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Who Are You to Tell Me What I Need and Don't Need: An Investigation of the Medicalization of Transsexuality in the Netherlands

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Abstract

This research project looks at the medicalization of transsexuality in the Netherlands. The primary question posed is how the medicalization of transsexuality affects transsexual individuals, specifically in the Netherlands. Three male-to-female transsexual individuals were interviewed on their experiences with medicine, the medical community, and the medicalization of transsexuality. An analysis of the interviews revealed that the medicalization of transsexuality has both negative and positive effects on transsexual individuals in the Netherlands. Conversely, the analysis revealed that transsexual individuals have an effect on the medicalization of transsexuality. It was also discovered that the Dutch society at large and the Dutch trans community have a relationship with transsexual individuals and the medicalization of transsexuality. Ultimately, the medicalization of transsexuality in the Netherlands cannot be understood without comprehensively investigating the complex relationship between the medicalization itself, transsexual individuals, the Dutch society at large, and the Dutch trans community.

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Introduction

In the early 1970s, sociologists began to scrutinize a phenomenon they called "medicalization." Though medicalization has in fact existed long before these writers proposed their theories in ink, it provided a new lens through which to examine medical institutions and medical discourse. Peter Conrad, one of the leading and prominent academics studying medicalization, has written on this topic across the course of several decades. In one of his recent publications, he extensively defines and describes medicalization. It is, as Conrad understands, "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders" (Conrad 2007: 4). Examples include an array of "problems." Childbirth has been medicalized and so too has acne. Hair loss has been medicalized and so too has masturbation. Just as a "problem" can be medicalized, it can also be demedicalized. Homosexuality, once completely medicalized by psychiatry, was completely demedicalized in the 1970s when the APA removed it from the DSM.

As the institution of medicine has expanded and developed in the modern area, as it has become more commercialized, influential, and powerful, so too has the phenomenon of medicalization risen. Since scholars began to write on medicalization, many have noted that it seems to be increasing. Conrad asserts this point as well: "Clearly, by all standards, categories, treatment rates, and measures of pathology, medicalization is continuing to increase" (Conrad 2007: 132). Medicalization, indeed, has extended its grasp in a sweeping manner over contemporary society.

The institution of medicine and its medicalization of "problems," thus, have no small influence at the present time, and they can even, in fact, shape an entire individual's life experiences. Because of their identities or "problems," some individuals are more susceptible to this influence than others. When homosexuality was medicalized, for example, homosexuals in America were considered disordered and had to live their lives under the problematizing discourse of the APA. The push for the demedicalization of homosexuality and its subsequent removal from the DSM liberated the homosexual community. Individuals no longer had to live their lives under the shadow of being disordered.

Transsexual individuals, likewise, experience medicalization to a sharper extent than much of the population at large. The term transsexuality itself, however, might always imply a certain degree of medicalization. Feminist scholar Joanne Meyerowitz, in her book *How Sex Changed*, defines transsexuality as "the quest to transform the bodily characteristics of sex via hormones and surgery" (Meyerowitz 2002: 5). Similar definitions can be found in common dictionaries and, of course, in medical dictionaries. Indeed, medicine and, more specifically, medical treatments are integral elements of transsexuality.

Yet the medicalization of transsexuality at present time has assuredly surpassed this "quest" and has problematized cross-gender identification itself. Meyerowitz describes that "cross-gender identification, the sense of being the other sex, and the desire to live as the other sex all existed in various forms in earlier centuries and other cultures. The historical record includes countless examples of males who dressed or lived as women and females who dressed or lived as men" (Meyerowitz 2002: 5). While transsexuality has existed transhistorically, then, the medicalization of transsexuality has *not* existed transhistorically. Different factors have contributed to the medicalization of transsexuality, not the least important of which was the

inclusion of transsexuality in the APA's *DSM-III*. Seemingly overnight, the APA intensified the medicalization of transsexuality by deciding to include it in the next edition of their *DSM*. Meyerowitz explains this suddenness process: "The following year transsexualism found its way for the first time into the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, the volume routinely used to diagnose mental disorders. For better or worse, 'transsexualism' was now an official recognized 'gender identity disorder'" (Meyerowitz 2002: 255). This factor and others have certainly intensified the medicalization of transsexuality.

Peter Conrad envisions medicalization as occurring in degrees and not necessarily as all or nothing. He states, "Medicalization need not be total; thus, we can say there are degrees of medicalization. Some cases of a condition may not be medicalized, competing definitions may exist, or remnants of a previous definition may cloud the picture. […] Medical categories can shift on the continuum toward or away from more complete medicalization" (Conrad 2007: 7). Medicalization, then, exists on a continuum. On one end there is complete medicalization, and on the other end there is complete demedicalization.

Where does the medicalization of transsexuality exist on this continuum? It seems not incorrect to argue that transsexuality now exists somewhere on the continuum toward more complete medicalization. But, more importantly, what are the consequences of this medicalization? The transsexual community, indeed, faces much discrimination. It is, in many senses, an invisible community, one neither seen nor accepted by society at large. How does the medicalization of transsexuality contribute or not contribute to this discrimination and invisibility, and, more generally, how does it affect the real life experiences of transsexual individuals?

This question cannot be answered in only one research project—its focus is not specific enough. Therefore, I would like to narrow it. Living and studying in the Netherlands provides an excellent opportunity to look at this question within a Dutch context. I would also like to specifically look at male-to-female transsexuals within the transsexual community in the Netherlands. A comprehensive investigation of this question has consequences beyond the Dutch borders and beyond the world of academia.

A Closer Look at the Medicalization of Transsexuality in the Netherlands

This research aims to understand the impacts and consequences that the medicalization of transsexuality can have on an individual. Its scope, however, is limited only to the Netherlands. Taking a closer look at the medicalization of transsexuality in the Netherlands, then, will provide a historical and social context to the voices of the transsexual individuals interviewed and will ultimately enrich this desired understanding.

Although the first sex reassignment surgeries were conducted as early as 1960 in the Netherlands, it took nearly a decade of lobbying and activism until 1977 when the Gezondheidsraad issued a positive advice to the Dutch government to allow sex-reassignment treatment for transsexual individuals. When the Gezondheidsraad, or the Dutch Health Council, approves a treatment, it is then accessible to the Dutch population free of cost from the Dutch Health Care system (Kui 2005: 2). Then in 1985 the legal situation of transsexual individuals improved as well, as the law changed and allowed transsexual people, who had undergone the required medical sex-reassignment procedures, to change their gender on legal documents and to provide a correction note on their birth certificates.

During this time, a group of lawyers and doctors who dealt with transsexual clients set up the Stichting Nederlands Gender Centrum, the Netherlands Gender Foundation, in 1972 (Kui 2005: 2). Three years later, this same group of professionals initiated what would later become the first Gender Clinic in the Netherlands at the Vrije Universiteir Medisch Centrum, the Free

University Medical Center (Megens 2012). Now the primary treatment center for transsexual individuals in the Netherlands, the Gender Clinic at the VUMC became a flagship for Dutch tolerance (Kui 2012). Transsexual individuals could here receive the services that they desired and that they needed, and eventually, they would be able to legally change their gender.

