TRANSGENDER AND INTERSEX AS HYPERBOOKS OF MOEBIUS PALIMPSEST PAGES:
IMPLICATIONS FOR HEALTHCARE NEEDS
INVOLVING SEX, GENDER, AND SEXUALITY AND THEIR INTERSECTION WITH
THE DYNAMICS OF AGING

Tarynn M. Witten, PhD, MSW, FGSA
School of Social Work
Virginia Commonwealth University
Richmond, VA 23284

and

Senior Fellow and Executive Director
TranScience Research Institute
PO Box 28089
Richmond, VA 23229-28089 USA
(804) 827 - 7371
transcience@earthlink.net
http://www.transcience.org
Keywords. Aging, Body, Cross-dresser, Demography, Gender, Gender Identity, Geriatrics, Gerontology, Hate Crimes, Health, Health Care, Hyperbook, Illness, Intersex, Sociology, Palimpsest, Queer, Race, Self-Perception, Sex, Sexuality, Support Networks, Transsexual, Transgender; Violence.
BIOGRAPHY

Tarynn Witten PhD, MSW, FGSA, is a Fellow of the Gerontological Society of America, and holder of the Inaugural Nathan W. and Margaret Shock New Investigator Research Award from the Gerontological Society of America. She is currently Senior Fellow and Executive Director of TranScience Research Institute, a not-for-profit research institute dedicated to studying issues of aging in the Transgender and Intersex populations. In addition, she is a Visiting Professor of Sociology and Anthropology at Virginia Commonwealth University-Main Campus. In the past she has served as one of the consortium members of the Biomarkers of Aging Project (NIH/NIA). Currently, in addition to her other duties, Dr. Witten is a member of the consulting consortium of the Healthy People 2010 Project. And serves on the Board of Directors of the National AIDS and HIV Over Fifty Association (NAHOF). She has published over 100 papers on aging-related topics. Dr. Witten is listed in Who's Who In International Science - 1989/90, Who's Who In Computing - 1989/90, Who's Who in Health & Medicine- 1990/91, Who's Who Worldwide - 1990/93/94, Who's Who In the South And Southwest - 1992/94/97, Who's Who In American Education - 1993/94, International Who's Who of Information Technology 1996/1997, Who's Who In the World 2000, International Who's Who of Professionals 2000, and as one of the Top 2000 Women Scientists in the World 2001.
Abstract

I examine the postmodern deconstruction of the body as possessed of an interiority containing a mind or a soul and an exteriority upon which the mind or soul forges a public face (Fox, 1994). In particular, I look at the concept of the body as a palimpsest upon which is inscribed text which is erased and rewritten but contains layers of residue meaning. This perspective is contrasted with the feminist dichotomous Western biomedical constructs and the more recent fuzzy gender construction of gender identity. The post-modern construct is subsequently extended to the concept of a hyperbook of Moebius palimpsestic pages. Support for this extended construct is provided through example quotations drawn from the author’s field study and survey research in these communities. Implications for the subsequent dialogue of the gendered experience of aging, particularly as it applies to health and illness, as well as the actual delivery of healthcare to the Transgender and Intersex communities are addressed.
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Introduction

Aging is an inevitable process. Death is a universal endpoint. Aging binds us all together. By definition, aging is a process, thereby implying a temporal dynamic and removing the implicitly assumed embodied norm of temporal stasis of body, sex, gender, and sexuality. And, as a consequence of this fact, it subsequently demands that we see each other as ‘flow’ in the context of personal history, socio-cultural embedding, and both biomedical and environmental risk, vulnerability, and resilience. No gender identity, no body form, no sex/sexuality triad is necessarily fixed in time and no triad is invulnerable or immune to the ongoing processes of aging. Aging unites us in a way that no other process can. It does not see categories, prejudices, fears, or hatred. It is universal and it is inevitable (Witten, 2001b, 2003a).

The body exists as an evolving spatio-temporal object. This object is genetically constituted in terms of the intrinsic chromosomal makeup of the body upon which, exogenous psycho-socio-cultural factors can work to modify the physical character of the body, thereby altering form and feature (physical resilience, risk factors, etc.). However, the intrinsic developmental properties of the body (the ‘birth body’) cannot be changed (genes, for example). This perspective is a fundamental underpinning of the Western, biomedical, Judeo-Christian-Islamic, White, homocentric, construction of social reality.
within which the body (politic, power, and individual) exists. Axiomatic and non-negotiable to this perspective is the gender dichotomy labeled masculine/feminine in concert with the birth sex identities male/female (Herdt, 1996; Jacobs & Cromwell, 1992; Witten et al., 2003).

