Fleshing out the self

Reimagining intersexed and trans embodied lives through
(auto)biographical accounts of the past

Marie-Louise Holm

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I make no promises
of answers,
but offer
the belief that it is only by
reconfiguring thought
that we can move on to
potentially
more creative modes
both of becoming in ourselves
and of encountering others,
whatever form those others might take.

*

Margrit Shildrick, *Embodying the Monster:
Encounters with the Vulnerable Self*

Contents

Acknowledgements	11
<i>Prelude: On reading, singing, and writing the voices of others</i>	15
Preface: How this research project emerged	17
 Part I: Introduction	 27
Topic and aim of the thesis	29
Disputed subjects in current Danish debates about trans and intersex medical care	35
Postmodern and queer historical research on intersex and trans in medico-legal contexts	50
The historical source material and the method of its collection	59
Choice of cases and anonymisation	65
Central concepts	68
Experience	69
Gendersex and bodyself	75
Trans, cis, and intersex(ed)	76
Personal pronouns used in the thesis	78
Chapter overview	83
 Part II - A delicate endeavour:	 87
Developing an analytical approach which acknowledges intersex and trans experiences	87
Possibilities and perils in articulating intersexed and trans experiences and life stories	89
1 Trans and intersex as contested subjects in feminist activism and research	95
Radical feminist perspectives on trans embodiment	96

Sexual-difference and transfeminist perspectives on sexual differences	99
Dealing with difference in Bernice Hausman's postmodern historical study on transsexualism	106
Hausman's approach to trans and intersexed embodiments, bodily practices, and identities	109
On making analyses at a discursive versus an individual level	113
2 Rethinking analytical approaches in intersections between queer, trans, and intersex studies	117
Rethinking queer theoretical approaches to intersex embodiment and sexual desire	118
Deconstructing the psychiatric trans narrative through articulations of trans people's life stories	124
Rethinking queer theoretical approaches to trans life stories	129
Queering queer notions of the normative and the subversive	136
3 Analytical tools and practices of the thesis	141
Dialogical narrative analysis	143
Micro-genealogical analysis	152
The concepts of fitting and misfitting as analytical tools	156
Central questions and structure of the analysis of the cases	163
Part III - Fleshing out the self:	
Rearticulating life stories, multiplying perspectives	169
4 Two life stories rearticulated	171
<i>Vigga Heidi - Viggo Klausen's story</i>	173
<i>Peter Ole - Petra Oda Fischer's story</i>	177
5 The context of the production of the autobiographical accounts	
Perceived significance of autobiographical accounts in the evaluation of gendersex status	185

Procedures and processing of applications regarding aspects of gendersex status	190
Knud Sand: Knowledge producer, gatekeeper, and negotiator over four decades	192
Sand's perspective on and approach to persons diagnosed as sexually abnormal	199
The context of Danish eugenics politics	202
Abbreviations used for referencing archival material	206
6 The case of Vigga Heidi – Viggo Klausen	209
6.1 Autobiography	
A story about hesitating over a difficult choice	211
The mother's story about Klausen's corporeality	212
Living a different, changing, and fragile body	217
The introduction of the narrative of erroneous sex	224
Imagined futures in Klausen's accounts	229
6.2 Negotiations and decisions	
Sand's determination of Klausen's gendersex	237
The transformation of Klausen's gendersex	240
Positive indications for permitting a change in Klausen's legal gendersex status	247
The narrative of erroneous sex as gate-opener to a change of legal gendersex status	254
The aligning of Klausen's gendersexed body, mind, and sexual inclinations	261
The Ministry of Justice's perception of reproductive risk	264
Re-positioning Klausen's social gendersex status and the issue of employment	267
7 The case of Peter Ole – Petra Oda Fischer	273
7.1 Autobiography	
A story about finding ways to realise the dream of one's life	275
Growing up with different feelings, desires, and interests	277

The reconfiguration of the narrative of erroneous sex	284
Hormonal and sexological theories as an explanatory framework for Fischer's experiences	290
Attempting to enhance the possibilities of negotiating one's future	295
Experiments with self-medication	299
7.2 Negotiations	
Sand's views on the possibilities and politics of medical transformation	305
Breaking the isolation and enabling oneself to live partly as a woman	314
Turbulent years and renewed negotiations	319
7.3 Decisions	
Reconfiguring arguments for permitting the surgical removal of the gonads	325
The Medico-Legal Council's criteria for who should be recognised as a woman	337
Finding love, seeking legal recognition, and being positioned as a swindler	345
Stürup's rearticulation of Fischer's life story	355
8 Epilogue:	
Medico-legal criteria for granting a change of gendersex status after Klausen's and Fischer's cases	361
9 Conclusion:	
Lived lives, liveable lives	377
Bibliography	383
Unpublished archival sources	405
Appendix:	423
Translation of the terms of permission to see material at the Danish National Archive for which there is restricted access	

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Prelude: On reading, singing, and writing the voices of others

As an adolescent and young adult, I worked for 13 and a half years as a church singer in two different choirs, one in the Danish provincial town where I grew up, and one in the town to which I moved in order to study history and philosophy at university.

I loved singing in the choirs: it was an intense bodily experience. I pierced myself through with my own sound, and at the same time, I was pierced through with the sound of other people's voices. The sound was inside me, outside me, part of my flesh, part of other people's bodies, all at once. During that period, it felt as though all the cells in my body were vibrating, with joy, with fear, with anger, with anticipation, and only singing could extend these vibrations out of me.

When I sang, I noticed that different spaces changed my voice: in some it was muted as soon as it came out of my body, in some it moved a certain distance and then intermingled with the voices of others. In one particular space, it kept expanding and extending until it filled the whole height and width of the dome and was flung back down onto me and everyone else in a long reverberation. Then I could almost hear what my own voice sounded like, as though it was someone else's I was hearing.

Each of our voices is unlike those of other people, although it may share some qualities with them, and we might learn, to some extent, to use our voices, for speaking, for singing, in ways that are alike. When I was reading the autobiographical accounts and letters of the subjects of my research, it was like hearing the person speaking in my head, the handwriting being for me like watching a physical imprint of a person's voice on the paper. In this thesis, I rearticulate some of the words and reanimate some of the voices of people who wrote and spoke long ago, most of whom are now dead. Their voices are thus made visible and audible to you, who are about to read the words of the subjects of this historical study, by having passed through my eyes reading them and my hands repeating them in writing. In this way, I experience the act of writing the thesis as a form of ventriloquism: As much as I have chosen the sentences to quote and the order in which they appear, and thus am speaking the words of others in this text, I feel that the accounts of the intersexed and trans people's lives, which I have been granted the privilege of reading, have changed my way of thinking, perceiving, and relating to others, and that in this way they have also begun to some extent to speak me.¹

¹ I have been inspired to use the figure of the ventriloquist to describe the way I do history writing by reading the work of my colleague and friend Line Henriksen.

When you read and write, you can only engage with one voice at a time, and one thing must come after another. Nevertheless, my desire in this text is to multiply the once-embodied voices and the autobiographical accounts they have articulated which are traces and echoes of specific corporealities that once existed and the lives they once lived. I desire a multiplicity of voices and stories to be heard, also within a single life story, because I, like many others, feel that for too long only one singular narrative about what is a livable embodied life has been articulated and repeated. This has made it difficult for many of us to imagine how embodied lives that differ from this model were once lived, and that yet other kinds might be liveable in the future.

Although I cannot break the linearity of the text and turn it into the experience of listening to a choir singing, it is my hope that the readers of this thesis will approach the life stories rearticulated and considered on the following pages as though they themselves were standing in a choir getting ready to sing together with others, rather than as a silent audience watching the performers from a distance.

Preface: How this research project emerged

When I or anyone else did not behave in the way that she would have liked us to, my mother, who was from a family of physicians and clergymen, used to verbally throw historical psychiatric diagnoses at us, such as “narcissist”, “psychopath”, “moron”, or “pervert”.

My mother identified with women’s rights and socialist politics and was actively engaged in these for a number of years, and she and my father promoted values to their children such as gender equality, liberal views on sexuality, and respect and curiosity towards differences. At the same time she was keen on policing some of our gender expressions and frequently cross-examined me about my sexual desires and inclinations. Whenever she did this, she made sure to communicate in one way or another that gender and sexual expressions which in her view transgressed the boundaries of femininity too much were “queer” in the negative sense, and that all non-heterosexual desires and sexual practices other than penile-vaginal intercourse were “perverted”. When she sensed that I had trouble showing affection for her in the way she longed for and demanded, she would throw a kind of curse at me: “You’ll never be able to be close to anyone. You’ll end up as a strange spinster, dying alone.”

The affective experience of this form of violence, to which my mother subjected me until I was 21, has been a fundamental driving force behind my interest in the subject of this thesis. My mother’s use of historical psychiatric diagnoses as derogatory names was both common in her generation and also very specific to her way of relating to me and others. It has made me deeply suspicious of and resistant to medical and social categorisations, but also curious about them. When she talked to me like this, I felt humiliated and stigmatised. I was also able to feel angry, because she herself had given me a sense of social justice and some of the tools with which to criticise her discrimination against me. At the same time, I felt that these labels had stuck to me and they gave me a deep sense of being fundamentally abnormal, and of knowing that I would always be so. I felt an urge to find out what lay behind these terms: what they meant, whom they had been used to name, and the kind of understanding of people and views on normality and abnormality, health and illness they reflected.

In this way, my initial interest in medical knowledge production was motivated by a desire to find an answer to the question of who I was. It was a kind of quest to find out who I could be said to be and

what my destiny was according to the names and diagnoses my mother had given me. However, during my education at Roskilde University, although I engaged in the making of different group-based projects which explored topics of gender, sex, and sexual variation and theories about them, I found answers neither to who I was nor to the kind of destiny that was laid out for me from this essence. Instead, I encountered postmodern theorising, such as Michel Foucault's history of sexuality, and queer theorisings of the body, such as Anne Fausto-Sterling's history of the sexing of the body, which builds on Judith Butler's performativity theory. These kinds of research opened up the possibility of thinking about gender, sex, and sexuality in a way that had not been provided by my background. I became able to recognise, reflect on, and put into words the ways in which these three phenomena are not stable innate cores in human beings which determine the course of their lives and the experiences and relations to others they can have. I learned that psychiatric diagnoses are not truths about the nature of a person, but concepts which have been formulated as attempts to grasp, name, and relate to phenomena in the world. I also realised that they spring from specific perspectives and the interests of certain groups of people in a society and are thus part of power relations as well as shaping them. Furthermore, diagnostic categories, along with other social and identity groupings, have a history that can be explored. They can show us that things were once different: that perspectives, understandings, and categories as well as the social structures and laws building on these were different; that the ways in which this framework enabled people to identify, experience themselves, and relate to others were different – and that things can also, and will also, be different in the future.