The discourse on transsexuality that existed during this time, however, was highly medicalized. Transsexuality was seen through a narrow scope as a biological illness that necessitated medical interventions as a treatment. Transsexual individuals, in fact, would not be treated if they did not want the entire set of medical procedures. In these years, the difference between the terms "transsexual" and "transgender" mattered significantly. Transsexual individuals wanted the full gauntlet of medical procedures, while transgender individuals did not (Kui 2012). Because of recent changes to the medicalization of transsexuality in the Netherlands, the difference between these terms now matters much less.

Previously, only transsexual individuals who wanted to receive all treatments could be treated and could then change their gender on legal documents and on their birth certificate. These policies excluded and disregarded any transsexual or transgender individual who did not want to fit within the highly structured treatment trajectory that both has its roots in and reinforces the gender binary in the Netherlands. Human Rights Watch, a leading global independent organization dedicated to defending and protecting human rights across the world, notes the impact of these policies in their recent 2011 report "Controlling Bodies, Denying Identities." Ultimately, the report finds, "The requirements [of the 1985 law, article 28 of the civil code,] violate transgender people's rights to personal autonomy and physical integrity and deny them the ability to define their own gender identity" (Human Rights Watch 2011: 1). Thus, while the Netherlands had and still has these relatively progressive policies regarding

transsexuality and seemed and still seems to be a flagship of tolerance for this certain population, it leaves much to be desired.

Within the past few years, however, a shift in policies regarding transsexuality in the Netherlands has slowly started to occur. The 1985 law requiring individuals to receive medical sex-reassignment procedures before changing their gender is currently under scrutiny by the Dutch government, though it has yet to be changed. More importantly, healthcare providers like the Gender Clinic at the VUMC have changed their treatment policies. Unlike just a few years ago, they now accept and treat transsexual individuals who do not wish to receive all medical interventions (Megens 2012). The medicalization of transsexuality and legal policies surrounding transsexuality in the Netherlands, thus, are currently themselves undergoing a transition: the medicalization of transsexuality in the Netherlands is on a current course of demedicalization.

Literature Review

Four distinct bodies of literature have relevance to my research. Scholars from several different disciplines have produced these bodies of literature. While one or two of these bodies of literature have only tangential relevance to my research, understanding them, their arguments, and their unique standpoints will nevertheless contribute to better understanding, and more importantly, to better positioning my own research. I will outline each of these bodies of literature beginning with those least relevant and concluding with those most relevant. This outlining will, ultimately, contribute to positioning my own research and even in situating it in a Dutch context.

Queer theorists have, for some time now, scrutinized science and its consequences on sex and gender in society and, in doing so, have produced quite a large body of literature (Butler 1990; Butler 1993; Oudshoorn 1994; Wijngaard 1997; Rosario 2004; Hausman 1995). My research is not theoretical in nature. Reviewing this literature, however, will demonstrate that my research has theoretical grounding and support and that my research's critical perspective has legitimacy. Judith Butler, Nelly Oudshoorn, and Marianne van den Wijngaard are three key examples from this group of queer theorists. In her 1993 work *Bodies That Matter: On the Discursive Limits of 'Sex'*, Butler considers the effects that medicine and language have on our understandings of sex. She wonders, "Through what regulatory norms is sex itself materialized?" (Butler 1993: 10). Medicalization, undoubtedly, would qualify as one of these

regulatory norms. Oudshoorn poses a similar question. She, in *Beyond the Natural Body: An Archaeology of Sex Hormones*, disputes the notion of a "natural" body, as the title suggests. Lastly, Wijngaard also presents a similar argument in her 1997 book *Reinventing the Sexes*. In her first chapter, she summarizes her research: "This book reveals how biomedical scientists reinvented the sexes and how they assigned new and different meanings to gender, masculinity, and femininity in their investigation of the effects of sex hormones" (Wijngaard 1997: 1). These theorists and others have pioneered the investigation of the notion of how science and medicine shapes sex and gender. Likewise, my research will investigate with a critical gaze medicine and medicine's influence on sex and gender in Dutch society. Yet the theoretical nature of these works loses sight of real life consequences. My research, while it is grounded in the theoretical, will also aim to investigate these questions on a personal, individual level.

The next two bodies of literature that I will discuss have complimentary shortcomings. One succeeds in focusing on the real life consequences and experiences of transgender individuals, and the other succeeds in scrutinizing medicine, medical discourse, and medical policies. Scholars in both medicine and psychiatry have concerned themselves with the etiology, epidemiology, prevalence, and treatments of transgenderism (Eklund, Gooren, Bezemer 1988; van Kesteren, Gooren, Megens 1996; Snaith, Tarsh, Reid 1993; Cohen-Kettenis, Dillen, Gooren 2000). Such scholars have even conducted extensive work within the Netherlands. P. J. van Kesteren, L. J. Gooren, and J. A. Megens, for example, published their article "An Epidemiological and Demographic Study of Transsexuals in the Netherlands" in 1996. In it, the authors look at the epidemiology of transsexuals in the Netherlands, as well as this group's demographics and prevalence in the Netherlands (van Kesteren, Gooren, Megens 1996). A study conducted by P. T. Cohen-Kettenis, C. M. Dillen, and L. J. Gooren in 2000 looked at the

treatment of adolescent transsexuals in the Netherlands. These researchers detail how young transsexuals are treated in the Netherlands and conclude that while the risk of unjustified treatment is higher when the treatment is administered at an early age, justified treatment has more successful results when administered at an early age (Cohen-Kettenis, Dillen, Gooren 2000: 2). This body of literature, like my research, presents the real and lived experiences of transgender individuals. It lacks, however, the critical gaze on medicine and medical institutions that my research strives to attain.

Not only does my research value and present the experiences of transgender individuals, it also scrutinizes medicine, something this body of research also does not accomplish. Another group of scholars, in medicine and psychiatry as well, has produced a body of literature that maintains this critical focus. This body of literature often has explicitly stated political goals, albeit not always (Winters 2008; Windsor 2011; Raj 2002). Rupert Raj, for example, published an article in 2002 titled "Towards a Transpositive Therapeutic Model" in which he hopes to create a new therapeutic model of treating transgender individuals. There is a desperate need for a new model, Raj argues, because of clinical transphobia (Raj 2002: 1). In this article, Raj's political goals of creating a culture free of transphobia are secondary to his concern for creating a new therapeutic model. Kelly Winters, however, in "Diagnosis vs. Treatment: Psychosexual Stigma," explicitly states her political goals in hopes of stirring change in medicine and in culture at large. She concludes her article, "The Sexual and Gender Identity Disorders work group of the DSM-V Task Force has an opportunity to reconsider consequences of social stigma that have been overlooked in past editions. Once again, it is time for diagnostic nomenclature that does not harm those it is intended to help" (Winters 2008: 2). Unlike this body of literature, my research emphasizes the importance of the experiences of transgender individuals and does

not have either implicitly or explicitly stated political goals. Rather, it allows the voices of these individuals to guide its statements and conclusions.

