In social systems based on sexual and gender dualism, the presence of gender liminal people (Roen, 2006), such as trans and intersexed persons, could represent a menace to the sexual and gender order. Trans and intersexed people's bodies, with their mix of masculine and feminine elements, do question the dual system based on the opposition between men and women. Although transgender, feminist and queer theory vastly discussed the socially constructed character of sex and gender concepts (Stryker and Whittle, 2006; Butler, 2004; Connell, 2002; Kessler and McKenna, 1978), in the context of Italian society the correspondence between sex, gender and often sexual preferences is not questioned. Sex and gender are considered to match and the distinction between men and women is generally taken for granted: men and women have different sexual organs, their physical aspect is distinguishable, they use different clothes and separate toilets, etc. This distinction is so common and familiar that it is considered natural and thus normal, while people who question such equivalence are broadly understand as “deviant” or “sick” (Connell, 2002; King, 1993). Trans persons are perceived as nature’s mistake who, at least, should be cured through medical intervention (Ruspini and Inghilleri, 2008). The medical apparatus is officially recognized by national legislation as the legitimate social actor that should solve the “transsexual problem”, by re-establishing the normal balance between sex and gender, the body and the internal self.

Following a post-structuralist approach, combined with a gender studies perspective, this article analyzes the socially accepted definition of transsexuality, comparing it with the multiple experiences of trans persons who embody hybrid bodies and gender identities. In particular, it is assumed that gender is not a natural property of sexed individuals, but a social construction produced in the course of situated interactions in a specific socio-cultural context. Which model of transsexuality is officially legitimized in Italy? Which relationship does it imply between sex and gender? Which models of
transsexuality emerge from trans people narratives? Which bodily elements are used by trans people to signify their gender identity?

The field work was held in Turin (Italy) in the context of a broader sociological investigation on trans people and gender. We identified as trans people all persons who underwent a bodily, medical or surgical treatment that affected primary or secondary sexual characteristics to live as another gender.¹ The research adopted a qualitative approach based on explorative interviews with privileged informants (trans activists, psychiatrists, surgeons, endocrinologists, psychologists, lawyers, all professionals dealing with trans people), in-depth narrative interviews with trans persons and a six-month observation in a self-help group of trans people. At the time of writing (May 2009), 23 interviews with privileged informants and 25 with trans people were carried out.

Gender and Trans People

The concept of gender was introduced in social sciences by scholars who evidenced that social differences between men and women are not natural, but based on power differences and reinforced by social institutions (Sassatelli, 2006). During the 1970s, feminists criticized the idea that sexual differences between men and women’s bodies could originate other differentiations used to justify women’s subordination on the basis of biological diversity. Hence, they introduced the distinction between sex, considered as the biological division between males and females, and gender, intended as the whole of cultural, symbolic and social differences produced on the basis of sexual differentiation between men and women. This approach, which has been defined as essentialist, contributed to naturalize sexual differences, sustaining the naturality of biological sex, mainly defined as genital, as an a-historical fact around which social meanings, identities and roles of femininity and masculinity are built. In a similar perspective, also the trans experience has been considered as a natural condition expressing a mismatch between biological sex and the internal self. King (1993: 3) evidenced that the majority of medical scholars “have assumed the existence of a trans-historical and trans-cultural condition” affecting people who should be considered as a separate group from the rest of humanity. Thus, the

¹ As primary sexual characteristics we considered the reproductive organs (i.e. ovaries and uterus for trans men and testicles and penis for trans women). As secondary sexual characteristics we considered the beard and the breast.
trans condition is judged to be a discrete phenomenon that exists in the “real” world.\(^2\)