Emergent from this homocentric power domination perspective is the feminist deconstruction of realities of power. Birke (2000) points to some of the conflicts within feminist theory as being ‘largely concerned with social construction of, say, gender or sexuality in ways that explicitly play down “the biological.”’ (Birke, 2000, p. 587).’

Sadly, in their attempt to equalize the power hierarchy and to maintain the feminist empiricist perspective, these self-same individuals tacitly buy into the homocentric WB (Western biomedical) construct of two sexes/two genders (Boyd, 1999; Fausto-Sterling, 2000; Taylor, 1998) and, in doing so marginalize all individuals who transgress the dichotomous norm. This is particularly evident when reading Birke’s (2000) own criticisms. Throughout Birke (2000), the only ‘gender-ified’ text consists of the words male and female/masculine and feminine, thereby further marginalizing all of those individuals who do not claim those labels.

More recently, Tauchert (2002) has pointed out that ‘Recent theoretical work, from Butler … “deconstructs” sexual difference and in the process repeats erasing the specificities of female embodied subjectivity.’ This perspective can be seen as a not so subtle attempt to align with the Transgender/Intersex populations against the ‘unrelentlessly masculine body politic (Tauchert, 2002).’ Moreover, by recasting the normative construct of gender in a more appealing and inclusive form such a stance simply recapitulates the dichotomous thought processes of the WB construct and attempts
to modify the construct in order to create a larger army with which to defeat the masculine foe; this time attempting to align itself with the highly stigmatized and marginalized T/I populations in hopes of creating allies based upon manipulation of their feelings of exclusion. This is an alliance with marginalized populations that are typically ignored within the feminist hierarchy of power (consider the Michigan Wymon’s Festival or the phrase ‘womyn born womyn’ as canonical examples). The justification for this ‘inclusive stance’ is deceptively couched in a feminist theoretical reconstruction of gender that makes use of fuzzy set theoretic methodologies (Zadeh, 1965) so that gender is no longer ‘appears’ as binary.

In the upcoming discussion, I provide an alternative worldview in which the meta-object set, the Moebius strip and the palimpsestic hyperbook, serve as a means of more clearly elucidating and addressing the Transgender and Intersex life trajectory and how that T/I life course experience is profoundly affected in mid-to-late life. An extensive discussion transgender/intersex mid-to-late life issues may be found in both Witten (2003b) and Witten, Eyler & Weigel (2000). In the following discussion, I begin by examining the dichotomous body of the normative feminist perspective vs. the post-modern body without organs (BwO). From there, I introduce the Moebius palimpsest and subsequently finalize the concept by discussing the hyperbook of Moebius palimpsestic pages. I then apply this construction to the experience of aging within the transgender and intersex communities.

**Body without Organs vs. the Dichotomous Body**

Using the analogy of a book, we can begin by arguing that most people live their lives like novels. The linear flow of the text/manuscript, like the linear flow of time, does
not alter the intrinsic properties of the body and does not truly run afoul of the politics of power imposed by the BwO (Body without Organs, Fox, 1994, p.24) of these individuals. Moreover, it does not question the effects of that power on the ways of knowing and its contribution to the constructs of the embodied self (Gagne and Tewksbury, 1999).

Health/illness, and aging (Witten, 2001; 2002c; 2003b), like everything else in the lives of these individuals, becomes a normative dialogue/discourse inscribed upon the normative BwO of these individuals, internalized into the physical body and its mental representation of self and other, and accepted by that individual as intrinsic to his/her existence and unquestioned as to its status.

Fox (1994, p. 23) begins his chapter by asking the following question, ‘What does it mean to inscribe a body?’ Pointing out that the typical modernist view of the body is that of a physical (rationalist) object (more like a container) having an interior and an exterior, the interior containing a mind or a soul and the exterior serving as the medium upon which the interior forges a public face, Fox goes on to state that ‘It (Postmodernism) has replaced it (the container construct) with the idea of a surface, without depth. Subjectivity is no longer understood as a phenomenon of the essential, interior self, but as an effect of power which has been inscribed upon this surface.’ This infinitesimally thin surface, upon which is inscribed the meaning imposed by the politics of power has been called the ‘Body without Organs (Fox, 1994, p. 24)’.