The fourth and final body of literature interacts with my own object of study, the medicalization of transgenderism. Not much research has been done on this topic, yet the work that has been done will help position my research and even situate it in a Dutch context. Whitney Barnes wrote an article in 2001 for *Trans-Health*, a top online source for information on transgender health, titled "The Medicalization of Transgenderism." In this article, she discusses the medicalized options available to transsexuals and, more importantly, the rules that regulate transsexuals' access to healthcare and the role of transgendered people within medicine. She notes, "Many rigidly defined rules regulate transsexuals' access to medical assistance necessary for their transition" (Barnes 2001: 3). While medicine limits the transgender community's agency, Barnes also realizes that the community is pro-active in fighting the persistent medicalization of their bodies. She concludes, however, stating, "The ideologies impeding the rise of trans-awareness are still far too overpowering and almost entirely supported by the complex network of social institutions including medicine" (Barnes 2001: 3). Barnes succeeds in analyzing medicine and its impact on the medicalization of transgenderism and in portraying a complex relationship between the medical community and the transgender community. My research strives to have such a detailed, complicated analysis as well, but with two discrete differences: it firstly has a Dutch context and secondly has a different approach because it places the life experiences of transgender individuals at the center of analysis.

The foreword to "Doe T Zelf. Transgenderorganisaties in Nederland," written by Kam Wai Kui in 2005, helps to position my research in a Dutch context. Kui focuses on providing an overview of the history of transgender organizations in the Netherlands. The medicalization of

transgenderism, in fact, is inextricably linked with this history. Transgender organizations, for example, struggled against stigma and public resistance in their fight to persuade the Dutch government to allow sex-reassignment treatment for transgender individuals (Kui 2005: 2). Kui also explores other issues pertinent to my research, such as briefly explaining the Amsterdam Gender Clinic and discussing the medicalized narrative of transgenderism in the Netherlands. My own research aims to not just portray portraits of transgender individuals in the Netherlands, but also to provide a context for these portraits. Kui's research helps to provide such a context, but nonetheless does not aim to portray the portraits that my research does.

My research aims simultaneously to combine the positive aspects of this previous research and to take a new direction. Analyzing the medicalization of transgenderism in a Dutch context and placing the real life experiences of transgender individuals at the center of that analysis would be not only an exploration of the effects of medicalization, but also would be an exploration of those effects in a specific cultural location.

Methodology

Participants: Three MTF transgender individuals participated in this study: Dence, Ricki, and Marianne. All three were born and raised in the Netherlands and now live in Amsterdam, and all three identified as a woman, as a transgender individual, or as both. They were aged 19, 48, and 51, respectively. At the time of the interviews, they were all at different stages in their transitioning processes. Dence, the youngest, had just started receiving hormonal treatment from the Gender Clinic at VUMC a little over a year ago. She reported that in the future she hoped to receive more intensive medical interventions, such as sex-reassignment surgery. Ricki, 48, first sought treatment when she saw the Gender Clinic at VUMC roughly five years ago. Presently on hormones, Ricki has no intentions to receive any other medical interventions, including both bottom and top surgeries, though she would not rule it out at another time in the future. Marianne, 51, has reportedly completed her medical transitioning journey, having already received such medical interventions as facial surgery and sex-reassignment surgery.

I located these participants through various means. SIT helped me get in touch with two of the participants, and the third participant contacted me after seeing an advertisement that I had posted on an online forum.

Interview Structure and Guide: In order to best answer the research question I have proposed, I decided to collect qualitative data through interviews. The interviews were a mix between an

oral history interview and a semi-structured interview. Entering each interview, I brought with me an interview guide that consisted of two sections (Appendix A). One section was comprised of questions concerning general life experiences, and the other section was comprised of questions concerning the medicalization of transsexuality.

Interview Procedure: The interviews lasted between two and three hours. Because of the sensitive nature of the interviews, I allowed the participants to select a location. Two participants chose their own apartment, where we were in solitude, and the third participant chose a café, where we weren't alone, but had relative peace and quiet. In this third case, the location of the interview did not seem to influence either quality or depth of the responses.

Before beginning each interview, I obtained oral consent from my participants and informed them of their rights as a research subject, of which the right to anonymity and the right to not answer any question or stop the interview together were most important. I also attempted to establish a safe environment in which the participants would feel comfortable to discuss even the most sensitive, personal issues. I did this through emphasizing my open-mindedness and my earnest interest in hearing their stories. And though I also told each of them they had every right to not answer any question I asked, no question went unanswered. Part of their feeling comfortable might also have come from their continuously talking about these types of experiences with medical professionals and other researchers like myself.

During each of the three interviews, I never went down the list of questions asking them one at a time. Rather, I allowed the participants to direct the interview and discuss what came to their mind and asked appropriate follow-up questions. I left each interview, however, with an answer to nearly all of my questions even if I did not ask all of them.

Assumptions: To say that I am an outsider of the trans community would be an understatement. Before I started my research, I had only been exposed to this community through discussions in the classroom, through literature, and through various multimedia channels, such as the Internet and movies and documentaries. As for medicalization, it would be difficult to argue I have not personally felt the effects of this nearly ubiquitous force. I feel that medicalization in my life, however, affects me on a relatively invisible level. And so, because of my self-recognized lack of knowledge of the trans community and my not tangibly feeling the effect of medicalization, I attempted to approach my research with as few assumptions as possible. Nevertheless, there were two assumptions I could not dispel.

Firstly, I assumed that the medicalization of transsexuality would primarily be a negative force in the lives of transsexual individuals in the Netherlands. Though I realized that it might be a positive force as well, I thought the positive effects of the medicalization of transsexuality would be minimal when compared to all of its negative effects. I pictured the medicalization of transsexuality, indeed, as a dark and nearly evil power that ruined the lives of transsexual individuals. This assumption was based on the literature on medicalization that I have read. Most of the literature that I have read focuses on the negative aspects of medicalization. Medicalization, however, is not necessarily a dark or evil power. As in the case of Lyme disease, for example, activists actually fight for its medicalization so that patients can receive care. I did not even realize my second assumption until my interviewee Marianne brought it to my attention. I assumed, secondly, that the medicalization of transsexuality affects transsexual individuals and did not even consider that transsexual individuals affect the medicalization of transsexuality.

My research forced me to dramatically shift my assumptions. I began to see that the medicalization of transsexuality is a strong, positive force in the lives of transsexual individuals. And to question, as I had assumed, how the medicalization of transsexuality affects transsexual individuals and not to question how transsexual individuals affect the medicalization of transsexuality would be to miss the complex relationship between these two. The relationship between the medicalization of transsexuality and transsexual individuals is absolutely not unidirectional, perhaps especially in the Netherlands.

Challenges and Limitations: I had some idea of the challenges that I would face along the way before I started this research. Some challenges that I had originally anticipated, however, were not a challenge at all. Other challenges that I had not even thought of or considered, on the other hand, turned out to be fairly difficult to deal with.

Locating interviewees was by and far my largest challenge. The transsexual community in the Netherlands is small, and access to this community is difficult to achieve. Being both an outsider to the community and also an American did not make finding individuals to interview any easier. Under ideal circumstances, I would have liked to interview at least twenty individuals.

The time I had to conduct my research was another major challenge. I had only a little over a month not just to find interviewees and interview them, but to do *all* of the research. It seems that a month might have been an appropriate amount of time to transcribe interviews and analyze them.

My unfamiliarity with the transsexual community, environment, and issues in the Netherlands, lastly, was yet another challenge, albeit much smaller. While I tried to familiarize

myself as much as possible with the context here in the limited time that I had, I believe that if I had known it even better I would have been able to ask more appropriate questions to my interviewees and understand their responses better.

