look into the environment in which the transgender people transition in hospitals, there is evidence from the data that patients find it hostile and experience hostility from nurses and doctors who have no knowledge about transgender issues. Medical experts turn out to be curious and to be scandalized by the realities of transgender bodies and transgender lives, putting the transgender people on the spot even in the hospitals where assistance and relief in normally anticipated. Sensitization and education about marginal groups should form part of the hospital's educational training program in order to ensure that transgender people and other gender variant people do not face discrimination, ridicule and unnecessary uncomfortableness emanating from the lack of awareness about transgender issues.

Further, transgender studies and transgender education should be mainstreamed to such an extent that it does not only become an occupation of rebellious scholars and academics but of everyone who intends to expand understanding of lives in society. As observed in the study, understanding of transgender bodies and transgender experiences require an expanded understanding of power, knowledge and being in society.

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'DOING' GENDER IN SOUTH AFRICA: FOOTPRINTS OF TENSION FOR
TRANSGENDER PERSONS

Student number: 41894618

Researcher

I………………………………..have discussed the proposed research project with the

participant and in my opinion the participant understands the benefits, risk and volunteerisms in

the study this includes freedom to stop participation at any point she may decide to do so.

……………………………………..   ………………………………………

Signature of researcher

Date

Participant

I………………………………….. Herby confirm that I am over 18 years of age and recite in

Gauteng and volunteer to participate in the study.

I have read the information about the research project and the requirements.

……………………………   ....……..…………

Signature of participant   Date

INFORMATION SHEET

'Doing' Gender In South Africa: Footprints Of Tension For Transgender Persons

The purpose of the study: You are being asked to participate in this research study which is aimed at gaining an in depth understanding of experiences and challenges of transgender people. We would like to invite you to volunteer to participate in the study because you have told us you are

Alternatives to participation: This information will be used for research purposes and to advocate for transgender people's rights.

Procedures: You will be asked to fill a consent form and you're free to withdraw from the study at any given time you may feel uncomfortable during the interview .You will also be asked to engage in a one on one interview with regards to your transition .A tape recorder will be used to assist the researcher to transcribe all the information necessary for the study and to also compile a report. This research will be conducted in Gauteng; Pretoria and Johannesburg

Potential risk and discomforts :The information arising from the interview maybe be sensitive and trigger past memories of discrimination and experiences .If you perhaps feel that you need someone to talk to after the dialogue we will set an appointment for you to see a counselor around Pretoria or Johannesburg

Potential benefits: You will be offered refreshments and will be afforded an opportunity to express or vent your experiences of transition.

Confidentiality: Your answers will be completely anonymous and the biographical information will not be linked to your identity. You may use a pseudo name or an alphabet on the biographical form. The audio type containing the dialogues will be used to write a transcript for the research report and will be kept safe by the researcher. The research report will be disseminated to the following organizations: University of South Africa, Transgender organisations LGBT organizations and other organizations that advocate for human rights .

Research standards: Your participation in the study is voluntary; you may refuse to engage in the interview at any given time you feel uncomfortable. Should anything within the interview causes you distress or trigger any unpleasant emotions, we will refer you to the professional counselor.

Contacts for further information or questions
Researcher: Lesego **Ramphele**

Mobile Number: 0791257701 Email address: ramphelel@yahoo.com

INTERVIEW SCHEDULE

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Interview schedule of guiding questions

- Gender roles and gender pronouns

- Coping with the Gender affirmation process and emotions

- Accessibility to health care service and the type of service one receives as a transgender person

- Process of gender confirmation process

- Negotiation of space and a sense of belonging

- Comfort ability around cis gendered people

- Womanhood and manhood in relation to space

- Being read as a member of the desired gender

- Identity cards and accessibility to services

- Gendered spaces and sex segregated places

- Dealing with the past ,family and friends

- Disclosure and non –disclosure in relation to establishing relationships

ETHICAL CLEARANCE

Department of Psychology

Ethical Clearance for M/D students: Research on human participants

The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.

Student Name: Lesego Ramphele   **Student no.** 41894618

Supervisor: Boshadi .M .Semenya   **Affiliation:** Dept. of Psychology, Unisa

Title of project

'Doing' Gender in South Africa: Footprints of Tension for Transgender Persons

The proposal was evaluated for adherence to appropriate ethical standards as required by the Psychology Department of Unisa and the application is approved by the Ethics Committee of the Department of Psychology.

Note that because the participants come from a vulnerable population, special care should be taken in recruiting and interacting with the participants to respect their privacy and dignity. All ethical requirements regarding informed consent, the right to withdraw from the study, the protection of participants' privacy and the confidentiality of the information must be met to the satisfaction of the supervisors.

Signed

Prof P Kruger
[For the Ethics Committee   ]
[Department of Psychology, Unisa]

Date: 17 November 2014

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Psychology Department Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*