The conflict between the rationalist (Cartesian scientific, see Birke, 2000 as well) viewpoint of the body and the Postmodern view of the body (as seen in the aforementioned discussion) provides the essential tension for the problem of addressing healthcare delivery and the experiences of the processes of aging in the
transgender/intersex communities in that modern medical science is grounded in the Cartesian perspective of the body as having two sexes (defined by genital appearance and later legally ‘Lesbian wedding allowed in Texas by gender loophole’ by chromosomal structure (Beh and Diamond, 2002; Goodnow, 2000; Greenberg, 1998; Kurtz, 2000; Littleton v. Prange, 2000i, Velkoff & Kinsella, 1998) and as having sexuality choices that are defined upon procreation (Judeo-Christian-Islamic perspective); all other combinations being unacceptable. Moreover, the actual delivery of healthcare and perhaps even the dialogue of health/illness and aging themselves (Witten, Eyler & Weigel, 2000; Witten, 2002c), its meaning and worthiness to and for an individual is a dialogue super-inscribed by society on the dichotomous dialogue of the body as seen through the lens of rationalist scientific viewpoints (Basu, 2000; Gannon et al., 1992; Witten, 2003b). Nowhere is this more manifest than in the federal document HP2010 (2000) that purports to have as a primary goal of the HP2010 Project to ‘improve access to comprehensive, high-quality care services.’ In particular, the Chapter 1 HP2010 authors go on to state ‘Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States.’ Unfortunately the HP2010 document does not address ‘all persons in the United States.’ Page 1-13 of the 2010 document states, as its goal in clinical preventive care, ‘to increase the proportion of persons with health insurance.’ It then illustrates data from the 1997 National Health Interview Survey (NHIS), CDC, and NCHS showing the percentages of individuals under the age of 65 years having health insurance. The table incorrectly identifies “sex” as “gender” and lists only the options of male or female as data collected. Later on in the same table, it indicates that sexual orientation data was not collected.
Clearly, the problem of the dichotomous WB construction of biomedical and social reality becomes problematic when dealing with members of the T/I communities.

Moebius Palimpsests and the Hyperbook of the Transgender/Intersex Life Course

Defining the Moebius Palimpsest

A palimpsest is a manuscript on which an earlier text has been effaced and the vellum or parchment reused for another. The motive for making palimpsests may have been largely economic - reusing parchment was cheaper than preparing new skin. However, another motive may have been directed by the desire of Church officials to ‘convert’ pagan Greek script by overlaying it with the word of God. Modern historians, usually more interested in older writings, have employed infrared and digital enhancement techniques to recover the erased text, often with remarkable results. This explanation for the deletion of text provides us with a second important construction of the argument namely, institutions can use their power to both delete and/or reconstitute discourse on a page or in a book. With this in mind, we consider the following alternative construction.

Intersex/Trans and the Moebius Palimpsest

Individuals who claim the label of transgendered or intersexed and who seek to ‘remedy’ (note the imposed medicalization/pathologization of the label, APA, 2000) their ‘condition’ may be viewed as palimpsestic in that the ‘birth’ body serves as the linear, rectangular, physical page, upon which is inscribed the text of meaning imposed by the exogenous power structure and which the individual is attempting to erase and rewrite but must, by the genetic definition of the physical body, carry layers of residue meaning
because the intrinsic nature of the genome cannot be completely erased, no matter what means of ‘washing or scraping the manuscript’ is employed (seen as surgical and chemical intervention in the transgender world – some of the time). Moreover, the natural conflict of the politics of the BwO coupled with the seemingly Cartesian reality of the physical body\textsuperscript{ii} and the concomitant desire of the transperson/intersex person to alter the sociocultural image of the exogenous self to conform to the internal self-image, sets into action the normative person’s linear solution mechanisms, based upon the rationalist view of the world – ‘modern historians, usually more interested in older writings, have employed infrared and digital enhancement techniques to recover the erased text, often with remarkable results’ – and, in doing so, essentially reconstitute the residue meaning.

The Moebius strip (Flauvel, Flood & Wilson, 1993; Mathforum, 2003) is a mathematical construct in which it can be demonstrated that a piece of paper (or other linear object that can be twisted appropriately), having two sides (labeled inside and outside), no longer has such properties. Rather, what was once a dichotomy becomes a continuum in which the polar ends (male/female, masculine/feminine in the case of our discussion) no longer serve as poles but – in fact - fold in such a way that they are merely points in a continuum that can be viewed as continuous and circular than dichotomous (Witten, 1999; 2001). The Moebius palimpsest exists then as a mental representation of the higher dimensional meta-object from which sex, gender/gender identity, and sexuality are seen as socio-cultural projections based upon the lower-dimensional thinking of the normative population in which the projections are seen as separate, despite the fact that they interact and coexist simultaneously in the higher dimensional meta-object (see the cover of Hofsteader, 1980 as a perfect example of such a process). No longer are the
concepts/conceptual constructions seen as separate. Rather, the separateness is seen as a limitation of the normative population to see the more complex higher-dimensional meta-object.