Engaging with such research has spurred on my interest and shaped my desire to study the historical background to how – and thus to find explanations for why – psychiatric and medical categories are presently used in both interpersonal relations and as structuring principles in institutions and local communities. What I am particularly interested in is how this enables some kinds of materialisation and manifestation of certain kinds of bodies and selves, and ways of living, while limiting others. I investigated this question in my interdisciplinary Master's thesis, co-authored with Morten Hillgaard Bülow. We studied how, historically, testosterone has become associated with masculinity, and how the findings of bio-medical research projects on this so-called sex hormone have thus come to be important in shaping the scientific and

popular definitions of what is meant by a male body, masculinity, and what and who is a man. It was during this project that I first engaged with intersex and trans individuals as objects of study in some of the historical medical publications that we analysed. This was also where I encountered feminist science studies and medical historical critical analyses of such research. Many of the insights and themes which form part of the present thesis were gained and shaped through this work; for example, the realisation of how common it was in medico-psychiatric practices during the first half of the 20th century to diagnose as hermaphroditism a wide range of phenomena that would today generally be described as transgressions of social norms and expectations of gendersexed embodiment and behaviour. Being faced with these practices, and the theories on which they were based, gave me a very concrete insight into the historical and local specificity of categorisation and the effects this has for how a person may understand and articulate their sense of self to others. I realised that, had I lived during this historical period and had my body and behaviour been similar to how they are in the present, I might, according to Magnus Hirschfeld's classificatory system of hermaphroditism, have been diagnosed as a sexual intermediary of the second, third, and fourth class at once. However, in the 21st century, according to medical definitions, I do not fit any diagnostic criteria for intersex conditions or disorders of sexual development. The writing of my Master's thesis also brought changes in my social life as it sparked my interest in the Copenhagen queer community as well as bringing me into contact with various feminist groups. It thus opened the doors to a number of communities of which I had not been part before, but in which I soon felt quite at home. Here I knowingly met trans and intersex individuals for the first time. Some of them have become my friends, and I have thus become involved in social contexts where trans and, to a lesser extent, intersex people's social, political, and personal issues are a part of everyday conversations as well as feminist and queer activism.

When I began my PhD studies at Tema Genus in Linköping in the autumn of 2011, it was thus from a research position rooted in queer theoretical and postmodern traditions of making discursive analyses of knowledge production within medicine and biology. This rooting first began to move and then to partly unravel and shift when, during the first few years, I started going to national and international conferences, workshops, and seminars attended by researchers,

healthcare providers, and activists engaged in trans and intersex issues. At these events, I presented my project, listened to others presenting theirs, received and gave feedback, and participated in discussions. I spoke with people of different nationalities who told me about various national legislation and healthcare systems in relation to the legal recognition and sex reassignment of trans and intersex people, and about the kinds of possibilities and problems (mostly the latter) these gave people who identified, were embodied, and wanted to live in diverse ways. Sometimes I witnessed conflicts at the events between, on the one hand, presenters who were either healthcare professionals with a medical approach or non-trans researchers with a theoretical approach to trans people and, on the other, trans persons in the audience, who raised issues about the ways in which the speakers represented and evaluated trans people in objectifying ways. I also experienced being part of a number of social spaces where the question of any person's gendersexed position was less settled from the beginning and much more open to revision over time than in other contexts I had experienced.

In these spaces, people asked each other by which pronouns they wanted to be addressed and I was presented with definitions and experiences that often resonated and sometimes grated with my own life experience, which in these contexts were named trans experiences. In such contexts, gendersex appeared to me in a different way than in many other social spaces in which I had participated. Now and then, it happened that a person I had met or known for some time said that, from now on, they would like to be referred to by a different name and pronoun. And from time to time, a person's body might change and develop physically in ways that I had not previously seen in other bodies which I had categorised similarly to the body of this person. Gendersexed bodies and selves thus became more changeable to me than before, and this experience gradually began to spill over from these contexts into others of which I was a part. I found myself less certain of how to read others' gendersexedness than I had previously been when gendersex appeared more as a tacit given fact, an unconscious scanning and reading of the bodies of others. In encountering others, I began to delay categorisation or swing between different possibilities in my perception, and I more easily adopted the gendersexed self-identifications expressed by others as a perspective and approach to them. As a researcher as well as personally, I experienced a growing awareness of the large and small differences

between me and others – between our corporealities and identifications, our experiences and life conditions, our views and politics. And I gradually realised how little I, or anyone, often know of these differences when we encounter another person, for the first and even for the hundredth time – and do not and cannot even recognise them fully in ourselves. Nevertheless, these differences, both those we recognise and those we overlook, matter for how we allow each other to be, and thus for how our relations continuously manifest and materialise.

Being at these events and sharing space and thoughts with people who are researchers, activists, healthcare professionals, and often some or all of these at the same time, has changed both my perspective on the subject of my research and my experience of myself. Personally, I have realised that, according to some definitions in some research and activist contexts, I can identify as and call myself transgendered. This has provided opportunities for sharing some of my experiences and feelings with others which before I had rarely shared and which others had seldom recognised. At the same time, according to other definitions, including a current official psychiatric definition, I am not transgendered, and I recognise that there are many experiences which I do not share and probably never will share with (other) trans and intersex(ed) people. My relation to trans as a person and researcher has thus changed during the research process from being more of an informed outsider to becoming more of an informed and experiencing insider.

These realisations gained importance for the PhD project and shifted my interests in it from a quite theoretical and discursive approach to a greater focus on the perspectives and experiences of different agents. As I have become increasingly familiar with contemporary debates and the political stances of different trans and intersex groups, I have found it increasingly important to consider the lived experiences of trans and intersexed people alongside my analysis of the production of medical knowledge, and categorisations and discourses on transsexuality and intersexuality, in order to include the effects of the latter upon the persons to whom they relate. From the debates in trans and queer milieus, including the Copenhagen communities, and from the trans and intersex research literature, it is clear that a central problem common to both groups, although with differing effects, is a cultural imaginary in which bodies and selves that transgress the perceived normality of the majority are deeply problematic. Within sexology and

psychiatry, as well as in mainstream media representations, intersex(ed) and trans people's bodies and selfhoods have been, and in many contexts still are, articulated as unintelligible to others and themselves, and therefore unliveable, unless they are normalised by becoming aligned with cis- and heteronormative culture. Since the late 1950s, a dominant medical discourse has been that intersexed children with variant genital morphologies would not be able to develop a normal sense of self, understood as an unambiguous identity as a heterosexual man or woman. Furthermore, medical experts have expected that parents of such children as well as others would have difficulties relating to them as persons since personhood in Western culture generally is perceived as (among other things) dependent on a categorisation of an individual as female or male. In many national contexts, this has led to routine practices of surgically modifying the genitals of such children with the aim of making them appear more like normalised male or female genitalia. Simultaneously during the same period, transsexualism and the later diagnostic category of gender identity disorder, as well as the criteria for meeting these diagnoses, have been very specifically and strictly defined. From the beginning, such diagnoses were a prerequisite for access to medically induced gendersexed body modifications, and in many countries they still are today. In relation to this, the dominant sexological-psychiatric argument has, once more, been that only individuals who identify as heterosexual women and men and, furthermore, are believed to be able to pass unnoticed in a new official gendersex position, can benefit from body modifications. In medical communities, individuals with other sexual and gendersex identifications and behaviours have often been discouraged from undergoing such interventions because they have been regarded as increasing trans individuals' risk of mental and social problems.

Critiquing such discourses of what constitutes intelligible and liveable intersex and trans lives, many researchers have suggested that including the diversity of trans and intersex people's lived experiences challenges such claims. Such a suggestion has resonated with a long-time interest of mine in exploring different kinds of life stories. In both intersex and trans research and activism, as well as much of that from feminist and queer perspectives, experiential accounts and life stories have been a point of departure for analysing power relations, stigmatisation, discrimination, and individuals' and groups resistance to these. For myself, engaging with life stories has been another way to

question and provide alternatives to the stigma of my mother's habit of labelling me with psychiatric diagnoses and her claim that a number of the gendered, sexed, and sexual positions to which I feel connected in different ways were unliveable. Working with biographies and autobiographies has thus been central for me as a method to resist believing in the truth of her curse: that, if I was *this*, then my life was destined to be isolated, intolerably painful, and an utter failure. Reading such texts and hearing the stories of other people in queer and trans communities can provide examples of the lives of people who have been categorised and identified by others using terms as though they are derogatory and fatal. This counters the prediction that a life in such a position is unliveable.

Simultaneously, such accounts must be read as the communication of situated knowledges, as life stories that are articulated in a specific context, communicated to a(n imaginary) listener or reader through linguistic conventions and narrative models which constitute and are indistinguishable from the experiences told. Life stories can thus offer several things to both everyday listeners and readers, and researchers. An autobiographical account offers an articulation of past or present events, feelings, thoughts, relations, bodily processes, and institutional structures among other things. They contain traces of the impressions these have made on a person and their way of responding to them, which exemplifies a perspective through which to make meaning of the world and act in it which can be embraced, rejected, or ignored. Simultaneously, life stories can offer a chance to reflect on how the premises for experiencing and (re)articulating experiences both enable and limit our ways of perceiving, acting, interacting, and understanding in the specific context of the telling of the life story as well as in the situation of hearing or reading it.