I expected both language and my lack of interview experience to be challenges. They, however, never seemed to bother my research. My interviewees seemed to always understand what I asked, and though it occasionally took an interviewee a second or two to find the right word, I always understood my interviewees. Secondly, my lack of interview experience did not bother the interview process. I would like to think that my lack of experience did not interfere with my research tremendously because I am a natural interviewer, but it is more likely because of my interviewees and their inspiring willingness to share themselves and their stories with me.

After having conducted my research, I began the writing process. During this process, I certainly faced limitations.

Because I had a difficult time locating interviewees, I ended-up with only three interviews that I could include in my paper. While the transsexual community in the Netherlands is small, in no way does three interviews capture the entire community's perspective. My number of interviews, indeed, limits my research's generalizability.

Furthermore, I only interviewed male-to-female transsexual individuals. I originally intended to interview both male-to-female and female-to-male individuals, but it just so happened that the only individuals I could interview were male-to-female. The female-to-male perspective might in fact differ tremendously from the male-to-female perspective that I witnessed. Therefore, my research should be read not to understand the entire transsexual community in the Netherlands, but rather it should be read to understand the male-to-female transsexual community in the Netherlands.

Despite these challenges and limitations, my research and writing ended successfully. If nothing else, I personally had the privilege to meet three inspiring and strong individuals.

Analysis

In analyzing my participants' interview transcripts, common themes and discrepancies alike emerged. For clarity and coherence, I have decided to organize my analysis thematically and not by participant. I do not wish to silence the voices of my participants by making such a decision. Rather, I hope to engage the voices of my participants in a dialogue and highlight their unique, yet similar life experiences. I did indeed approach my research with a few of my own unshakable assumptions. Ultimately, however, I let the life experiences of my participants shatter those assumptions and guide my analysis.

Transsexual Agency: When I started my research, I wondered how the medicalization of transsexuality affects the life experiences of transsexual individuals. During my research and during my interviews, however, I realized that my primary research question itself was not complex enough. The medicalization of transsexuality does have consequences, both negative and positive I found, on the life experiences of transsexual individuals. At the same time that the medicalization of transsexuality affects the life experiences of transsexual individuals, however, those same transsexual individuals affect the medicalization of transsexuality. In an effort to highlight the agency and influence that this population can have, I want look at, purposefully in the first section of my analysis, how transsexual individuals affect the medicalization of transsexuality.

At the start of my conversation with Marianne, I shared with her my research topic and question. A lively, enthusiastic, and powerful individual, she wasted no time correcting my unstated assumption that transsexual individuals have no agency in the medicalization of their bodies and identities. In a poignant statement, based on personal experiences and professional knowledge, Marianne questioned who is in fact the "medicalizator" in the medicalization of transsexuality:

> *"The medicalizator is the person who comes up with the question 'please could you change my body?' That is the medicalizator. That is the client. If there is an agent, it's the client. Transgenders, transsexuals too, are not like receptacles, passive receptacles, of a discourse that forces them in order to change their identity. That kind of crap you should totally forget"(Marianne Personal Interview 2012).*

The medicalization of transsexuality, as Marianne indicates to me here, needs to be understood in a different and more complex way than seeing transsexual individuals as "passive receptacles" and seeing the medical community as the sole holder of power that fills those receptacles with discourses and ideas. Medicalization, indeed, does not only occur through the efforts of medical professionals. Conrad looks at alternative means of medicalization: "While physicians and the medical profession have historically been central to medicalization, doctors are not simply colonizing new problems or labeling feckless patients. Patients and other laypeople can be active collaborators in the medicalization of their problems or downright eager for medicalization, although sympathetic professionals are usually needed for successful claims-making" (Conrad 2007: 9). In the case of the medicalization of transsexuality, transsexual individuals—the patients—desire medical intervention. They are the persons asking the question, as Marianne posed, "Please could you change my body?" Conrad notes that "sympathetic professionals" are usually needed in this process as well, yet without this desire, without this questioning, it is likely the medicalization of transsexuality might not exist at all.

In the Netherlands, the medicalization of transsexuality undoubtedly exists. Transsexuality in the Netherlands, in fact, has been highly medicalized, as described in the section following the introduction. The transsexual community, though desiring medicalization to a certain degree, has seemingly experienced over-medicalization. Even individuals who want full medical intervention, like Marianne and Dence, are turned off by the hyper-medicalization. These individuals and others, however, negotiate this highly-medicalized environment in order to get just exactly what they want from it, and in doing so, they perhaps even contribute to they current trend in the Netherlands of the demedicalization of transsexuality.

Marianne never enjoyed medical professionals who treated her as a helpless patient. She was sure of herself and was sure of what she wanted. In a fake conversation with the medical community, she said, "Who are you to tell me what I need and don't need? That's odd. I am here to tell you what I need, and I'm a grown up, I know what want and what I need" (Marianne Personal Interview 2012). Marianne did not sit idly by and let herself be taken control of by the medicalization of transsexuality nor by the medical community. Instead, she took control of her interactions with the medical community and negotiated the environment with an empowered voice.

Ricki struck me in a similar way. She started her negotiations with the Gender Team after they had openly declared themselves more "flexible" to gender queer individuals, yet in actual practice, this flexibility seemed not to exist. For an individual, then, like Ricki who did not want all medical treatments and who was more "in the middle," dealing with the Gender Team can be more difficult and more complex. Ricki, however, asserted for herself and advocated for herself, and in the end, got what she wanted. She described to me her initial, forceful interactions with the Gender Team:

> *"So, at some point they made this notification on the website that they would allow you to discuss anything beside the regular trajectory. Basically, it's you get your intake, you have to wait till you get accepted or not. If you get accepted you have to wait again. Then you get your psych talks. When you pass your psych talks, you get your real life experience. When your real life experience is done, you go on the waiting list for an operation. So you have to wait again. You get an operation, and we're done. That's the trajectory. If there's anything in there that you don't want, they allowed you to discuss that. They were flexible. So when I read that I applied. I went to my intake and immediately told them I'm here to see if you actually do that. Because I know I don't want an operation, I know it now. I might change my mind, but probably not. So, I come here to take you up on your word. And if you do, I will tell everybody. If you don't, I will also tell everybody. So that's how I came into my intake. And now I'm here, so it worked. I was just honest and told them what I wanted and what I didn't want. So that's basically why I like the Gender Team here. If you're honest and you tell them what you want and what you don't want. Basically you just have to be honest, to yourself and to them, and then there's no problem" (Ricki Personal Interview 2012).*

Before even consulting with the Gender Team, Ricki had an idea of what she wanted and what she did not want. She wanted to proceed along the trajectory, but at a certain point, she did not want to go any further. Not only did Ricki clearly voice her desires and concerns, but she also did so in a forceful, not passive way.

It might be a stretch to claim, but individuals such as Marianne or Ricki might possibly have an effect on the medicalization of transsexuality. Their negotiations may contribute to transsexuality's current demedicalization in the Netherlands. While the medical community can certainly ignore people like Marianne or Ricki, they cannot silence their voices. The Gender Team's policies are seemingly loosening and becoming more adaptable to their patients' concerns and desires, and that might be in part attributable to strong transsexual individuals.