By definition, individuals whose bodies are Moebius palimpsestic BwO’s live within the tension of the dyad of Cartesian science as it defines body types and within the tension of socio-cultural norms as defined by the Judeo-Christian-Islamic constructs. And yet, unlike the normative population, they experience gender, sex, and sexuality as a dynamic folding/unfolding in which there are no insides or outsides, but rather a higher dimensional object within which they exist but must show various projections into the normative reality as needed.

Within this perspective, the BwO of the ‘normative individual’ is static in time within the constructs of the accepted socio-cultural norms of the society. For a transgender or intersex person, the body is a Moebius palimpsest and – as such – is dynamic in time and violates the linear nature of the temporal flow of the normative population. Moreover, not only is the transgender/intersex person a Moebius palimpsest, but the transgender/intersex individual also must exist a hyperbook with links that lead to various nodes that decenter the classically accepted norms and decenter the linear texted novel. Given the natural tendency of the brain to categorize – to define boundaries – decentering is highly likely to cause increased anxiety within the transgender/intersex individual, as this person must live within the tension of the dyadic norms of society imposed by the BwO constructs inscribed upon the body of that individual, and it is likely to cause anxiety within the members of the normative population in that their inability to apply the normative linear rationalist logic of the Western biomedical, Judeo-Christian-
Islamic norms for sex and gender would cause elevated tension when applied to a transgender/intersex person’s palimpsestic creation of the self within the constructs of the normative BwO (Witten & Eyler, 1999; Lombardi, Wilchins, Priestling, and Malouf, 2001).

On paper, it is easy to tell where a work - such as a manuscript, book, or other “closed” writing - begins and ends. We can pick up a book and know it to be a unified, bounded object in which there is a linear uniformity to the flow of the text. The linear page fits the mental flow of most individuals. However, the Moebius strip, having no in-or outside violates that flow. That same work, in an electronic hypertext environment may lose much more of its coherence. The already decentered pages are now bound together in a decentered text structure; it is harder to determine where the book's boundaries are and, as a consequence of that fact, the reader is forced to deconstruct his/her sense of reading and either “flow” with the decentered text or go mad from and/or destroy the antagonistic text

(Kurt Vonnegut’s book, ‘Cat’s Cradle’ is an excellent example of a text decentered in time flow). By means of an example of the concept of “antagonistic text” consider the following survey results from Witten and Eyler (2001) as an illustration of the difficulty imposed upon the “normative” population by decentering arguments.

Decentering Texts in Transgender, Transsexuality, and Intersex

In a recent study of Witten and Eyler (2001, unpublished, ongoing), over 2000 anonymous response surveys were sent out to all of the students in the five colleges of a major southern university medical center. Students were asked to rate their perception of their gender using the Eyler-Wright gender continuum measurement instrument (Eyler
and Wright, 1997), among other questions (Pryzgoda & Chrisler, 2000). Students were also allowed to write in comments about the survey. Approximately 200 students responded to the survey. Of those that responded, a number of them expressed vehement emotions concerning the concepts of gender and sexuality (in all of the following quotation, all punctuation and spelling is preserved as written). One self-identified 24 year old, biological female medical student stated that,

I feel that this survey is very sad, because the world as a whole does not understand that God in the book of Genesis made “Adam and Eve” not “Adam and Steve”! I hope that you turn from your immoral ways and know that God loves you and can deliver your from this evil immoral way of thinking. There is no way to survey people on what is wrong and ungodly! Turn away from your evil ways and submit yourself to the Lord before it is too late! God bless you. God is coming SOON!!

Observe the command to ‘submit’ to the Judeo-Christian-Islamic proscription of sexuality as defined within the construct of the proscribed genital sex dyad. One 19 year-old, self-identified male nursing student wrote, ‘If you were born a woman you’re a woman, If you were born a man you’re a man That’s that’ Here we see the inability of the ‘normative’ type to function within the conflicting BwO dialogue where the new proscription is based upon norms that are in conflict with the accepted norms of the larger cultural institution. A 22 year old, self-identified biological male medical student wrote, ‘Biology teaches us that men are XY and women are XX. There are no other possibilities, anything else is sick!’ In this statement we see the Cartesian biomedical logic coupled with the genetic proscription and the clear attempt at destroying the conflicting BwO text
by labeling it with a pathological label thereby invoking the medical system’s social sanction to police and remove (wash/erase/cleanse) the deviant BwO.