Furthermore, life stories can effectively challenge fixed and inflexible definitions of categories because the corporealities and behaviours of many people may be formally described with terms which in dominant discourse are posed as mutually exclusive dichotomous opposites. This was the case, for example, with British writer Vita Sackville-West (1892–1962) whose life was the focus of an unfinished fictional biographical novel that I wrote during a two-year sabbatical from my university studies: in her person, she merged categories such as wife and lesbian, fashionable noblewoman and cross-dressing butch, mother-of-two happily married for 49 years and passionate lover of many different women – combinations which in her

time were considered impossible and unliveable, and some of which were deeply taboo and abject. In my work on this manuscript, I found that by writing from a first-person experiential perspective I could avoid using categories and simply describe actions, conversations, touches, feelings, and thoughts. In this way, the combination of positions mentioned above, coming together in the figure of Vita Sackville-West, did not necessarily appear paradoxical or impossible, but performed their own logic and thus became intelligible.

Moreover, rearticulating the difficulties of embodying all these categories and Sackville-West's ways of navigating and negotiating the possible stigma and/or privilege that her association with them could effect in various situations, enabled me to question and nuance simple evaluations of her life as successful or failed and avoid narrating her person and life in a simplistic way; for example, as that of a heroine, a villain, or a victim. Remembering these literary experiments of mine has renewed my interest in how rearticulating a person's life story from a first-person perspective might offer another way of understanding the complex processes and phenomena associated with gender, sex, and sexuality. It has also stimulated reflections on and experiments with how such writing might be used in the thesis text as a method to provide an alternative to medico-scientific ways of accounting for intersex(ed) and trans person's bodyselves and lives.

This new point of departure in lived experience rather than medical knowledge production has made me wonder about other aspects and ask different questions than I did in previous projects. Historically, a strong discourse about intersexed persons has been that living with an unmodified body is unliveable, so how did such persons actually live before early surgeries became routine? And how did they themselves, from the perspective of their particular corporealities, articulate their bodyselves and lives in ways that made them intelligible to themselves and others? Did people close to them and in their local community accept or reject such perspectives and articulations, and how did medical experts relate to them? Furthermore, before the category of transsexualism and the social position and identity of transsexual or transgender existed, how were trans persons named? How did they live, and how did they articulate their positions in ways that made them intelligible to themselves and others? And how did the diagnostic category of transsexualism emerge and change the ways in which trans people experienced themselves as well as the premises for their social

intelligibility? As you will see, these are the questions at the heart of the analysis in this thesis.

Part I: Introduction

Topic and aim of the thesis

This thesis explores how current ways of imagining possibilities for intersexed and trans embodied lives within medical contexts might be informed by and reimagined through the historical lived experiences of intersexed and trans individuals as they have been articulated in autobiographical accounts written during the first three-quarters of the 20th century. I begin by considering a number of contemporary ideas that form the basis for intersex and trans healthcare, despite having been criticised by intersex and trans researchers and activists for limiting the possibilities for diverse embodied lives. I ask how these ideas have emerged historically and what alternative ideas and experiences of embodiment and selfhood intersex and trans people have themselves articulated. These questions are explored through the study of a unique set of historical source material that includes autobiographical accounts by intersexed and trans persons. It consists of case files that were evaluated by the Danish Medico-Legal Council and Ministry of Justice between 1900 and the 1970s in relation to applications for changes of legal gendersex status and for specific body modifications which were part of medical transition.

Internationally, a re-imagination of trans and intersexed embodied lives had already been under way for a couple of decades in research contexts and to some extent in public debates. During the five years that I was engaged in the research which forms the basis of this thesis, it was significantly developed through more general public discussions as well as legal and medical reforms. At present, long-standing standards for intersex and trans healthcare and procedures for legally recognising citizens' gender identities are being rethought and are in the process of being changed in many Western countries.² The same is true in Denmark, which is the national context on which I focus in this thesis. Simultaneously, negotiations of what should be changed and why, and the kinds of understandings upon which future procedures should be modelled are fraught with conflicts. As a researcher in gender and feminist studies, and a queer and trans scholar who is engaged in several national and international activist communities, I have already been closely following these debates for a long time and

² For overviews of surveys of conditions for intersex(ed) and trans people and changes made in various countries see, for example, Amnesty International 2014; FRA 2014; 2015; Council of Europe 2015.

have been personally involved in them.³ In this thesis, instead of analysing the present situation and imagining how it might be different in the future, I turn to the past in order to provide myself and others with a deeper understanding of the legal and procedural structures currently under amendment. Such structures regulate the materialisation and manifestation of trans and intersexed embodied lives and provide the background for the present conflicts over possible new understandings and regulatory frameworks that could replace existing ones, or whether the current practices should remain in place.⁴

In addition to this, I explore and offer rearticulated accounts of the past as a source of inspiration for imagining possible ways in which trans and intersexed persons, as well as those who are not associated with transgressions of binary gender categories, might be embodied and live in the future. As several queer researchers working with historical studies have pointed out, the future is often thought of as places and spaces that do not yet exist where things which are unimaginable in the present can and will happen (Edelman 2004; Freeman 2010; Love 2007/2009; Halberstam 2011). My experience as a historian is that historical sources often contain accounts of past places and spaces where bodies, ideas, events, and actions existed, which are either unimaginable from present discursive and ideological perspectives, or which are not imagined to have happened in that past, but are rather regarded as yet-unrealised possibilities for the future. By showing how, from this strangely different past, the present has emerged, these forgotten or as-yet-unknown perspectives and scenarios which are the background to the situation today may change the way we think about it, about ourselves and each other. At best, such a movement may contribute to opening up congealed understandings of categories and practices which have become taken for granted and which fix persons positioned as patients as well as decision-makers in specific positions in ongoing negotiations and conflicts. This may work reparatively in the way in which the American literary scholar and queer theorist Eve Kosofsky Sedgwick has defined it: without denying the reality or gravity of regulations and

³ Both before and during my PhD studies, I have been invited to give talks and participate in panel debates about intersex and trans issues, and I have been interviewed for various media and have written scholarly and popular texts on these (see, for example, Holm & Bülow 2013; Holm 2015).

⁴ This procedure is what the French philosopher Michel Foucault called making “a history for the present” (Foucault, 1977; 1977/1995, 30–31).

oppressions, it may allow us to engage hopefully with analyses of past and present relations and structures with an openness to being surprised in both good and bad ways and to considering how these might have been and may be configured differently in the future (Sedgwick 2003). It is my hope that this thesis might contribute to this process.

What I aim to do specifically in this PhD thesis is the following:

Firstly, to develop an analytical approach to trans and intersexed persons' autobiographies based on a critical rethinking of feminist, queer, trans, and intersex theoretical frameworks in a way that pays attention to intersex(ed) and trans persons' articulations of their lived experiences.

Secondly, to apply this analytical approach to an in-depth analysis of the autobiographical accounts of two persons in trans and intersex(ed) positions about their applications to change legal gendersex status within a Danish medico-legal context during the first three-quarters of the 20th century.

Thirdly, to study how and why these life stories were interpreted and rearticulated in relation to other life stories, both similar and different, in negotiations with and within the decision-making processes of Danish medico-legal experts. In relation to this, I consider how these articulations came to influence historical imaginings about what kinds of intersex(ed) and trans embodied lives are liveable or unliveable.

As such, the project can be characterised as exploring the possible workings of a postmodern bioethical approach in practice through the study of historical material. What I mean by this is that the approach I apply in this thesis has been inspired from the outset by one of the principal aspects of postmodern bioethics: the ethical relation in the encounter between two agents, one positioned as a medico-legal expert and the other as patient. Whereas, within classical bioethics, the aim has been to find and articulate general, universal, and transhistorical guidelines for how medico-legal experts may relate ethically to their patients, postmodern bioethicists have argued that such a set of predetermined ways of relating to persons positioned as patients runs the risk of reducing and overlooking differences among such persons. In order to define ethical ways of relating to persons positioned as patients, one or more kinds of patients must first be imagined. However, postmodern bioethicists have argued that, because actual persons are not reducible to a number of statistically defined types and

do not necessarily fit the notions of predefined social and medical categories applied within medical contexts, such guidelines may be inadequate for dealing ethically with individuals' specific corporealities and life situations. Instead, postmodern ethicists have suggested that medico-legal experts reflect on how to meet persons positioned as patients in a way that acknowledges that they can know neither the other nor their needs beforehand, and therefore will have to meet them in a way which is open to this unpredictability of the other and the outcome of their encounter (Price & Shildrick 1998; Twine 2010; Kleinman 2012).

While this position has been an inspirational starting point for my thesis project, its topic and aim is not to present and discuss postmodern bioethics, but to centre on the question of how medico-legal experts and trans and intersex(ed) persons who have been positioned as their patients have related to each other historically in a Danish context. In order to study this, I take up a method for analysing story-telling inspired by postmodern bioethics called dialogical narrative analysis, which was developed by the American literary scholar Arthur Frank.⁵ One of the things which he defines as central to this type of analysis is the investigation of how a story, a story-teller, and a listener/interpreter "*each allows the other to be*" (Frank 2010, 16; italics in original). This entails considering to what extent and in which ways the story, the story-teller, and the receiver of the story articulate specific characters/agents and their actions in order to be understood in a singular and predefined way, or in a way that is open to multiple interpretations and ways of developing in the future (Frank 2010, Chapter 4).

According to Frank, whether story-telling and interpretive approaches are closed or open matters ethically, because a story "leads people to imagine possibilities for how their lives are formed and informed – much as a story leads people to imagine different possible lives" (Frank 2010, 18). Narrative models that predefine the actions and life courses of their characters, and judge them from the beginning as being, for example, successes or failures, finalise not only their protagonists, but also other persons who are called to identify or are

⁵ Frank has worked extensively on analysing story-telling practices within medicine and how the bodies, selves, and lives of persons who, for example, have cancer or other life-threatening or debilitating diseases are articulated by both the persons positioned as patients and medical experts (Frank 1995/1997).

identified by others as similar to them. Such a way of relating to the characters in a story – whether fictional or non-fictional – may limit story-tellers’ and listeners’ ways of imagining how stories may be told and develop, and how different people’s lives, which are informed by the various stories and narrative models available in a social context, may be lived and how they may turn out (Frank 2010, Chapter 4).