Tangible Effects of the Medicalization of Transsexuality: In a modern, developed country such as the Netherlands, it can be difficult for any individual to escape the effects of medicalization. Common "problems," such as childbirth or acne, are now often understood through medical discourses and medical definitions. Transsexuality is no exception. For several decades at the

end of the twentieth century, transsexuality in the Netherlands had been highly medicalized. It was defined primarily as a medical "problem" and consequently solved through medical treatments and interventions. As described in the section following the introduction, only recently has this medicalization entered a transitionary period and begun to loosen. It is in this complex climate that I pose the question how does the medicalization of transsexuality affect the life experiences of transsexual individuals.

I discovered, not surprisingly, that the medicalization of transsexuality has had negative effects on my participants. The intensity of these negative effects seemed to depend on the time at which my participants began to read literature on transsexuality and to seek treatment: the further in the past, the more intense the negative effects, and the closer to the present, the less intense the negative effects. My participants, however, also experienced positive effects as a result of the medicalization of transsexuality.

Researching Transsexuality

During my interviewing, with Marianne specifically, I noticed that the medicalization of transsexuality produced negative effects before she even set foot in a doctor's office. Of my three participants, Marianne embarked the earliest on her journey to transitioning into a woman. She did so before the medicalization of transsexuality in the Netherlands loosened somewhat. Some of her first steps in this process were to research transsexuality and understand where she fit in. When Marianne was a teenager, she explored a library in a town far away from her hometown in search of answers about who she was. One of the first books she read was written by a psychoanalysist. Marianne describes this medical text and how it made her feel:

> *"According to him, you have a remote father and a mother that is really too close, and a mother that basically hates men and therefore wants to turn the son into a woman, and so*

> *I read all that. At that time being 14, yes I wanted to be a woman, but I also not wanted to be a woman. Because becoming a woman wasn't quite feasible, so if I could rid myself of that desire, that would be much easier and much more preferable. If I could become a real man, yeah, sure, by all means do it to me. Make me a guy. You know, I got the body for it, the guilt complexes, and all the other stuff that comes with that reformed upbringing. I would much prefer to be a guy because that would rid me of so many desires and problems and sexual fantasies about neighbors. Preferably straight. It would make life a good size easier. And so, I read these texts with an eye towards curing myself. However, the texts made me feel more guilty really because now I had to blame my father and I didn't feel right about blaming my father because I didn't feel my father was to blame I love him way too much" (Marianne Personal Interview 2012).*

At this time, the Internet was not yet available as a resource, and so Marianne's only option was to read the texts like this available at a nearby library. The text that she describes above problematizes transsexuality and frames it in terms of an illness. Marianne, accordingly, internalizes this framework, and wishes to cure herself. The texts not only made her want to cure herself and rid herself of her desire to become a woman, but they also mad her feel "more guilty."

Ricki and Dence, however, accessed information when the Internet was available as a resource and did not experience the overwhelmingly negative effects that Marianne experienced. When Ricki first went online to conduct research on how she was feeling, she felt a sense of relief. She explains, "Then I started looking online, and then it's about 1991. That's when I came to the forum, and then I knew there was this Gender Team, and then a whole bunch of serious people who dressed every day and went to work like that and went shopping like that. And I went, "Woah, I'm not nuts, it's great" (Ricki Personal Interview 2012). The Internet provided Ricki with access to communities and information that Marianne did not have access to at the library. Instead of reading primarily medicalizing texts, Ricki found people like herself and felt a sense of normalcy. Dence, unlike Ricki, did indeed have negative experiences while researching online, but they were not like the negative experiences of Marianne. She describes

that she watched "a lot of transition videos on You Tube, and [did] a lot of reading about operations and hormones and things like that" (Dence Personal Interview 2012). I then asked Dence how watching these videos and reading about these medical treatments made her feel. She responded, "Really bad, because I didn't really…because it's just so hard transitioning, you know? It's sucks so much, and I mean I think I was scared. Oh my god, do I really want to do this? Am I sure I am transgender?" (Dence Personal Interview 2012). In her own words, the research Dence did on the Internet made her feel "really bad," but she did not feel really bad because she was reading a problematizing discourse by a psychoanalysist like Marianne. Dence felt bad, rather, because she was scared of the transitioning and of taking such a big risk.

Based on these narratives, generational differences matter enormously in how the medicalization of transsexuality affects transsexual individuals while researching transsexuality. For individuals from an older generation, libraries and books were a primary source of information. The medicalization of transsexuality and, more importantly, the problematization of transsexuality were likely highly visible amongst these resources. Thus, the medicalization of transsexuality had tangible, negative effects on transsexual individuals from these older generations. For individuals from younger generations, the Internet is a primary source of information.

Negative Interactions with the Medical Community

Marianne, Ricki, and Dence all have received or are receiving transitioning treatment from the Gender Team at VUMC. Up until a few years ago, a highly medicalized conception of transsexuality dominated over their treatment regimen to the point where they would not accept individuals who did not want to receive all medical interventions. This policy was held not only

by the Gender Team, but also by all healthcare providers offering services to transsexual individuals in the Netherlands. These policies, however, are in transition. The effects of the medicalization of transsexuality on transsexual individuals, likewise, are in transition.

Even though the Gender Team will now treat individuals who do not want all medical interventions, each one of my participants felt pressured by the Gender Team to enter on their highly medicalized trajectory. The extent to which the Gender Team pressured these individuals, again, depended on the time at which treatment was sought. Marianne sought treatment from the Gender Team before their policy changes. She did, actually, desire the full range of medical interventions. Nevertheless, Marianne still felt that the Gender Team pushed her harder than she wanted to be pushed. When Marianne finally decided that she wanted to have sex-reassignment surgery, she approached the Gender Team. She describes with shock what happened: "I had been a client of the gender team at that moment for 2 years, and I went to them and I said, 'Well, I think I want to have SRS,' and they said, 'Well, yes, that's right, we've been thinking about that too. And you're actually scheduled for [it already]'" (Marianne Personal Interview 2012). Not only did the Gender Team want Marianne to receive the surgery, they actually scheduled it for her without even consulting her.

Dence and Ricki, both of whom sought treatment from the Gender Team later when its policies began to change, still felt pressured to continue on a highly medicalized trajectory. I asked Dence what her first impressions of the Gender Team were. She responded, "Oh, horror, because they're like, 'First on hormones, then you have the real life experience.' No, 'First off puberty blockers, then you have the real life experience, then start hormones, then you have the operation'" (Dence Personal Interview 2012). Dence was startled by the Gender Team's aggressive treatment strategy, especially because she herself at the time did not exactly know

how far she wanted to transition medically. She expressed this uncertainty to me and discussed more how the Gender Team's aggressive strategy made her feel:

> *"Well, there are a lot more people in the gray zone, people who are in between, people who are gender queer. Now they do accept people like that, but they just don't sound very open to people who are in between. And in the beginning, I was still feeling in between, and it was when I first started, so it was kind of scary and you think you're supposed to do that and you feel like you cannot go there if you don't want the operation" (Dence Personal Interview 2012).*

In such a time of uncertainty for Dence, the Gender Team's pressuring her into a certain treatment strategy was not ideal.