Nowhere is the medical system’s social sanction to police and, to some extent enforce by methods within its means, the dominant BwO more readily seen than in its treatment of individuals who claim the Intersex label. The surgical mutilation of intersex, for the purposes of forcing the body to conform to the dominant two-genital form BwO is discussed, at some length at the web site of the Intersex Society of North America (Beh & Diamond, 2002; Goodnow, 2000; Greenberg, 1998; ISNA, 2003). However, the attempts to destroy the antagonistic text/BwO, or to force it back into the normative BwO are not restricted to only the medical establishment. We have seen the religious institutions involve themselves in the same behaviors. A 35 year-old respondent to the Witten and Eyler (1999) study wrote, ‘My church said that they didn’t mind my being a transsexual women and that I could attend services as long as I promised to remain celibate for the rest of my life.’ This attempt to either confine the non-dominant discourse or to resurrect the subverted dominant discourse (to read the residue of the prior text and to resurrect it as the BwO), as illustrated in the previous quotation by the 24 year-old female medical student further documents the construct. In a longitudinal study of transgender violence, Witten and Eyler (1999) report the following statement by a 52 year-old transsexual woman: ‘Stepfather used to beat me because as a child I didn't play with the boys or get into manly things. I wanted to play with the girls. I didn't play school games--I was a “sissy.” I got a broken nose for 1959 Christmas.’

The destruction of the new BwO discourse is considered to be a serious threat to the individual who undertakes to make the gender journey. The stories of the
consequences of being outed (which can be viewed as the subversion of the non-normative BwO by members of the dominant discourse, individuals who, through the use of their power resurrect the residue of the individual’s normative BwO) are abundant in the transgender community. One survey respondent wrote,

Add to this the difficulty of FTMs who have taken only hormones but could not afford or do not want surgeries. Billy Tipton comes to mind as one who never accessed healthcare in his lifetime, and probably died prematurely because of it. There are scads of FTMs who suffer in isolation because they refuse to subject themselves to medical scrutiny, possible mistreatment, and ridicule. Also, there is Robert Eads who recently died of medical neglect, after seeking help from at least 20 doctors who refused to treat him for ovarian cancer.

Another member of the cohort wrote, ‘I spent about 10 years lying to doctors and getting inappropriate treatment...I was convinced I would be institutionalized if I told the truth. I believe this fear was reasonable and based in real experience.’

And yet, the importance of being able to resurrect the previous text – the residue of the prior BwO/Physical Body dyad, in certain situations, is critical. Eyler constantly touts her rule, now known in the gender world as ‘Eyler’s Rule.’ Simply stated the rule says, ‘If you have the body part, you must take care of it.’ The consequence of this rule is that ‘Real men get pap tests and they must take care of the ovaries and uteruses, and real women have prostate examinations.’ The existence of a physical body in which both the old and the new BwO must coexist and in which that coexistence must, at certain times be acknowledged by an institutional member of the dominant dialectic (in this case the medical system) that seeks to suppress the very dialectic it must treat can, as we have
already seen in the previous quotation, lead to attempts at the overt destruction of the alternative BwO. One of the classic stories of this destruction is the case of Tyra Hunter (Witten and Eyler, 1999). Clearly, mapping the transgender BwO to something more accessible, a BwO construct that evokes the homosexual agenda allowed the EMS to use a medically acceptable argument for avoiding treatment and, at the same time, provided them with an accessible escape route – ‘how could we know if the person was a drag queen or transgendered?’

The transgender population is not the only population suffering from this problem. Cheryl Chase of the Intersex Society of North America tells the following story about a young intersex college student:

A college student visited the university clinic for back pain problems. When the doctor discovered that she had been treated for the intersex condition he wrote, in capital letters on her chart, ‘Ambiguous Genitalia.’ The student stopped attending the clinic because of the reasonable expectation that she would be treated as a freak.

**Aging, Health, Illness and the Gender Experience**

Individuals, as they live their lives, are constantly rewriting their bodies both intentionally, as well as unintentionally (molecular aging, physiological aging, etc.). The unintentional rescripting of the aging body is normatively acceptable in that it is socially understood that aging and its consequences are beyond the control of the individual.

Within the construct of these dynamic lifecourse rescriptings, the aging, health and illness discourse also intercalates itself. As the body ages, the normative BwO discourse is allowed, by social sanction, to invoke the safe rescripting capacity of the normative population to allow for the temporal changes in the physical body as it ages.
This safe rescripting is not available to those who claim the T/I labels (see the second and third quotations of this paper, where there is an obvious necessity for these individuals to be able to apply a linear chain of thought to the transgender/intersex labels, “if this, then that, else pathological.”