Following Frank, narratives can be understood as templates for fleshing out specific kinds of selves, while life stories perform this fleshing out of protagonists’ selves by making them intelligible to the reader/listener as subjects. Historically, prominent narratives for intersexed and trans people have emerged in medico-legal and popular culture, while their historical selves have only rarely been fleshed out in accounts of their lives. When this has happened, such life stories have often been rearticulated through a medical voice. In this thesis, I foreground the embodied experiences of intersexed and trans persons by creating experimental performative rearticulations of the life stories of two individuals by closely following their own articulations as they were told to medical experts. Furthermore, in order to avoid allowing myself and readers to be caught up in these stories and possibly creating the basis for new dominant singular narratives about what a trans or intersex person is and what kind of life they can have, I connect them to a plurality of contemporary life stories about other kinds of similar and different bodyselves and embodied lives in various specific social contexts.

Focusing on encounters and articulations of individuals’ experiences may contribute to the production of knowledge about how lives are constructed as liveable or unliveable in several ways. The articulations of both persons who have applied for a change of legal gendersex status and the medico-legal decision-makers who evaluated their applications draw on available cultural imaginaries. These include ideas about what a normal and rational subject is, what kind of citizen should be granted the right to perform autonomy by making decisions about their body and in relation to others, and what a desirable life course for citizens looks like, from an individual as well as a societal point of view. This means that the articulations of applicants and decision-makers convey information not only about how intersexed and trans embodied lives have been understood, negotiated, and evaluated, but also about the general bodily ideals, power structures, and state policies in relation to which all citizens, whether normatively embodied or not, become subject in their specific historical context.

Earlier studies within feminist research have shown that state regulation of body-modifying technologies is closely connected to the cultural imaginary of what a normal subject is. Or, to put it another way, they are connected to ideas about what kind of body it is generally imagined a person must have in order to develop a subjectivity with the capacity for rationality and sound moral judgement, to participate on equal terms with others in a society, and to be satisfied with their life (see, for example, Butler 1993; Shildrick 1997; Stacey 1997; Morland 2012). Among others, the British philosopher Margrit Shildrick has described the dominant idea of such a body in modern Western societies as being “clean” and “proper”, meaning well-functioning, stable, and distinct from as well as independent of other bodies (Shildrick 2002, 51; see also Kristeva 1982; Grosz 1994; Shildrick 1997). She and others have shown in their studies of views on and approaches to bodily differences that the evaluation of the normality of a body is not only related to its morphology, but also to ideas about how a body which has been categorised in a certain way (for example as male or female) should have developed by a certain age, and how it is used by the individual living it; for example: sexually, socially, productively, and reproductively. Thus, there are both social norms and legal regulations for how a subject should be embodied and how they should live their life, although such norms and regulations vary, both historically and locally. Consequently, some subject positions become either unimaginable or are generally regarded as undesirable for individuals to inhabit and for a society to contain (Kristeva 1982; Kessler 1990; Stacey 1997; Butler 2004; Stryker 1994).

As different queer scholars have shown, people who are critical of the gendersexed ideals of a society and/or challenge them in different ways by being embodied in ways that do not or cannot live up to these ideals may develop strategies for navigating and negotiating those definitions, and may come up with alternatives to them (see, for example, Muños 1999; Halberstam 2011). My project contributes to these kinds of studies by exploring how the accounts of the intersexed and trans individuals who are the subjects of my research have negotiated ideas about what are liveable forms of embodiment. I also consider how their articulations may, for example, provide alternative understandings of what a woman and a man is, or what heterosexual and homosexual relations might be, and may reconfigure ideas about these. While scholars such as the French philosopher and postmodern theorist Michel Foucault and the American philosopher and queer

theorist Judith Butler have analysed this on a discursive and structural level, my study can be considered an empirical exploration of how the modern Western ideal about normal personhood has been articulated in ways that fit the local medical research milieus, political interests, and gendersex politics (see, for example, Foucault 1977/1995; 1980; 1964/2001; 1961/2006; Foucault, Marchetti & Salomoni 2003; Butler 2004a; 2004b). In this way, I aim to explore, not so much how dominant discourses emerge and change, but rather how their hegemony may at once be present, but at the same time challenged, and how they may take a very particular shape when articulated locally. Consequently, the effects and limitations of the influence of hegemonic discourses may also be, sometimes radically, different in various regional, national, and geopolitical contexts, as many new studies within transgender studies have shown (Stryker & Aizura 2013; Zabus & Coad 2014).⁶ In this study, the Danish national state will be the local focus and will serve as a prism for studying specific configurations of Western discourses of subjecthood and the liveability or unliveability of certain forms of embodiment.

Disputed subjects in current Danish debates about trans and intersex medical care

Denmark has simultaneously played a crucial role in international transgender history and its development and had its own locally specific way of conceptualising and approaching trans and intersexed embodiment. In the following pages, I will present how this role, along with Danish gender and sexual politics, has been articulated and assessed in the international media and national public debates. Furthermore, this presentation suggests a number of themes and issues regarding Danish trans and intersex politics with which I was already familiar when I began to collect the archival material that constitutes the source for the historical analysis of this project. These have

⁶ As in many other research fields, transgender and intersex studies have been dominated from the beginning by Anglo-American definitions and studies focusing on the USA and the largest European countries (references). However, over the last decade, there has been a call in transgender studies to conduct more studies focusing on conditions in all parts of the world and to stress the importance of considering different local definitions and practices which differ from or can be seen as radically different alternatives to Anglo-American understandings. The anthology *Transgender Experience* is an example of a recent publication with this aim (Zabus & Coad 2014).

consequently been significant for how I have approached and read these sources, and the questions I have asked in relation to them. Simultaneously, my encounter with the information and accounts in the case files of intersexed and trans persons that I found in the Danish National Archive in many ways profoundly changed my understanding of how current Danish national and international approaches to such persons have emerged and become established.

For many decades, Denmark has been internationally renowned for having liberal policies in relation to sexuality and gender expression. One area in which this has been visible is in relation to transgendered persons. In December 1951, when the American newspaper *Daily News* proclaimed the medical transition of Christine Jorgensen with the sensational headline: “Ex-GI becomes blonde beauty”, the medical team behind the procedure was Danish and the location was Copenhagen (Daily News 1951). This event made Denmark instantly famous as allowing trans persons access to what was then called sex-change surgery. Even though the Danish health authorities immediately removed the possibility for non-Danish citizens to access such surgery, during the rest of the 1950s, the medical team and the Danish Ministry of Justice regularly received queries and applications from foreigners for assistance in their medical transition (Hamburger 1953).

Sixty-six years later, in January 2017, Denmark again hit the international headlines in relation to transgender issues as the first country in the world to declassify transsexualism as a mental disorder. In an article in the American journal *Scientific American*, this step was described as “represent[ing] a new phase in the international evolution of views on being transgender” and was associated with the shift in discourses within medical contexts when, in 2013, the diagnostic category “gender identity disorder” was replaced by “gender dysphoria” in the Fifth Edition of the internationally recognised *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (Scientific American 2017). In contrast to the former category, the term gender dysphoria refers to distress over a mismatch between a person’s body and their gender identity, not to mental illness. The Danish declassification of transsexualism as a mental disorder was, according to the American human-rights scholar Richard Johnson, cited in the article, an important step towards a further depathologisation of transgenderism. Thus, he declared, Danish trans people would in the future be “allowed [...] to pursue life on their own terms” (ibid.).

During recent years, other significant changes have been made in Danish laws regulating transgender people's access to a change of legal gendersex status and health authorities' guidelines for transgender healthcare. In 2014, the law regarding access to castration and oophorectomy, which had been applied in relation to trans persons since 1951, was amended. Previously, permission for such interventions could only be obtained as part of a "sex change, if the applicant's sex drive causes severe mental suffering or social deterioration" (the Danish Health Care Law, quoted in Amnesty International Danmark 2016, 23). This provision was changed to a statement that permission could be obtained "if the applicant has been diagnosed with transsexualism, has a constant wish for castration/oophorectomy, and can understand the consequences of this" (ibid., 24).⁷ Furthermore, since 1935, it had been a requirement that in order to be granted a change of name, legal gendersex status, and (from 1968) personal ID number (CPR) which indicates legal gender status, transgender individuals must have undergone oophorectomy or castration. This was replaced by a right of self-declaration, meaning that Danish citizens who twice within a six-month period declare to the CPR Register that they consider themselves to belong to the other gender and would like a change of legal gender, will be granted it (the CPR law, quoted in Amnesty International Danmark 2016, 8).⁸

In the Danish trans activist community, the perception of these legal amendments is generally positive and they are regarded as important changes that may potentially benefit Danish trans citizens. However, activist groups and LGBT Denmark have alleged that the potential for trans people to "pursue life on their own terms", as Richard Johnson presumed these changes would allow, has been significantly limited by the simultaneous introduction of other provisions restricting trans people's access to body modifying technologies within the healthcare system (Pedersen-Nielsen & Magnild 2015; LGBT Danmark 2016, 4-5). In December 2014, the Danish Health Authority published new guidelines for transgender healthcare in which almost all available

⁷ The current legal text still uses the term "sex change", although such terms are no longer used within Danish or international medical contexts and rarely by trans persons themselves.

⁸ Further legal changes regarding, among other things, the right to healthcare for pregnant persons, including trans men, was also made. For a detailed description and discussion of the changes, see Amnesty International Danmark 2016 and Dietz 2016.

medical treatments for trans persons are defined as requiring highly specialised expertise (Sundhedsstyrelsen 2014). The guidelines thus provide that synthetic hormones may only be prescribed to trans persons if they have been diagnosed with transsexualism. The authorisation to give this diagnosis had for many decades been exclusively available only to an expert team at the Sexological Clinic of the Danish State Hospital. This means that, in effect, within the healthcare system this team alone can decide which trans persons get access to hormones (Pedersen-Nielsen & Magnild 2015; LGBT Danmark 2016, 9–10). Furthermore, in 2011, the Health Authority prohibited the performance by private surgeons of gender-affirmative surgeries such as breast removal on trans men which, once again, may now only be performed on persons categorised as female if they have been diagnosed with transsexualism (LGBT Danmark 2016, 5 & 9–10; TransFAQ 2017).⁹ Consequently, these provisions have centralised all assessment and access to body modifying interventions through the healthcare system with the team at the Sexological Clinic (Amnesty International Danmark 2016; LGBT Danmark 2016, 9).