Starting from the 1980s, feminists began to develop a different perspective on gender and sex, adopting mainly a constructivist approach. These scholars, variously influenced by post-structuralism, highlighted the socially constructed character of both sex and gender, as produced either by performative discursive practices (Butler, 1988), or in the course of social interactions (McKenna and Kessler, 1978) or in the context of institutional arenas (West and Zimmerman, 1987). They started to question the essentialism of sexual binarism (male vs. female), the corresponding dualism of genders (masculine vs. feminine) and the compulsory heterosexuality (Butler, 2004; Halberstram, 1998). In this sense, gender is considered as the social artifact that allows people to interpret as natural the binary distinction between biological men and women (Sassatelli, 2006). The idea that being masculine or feminine depends on biological sex is only one possible declination of gender, although it pretends to be universal. The identification of a third gender considered as a combination of masculinity and femininity, such as hijras (Reddy, 2005) or “berdaches”\(^3\) (Kessler and McKenna, 1978), or the definition of gender as man/not-man based on the role in sexual practices (Kulick, 1998) are just possible examples of the ways gender can be differently defined in diverse socio-cultural environments. According to this perspective, the trans experience offers the possibility to make evident the socially accepted definitions of sex and gender. Kessler and McKenna (1978, p.113) state, for instance, that: “The existence of transsexualism, itself, as a valid diagnostic category underscores the rules we have for constructing gender, and shows how these rules are reinforced by scientific conceptions of transsexualism”.

Currently, social scientists tend to evidence the double character of the gender concept (Kimmel 2000; Sassatelli, 2006). On the one hand, it refers to the self-perception of one’s self as gendered, depending on the way gender is socially defined. On the other hand, it functions as a category that organizes social interactions and institutions. Hence, what is considered to be normal (and consequently what is defined as not-conform) about gender influences both the personal definition of one’s self and the social

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\(^2\) What can vary is the social attitude towards it, i.e. it could be considered either a normal condition or a pathological deviation.

\(^3\) The term berdache used by Kessler and McKenna (1978) is now considered as insulting and inappropriate by a number of Native Americans as well as by anthropologists, who agreed in utilizing the term two-spirit people (Jacobs \textit{et al.}, 1997).
interactions with other people in specific contexts. In particular, in Western societies gender configures as a device regulating the social interactions between sexes: every time we see a person we decide which is her/his gender on the basis of some elements socially considered as differentiating men and women and we act consequently (Connell, 2002). The ethnomethodological perspective, in particular, evidenced that:

[gender [...] is a situated accomplishment of societal members, the local management of conduct in relation to normative conceptions of appropriate attitudes and activities for particular sex categories [...]. From this perspective, gender is not merely an individual attribute but something that is accomplished in relation with others. [...] Gender is obviously much more than a role or an individual characteristic: it is a mechanism whereby situated social action contributes to the reproduction of social structure.


Following this approach, gender for trans persons, far from being a natural condition linked to some internal essence, would depend on the social and normative context where it is negotiated and performed, and at the same time it would contribute to shape and reinforce it.

The Normative Construction of Hegemonic Transsexuality in Italy

Before the introduction of a specific legislation in Italy, trans people were relegated to living their gender identities privately for fear of being detained as criminals for being “transvestites” or in psychiatric hospitals as mental health patients (Benadusi, 2008). At the beginning of the 1980s, the Italian Parliament approved a norm that partly regulated their status. Passed in 1982, the Law N. 164, entitled

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4 In this sense, the concept of recognition is crucial to understand the formation of personal identity, including gender identity. It refers both to the process of identification, by which the subject connects to social structures and meanings, and the process of individuation, by which s/he recognize her/himself. Identification can function through conditioning or reciprocity. By conditioning we refer to the role of social structures and groups in influencing individual identity; by reciprocity we mean the possibility for the subject to interact, interpret and adapt to social structures. Individuation is mainly psychological if based on motivations and personality traits, while it is linguistic if based on social interactions linguistically mediated (Sciolla, 2000).
“Norms regulating changes in sex attribution”, defined the legal process that should be followed to officially change gender in Italy. Although this norm is currently the only legislation on the trans question in this country, it is interesting to note that it does not explicitly mention the trans condition, speaking only of “sex change”. Art. 1 states: “The sex change, as per article 454 of the civil code, is made possible by a definitive sentence of the judge attributing to a person a sex different from that declared at birth, after the occurred modification of her/his sexual characteristics” (Gazzetta Ufficiale 1982: 1), and Art. 3 specifies: “If competent experts prove that a person needs to undergo medical and surgical treatments in order to modify her/his sexual characteristics, the judge authorizes this intervention with a sentence. After the surgical operation, the judge allows the rectification of her/his personal data in identity documents” (ibidem). In practice, these articles regulate the rectification of gender identity in personal documents.