Ricki recounted to me experiences with the Gender Team similar to the experiences Dence had with them. She also felt pressured to undergo treatments, even ones that she knew she did not want:

> *"It's more like they are stuck in their ways, really. Because once you pass the psychology stuff, you get hormones, but you also get anti-testosterone, that's called androcur, and it's really aggressive, and it kills your testicles in 2 weeks, and you libido is zero and its gone. Since I don't want an operation, I don't want to have that gone. So, besides, I don't want to have that gone. So I don't want that. But they kind of kept pushing me towards taking it, and I refused it basically. I told them from the start that I didn't want it. And I think it's probably that they're stuck in their ways" (Ricki Personal Interview 2012).*

Though the Gender Team, at the time Ricki sought treatment from them, explicitly stated that they were willing to discuss other treatment plans than their usual required, highly medicalized trajectory, they still pushed her to undergo treatments she did not want to undergo. It seems, indeed, that they are to some extent, as Ricki said, "stuck in their ways."

It also seems, however, that the experiences of Dence and Ricki differ from the experiences of Marianne in this regard. Marianne was in fact *scheduled* for a sex-reassignment surgery without even being consulted. Dence and Ricki, while they were pushed in a certain direction, did not experience such brazen pressure. These two narratives, albeit similar, are

distinct likely because of, again, generational differences. In the Netherlands, transsexuals of an older generation grew-up in an atmosphere in which transsexuality was highly medicalized. Transsexuals of younger generations, however, are growing-up in a different atmosphere, one in which transsexuality is more demedicalized.

Positive Interactions with the Medical Community

The narratives of my participants assuredly included negative interactions with the medical community, seemingly because of the sharp degree to which transsexuality is medicalized in the Netherlands. For all of these negative interactions, however, there were certainly many positive interactions as well.

Each of my participants expressed a desire to be in a different gendered body than the one they were born into. Medicine and medical interventions, then, offer a unique opportunity to make this desire a reality. For Marianne, this desire was particularly strong. She attempted to explain to me this feeling: "I had this idea that I had to do something with my life, that I had to be either this or that. And so the place I found out, for me it was the body. Yeah, and that's also what I have achieved. The body feels right. So that's good" (Marianne Personal Interview 2012). Marianne sensed that she needed "something" in her life and eventually discovered that the "something" was to medically alter her body. Changing her body was also intimately connected to her sexual life and sexual satisfaction. Marianne stated, "When I had sex with my boyfriend, I didn't want him to go here [points to genitals]. I didn't want him to do stuff with that. It wasn't like it was totally horrid. It was more like it didn't feel right. And I could kind of simulate straight sex with him" (Marianne Personal Interview 2012). Though Marianne could simulate straight sex, it still didn't "feel right." Now, after having received multiple medical

interventions including sex-reassignment surgery, Marianne's body finally "feels right" and her sexual life no longer has to be purely a simulation.

Dence expressed similar feelings. As a child, Dence would always hide her penis, and as she grew older, she didn't like how masculine she began to look. After taking hormones, however, a change occurred. Dence describes this change: "The more I started to look feminine and the more I started to look like myself, I felt more free" (Dence Personal Interview 2012). Hormones allowed Dence to look the way the she wanted to look, and they even made her feel "more free." Although Dence has not yet received sex-reassignment surgery, she speculated that one day she might want to. Like Marianne, the longing to surgically alter her sex was connected to her sexual life and sexual satisfaction. Dence states plainly, "I want to have sex in a straight way. I don't like gay sex. I mean, I want sex in the right way, so that's the only way to get it" (Dence Personal Interview 2012). The "only way," in fact, that Dence can have sex in the "right way" is to have sex-reassignment surgery. Medical interventions, then, are not just something that the Gender Team and other healthcare providers in the Netherlands push upon their transsexual patients. They offer, rather, an opportunity for individuals to become who they want to be or, perhaps, to become who they always were.

My participants also expressed positive attitudes towards both the Gender Team and other medical professionals. Though they were not without negative experiences, Ricki and Dence voiced explicitly positive remarks about the Gender Team. During our interview, Dence's general attitude toward the Gender Team seemed positive, so I asked her if this was the case. She responded, "Yeah, definitely. It's good that they're so tough. It's good that they're getting better towards people who are more androgynous" (Dence Personal Interview 2012). While Dence had previously explained to me that she felt pressured by the Gender Team to

pursue a certain course of intervention, she also feels that they are in fact becoming more accepting of individuals who are androgynous gender queer. The Gender Team, indeed, has recently changed its policies and now does accept patients who do not want to transition fully (Megens 2012). Secondly, Dence is thankful for the Gender Team being "so tough." She later expounded upon this point. Dence said of the Gender Team, "They're really supportive because they just really want you to make the best decision, you know? That's very good of them" (Dence Personal Interview 2012). The reason why the Gender Team is tough, then, is because they want their patients to make the best decision. For Dence, then, the Gender Team satisfies her.

Ricki, similarly, communicated to me satisfaction with the Gender Team. Her positive experiences, as she told me, have largely been a product of her own efforts. She said determinedly, "You can't go sit around on your ass and wait for them to do everything. You can, and they will, but they can slip up as well, and if they do, you have to get on it. Speak up for yourself. And if you do that, there's no problem there for the Gender Team. As far as I'm concerned, they're wonderful" (Ricki Personal Interview 2012). It would be hard to call Ricki's review of the Gender Team negative, and although Rick reports that she puts much effort in to her process with the Gender Team, she seems also to get a lot out of it. Marianne's positive experiences with the Gender Team, however, seemed to be less "wonderful" than Ricki's.

Marianne did also experience positive interactions with the medical community, but outside of the Gender Clinic. For her sex-reassignment surgery, Marianne found a surgeon in Germany that best met her needs and desires. She illustrated to me how this surgeon treated her and made her feel:

> "*She was the first surgeon who I spoke to who wasn't talking about it as some kind of Olympic feat that he was going to perform on me where he was going to put in a*

> *Herculean effort in order to [achieve it]. Which actually I wouldn't mind, but she was actually telling how it would feel, and how clients reported to her how it felt, inside, outside, this and that, and in a way that you could imagine herself being able to put herself in the client's shoes, know what it is what a woman wants to feel and know what it is to make what it takes" (Marianne Personal Interview 2012).*

This doctor made Marianne feel cared for and respected and, more importantly, made her feel like a human being as opposed to an "Olympic feat."

Transsexual individuals, thus, not only have positive interactions with the medical community, but also experience positive benefits from the medicalization of transsexuality. It seems that not only would the complete medicalization of transsexuality be impossible, but also that it would be undesired by the transsexual community itself.

Dutch Society at Large: Before I started my research, I was aware of the transsexuality community's position in Dutch society. The Netherlands does have relatively progressive legislation and medical policies relating to transsexuality. In Dutch society, however, like many other countries, transsexual individuals face persistent discrimination. I did not originally intend to discuss my interviewees' position within Dutch society at large, but it was a theme that all three of my interviewees continuously touched upon. It seemed like a topic that wanted to and needed to discuss. Furthermore, I discovered a connection between the medicalization of transsexuality and the transsexual community's position in Dutch society at large.