While the authority has declared that these guidelines and the institutional centralisation of approval for access to medical interventions were made in order to secure quality and equality in transgender healthcare according to international standards, trans persons and LGBT Denmark report that they have in fact caused a deterioration in the conditions for trans persons who seek to medically transition (Jyllandsposten 2011; Pedersen-Nielsen & Magnild 2015). For decades, a large number of trans persons who have been assessed for transsexualism at the Sexological Clinic have publicly raised severe critiques of the approach applied by its staff in the investigations, the often extremely long processing times of evaluations, and the high number of trans persons wishing for access to medical transition who

⁹ A significant number of trans persons, who either had not been diagnosed with transsexualism by the clinic or did not want to be assessed there, and who, after several years of assessment, felt that they could no longer wait for the clinic to approve them for surgical modifications, or who wanted surgical interventions of a higher quality than they believed could be provided by the Danish healthcare system, have, at least since the 1980s, chosen to pay for surgery themselves at private clinics in Denmark and abroad. Since the prohibition, such persons can only do this outside of Denmark.

were denied this.¹⁰ Before the introduction of the new guidelines, a significant number of people had obtained hormone prescriptions with private physicians, endocrinologists, and gynaecologists because they did not believe that they would be able to obtain a diagnosis of transsexualism at the Sexological Clinic or were unwilling to go through the clinic's evaluation process. These practitioners had written prescriptions on the basis of a few consultations with a trans person, during which they, firstly, assessed if a person was capable of making rational decisions and, secondly, provided them with information on the possible risks and side-effects connected with hormone consumption. In other words, in practice access was given based on the principles of informed consent. The introduction of the new guidelines resulted in the immediate cessation of such practices, which significantly increased waiting times at the Sexological Clinic and led to a larger number of trans persons beginning to self-medicate with hormones bought outside the healthcare system (Jyllandsposten 2011; Amnesty International 2014, 23 & 34-37; Magnild & Elvin 2014; Amnesty International Danmark 2016, 10, 48, 79, 81, 84 & 104; LGBT Danmark 2016, 13; TransFAQ 2017).¹¹

Trans activist groups, most notably Transpolitisk Forum [Transpolitical Forum], reacted to this situation by protesting against the increased regulation of access to body-modifying technologies, not only in the public sector, but in the private one as well, arguing for trans people's right to make decisions about their own bodies. Specifically, in the campaign "Fight for informed consent", they called for a state policy of giving access on the basis of informed consent as an

¹⁰ The Sexological Clinic has itself documented that, before the legal amendments, for persons who were diagnosed with transsexualism, the times from referral to approval for undergoing sex reassignment surgery had on average been 8.1 years for male-to-female individuals and 5.9 years for female-to-male individuals during the period 1978 to 2008 (Simonsen, Hald, Giraldi & Kristensen 2015). The official goal for the time from referral to approval for sex reassignment is currently set to two years (Amnesty International Danmark 2016, 28 & 109). At the archive, I have found cases dating back to the 1980s of persons and activist groups filing complaints over the evaluation process and its duration at the Sexological Clinic and asking to be informed about the criteria by which assessments were made. Such complaints were usually rejected and the requested information was not given.

¹¹ In 2011, 120 persons were referred by their physician to the Sexological Clinic; in 2012, the number was 160, and in 2015 approximately 200. The waiting time for the first meeting at the clinic has increased from two to nine months (Amnesty International Danmark 2016, 29).

alternative to psychiatric diagnosis. Such a shift would acknowledge and show respect for trans people's autonomy equally to that of other citizens (Magnild & Elvin 2014; Pedersen-Nielsen & Magnild 2015). LGBT Denmark supported these assertions, concluding in a report for the Danish Parliament that "trans persons' access to healthcare [is the] object of a remarkably extensive [...] over-regulation" (LGBT Denmark 2016, 14). Such a policy, the NGO stated, indicated a "particular mistrust of trans persons' ability to take care of their own health" in relation to making decisions about body-modifying interventions, which "contributes to the stigmatisation of all trans persons, including those who do not wish to have medical treatment" (ibid.).

Amnesty International also found reason to investigate the conditions experienced by trans persons in the Danish healthcare system and conducted the first two surveys presenting the critiques of trans persons positioned as patients at the Sexological Clinic in two reports published in 2014 and 2016. The conclusion of both was that, within the Danish healthcare system, and especially in the evaluation processes at the Sexological Clinic, trans people's human rights for health, equality, privacy, self-determination, and expressing their gender identities without being discriminated against have been systematically violated (Amnesty International 2014; Amnesty International Danmark 2016).¹² Some of the main issues emphasised in the reports, apart from the waiting times and lack of a guarantee of treatment, are that trans persons lack information on the criteria on which a diagnosis of transsexualism is made and the reasons for the performance of various forms of psychiatric, psychological, and intelligence tests in relation to their evaluations, including repeated and detailed interviews about sexual inclinations, practices, and experiences. Furthermore, trans persons consistently report to Amnesty that:

¹² The method applied in both surveys is qualitative interviews with around ten percent of persons currently under diagnostic evaluation for transsexualism and a number of physicians, psychologists, and researchers, as well as the employees at the Sexological Clinic and the Danish Health Authority. The critiques and conclusions of these reports in English and Danish have not received the same attention in the international press as the legal amendments. I have not found any news articles online apart from a few on human-rights-watch sites, which mention the severe violations documented in the reports.

in its questions, the Sexological Clinic takes its point of departure in a distinctly traditional gender normativity, according to which there are basically two genders: man and woman. In the experience of transgender persons themselves, this notion of gender, which contrasts with an inclusive notion of gender as a continuum of gender identities, has a marked negative influence on when the clinic regards it as documented that a transgender person actually *is* transgender. [...] Transgender persons emphasise that [...] [they] feel pressured to act in ways that align with this binary notion of gender, but which for some conflict with their own gender identity. [...] [T]ransgender persons [have] described to Amnesty how – in conflict with their actual circumstances – they answered various tests and questions in a way that completely omitted homosexual experiences and “over-emphasised” heterosexual experiences, heterosexual growing up and behaviour – and that these answers led to a fast transfer [...] [to the next phase of the evaluation process].¹³ While others, who answered the questions in a more open way, were told that they were “confused” and had to have more consultations [with the psychiatrist]. (Amnesty International Danmark 2016, 111)

This quote clearly demonstrates the discrepancy between the notions of gender applied by Amnesty International and articulated as lived experiences by many of their trans interviewees, and the notions of gender that many of the latter experience the staff at the Sexological Clinic to be working from and which are applied in the guidelines by the Health Authority. In the Amnesty report from 2016, the argument is presented that, when the staff of the Sexological Clinic do not acknowledge persons who do not have a binary identification as either a man or a woman as transgender, they violate these persons’ human right to express their gender identity without being discriminated against and deny them access to healthcare. To this, the Danish Health Authority has answered that “[t]he aim of the investigation [at the clinic] is to clarify whether there are any indicators for gender-modifying treatment in the form of a transsexual condition” (Amnesty International Danmark 2016, 118). The authority thus implicitly makes a distinction between persons who are transgender and those who are entitled to be assisted in undergoing a medical transition.

In the Health Authority’s guidelines from December 2014, transgender persons are thus defined as persons who have “gender

¹³ What is referred to as heterosexual experiences here is trans men’s sexual experiences with persons positioned as girls/women and trans women’s with persons positioned as boys/men.

identity problems", that is, those who experience "a discrepancy between their experienced gender identity and biological sex [...] and therefore seek treatment" (ibid.). In this way, transgender is defined in a broad and inclusive way, as in transgender research and activist milieus, although here, unlike in these contexts, not as a movement away from an assigned gender position, but rather as a conflict between the sex of the body and a person's gender identity (see, for example, Stryker 2008, Introduction). That all persons who seek access to a medical transition at the Sexological Clinic are transgender is thus recognised in the guidelines. What is established, however, is that only those who fit the definition of a transsexual and thus can obtain the diagnosis of transsexualism may gain access to body-modifying technologies and that this must occur within the context of the clinic that is authorised to give this diagnosis. In the guidelines, transsexualism is defined in the following way:

The diagnosis of transsexuality (F64.0) is, in accordance with the WHO's ICD-10 classification, a gender identity disorder which is characterised by a wish to live and be recognised as a member of the opposite gender/sex, usually including a feeling of discomfort or inadequacy in relation to one's own anatomical sex characteristics and a wish to have hormone treatment or surgical treatment in order to change these in the direction of the preferred sex/gender. The diagnosis does not refer to a somatic or psychiatric pathological state. (The Danish Health Authority 2014, 1)

In other words, the Health Authority clearly provides that only transgender persons who have a stable and binary gender identity are permitted to undergo a medical transition in either the public or the private healthcare system.

In addition, the head of the Sexological Clinic, chief physician Annamaria Giraldi, rejects the claims of persons positioned as patients that staff discriminates against transgendered persons by denying their gender identities and approaching them from a binary understanding. Faced with Amnesty International's presentation of these articulated experiences, she remarked that:

[a] large part of the world is binary in the way in which people experience it. If the world wasn't so binary then being transgender wouldn't be a problem at all. Then you could just float anywhere you liked. And [...] this is something we really want to get hold of, that

frustration which one feels when one is constantly positioned in a binary world. No matter what we say, most people have a notion of what is boyish and girlish. And it is this experience of constantly feeling that one is not in the real world which I think we bring out. So it's not because we think in a binary way, but because we live in a world which very often has a binary way of resonating, and this is what we bring out by asking about these things. (Amnesty International Danmark 2016, 39)

Giraldi thus refutes the suggestion that staff at the clinic approach trans persons from a binary understanding of gender (although the guidelines of the Danish Health Authority actually require that diagnostic evaluations must be made from such an understanding). Instead, she emphasises the importance of the psychiatrist bringing out an experience in the transgendered person of being faced with a world that functions within a binary gender logic and inducing in them a feeling of being in a world that is not right for them because they do not fit binary notions of gender or sex.