This formulation is informative about two relevant issues: on the one hand, it evidences the legal recognition of the medical apparatus as the competent actor in managing the gender transition process, thus taking for granted and confirming the pathological nature of the trans condition. On the other hand, it indicates the undergoing conception of gender. The law never speaks about gender, using only the words sex and sexual characteristics: the issue of gender is left into brackets because its correspondence with the biological sex is considered implicitly natural; at the same time sex is defined exclusively as sexual characteristics; no mention is made, for instance, about chromosomes or hormones. Thus a person can officially change gender only undergoing to a surgical modification of sexual characteristics, after the judge’s authorization. It is not possible for a trans person to change her/his identity documents before the sex reassignment surgery.

Delegating to the medical science the treatment of “sex change”, the law is not concerned with defining what sexual characteristics are. Due to this definition’s vagueness an operative praxis established that considers the modification of reproductive sexual organs as conditio sine qua non for the gender change. This means testicles elimination

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5 “Norme in materia di rettificazione di attribuzione di sesso”. The law N. 164 was published in Gazzetta Ufficiale, N. 106, 19th April 1982 and it is also available on the web page of the National Observatory on Gender Identity (O.N.I.G., Osservatorio Nazionale sull’Identità di Genere) at the address http://www.onig.it/drupal6/node/10, 15th June 2009.

6 One of the not-expressed objectives of the norm is to protect doctors from eventual accusations of mutilating physically sane persons.
and construction of a neo-vagina for biological males who want to change into women and elimination of uterus and ovaries for biological females who want to become men. Hence, the presence of “conform” genitals is not mandatory, rather it is the absence of the “wrong ones” to be absolutely compulsory. In both cases, the Italian State recognizes the gender change possible only by transforming trans persons into permanently sterile human beings. We could ask which are the reasons. Could trans people generate other “sexual deviants” or pathologic people? If it could be possible to modify one’s gender without genital surgical intervention, would this legitimize unions between same-sex persons (which are currently not allowed in Italy)? Or would it question the naturalness of the binary system of corresponding sex and gender? Thus, if it is possible to pass from one gender to the other, no intermediate position in between is recognized and legalized by the law. The trans experience is legally allowed only as a transient gender that should be stabilized as either male or female. The existence of a positive norm aimed at normalizing it, is informative about the socially constructed character of gender. In fact, if being masculine or feminine on the basis of sexual organs would be a natural fact that excludes, per se, the possibility of other gender expressions, then the trans condition should not exist or, at least, should not require to be regulated by legal norms. On the contrary, the existence of a norm indicates the efforts made by a society to restrict certain social behaviors, including gender performances (Connell, 2002). In a social context that defines gender as masculinity and femininity determined by biological sex, the presence of persons who question this assumption is considered to be problematic and needs to be regulated.

The way trans experience has been defined and treated in Italy is revealing of the officially accepted definition of gender normality and, at the same time, it constitutes the frame within which individual gender identity develops and social interactions amongst gendered people occur, shaping the contours of what we may call, paraphrasing Connell (1987), “hegemonic transsexuality”, or paraphrasing Warner (1992) “trans-normativity”, i.e. the only socially accepted way of being trans in Italy.

The Medical Production of Correct Bodies for Trans People

Hence, if a national law establishes the normative boundaries of the trans experience, the medicine is officially recognized as the social actor in charge of producing “bodily correct” (Fusaschi, 2008, p.8) trans people. In Turin there exists one of the seven public hospitals that organized an integrated service, including diverse professionals
such as psychiatrists, surgeons, endocrinologists and psychologists, which offers a structured course, almost free of charge, to officially perform a gender transition.