Being transgendered is to be nonlinear, hyperlinks jump here and there, the daily pages of the hyperbook constantly being rescripted, written and rewritten to function first within and then outside of the normative BwO discourse, sometimes walking a fine line between a coexistence in both BwO discourses. The hyperbook, unlike the normative novel, does not flow in a linear fashion. Where the individual might one day be normatively BwO one day, the next might be in non-normative, while the next might require coexistence of the two discourses. Paradoxically, it is this very tension that simultaneously decenters the dichotomous view of the dominant paradigm and foregrounds the nonlinear nature of a negotiated reality emerging from the Moebius palimpsestic nature of the gendered/sexed lifecourse experience. Nowhere is this better illustrated than in the transgender and intersex experiences with the healthcare delivery system.

Individuals participating in the Witten/Eyler survey were asked a number of questions concerning their experiences with the healthcare system. One of the questions asked whether or not the “participant had to alter his/her external presentation to make use of the facilities of the medical system.” One female-to-male transsexual in the study stated, ‘I shaved before the plastic surgeon visit and spoke in a “female” voice.’ Another female-to-male transsexual stated, ‘I try to alter my clothing...wear earrings ... shave ...’ Yet another female-to-male transsexual summarized the issue well, ‘Confusion creates
discomfort in caregivers.’ A pre-operative, male-to-female transsexual commented that, ‘Some medical staff had raised eyebrows, very distant looks, a lot of whispers’ While a female-to-male transsexual wrote, ‘In G.Y.N. clinic, with ID change, called out male name, a look came over female patients, what would a man be doing in a G.Y.N. clinic.’

The nonlinear, Moebius, palimpsestic nature of the transgender experience, as exemplified by the aforementioned quotations, illustrates the ongoing switching between the normative and non-normative. As we have already seen, discomfort – as the one FTM respondent noted - frequently has serious consequences. One female-to-male transsexual, desirous to pursue her gender journey to completion, needed to have a hysterectomy. She wrote, ‘Doctors refused hysterectomy because I’m of childbearing age.’

Witten (2003b) reports difficulty obtaining healthcare due to gender-related reasons. The response to the Eyler/Witten survey is biased in that it represents a sample containing primarily middle to upper-middle class white individuals in the MTF respondents. As such, it provides a best-case scenario indicating that the situation is most likely to be significantly worse in the general MTF population. The results are far more disturbing for other members of these populations (Xavier and Simmons, 2000).

The conflict of having to negotiate the two different BwO paradigms, on a daily basis, is revealed by the following statistics. Respondents were asked to answer whether or not they were worried about medical confidentiality in their healthcare treatment. 28/35 FTM express serious concerns regarding medical confidentiality while 43/89 MTF express serious concerns regarding medical confidentiality. One female-to-male transsexual respondent in the survey remarked that, ‘In considering using health
insurance to cover the cost of my surgery I feared I’d lose my job if word got back to my employer.’

Thus, not only is there stress between the two opposing BwO paradigms, but also there is internalized stress/anxiety due to the conflicting paradigms and the tension created by the mutual coexistence of the two paradigms within one person along with the tension emerging from the serious social consequences of being discovered to be a member of the non-normative dialectic. One cross-dressing member of the population, a 55 year-old male stated, ‘… that being a cross-dresser is like walking the line between hetero and transgendered. As long as I live as a “het”, I’m okay.’

**Aging, Gender and the Intersex/Transgender Experience**

Tightly integrated with their stigmatized status in the normative hierarchy is the ‘critical role of early experience in influencing health and well-being over the course of the life cycle (Jones, 1996 ).’ The research of Witten & Eyler, and the research of others (South, 2000) has demonstrated that the transgender and intersex community exist within a socio-ecological environment that carries with it implicit issues surrounding violence and abuse. These issues are not only historic for a given individual, but must also be dealt with on a day-to-day basis. We have demonstrated that the impact of psychosocial, biomedical, temporal-cultural issues all have an impact on the life course of a transgender and/or intersex individual and that these factors impact the generative processes of aging as a human being.

The previous discussion is not localized only to the current cohort of transgender and intersex persons. It extends into the future generations to come. Witten (2003a,b) has demonstrated that based upon estimates of the demographics of the U.S. population as a
whole and of the demographics of the transgender and intersex populations (Witten, 2002b, 2003a) it is possible to construct a reasonable demographic of the aging transgender and intersex populations. Back of the envelope calculations demonstrates that the numbers of potentially older transgender and intersex persons is not negligible (Witten, 2002b, 2003b). Furthermore, if we allow for the more broad interpretation of transgender as including cross-dressing, non-surgical, gender queer, and non-Western gender, then these estimates would increase substantially. Additionally, it is important to recognize that issues associated with transgender and intersex persons must, by their very nature, include the numerous lives that these people touch such as former partners, parents, children, current partners, friends, employers and employees, as well as random individuals on the street (Boenke, 1999). Thus, the issues that remain unresolved in the mid-life will be carried forward into the late life, further confounding the developmental, biomedical, and socio-cultural issues of that later stage.

