

Ms. Z's Further Reflections: Body and Identity

(Note: Ms. Z contributed a narrative to the book *Men Trapped in Men's Bodies*, published in 2013. Over a decade later she submitted this essay offering her further reflections.)

She had transitioned socially at age 45 and had undergone sex reassignment surgery six months later. Now at 73 she was conscious of her mortality and wondered whether she had anything worthwhile to share. The world didn't need another transsexual autobiography and she didn't want to write one. She simply wanted to provide another narrative, one potentially relevant to males struggling with anatomic gender dysphoria as severe as hers had been.

Prior to transition she had not been a woman, but after sex reassignment surgery and decades of living in female role she felt she had earned the right to call herself one. But she was a highly atypical woman, and not just physically. Unlike most women she had no sexual interest in men. Psychologically and emotionally she was not genuinely feminine, although she certainly was not typically masculine either. Over the years her social presentation and self-concept had become increasingly androgynous. But she did not identify as transgender and never used the word to describe herself, even when it would have served as a convenient shorthand. She had never cared for the term and recently it had become so vague and inclusive as to be meaningless. But more importantly it simply felt inadequate and seemed to trivialize her circumstances. When other people referred to her as transgender or trans she gently corrected them and told them that she called herself a transsexual. This distinction usually required an explanation.

The term transsexual had fallen into disuse. It had become unfashionable, even politically incorrect, and candidly that was part of its appeal. But she continued to believe that the transsexual-transgender distinction carried genuine descriptive value. It distinguished persons like her who experienced severe anatomic gender dysphoria from those with milder symptoms or perhaps no gender dysphoria at all. Her transition had been premised on the recognition that there were only two

sexes, male and female, and she had wanted to be a female, or a good facsimile of one. She had been one of the desperate, uncompromising souls who had insisted on eradicating their male genitalia and acquiring something more appropriate and beautiful. She believed that this conferred a special status. But she recognized that her attitude was overdetermined. Part of her feeling of specialness reflected her narcissistic personality structure and was a defense against underlying feelings of shame, to which she was no stranger.

Immediately after surgery she had felt more relief than elation. She had always known that getting rid of those shameful male genitalia would be essential if she ever were to live comfortably in her body. The area between her thighs was now smooth and beautiful. Sometimes it was hard for her to remember that it had ever been otherwise. Her female partners said that her genitalia appeared indistinguishable from their own. Aesthetically her procedure had been a complete success.

Male-to-female sex reassignment surgery was usually called vaginoplasty and constructing a vagina once had been considered the essential element of the procedure. At the time of surgery she had believed that having a vagina would be obligatory for the anatomic authenticity she craved. Now she felt more ambivalent.

Her surgeon had called her young and attractive and assumed she would want to have sex with men, so it would be important to create a functional vagina. This was the most difficult part of the operation and carried the highest risk of serious complications. Fortunately her procedure had been uneventful. Her vagina seemed adequate for intercourse but she had never engaged in sex with a man, penetrative or otherwise. The idea was repugnant to her, even in fantasy. Some of her female partners had put their fingers inside her once or twice, but this never created any erotic sensation. Usually she found the scent of her vagina agreeable but sometimes it had an unpleasant fishy odor. After a few years she had stopped dilating. Now she rarely did more than insert a soapy finger when showering.

In retrospect she might have been happier with a simple vulvoplasty. That would have made genital hygiene much easier. Probably her urethra could have been left a little longer, too, making her less prone to urinary tract infections. Perhaps she would have chosen this more practical option if it had been offered her, but maybe not. In those days practicality had not been her primary consideration.

In the first few years following transition, when she had been in her late 40s, some people had called her beautiful. That no longer happened, but she believed she still looked reasonably good at 73. She was lean and muscular, with large, firm, surgically enhanced breasts and a full head of wavy silver hair, cut in a pixie style. She had become a reasonable facsimile of a female. True, her shoulders were too wide, hips too narrow, voice too deep, hands and feet too large. But her body felt acceptable, and her long-standing anatomic dysphoria had largely disappeared. When she went out in public she elicited no looks of embarrassed disbelief.

Immediately after transition she had wanted to achieve a distinctly feminine appearance and she had been fairly successful, at least in her own estimation. It had been fun to make herself look so pretty and to display herself to the world. She wore big hair, well-defined makeup, cute dresses, low-cut blouses, skimpy swimwear, and occasionally even high heels. But these novelties gradually lost most of their appeal. As she grew older seeing her feminized image in a mirror created less erotic frisson. Trying to look feminine might make her more passable but it required substantial effort and conferred no other social rewards, because she had no desire to attract male attention. Eventually she dispensed with almost all feminine accoutrements. She stopped wearing dresses and skirts in her 60s and gradually abandoned jewelry, perfume and a long hairstyle. But she still liked her appearance better with a little makeup. Her vanity had not completely deserted her.

Ever since childhood she had wanted to look like a dancer and she was immensely flattered when people said she did. This still happened sometimes, often enough that she considered the compliments mostly sincere. Her usual outfit consisted of a sleeveless leotard, a fitted jacket and leggings, with leg warmers in winter. She took ballet classes several days a week and wore leotards and tights like the other women. Her classmates seemed to accept and respect her; they all worshiped at the same altar. Ballet was a way to get out of her head and into her body, where she could experience feelings of grace and power that once had seemed unattainable. Being a dancer, not just looking like one, eventually became an essential part of her identity.

In her mid-60s she had begun to perform in student shows sponsored by the studios where she took classes. On one occasion she had done so wearing a flesh-colored unitard in the company of six other women, all of them decades younger. She subsequently learned that the choreographer had created the piece especially for her, an unbelievable honor. Being witnessed on stage by hundreds of audience members was an ecstatic experience. When she was downstage she could see some of their faces, and when she executed a turn or made an expressive gesture she could watch as they responded to her. At last people were seeing her as she had always wanted to be seen. Those performances had been the best experiences of her life. She dreaded the day when she could no longer dance and this cherished part of her would die.

Achieving her desired embodiment had been the motive for her transition, and her greatest satisfaction was that her efforts had been so successful. Socially and financially she had paid a substantial price, but being able to live fully in her body was worth any price.

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