Interviewed specialists agree in considering trans persons mainly as transsexuals who suffer for being trapped in the wrong body. The body is “wrong”, “in-correct” because its genitals are not the ones that a man or a woman should “naturally” possess.

Professionals generally highlight that transsexual people do not have any physiological pathology, as it is the case for intersexed persons, a condition that generally impedes the transsexualism diagnosis. On the contrary, they are affected by a sort of “internal error” (psychologist_3), experiencing a mismatch between biological sex and psychological self.

Transsexual people identify and desire to live as a sex opposite to the biological one, feeling uncomfortable at a personal and social level. The lack of social recognition of their psychological self brings discomfort and difficulties that push them to look for treatments aimed at modifying their physical aspect to become more adequate to their psychological self.

(psychiatrist_1).

When asked to clarify the meaning of the sex concept, interviewed specialists agreed in recognizing it as the biological basis of sexual differentiation amongst males and females, whose main evidence are the external genitals and secondary sexual characteristics, but includes also hormones and chromosomes. They frequently use the term “opposite sex” evidencing the assumption that there are only two discrete biological sexes. The psychological self, instead, was defined as the perception of oneself as being either man or woman. In “normal” persons the psychological self corresponds to the biological sex and combines with coherent social roles and sexual orientation. This definition of the psychological self presumes the existence of a normal essence of being gendered, which foresees a correspondence between a specific male or female body, an equivalent self perception as man or woman, a particular social role and a sexual attraction addressed to opposite-sex persons. According to this classification, trans persons result to be problematic because they doubt the correspondence between biological sex and self perception, often

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The path foresees six months of psychological and psychiatric treatment before starting hormones therapy and eighteen months of real life test (i.e. living as the preferred gender) before obtaining the authorization for sex reassignment surgery.
questioning the assumption of heterosexuality.\textsuperscript{8} This scientific
definition of transsexual people add some relevant element to the
official conception of gender normality: apart from the
correspondence between biological sex and gender, it is specified
that sexes are only two, that normal bodies can be only either male or
female, and that the normal sexual orientation is the heterosexual
one.

Transsexuals are not the only persons “suffering for gender identity
disturbs” (psychologist\textsubscript{3}). Experts recognized the existence of
people, referred to mainly as transgender, who want to be recognized
as the opposite gender, undergo medical, surgical and/or bodily
treatments affecting sexual characteristics, but do not want to change
their genitals through surgical intervention. The interviewed
professionals agree that these people just want to modify their body
appearance but not what they consider as its essence, i.e. the
genitals: “they want to appear as the opposite sex, not to be it”
(psychiatrist\textsubscript{1}). Paradoxically, trans persons who question the sex-
gender dualism and refuse the correspondence between gender
identity and sexed body are seen as more deviant and less deserving
of cures. It is not surprising, thus, that public hospitals treat mainly
trans people who intend to undergo surgical treatments, addressing
transgender people to private specialists: they have to pay for their
choice not to conform to sex-gender binarism.

This brief analysis illustrated that gender is not merely a property of
individuals, but it is produced and reproduced by social institutions,
such as the judicial system and the medicine, which create gendered
normative standards.

\textsuperscript{8} In our sample, amongst 25 interviewed trans people 2 trans men declared
to like men, 1 stated to be bisexual, 6 trans women said to desire women
and 3 considered as bisexuals. Hence 12 people do not consider
themselves as heterosexual, being everything but a minority. Moreover, the
category itself of homosexuality results problematic for trans persons: should
it refer to the biological sex at birth (as many specialists do) or to the gender
one person feels to be (as we did)? Doctors seemed to be quite surprised in
discovering same-gender sexual preferences in trans persons after the
gender transition. If sexual orientation is central in defining gender identity,
why does a biological man who desires women want to change sex? Would
not be better or just easier to love women being a man?
Subjective Experiences of Transition and Gender Performances in Italy