These life cycle stages are further confounded by all of the standard demographic and socio-economic variables such as socio-economic status and race. A recent study (Battle, Cohen, Warren, et al., 2002), just released - through the NGLTF - gives one of the first and largest glimpses into a national, multi-city sample of Black gay, lesbian, bisexual and transgender people. Support for racial differences within the T/I populations can also be seen by examining the data of the WTNAS (Xavier & Simmons, 2000). Results from that study document significantly lower educational levels, 42% unemployment, and significantly lower income earning levels.

For those who are elders on a fixed income, transgender medicines and interventions can be problematic at best, as they are not covered under Medicare (Cahill
& Jones, 2001; Morley, 2002). Additionally, current estimates (Crystal et al., 2000) show that expenditures averaged 19.0% of income, for full-year Medicare beneficiaries alive during all of 1995. Higher burden subgroups, included those in poor health (28.5% of income), older than age 85 (22.4%), and with income in the lowest quintile (31.5%). Financial breakdowns for the TLARS show that, for female-to-male transsexuals (n=32 in the first wave of the study), the bulk of the respondents made less than $30,000/year with a significant amount making less than $20,000/year. To put the impact of the additional medical (pharmaceutical) treatment into perspective, the post-operative male-to-female transsexual is typically taking at least one gender-related medication. Typically, this medication is not covered under insurance. The average charge for this hormonal medication can range from between $40 and $100 dollars/month. Given the already meager fixed income available to a large portion of the transgender population, this additional medical burden can be oppressive. Pre-operative or peri-operative transgenders are typically taking upwards of two prescriptions per month, increasing their fiscal burden proportionally more (Crystal et al., 2000). In addition to the medication charges, there are additional gender-related medical charges including psychological evaluations, ongoing physiological tests for liver damage or other hormonally mediated damage (Asscherman, Gooren, & Eklund, 1989), medical intervention due to unexpected medical interactions of hormones with other age-related medications, and other unforeseen medical complications. Moreover, it is not unreasonable to assume that the transgender population will have a growing number of individuals who are on age-related prescriptions such as high blood pressure medicines, cardiac related medicines and/or pulmonary medicines and simultaneously on hormones (Doctor, 1985; Witten, Eyler & Weigel, 2000). Given the demonstrated preponderance of the lack of medical coverage in both the WTNAS and TLARS surveys, given the large
proportions of the population with marginal to no income, and given the stigma associated with being transgendered – as seen by the data on violence, abuse, and hate crimes presented earlier – it is not unreasonable to project (based upon the cited research references with respect to social support networks (Everard, Lach, Fisher & Baum, 2000; Grossman, D’Augellim & Herschberger, 2000; Litwin, 2001), socio-economic status, etc.) that the long-term quality of life will be marginal to non-existent, given the current federal policies with respect to the transgender population in general and the elders of that population in particular.

The scientific literature in Gerontology and Geriatrics has repeatedly demonstrated that these factors have a significant negative impact on health, quality of life (Stallings, Dunham, Gatz, Baker & Bengston, 1997), functional capacity, mental status, etc (Rautio, Heikkinen & Heikkinen, 2001; Turrell, Lynch, Kaplan, et al., 2002). Low-income levels (Choudhury & Leonescio, 1997) lead to inability to purchase necessary hormones, increasing the likelihood of illegal hormone purchase and use of dirty needles that can lead to HIV/AIDS (Bockting, Rosser & Coleman, 1999). Concomitant low-income levels lead to poor housing and subsequent increased risk for substance abuse, depression (Kraaij, Arensman & Spinhoven, 2002), suicidal behavior patterns, and risky sexual behaviors such as participating in sex industry work. All of these factors can lead to diminished social support networks and diminished family interactions, thereby leading
to an increased mortality risk and decreased quality of life (Pinquart & Sorenson, 2000; Van Baarsen, 2002). Moreover, the stigma of transgender makes access to assisted living and nursing home facilities beyond the reach of many and is certainly a fearful situation for most (Witten, Eyler & Weigel, 2000, 2003). This further diminishes the potential elder care facilities available to the aged of the transgender population. Little is known about elders in the intersex community. It is not unreasonable to argue that there will be both significant similarities and differences between the two communities. However, there is no reason to doubt that unresolved issues in an intersex person are also carried forward in time and will need to be dealt with in the later years.