The narratives of each of my three interviewees do not give a good review of society's treatment towards the transsexual community in the Netherlands. Marianne, Ricki, and Dence all felt, at one point or another, not accepted by society. Their ability to pass successfully as women primarily determined either their acceptance by society or lack thereof. Ricki expressed to me concern over a lack of acceptance by society. During our conversation, I noticed that for

over forty years of her life, Ricki continued to live as a man and not come out as a woman. I asked her what kept her from coming out later that she might have wanted. Ricki laments, "Fear of the outside world, what people would think, say, ridicule. That really. And like I said, family" (Ricki Personal Interview 2012). Ricki did not come out until just a few years ago because she understood the social climate to be difficult harsh for transsexual individuals. In her time since coming out as a woman, Ricki's perception of Dutch society has not changed. Ricki realizes that passability is central to acceptance by society and expresses discontent because she does not think she can pass as a woman very well. She states, "I don't think I'm too passable, and I really want to be. That's why I never wear short skirts or heels and panty hose, that kind of stuff. I don't want to attract any attention. I just want to go about my business. I would like to, but the more attention I attract, the more chance I have of being spotted" (Ricki Personal Interview 2012). Not only does Ricki not feel accepted by society, but also she does not even feel like she can wear certain clothes that she might want to wear for fear of "being spotted." Society, from Ricki's point of view, cannot accept individuals who blur gender lines. Transsexual individuals, in order to be accepted in society, *must* pass as either men or women.

This ability to pass, moreover, is largely determined by the interventions from the medical community. I asked Dence whether or not it was difficult for her when she began treatment from the Gender Team. She told me, "It was hard for me, yeah, because I wasn't on hormones when I started and I did look very masculine, manly I think. People always look at you on the street, like, 'Oh that's a man, that's a man,' you know? Things like that" (Dence Personal Interview 2012). When she started hormones and could not yet pass as a woman, Dence felt that people in society would look at her with an unaccepting gaze. Her perspective changed, however, as she started to look feminine because of the hormones given to her by the

Gender Team. She, as mentioned above, felt more "free" the more feminine she began to look. Marianne did discuss with me issues of acceptance from society at large, but she also discussed with me issues of acceptance from individual members within that society. The sex-reassignment surgery, Marianne felt, was necessary for her both to feel like she lived in the right body and also to be loved by another in society. She explained this idea, "If you live as a woman with a dick, you can become a sex object for some people, but not a love object, and there's a big difference. So I figured, if I want to have a life with another person in my life, if I want to be in a relationship, then I guess it's something that I have to do, plus it's something that I really want to do" (Marianne Personal Interview 2012). Marianne decided that in order for her to be in a relationship, getting sex-reassignment surgery was necessary. The medical interventions available to her, then, actually granted her an opportunity she otherwise might not have had.

Passing, I discovered, also has more serious consequences than just gaining acceptance by society. Passability indeed allows for transsexual individuals to be accepted by society, but it more importantly allows for transsexual individuals to be *safe* in society. Marianne told me that she felt it necessary to receive medical interventions, specifically facial surgery, in order to survive—literally survive—in society: "At a particular moment, after a particular experience, I knew that I wanted to change my face. That I wanted to be passable. Because the violence that I got into being a woman was just too much" (Marianne Personal Interview 2012). Marianne's decision to receive facial surgery was motivated by the desire to pass, the desire to avoid violence, and the desire to be safe. Later, I wondered if she would have received facial surgery if it weren't for these external factors. She responded to me:

> "*No. I suppose I wouldn't have. I think with the face is within the range of the necessary cosmetics, as it were. The other parts of your body that are outside that range. They are in the range of what do I want my sex to be, and sex in the sense of what do I want the sex of my body to be. Then you're changing something entirely differently, and that's a*

> *totally different set of negotiations that you make and with the face it's necessary to live on the street, to have a life, a good life" (Marianne Personal Interview 2012).*

Marianne, here, draws a distinction between "necessary" and not necessary medical interventions. Her statement seems to apply to others in the transsexual community and not only herself. On this occasion, it is not the medical community or even the Gender Team pushing Marianne to receive facial surgery. It is, instead, society pushing her. The medical community actually offers her safety and relief from the violence of society.

In Dutch society, the highly medicalized narrative used to understand transsexuality has been repressive to transsexuals as well. How have transsexual individuals, particularly male-to-female transsexual individuals, responded to this one-dimensional picture of transsexuality? Marianne told me that she has rejected the medical term transsexual and adopted the identification transgender. She says, "Transgender doesn't come with any parents that did anything wrong to you it doesn't come with any developmental stuff in your past that stuff happened to you that was wrong therefore you came out wrong or something. It doesn't come with weird brain theories. No, it comes with a discourse of liberation, of freedom of gender expression that everybody should have, rather than something just for you" (Marianne Personal Interview 2012). The term transgender comes with a "discourse of liberation," and the term transsexual, as Marianne hints here, comes with a discourse of repression. To have such a limited understanding of an entire group of people, indeed, is repressive.

Marianne is not the only one who has rejected the term transsexual and adopted the identification transgender. Kam Wai Kui explains why the adoption of the term transgender was popular in the Dutch trans community:

> *"In the mid nineties, a growing group of members from the trans community felt the need to distance themselves from the strong medicalized media representation of transsexual people in the Netherlands. The introduction of the American term 'transgender' gave*

> *these members of the trans community a sense that more diversity in dealing with their trans identity was acceptable and available. This overall feeling that more space is needed for the definition of one's trans identity has led to a movement in the Netherlands that not only aims to improve the medical needs from the trans community, but aims to improve actively the position of transgender people in the cultural life in general" (Kui 2005: 4).*

The "cultural life" of transsexual individuals, at least as reported to me, could be improved. Kui states here that a trans movement in the Netherlands has aimed to improve cultural life through broadening the understanding of transsexual, and transgender, individuals. Marianne, in her quote included above, believes that this movement would not only give freedom to the trans community, but also to society as a whole. Could society benefit from the "freedom of gender expression" that the term transgender brings with it? In the Netherlands, the trans community, at least, could certainly benefit from an adaption of this term and the freedom of gender expression that comes with it.

The Dutch Trans Community: My interviewees displayed to me resistance and agency in their individual interactions with the medical community. I postulated that these actions may contribute to the deconstruction of the medicalization of transsexuality in the Netherlands. Can the same resistance and agency be found within the Dutch trans community as a whole, and what does the relationship between the trans community and the medicalization of transsexuality look like? The scope of my research was on the individual. I want to, however, briefly touch upon these questions because they do in fact relate to the individual.

Access to the Internet had a strong influence on whether or not my interviewees felt supported by the trans community. Marianne, when she was a teenager and could only read about transsexuality texts from the library, did not seem to experience a sense of community as she started her journey. When Ricki started to research transsexuality on the Internet, however,

she not only found information about transsexuality, but also found positive role models from the trans community on forums. I asked Ricki, "When did you first realize that you could transition into becoming who you wanted?" She responded, "Of course when I read the forum, on transvisie.org. I must say there's this one person there, she's like, 'Fuck the whole world, this is me, and if you don't like it go fuck yourself.' That's great, to have someone like that go and tell you that you don't have to care about anybody, because it's your life, you do what you like" (Ricki Personal Interview 2012). Ricki found this one particular individual supportive and inspiring, and although Ricki did not mention to me that she received any advice on how to negotiate herself within the medical community, she nevertheless found role models on these Internet forums.

It is possible, however, that the communication between individuals in this community does include guidance on how to navigate the medical community and, specifically, the Gender Team. My youngest interviewee Dence, like Ricki, did not explicitly tell me that members of the trans community gave her advice on how to navigate the Gender Team. She did seem, though, to know how the Gender Team operates. The Gender Team is like, she said, "a pharmacy where you can get your things as long as your story's right, you can get whatever you want" (Dence Personal Interview 2012). The importance of having the "right story" when dealing with the Gender Team was something that I heard over and over again from my three interviewees. While Dence might have this insight based on personal interactions with the Gender Team, it is not unlikely that she was informed beforehand by fellow members of the trans community.