As masculinities and femininities that can “mean different things to different groups of people in different times” (Kimmel, 2000, p.11), also the trans experience can be multiple. Although not officially recognized as legitimate, trans people in fact perform varied experiences of transition, presenting unexpected fusions of sexual elements or developing not-dual gender identities. According to our research outcomes, a first distinction can be made between trans people who recognize the normality of a dual gender model and those who refuse it, affirming that genders are not naturally dual but should be seen as a continuum. The majority of trans people, however, approves the idea of sex-gender binarism: amongst these there are person who share the official definition of gender and transsexuality and others who embody new ways of being man or woman, i.e. considering themselves as men with vaginas or women with penises. The self narratives of trans persons has been classified in three main categories, with regards to the undergoing notion of gender as implicitly defined in relation to trans-normativity: the gender benders, the gender innovators and the gender conformists.9

Gender benders are people who claim explicitly for their gender specificity as neither masculine nor feminine, describing themselves as part of a gender continuum and embodying corporal mixes aimed at subverting normative gender dualism.

Now if I look at me in a mirror I would say I’m a borderline person: I cannot say I’m a man, I cannot say I’m a woman. Who looks at me understand that I’m not one gender or the other and this ambiguity for years has been a problem…when my friends told me that I should have decided where I wanted to stay…this need of defining which was my gender [either masculine or feminine] for a certain time was a problem, then it became my strength….it is this vagueness my identity. Now I feel ok this way...

(TW_51)

They often militate in the national LGBT movement, considering the trans experience as an individual and political choice, actively performing in-correct bodies.

9 We present here just a brief summary of our research outcomes on gender identity amongst trans people in Italy. We utilized the acronym TW to quote trans women and TM to report trans men interviews; the number after the underscore refers to the age of the interviewees.
Gender innovators, although a minority in our sample, question the correspondence between genitals and self perception as man or woman, embodying a new gendered corporeity.

Since I was a child I felt I was a male. [...] Now I want to undergo the surgical operation, but only the surgery compulsory to change my identity documents. I don’t want the phalloplasty…techniques are not so good and I feel ok with what I have.

(TM_23)

Their experience is particularly relevant because they challenge the taken for granted normality of the correspondence between sex and gender, claiming for a polysemic nature of the body. Although not questioning gender dualism, they embody innovative models of corporal femininity and masculinity, defining themselves as women or men with non-conform genitals, and distinguishing between genital sex and gender membership.10

Gender conformists describe themselves in the terms of the official definition of transsexuality, apart from the question of sexual orientation, representing the majority of the interviewed people. They considered themselves as being trapped in the wrong body, recognizing a mismatch between their physical body and their internal gender identity, an incongruence that need to be solved modifying primary and secondary sexual characteristics to conform to social standards of gender normality. These persons can be defined also as trans-normative, sharing the idea of gender binarism and desiring a normalization of their condition as either men with a penis or women with a vagina. Amongst them two main positions can be distinguished.

On the one hand, there are persons who recognize the importance of their transition experience from one gender to the other. They usually describe to feel as belonging to the opposite gender and need to transform their body to better accomplish social and individual standards of masculinity or femininity. They tend to refer to themselves as trans women or trans men, using different pronouns before and after the transition. These persons identify the beginning of hormonal therapy as the key moment of their gender transition, while the sex reassignment surgery is perceived mainly as the logical

10 As already commented, the current Italian legislation, due to its formulation and the undergoing conception of gender, does not allow these people to change their gender status in identity documents. Thus, even if they perfectly pass as males or females their documents do not correspond to their aspect and identity, because they still possess the “wrong genitals”. 
consequence of this process. Moreover, they value the importance of the transition itself from one gender to the other as an opportunity for performing both genders from the inside, as confirmed by numerous interviews.

I feel fortunate... I lived both things... I mean, when I was a man and until a certain point my friends treated me exactly as one of them... in the changing room, for instance... hence I experienced this complicity with men, I know them from the inside... then when I started transitioning this finished, at least with men, not with women with whom I started to become more familiar... although my [male] friends are still the same, I clearly noticed that something changed... but I feel lucky, enriched because I can express both my masculine and feminine parts.