This statement indicates a view, also implicitly and explicitly articulated in many other statements by Giraldi, that trans persons, even though they are not mentally disordered, often have a wishful and unrealistic view of the gendersexed status that body modifications may allow them to embody and the kind of life that it will become possible for them to live after such interventions. In relation to this, she emphasises that an extensive evaluation process is crucial to make sure that a person has had a continuous wish to have their body modified, and, furthermore, to make sure that the person is knowledgeable about what the desired interventions entail. In relation to the latter, Giraldi is not simply referring to information about the possible desired effects, the side-effects and risks of medical procedures. Rather, she unambiguously states that it is important to face trans persons with the fact that reassignment surgery is a voluntary maiming of the body that will eliminate their ability to experience sexual pleasure:

[W]e think that it is relevant that if you want to cut off your penis then we have to find out if you use it, and if you have imagined how you are going to live without it. [...] [W]e have to talk about this wish you have for cutting off your genitals. [...] [We] have to [...] say [that] we are actually performing something which cannot be undone. We are cutting off perfectly functioning body parts. (Amnesty International Danmark 2016, 32, 36-37)

Such a statement ignores the fact that trans women's aim in having genital reconstructive surgery is not centred on a wish to "cut off their penis", but to obtain a well-functioning neo-vagina through undergoing a medical intervention. Giraldi's focus is exclusively on the "well-functioning body part" that is to be removed and what the lack of it prevents the person from doing sexually, and ignores the kinds of desired gendersexed positions and pleasures that restructured genitals may enable the trans woman to enjoy.¹⁴ She presents the role of the expert team as being to confront trans persons with binary gender norms and with the facts of the maiming and disabling character of the surgeries. Thus, Giraldi positions the members of the medico-psychiatric expert team as professionals who are obliged to confront trans people with the realities of the world of which they may be, and according to her not uncommonly are, in denial. Such a depiction denies the validity of trans people's perspectives on the world, and their understandings of it, as unrealistic. Instead, it prioritises those of medical experts as being more in accordance with, not how the world is, but how it functions socially and materially. Simultaneously, it

¹⁴ As they know very well, how medical experts and healthcare personnel articulate various medical interventions is very important to the general public's acceptance of them as ethically and existentially acceptable to perform and undergo, to the willingness of people positioned as patients to undergo them, and to the stigmatisation or acceptance by others of persons who have had them. Many contemporary medical interventions could be phrased in a way that may potentially create horror and disgust, and this is why some national health authorities have run campaigns to promote such things as organ transplants (see, for example, Shildrick 2008). Regarding the argument that trans persons have well-functioning and healthy organs removed, other persons positioned as patients also undergo such surgeries in contemporary societies for preventive reasons, for example to prevent laryngitis and throat abscesses by removing tonsils which are not diseased at the time of the operation, or surgical removal of the breasts on persons categorised as women who have the BRCA1 gene which gives a high risk of developing breast cancer. In medical contexts, trans surgeries have been articulated since the 1930s as preventing suicide and self-harm and relieving severe depression. In addition, as I shall discuss in more detail later, feminist researchers have demonstrated that the articulation within medical communities of surgical interventions that change the gendersexed appearance and function of a person depends on how a person is categorised in terms of gendersexed development. Such interventions on intersexed individuals have been presented as normalising their bodies, which are described as congenitally malformed, while, as intersex researchers and activists have pointed out, in a majority of cases they might just as well be regarded as the removal of well-functioning, healthy tissue and organs (see, for example, Kessler 1990; Dreger 1999; ISNA 2008a).

makes the many provisions and regulations around transgender persons' access to medical interventions appear to be precautionary measures that are for the good of the persons positioned as patients and necessary, because many of them are not fully capable of facing and understanding the consequences of the interventions they wish to undergo.

The perspective that Giraldi articulates can be characterised as consistent with historical notions of transsexuals and other kinds of trans people in a Danish context. Very similar articulations can be found in the popular and scientific publications of the founder of the Sexological Clinic, sexologist Preben Hertoft, who himself evaluated the cases of trans persons seeking access to a medical transition and performed research on transsexualism from the beginning of the 1970s to the end of the 1990s (Hertoft 1980; Sørensen & Hertoft 1980a; 1980b; 1982; Hertoft & Ritzau 1984). In 1984, he wrote a popular scientific book about transsexuals and transvestites together with the physician and film-maker Teit Ritzau, with a title that translates as *Paradise is Not For Sale: The Urge to Be Both Genders/Sexes*, defining and discussing trans phenomena and putting them in a historical and cultural context. Regarding trans persons' expectations and subsequent experiences of sex-reassignment surgery, he asserted:

The reluctance [of psychiatrists to grant access to a sex change] is of course due to the fact that we know that in many cases it is not a change for the better, but, on the contrary, that the person risks jumping out of the frying pan into the fire. We know that some regret the sex change, but once it has been performed, it cannot be undone. We know that others, even though they do not regret it, are nevertheless disappointed; it has not caused the great changes in their lives that they had expected. "Now I'm nothing, neither one thing nor the other," you can hear them say. A few have committed suicide in their disappointment over the consequences of the sex change – it did not solve their problems, but increased them. (Hertoft & Ritzau 1984, 18)

In both the book and his research publications, Hertoft describes trans persons as being under the illusion or hope that, through medical modifications, they may obtain a gendersexed body morphology that is

almost identical to a normative female or male body.¹⁵ He emphasises that, no matter what interventions are performed, “[o]ne cannot change sex”, and that the great disappointment which he has witnessed in trans persons after such interventions is related to their facing this fact (Hertoft & Ritzau 1984, 17). According to him, in cases where a person’s corporeal “point of departure” is close to an appearance associated with the gendersex category to which they want to be recognised as belonging, “nice results can be obtained so that it is difficult to see that a sex change has taken place” (ibid.). However, sooner or later, all trans persons must face the fact that they fail to match the expectations of how a born woman or man is embodied and behaves because their life history is readable to others in some ways and in certain situations (ibid.). According to Hertoft, the situation is most difficult for “transsexuals who do not look like the gender/sex they want to belong to”, because other people’s “acceptance of the person’s appearance [as a man’s or a woman’s] [...] is often based on a successful illusion”, and they are therefore often “very unhappy” (Hertoft & Ritzau 1984, 134).

This general description of trans people and their existential and social conditions both resonates with and diverges from other accounts presented in *Paradise is Not For Sale*, which contains in-depth interviews with a trans man (referred to as a transsexual female), a trans woman (referred to as a transsexual male) and a person self-describing as a transvestite (and described as such), which are edited and rearticulated from a first-person perspective. In these accounts, stories are presented about how the protagonists experienced transitioning and how this affected their relations with others and themselves as well as the challenges and pleasures they have experienced along the way. All three articulate in various ways that being trans is not an easy life, but that for them it is still the best possible. The trans man Thomas Holck, who among other things narrates his experiences before his transition of being unhappy and mentally unstable and of stigmatisation and social exclusion in relation to transitioning, thus concludes his life story with these words:

¹⁵ Most of Hertoft’s research publications in this area have been co-authored with the Danish psychiatrist Thorkil Sørensen, who wrote a thesis on transsexualism in 1984 with a title that translates as *The Transsexual Syndrome: Delimitation and Treatment*.

I think I have come as near to paradise as possible. Happiness is to be a whole person, to be what the French call “comfortable in one’s skin” [...] The best is to be oneself, and to feel good about oneself. I have not regretted it, because it could not be otherwise. (ibid., 129)

The experiential perspectives articulated by the three trans subjects in the book on their transgender lives and on what body modifications have meant for them and enabled them to be and do are thus radically different from that of Hertoft and Ritzau.

Perhaps this is why the two medical experts have chosen, in chapters before, in-between, and after the trans persons’ accounts, to give repeated warnings against performing radical transgressions of gendersexed boundaries. In the introductory pages, this warning is poetically presented through a rearticulation of the story of the son of the two Greek gods, Hermes and Aphrodite, who, while bathing in a lake, is sexually harassed by the nymph Salmachis, who implores the gods to merge them into one body. Her prayers are heard, and Hermaphroditos leaves the water “half man, half woman”, and prays to his divine parents to enchant the pond so that any man who bathes in it thereafter will become embodied in the same way (Hertoft & Ritzau 1984, 9–11). The authors connect this myth with trans people’s medical transitions in the following way:

[T]he persons described in this book are [not] hermaphrodites; that is, physically [...] created as both man and woman or half of each [...]. But many people [...] feel themselves attracted towards this ill-fated pond which, in spite of its clear waters and fresh green shores, contains great dangers. Some [...] are tempted to dip a toe or maybe a whole foot and then the risk is perhaps not so great. But if one does bathe the whole body in it, some definitive changes occur – one risks together with Hermaphroditos to ascend from it as “a creature of a double nature who cannot fully be called male or female, but seems to be both at once and neither.” (Ibid., 11)

The changes induced by hormones and surgery are thus articulated as not transforming trans people’s bodies from male to female or female to male, as Hertoft and Ritzau claim that trans people think they will, but into bisexed or intersexed bodies. And, as is clear from the quotes above, having such a corporeality is, according to them, a difficult and painful life full of social rejection and exclusion, which, at worst, becomes utterly unliveable for a trans person and may result in suicide.

This notion of what is socially and existentially a liveable or unliveable corporeality is also present in the contemporary medical approaches to both trans and intersexed individuals.

Trans persons interviewed for Amnesty International's survey of 2016 reported that their appearance, both in terms of corporeality and style of dressing from childhood through to adulthood, and how this was assessed by the evaluating psychiatrist as living up to social norms of femininity or masculinity, seemed to be a criterion that influenced whether and how quickly they would be allowed to begin a medical transition. In relation to this, several interviewees related that psychiatrists pointed to and problematised appearances that were either articulated by them as androgynous or too feminine for trans masculine or too masculine for trans feminine individuals (Amnesty International Danmark 2016, 39–41, 52, 56, 58, 60–61, 65, 69, 95 & 97).