**Conclusions**

In this discussion, I have pointed out that the feminist constructs of sex and gender implicitly embody the dichotomy of birth sex, even when deconstructing those self-same concepts using fuzzy gender constructs. Moreover, I have illustrated that a postmodern perspective of the gendered/sexed experience of transgender and intersex individuals, using the construction of the body without organs, superimposed upon a hyperbook of Moebius palimpsestic pages, can provide deeper insight into the dynamics of the dominant paradigmatic construct of the BwO vis-à-vis the gendered/sexed construct of the BwO. Using this construct, I have illustrated field study data that provides support for the proposed construction. Lastly, I have applied the new construct to issues of the gendered experiences of mid-to-late life aging in the transgender and intersex communities. I have pointed out how violence and abuse across the lifespan emerge as a consequence of the linear vs. nonlinear views of the dominant vs. the digressive populations. Using the sociological argument of lifespan health effects as
mediated by power inequality in the socioeconomic/political hierarchy of society, coupled with the inherent violence and abuse suffered by the transgender/intersex community, Witten (2003b) demonstrated that the Transgender and Intersex populations are at great risk for significant problems, in a variety of areas; risks that may well exceed those of the “normative” populations. Based upon the results of both quantitative data and qualitative field interviews, we have illustrated the validity of the Moebius palimpsestic hyperbook construction and demonstrated how examining that system allows us to develop a richer understanding of the complexities of middle and later life-cycle dynamics. Witten (2003b) demonstrated how the stigma and social isolation of being trans- and/or intersex identified leads to significant social isolation and that this isolation, coupled with the generative processes of aging, the concomitant risks associated with the transgender/intersex lifestyle, and the fiscal insecurity associated with these lifestyles are profound covariates with respect to what would be expected life cycle issues for a normative control individual. There are little to no data on international populations, with respect to mid-to-late life aging issues in the transgender and intersex communities (Witten et al., 2003).

Transgender and intersex persons must go through a great deal to survive. Those that manage to live long lives as transgendered or intersexed persons must have developed coping and survival strategies that were highly effective in the face of all that is against them. Understanding these coping and survival strategies can potentially benefit the normative population, particularly if these strategies can be extended to any individual in the mid-to-later stages of the life cycle. Understanding how members of the community manage to live fulfilling lives can also help us to better understand the
abilities of the human being to deal with complex difficult situations and to resolve them in a fashion that can allow the person to not just simply survive, but to also have a satisfactory quality of life. As Grant (2001) points out, it is important to examine the health of socially excluded groups.

ACKNOWLEDGEMENTS

I would like to thank the following individuals for various discussions which have contributed to the intellectual development of this paper: David Bromley, Joan Boonin, David Franks, Nancy Nystrom, Steven Lyng, Terry Mikiten, Diana Scully, Audrey Smedley, and Eva Thun. In addition, I would like to thank my research colleague A. Evan Eyler for her ongoing friendship, support, and creative insights. I would also like to thank the numerous individuals who helped to circulate the various survey instruments and who provided additional survey contacts. Portions of this research were supported by an NIA grant 1R01 AG11079. Lastly, and most importantly, I would like to thank all of the survey respondents, across all of the pilot surveys, the mini-surveys, and the full surveys.

HUMAN SUBJECTS/IRB APPROVAL

All survey research presented in this paper has received Human Subjects IRB approval from one or more of the following: University of Michigan Medical Center IRB, University of Texas Health Science Center San Antonio IRB, and/or Virginia Commonwealth University IRB.
REFERENCES


33) JONES, J.W. (1996) *In the middle of this road we call our life: The courage to search for something more* (HarperSanFrancisco, San Francisco, CA)


A recent Maryland court decision has upheld the claim to the normative “female/feminine” status of a male-to-female transsexual. The decision argues that the individual is not only physically female, but lives the normative social life of such a person. Hence, they are deserving of the claim that they are female.

We state “seemingly” because, while the dominant WB system works within the dyadic M/F body perspective, there is still the Intersex birth body that forces this same community to recognize the existence of individuals who are born in birth bodies that have ambiguous genitalia. Even the use of the term “ambiguous” implies that there is a proscribed birth body state or states outside of which, a birth body is considered deviant and dealt with accordingly.

The analogy between burning a book (destroying the antagonistic text) and killing a human, the “body as a book” becomes very relevant here. The individual, who is “transgressing” the proscribed BwO political discourse by identifying as a transgender/intersex identity and, through his/her attempts at altering the current BwO to a self-perceived more harmonious BwO, can be seen as palimpsestic and in violation of the linear flow of a text thereby creating anxiety within the political entity proscribing the accepted BwO discourses.