(TW_32)

On the other hand, there are persons who refuse the idea of gender transition, stating that they “merely” need to correct their body which is not properly respecting the normal characteristics of their gender. Like in the case of Agnes reported by Garfinkel (2006 [1967]) they conceive their genitals as a biological mistake, “an accidental appendage”, “an abnormal growth”, “a tumor” that should be cured and replaced with the appropriate ones.

I’ve never been a woman... I always knew that... although people insisted to treat me as a female, I was a male. I never felt to have changed or to have become a man, because I’ve always been a man.

(TM_43)

These persons generally refer to themselves as either men or women, often refusing to recognize themselves as trans, and using the same pronouns before and after the transition. Sometimes they explicitly identify as primary transsexuals, adopting the medical definition of their experience and explaining that they started to feel being the opposite sex since they were children, reporting the typical elements used by doctors to formulate transsexualism diagnosis, i.e. refusing to play with same-sex children or wearing typical gendered dresses. They tend to narrate idealized biographies, evidencing their “true” gender and concealing the one ascribed at birth. Their narratives support the idea of an essential nature of gender, which requires to reestablish the normal correspondence between what they are and what their bodies represent, i.e. the opposite gender. As far as sexual orientation is concerned, they consider themselves as indubitably heterosexual, reinforcing this affirmation by declaring the heterosexuality of their partners.
Conclusions

The analysis of the trans experience is useful to understand the socially constructed character of the dual sex-gender system. In Italy trans people must choose to be either women or men in order to have their citizenship rights fully recognized (appropriate identity documents, free medical treatments). No formal option in-between is allowed for persons who do not conform their bodies to social standards of gender normality. A man who can give birth or a woman with a penis are perceived as a menace to the sex-gender order and must undergo genital surgical operations to be accepted as members of the other gender, as established by a national law. Nonetheless, the variety of trans experiences evidences that the official trans-normativity is only one of the possible configurations of transitioning between genders, although being the only one which is lawful in a context that refuses gender and sexual ambivalence. Even though in the natural world sexual ambiguity represents the norm rather than an exception, in the social world it is conceived as a menace to the social order and its functioning, becoming object of control and normalization. Thus, ambivalence is substituted by bi-valence (Galimberti, 2008) and the body that does not conform must be corrected, if it wants to be recognized as normal and legitimate. As in traditional societies in which “the body is the surface for writing the visible text of the law addressed to society’s members” (Galimbert, 2008, p.17), determining their membership to the group, in contemporary Western societies these rituals of membership still exist, having assumed new shapes. The case of trans people in Italy is just an example: the ambiguity of trans bodies needs to be corrected to allow people to become legitimate members of a society based on sex-gender binarism. For the majority of interviewed people, gender transition structures as a ritual, with its classical steps: separation, margin and gathering (Fusaschi, 2008). In the first phase, the trans person is separate from the original gender group. In the second phase the person lives in a sort of limbo where s/he is “neither meat nor fish”, in the words of an interviewed person (TM_48). The third phase foresees the entrance of the bodily corrected person within the community. The elimination of every sign of ambiguity concluding with the genital surgery holds a ritual character, defining the passage from exclusion to membership, from chaos to order.

However, if the body of trans people becomes the arena for constructing sex-gender binarism, it can configure also as a sphere of resistance to social pressures of conformity, evidencing the socially constructed character of gender, and opening new paths for the legal
recognition of other gender embodiments. What will be happening if
different ways of being gendered would be accepted in our society?
Do trans persons still want to undergo sex reassignment treatment if
they could express their gender diversity not conforming to sex-
gender binarism? And if the genital surgery would not be compulsory
to officially change gender, would still trans people need (or want) to
be medically treated in order to perform unambiguous bodies and
selves? Although the social context still appears far from accepting
non-normative gender performances, the struggles of the national
LGBT movement and the efforts of individual researchers and
activists move towards the promotion of trans persons right to
perform gender diversity.

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