Information on current approaches to intersexed individuals in the Danish healthcare system is scarce and rarely discussed in public, but it indicates that genital surgeries aimed at making infants' and young children's genitals appear to be as unambiguously feminine or masculine as possible are still routinely performed in the paediatric clinics of Danish hospitals (Madsen, Grønlykke & Kjær, 2011, 3–4, Raunkjær & Grønlykke 2015, 9 & 40–41).¹⁶ Such interventions are made in spite of Danish medical experts being knowledgeable about the international critiques raised by adult intersex(ed) persons and researchers that such interventions frequently lead to a number of physical and sexual dysfunctions and, in addition, violate intersexed individuals' right to decide about having irreversible changes made to their bodies. In the guidelines of one of these hospitals, the reason given for continuing these kinds of surgeries is that "it [is] unthinkable that a child in Denmark would be able to develop psychologically without having unambiguous outer genitals" (Birkebæk, Jørgensen, Olsen & Hertz 2008).¹⁷

¹⁶ Clitorio- and vaginoplasty are performed when children are between 2 and 6 months old and later on in life when they are between 13 and 17, while urethra- and phalloplasty are performed between six and 18 months. Most children who have such surgeries need additional ones in puberty and undergo a series of operations during their lifetime (Dreger 1999; Morland 2001; Zeiler & Wickström 2009).

¹⁷ The term *unthinkable* used here is a translation of the Danish word *utænkeligt*, which has connotations of being unlikely, fabulous, adventurous, fantastic, outrageous, incredible, and untrustworthy.

In conclusion, it is an implicitly and explicitly articulated notion in current medical approaches to intersexed and trans persons in Denmark that a prerequisite for becoming and remaining a psychologically normal individual with good close and intimate, including sexual, relations with others is having a body which is perceived and experienced by oneself and others as unambiguously gendersexed as either male or female. In contrast, corporealities that are perceived and experienced as being bisexed, intersexual, or sexually ambiguous are expected to lead to the development of insecure or abnormal gender identities as well as social stigmatisation and exclusion. This is believed to generate a high risk of mental pathology, suffering, and suicidal tendencies.

As I will show in the following analyses, the association articulated by Hertoft and Ritzau in *Paradise is Not For Sale* between trans and intersexed bodies, and their claim that being bisexed, intersexed, or sexually ambiguous is an unliveable state, has a long history in the Danish context. The period upon which I focus in this thesis is one in which body-modification technologies were still at an early stage of development compared to today. Up until the 1950s, medical interventions to alter a person's gendersexed corporeality were less frequently performed than today. Partly because of this, the corporealities lived by the two subjects of my research – one diagnosed as a pseudo-hermaphrodite and the other as a genuine transvestite – whose autobiographical accounts I analyse in depth later in the text, can be characterised as precisely the kind that have been articulated as unliveable.¹⁸ The same is true for those of many of the other subjects whose life stories are also rearticulated and considered on the following pages. In these, I explore how and why this connection between intersexed and trans bodies and selves was established and later disentangled in medical and popular contexts. I investigate how persons living intersexed corporealities and transitioning between gendersexed positions have themselves articulated their experiences and how these experiences were rearticulated and evaluated by medico-legal experts. Furthermore, I trace the emergence of practices

¹⁸ As I will discuss in more detail later on, the term *pseudo-hermaphrodite* was used to refer to forms of embodiment which are today referred to as *intersex* or *disorders of sex development*. The term *genuine transvestite* was used about persons who have later been referred to as *transsexuals*. It is, however important to note that the understanding of the two early terms differ from the definitions of the two latter in ways which will later be accounted for.

established in the Danish medical and legal systems, aimed at guiding and controlling the kinds of gendersexed bodies and selves that might be fleshed out in the present and future, and analyse the complex discussions and negotiations which resulted in their establishment.

Many of the themes and notions presented above are still dominant in the present debates on trans and intersex issues. They reappear and indeed, I believe, have their roots in these historical situations and moments of decision and emergence. Central questions include: What is a liveable and an unliveable corporeality and form of selfhood? What and who appears to be an intelligible or unintelligible person, and is thus recognised or rejected as a normal subject who is capable of making decisions about themselves and their future? Who is and should be granted the right to decide how others' bodies materialise with or without technological assistance? Are some bodies and selves a priori unliveable and must, if possible, be prevented from coming into existence? How are such bodyselves understood to threaten, not only the well-being of the individuals who live them, but also the social order? And is it possible to imagine a society in which such bodies are not seen as threats, but as variations, as possibilities for differently embodied lives which may be liveable or unliveable, not according to a fixed and predictable standard, but according to individuals' specific existential and material lived situations?

My aim is not to find definitive answers to these questions, but rather to explore their complexity from the plurality of perspectives and experiences offered by intersexed and trans individuals and non-intersexed and non-trans medico-legal experts as articulated in their accounts.

Postmodern and queer historical research on intersex and trans in medico-legal contexts

The present PhD thesis is at once inspired by, inscribes itself into, and diverges in significant ways from the existing traditions of historical studies on intersex and trans focusing on medical and legal contexts. It resembles many other such studies in being motivated by intersex and trans activism and in making a scholarly contribution to contemporary debates about current policies and medical practices regarding intersex(ed) and trans people. Like many of these studies, it also contributes to knowledge production on the ways in which gendersex

and selfhood have been socially, legally, and medically constructed historically. And, as in a number of them, it presents and analyses the medico-legal cases of persons diagnosed as, for example, hermaphrodites, intersexuals, genuine transvestites, and transsexuals, and explores their life stories as they were presented in material produced in relation to these cases. My study differs from much of the existing tradition primarily in the kind of knowledge I am interested in producing, the character of the source material, the theoretical and ethical approach, and the methodology applied for analysing these. In the next section, I account for the last two of these, while here I will present the first two by briefly describing the inspirations, aims, and foci of historical studies on intersex and trans and how my research relates to these.¹⁹

To date, most of the extensive international historical studies with a focus on medical and legal contexts have been on intersex and/or hermaphroditism. I have found nine research projects centred on this topic (Dreger 1998; Gilbert 2002; Cleminson & García 2009; Reis 2009; Bondestam 2010; Eckert 2010; Klöppel 2010; Mak 2012; Cleminson & García 2013). In comparison, there have only been four studies focusing specifically on transsexualism/transgender (Hausman 1995; Meyerowitz 2002; Sharpe 2002; Meyer 2015).²⁰ In addition to these, a number of other historical studies on law and medicine include intersex/hermaphroditism and/or transsexualism/transgender in their analyses (Edenheim 2005; Alm 2006; Fausto-Sterling 2000a; Preciado 2013).²¹ Taken together, these studies span the period from the 16th century to the present. Seven of them can be characterised as broad

¹⁹ It should be mentioned that the overview of studies I provide here is not exhaustive. Firstly, it is limited to the studies I have been able to find via library searches or online, and, secondly, the studies considered are limited to those written in languages I can understand, that is in either Danish, English, Swedish, or German.

²⁰ The majority of historical studies on trans focus rather on trans activism and movements and analyses of trans people's published autobiographies, with a predominant focus on the United States (Feinberg 1996; Califia 1997; Devor 1997; Cromwell 1999; Stryker 2008; Zabus & Coad 2014; Holmqvist 2017; see also Prosser 1998; for an extended historiography of the USA, see Beemyn 2013).

²¹ Apart from the studies mentioned here, a number of other historical studies on intersex and trans exist which focus on cultural representations and social history (Dekker & van de Pol 1989; Herdt 1994; Brisson & Lloyd 2002; Long 2006; Oram 2007; Peletz 2009; Tebbutt 2014). Except for Oram's and Tebbutt's studies, most of these do not employ gender studies, postmodern, queer, trans, or intersex theoretical perspectives, but are positioned, for example, within cultural studies.

studies spanning several hundred years (Fausto-Sterling 2000a; Gilbert 2002; Reis 2009; Bondestam 2010; Klöppel 2010; Sharpe 2002; Cleminson & García 2013); four focus on periods of five decades to a century (Dreger 1998; Cleminson & Garcia 2009; Mak 2012; Edenheim 2005); and six focus on shorter periods of between one and five decades (Hausman 1995; Eckert 2010; Alm 2006; Meyerowitz 2002; Preciado 2013; Meyer 2015). The national contexts in focus are: the USA (five studies), Britain (three studies), the German-speaking region (three studies), Sweden (three studies), France (one study), the Netherlands (one study), Denmark (one study), Papua Guinea and the Dominican Republic (one study), and New Zealand and Australia (one study). The kinds of historical source material on which their analyses are based are predominantly medical and legal publications, including scientific debates and case studies, court cases, sometimes parish registers, government reports, or published autobiographies, and occasionally medical records, personal letters, newspaper and magazine articles, fiction, or interviews.

In many, although not all, of these studies, periodisation follows shifts in medical diagnostic terms and clear distinctions are made between trans and intersex. The majority of the long-period studies thus focus on hermaphroditism, and eventually intersex, as a diagnostic category and persons diagnosed as hermaphrodites, with only one study focusing on early theories of transgender (Sharpe 2002).²² Additionally, the studies focusing on mid-length periods focus on hermaphroditism as a diagnosis and persons categorised as hermaphrodites. The exception is one which also includes the categories of intersex and transsexualism, and which is the only study in this group with a focus on recent history (Edenheim 2005). Finally, of the short period studies, all but one focus on transsexualism/transgender and persons categorised and self-defining as such (Eckert 2010), while the last has a combined focus on intersexuality and transsexuality (Alm 2006). In conclusion, almost all of the existing historical studies on trans focus on the second half of the 20th and early 21st century, often from the time of Christine Jorgensen's medical transition onwards, while many studies of hermaphroditism span long periods and are mostly focused on periods before the 20th

²² For another analysis of early theories on trans phenomena and trans people's influence on these, see Prosser 1998, Chapter 4.

century, although they often include a chapter in which the historical analysis is placed in dialogue with present conditions and politics.