I was also surprised to learn that the trans community can be a negative influence. Ricki explained to me how on the same forum where she found role models, she also found individuals not as supportive. She said, "Also, on the same forum, girls trashing each other for looks, and

you come out, you go to this forum, you make an account, you put on make-up, you make a picture for your avatar, you put your avatar on for the first time, and you get trashed because you look like a guy and that kind of stuff. That's basically the Dutch trans community for you. If you're not passable, you're nothing, but they're not all like that" (Ricki Personal Interview 2012). The Dutch trans community, as Ricki portrays it at least, is complicated. Individuals can be supportive, but also can be overly critical and almost insensitive.

My research did not fully investigate the trans community in the Netherlands and its connection to the medicalization of transsexuality and individual transsexuals, so I am not able to make any conclusive claims on this particular topic. It does seem, however, that the trans community plays some role in individuals' negotiation with the medical community and even in individuals' negotiation with their own identity.

Conclusion

Through conducting this research, I hoped to investigate how the medicalization of transsexuality affected the life experiences of transsexual individuals. My interviewees and their narratives, however, directed me to answer not only this question, but also questions tangentially related. How do transsexual individuals affect the medicalization of transsexuality? And how do society and the Dutch trans community relate to the experiences transsexual individuals have with the medicalization of transsexuality? These questions ended-up being just as important as the original question that I had posed.

The medicalization of transsexuality, as I expected, did have a negative influence upon the life experience of transsexual individuals. My interviewees felt at times like they were sick and needed to be cured and at other times felt pushed and pressured to pursue a highly medicalized treatment trajectory. The medicalization of transsexuality, however, also had a positive influence upon the life experience of transsexual individuals. Medical treatments allowed my interviewees to transition into a body that they wanted and needed. These treatments, indeed, allowed my interviewees to become who they truly are. My interviewees also, at various times, felt supported by the Gender Team and by other medical professionals.

Next, my interviewees forced me to realize that transsexual individuals are not only affected by the medicalization of transsexuality. Transsexual individuals, importantly, affect the medicalization of transsexuality. Firstly, if not for their asking and their desire for medical treatments and interventions, the medicalization of transsexuality might not exist at all. Secondly, my interviewees displayed tact in their negotiations with the medical community and ultimately ended-up receiving from this community what they wanted—nothing else and nothing

more. These negotiations of transsexual individuals may even serve to demedicalize transsexuality in the Netherlands to a certain degree. It did seem to me, at least in the case of the Gender Team, that the medical care of transsexual individuals has improved in recent years. This care is now less dictated by what the medical community thinks is appropriate and more dictated by what the patient wants.

Third, it turned out to be the case that Dutch society and not the medicalization of transsexuality did the most harm to transsexual individuals. My interviewees did not only feel not accepted by Dutch society, but did not feel safe living in this society while not passable. The medicalization of transsexuality actually offered my interviewees the ability to pass and, thus, to be more accepted by society and to be safe in society. Moreover, the highly medicalized narrative of transsexuality in the Netherlands seemed to influence society's view of the trans community and possibly even cause these low levels of acceptance. I am not able to fully extend this claim, however, based upon my research's lack of insight into this issue.

Lastly, the Dutch trans community has a connection to the relationship between transsexual individuals and the medicalization of transsexuality. I found that the trans community informs individuals on how to negotiate interactions with the medical community, and although at times it can be competitive and negative, the trans community, also, provides support to the individuals in that community. While my interviewees themselves seemed to contribute to the state of the medicalization of transsexuality in the Netherlands, it is more likely that the trans community as a whole has a larger effect.

By scrutinizing the medicalization of transsexuality and by listening to transsexual individuals discuss their life experiences and experiences with medicine and the medical community, I ultimately hoped to better understand the impacts and consequences medicalization

can have on an individual level. I discovered that medicalization, however, cannot be looked at in such a simple way. In the specific case of the medicalization of transsexuality in the Netherlands, the relationship between transsexual individuals and the medicalization of transsexual is not unidirectional and includes many other factors, such as the Dutch society at large and the Dutch trans community. While the medical care for transsexual individuals in the Netherlands has improved in recent years, transsexual individuals nevertheless are presented with a complex environment in which they need to negotiate their needs, their desires, and their identities.

At the end of conducting this research and writing this paper, I feel as if I generated almost as many questions as I answered. I, therefore, have many recommendations for future research. My research on the Dutch society at large and the Dutch trans community are lacking. I suggest that future research projects scrutinize look at these two areas and how they are connected to the medicalization of transsexuality. Possibly research projects may include an analysis of the relationship between Dutch society, the highly medicalized discourse of transsexuality in the Netherlands, and transsexual individuals. More specifically, a project could look at media representations of transsexual individuals in the Netherlands and how these representations contribute to the medicalized environment and influence transsexual individuals. Another project might include a more thorough analysis of the relationship between the Dutch trans community, the medicalization of transsexuality, and transsexual individuals. How do individuals from the trans community meet and how does this community affect their interactions with the medical community?

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Appendix A

Interview Guide

Section 1 – Background and Identity

Early Experiences
Where were you born?
Tell me about your childhood and adolescence
When did you begin to feel like you were in the wrong body?
How was it for you to have that kind of conflict?
Did you perform or express that identity?
Did you have fantasies about that identity?

Coming Out
At what point in your life did you come out?
How did this process make you feel?

Present Day
How do you currently identify your gender?
If you have to explain to an outsider how you feel as a person, and how you feel with respect to your body, what would you say?
What is the ultimate way for you to express your femaleness/maleness?

Discrimination
Do you feel like you're treated differently or discriminated in your daily life?
What or whom do you feel are major sources of discrimination?
How do you deal with discrimination?

Section 2 – Questions on Medicalization

General Impressions
What are your general impressions of the medical community?
How do you feel the medical community treats the trans community?
Do you think that you have been discriminated an individual in the medical community?
Does the medical community treat you fairly and with compassion?

Medical Literature
When did you start to read literature on transsexuality and transgenderism?
Where did you find this literature?
How did this literature make you feel?
Do you believe that there is enough literature for the trans community?
And that there is access to that literature?

Transitioning

Have you ever received medical treatments in order to begin transitioning or are you considering them now?

How do you look back at those experiences?

When did you realize that transitioning into another body was possible?

What did you think of it at that time?

At what point in your life did you know you wanted to transition?

Did you feel encouraged or discouraged by doctors to being your transition?

What obstacles did you face in the transitioning process?

From where did you receive these transitioning medical services?

What would be the best way to get access to healthcare and transitioning services?

Amsterdam Gender Clinic

Have you received services from the Amsterdam Gender Clinic?

If so, what do you think of the clinic and their policies?

Does the Gender Clinic problematize the trans community?

Psychology, Psychiatry, and the Trans Community

Have you ever seen a counselor, therapist, psychologist, or psychiatrist?

If so, how have your experiences with them been?

What do you think of the diagnosis's Gender Identity Disorder and Gender Dysphoria?

Do you see transgenderism and transsexuality as a mental illness?

Media and the Trans Community

What do you think of the media's portrayal in the Netherlands of transsexual and transgender issues?

How does it make you feel?