As can be seen from the years of publication of the studies cited above, before the mid-1990s very little historical research had been done on trans and intersex at all.²³ The works of Michel Foucault and Judith Butler played a prominent and influential role in the emergence and establishment of intersex and trans historical studies as an area of research, both as inspiration for taking up these subjects and for many researchers' approaches to these. Michel Foucault's (re-)publication of the late 19th century memoirs of Adélaïde Herculine (also called Alexina) – Abel Barbin first spurred more widespread interest in the subject of hermaphroditism among gender historians (Foucault 1980; Dreger 1998, 23; Gilbert 2002, 2).²⁴ In the introduction to the memoirs

²³ One of the pioneering historical accounts to include intersex is by Danish historian and women's studies scholar Bente Rosenbeck (1987). Inspired by Michel Foucault's publication of the memoirs of Adélaïde Herculine Barbin (1980), Rosenbeck analyses three Danish medical articles about cases of hermaphroditism written between the 1890s and the 1920s, along with publications relating to the court case of Frederikke Vilhelmine – Vilhelmi Møller. Møller, who was active in the suffragette movement and worked as the superintendent of an orphanage, was arrested in 1893 after murdering a young boy at her workplace by anaesthetising and smothering him with a pillow, fearing that he would reveal their former sexual relationship. In prison, she was examined by a psychiatrist and an obstetrician, who found her body to be ambiguously gendersexed, but predominantly male. After a trial at the Danish Supreme Court in 1894, Møller was declared to be a man, her first names were changed to Vilhelmi, and she was transferred to a men's prison. During the eleven years of imprisonment, Vilhelmi seems to have accepted an identity as a man. He was released in 1905, and shortly afterwards married a woman who had been a guard at the women's prison where he had first been placed. In 1907, he changed his name to Frederik Vilhelm Schmidt. Later studies of Møller's case have been made by Danish folklorist Karin Lützen, Danish historian Karen Vallgård, and Danish historian Nina Rønholt Madsen (Lützen 1998, 368–390; Vallgård 2005; Madsen 2008; see also Rosenbeck 2014).

²⁴ Historically, this text spurred such an interest for the second time as it had previously played a crucial part in late 19th century physicians' interest in studying the lives and experiences of intersexed individuals. The official record and description of the facts of the life of Barbin, which were given about her/him by the authorities after her/his death can be summed up as follows: Born in 1838 in the small French village of Saint-Jean-d'Angély, Alexina Barbin was registered in the civil status records as a girl. Between the ages of seven and ten, she was hospitalised, and then lived until the age of 15 at the convent of the Ursulines of Chavagnes, getting an excellent basic education at the girls' school. For a couple of years after this, she worked as a lady's maid in the noble house where her mother was living, and was then educated as a teacher at the Normal School of Oléron which was directed by

and a collection of other historical texts related to Barbin's life, Foucault makes two claims about their account.²⁵ Firstly, he states that her story shows how, historically, physically intersexed persons have lived in "a happy limbo of non-identity" and that, for Barbin, sexual relations with other persons may not have been something that signified her physical sex, but were rather pleasures outside the sexing regulation of the law (Foucault 1980, xiii). And, secondly, he declares that the story of Barbin represents a historical moment when the disciplines of law and medicine took on the role of examining and classifying intersexed people and bringing their bodies and lives under their regulatory regimes, thus destroying the possibility for intersexed people to live

nuns. At the age of 20, she was employed at a small girls' boarding school directed by another teacher and her young unmarried sister, called Sara in the memoirs, with whom Barbin began a passionate love affair. In 1860, two years later, Barbin was examined by a local physician because of abdominal pain. He was struck by the look of her genitals and body in general. Puzzled by his reaction, and feeling guilty about her sexual relationship with Sara, Alexina decided to confess to the bishop of La Rochelle, Monseigneur J.-F. Landroit, who referred her to the tribunal of Saint-Jean-d'Angély. After an examination by the physician Dr. Chesnet of La Rochelle, the local court decreed that Barbin's legal gender be changed to male and a change of first name to Abel. Because of the scandal following the case, Barbin had to leave her home district and move to Paris, where he took up a position as a clerk to the railroad (Foucault 1980). In 1868, at the age of 29, he committed suicide by carbon dioxide poisoning in his small room in Paris, leaving a letter which, according to the forensic report, said that "he killed himself in order to escape the sufferings that constantly obsessed him" (Foucault 1980, 129). The physician and police officer who were called upon when the body was found suspected that the suicide was motivated by the deceased having syphilis, and decided to examine his genitals. The physician recognised Barbin as "a masculine hermaphrodite", other physicians were informed, and Dr. E. Goujon then performed an autopsy and "remove[d] the different parts on which the anomaly had a bearing" (Foucault 1980, 129; Dreger 1998, 51-52). Subsequently, Barbin's memoirs, written in 1864, which were found in the room where they ended their life, were published with a comment in 1874 by the medico-legal expert Auguste Tardieu (see Foucault 1980, 122-144; also Dreger 1998, 16-19 & 242, note 59). The memoirs were rediscovered by Michel Foucault in the archives of the French Department of Public Hygiene and published with an introduction by him, first in French in 1978, then in English in 1980 under the title *Herculine Barbin: Being the Recently Discovered Memoirs of a Nineteenth-Century Hermaphrodite*.

²⁵ In the previous footnote, I have used the gendersexed pronouns which are used in the official reports about Barbin. As the memoirs do not contain any clear indication of Barbin's own way of identifying in terms of gendersex, I will use the pronoun *they* when referring to Barbin in relation to the contents of that text, while I use the pronouns which other people used to refer to them when presenting their writing on Barbin's life and case.

with two sexes or choosing for themselves to which sex they wished to belong (ibid., vii–xi).

A decade after Foucault's re-publication of Barbin's memoirs, Judith Butler made a critique of his interpretation in her book *Gender Trouble* (1990), which became a further inspiration, in particular, for the historical studies of intersex during earlier periods (see Dreger 1998, 27; Gilbert 2002, 8). Butler criticises Foucault's reading of Barbin's text for romanticising h/er sexuality, and critically discusses how his claims are at odds with his own theorising in *The History of Sexuality* (1978), where he argues that sexuality is always situated within matrices of power. As an alternative, she offers an analysis of the memoirs that begins with Foucault's suggested method of asking which social practices and conventions have produced a certain form of sexuality. This demonstrates that Barbin's account is indeed structured by contemporary understandings and categories of sex, gender, and sexuality, although the protagonist does not position h/erself in one unambiguously gendersexed way (Butler 1990, 93–106).²⁶ In her conclusion at the end of the chapter, Butler writes about the study of cases like Barbin's:

Only from a self-consciously denaturalized position can we see how the appearance of naturalness is itself constituted. The presuppositions that we make about sexed bodies, about them being one or the other, about the meanings that are said to inhere in them or to follow from being sexed in such a way are suddenly and significantly upset by those

²⁶ Simultaneously, as Butler raised this critique of Foucault's claim, the American historian and sexologist Thomas Laqueur articulated another in his study *Making Sex* on the shifting historical notions of sex, in which he argues that, before the 19th century, there was a one-sex model, and that the social roles of being a man or a woman were regarded as being of more importance than a person's body morphology. He writes: "Foucault [...] argues that in the Renaissance and before there was no such thing as the one and only true sex and that a hermaphrodite could be regarded as having two, between which he/she could make a social and juridical choice. He is perhaps utopian in his political claim; gender choice was by no means so open to individual discretion, and one was not free to change in midstream. But he is right that there was no true, deep essential sex that differentiated cultural man from woman. But neither were there two sexes juxtaposed in various proportions: there was but one sex whose more perfect exemplars were easily deemed males at birth and whose decidedly less perfect ones were labelled female. The modern question, about the 'real' sex of a person, made no sense in this period, not because the two sexes were mixed but because there was only one to pick from and it had to be shared by everyone" (Laqueur 1990, 124).

examples that fail to comply with the categories that naturalize and stabilize that field of bodies for us within the terms of cultural conventions. Hence, the strange, the incoherent, that which falls “outside,” gives us a way of understanding the taken-for-granted world of sexual categorization as a constructed one, indeed, as one that might well be constructed differently. (Butler 1990, 110)

Butler’s suggestion to take a point of departure in corporealities “that fail to comply with the categories that naturalize and stabilize” bodies to make visible the fact that categories are constructed, how they have been constructed, and, furthermore, to realise that they might be constructed differently in the future, came to extensively influence how queer studies were performed in general for decades afterwards. Specifically, it influenced how studies on intersex and trans were performed in the history of medicine and law.

Several of the authors of the existing studies on intersex history thus state that they were inspired by Foucault’s publication of Barbin’s memoirs to examine a wider range of historical source material of cases and to provide an in-depth contextualisation of these as well as Barbin’s case, thus expanding and adding nuance to knowledge about scientific views on hermaphroditism and the medical, legal, and social conditions of persons categorised as hermaphrodites (Dreger 1998, 23; Gilbert 2002, 3; Cleminson & García 2009, 2; Bondestam 2010; Mak 2012, Chapter 3). Furthermore, the majority of all the mentioned studies on intersex and/or trans can be characterised as generally aiming to analyse constructions and categorisations of gender, sex, and sexuality as well as how intersexed bodies and trans behaviour have challenged these categories by transgressing them (Hausman 1995; Dreger 1998; Fausto-Sterling 2000a; Gilbert 2002; Meyerowitz 2002; Edenheim 2005; Alm 2006; Cleminson & García 2009; Reis 2009; Bondestam 2010; Eckert 2010; Mak 2012; Cleminson & García 2013; Meyer 2015). In many of these, a Foucauldian genealogical approach and a Butlerian deconstructive approach are combined as an analytical strategy to historicise and deconstruct concepts such as sex, gender, the body, identity, and hermaphroditism. In this way, researchers inspired by postmodern and queer theories have demonstrated the specific socio-historical and geographically located emergence and establishment of these concepts, and their effects on structuring social life and regulating the lives of citizens in the past – intersexed as well as non-intersexed, trans as well as non-trans – and how this regulation

continues in the present day. Such analyses present important knowledge production and I draw upon this in my own historical analysis to add contextualisation and in order to gain a deeper understanding of the discourses and narratives about the body and selfhood upon which the subjects of my research draw in their articulations.

Postmodern and queer studies of trans and intersex have often been motivated by intersex and trans activism and have engaged in making different kinds of scholarly interventions into contemporary policies and medical practices regarding intersex(ed) and trans people (for example, Dreger 1998; Fausto-Sterling 2000a; Meyerowitz 2002; Sharpe 2002; Reis 2009; Eckert 2010; Klöppel 2010). However, intersex and trans activists and researchers (some of whom are themselves engaged in postmodern and queer politics and research in one way or another) have pointed out that often these researchers have paid too little attention to the articulations of the subjects of their research, whose personal accounts and life stories they analyse. In the next part of the thesis, I present and discuss these critiques in detail, while here I will just give a short outline and concentrate on discussing one aspect which I believe to be of some importance in relation to the approach of the existing queer and postmodern studies of trans and intersex; namely, the choice and availability of historical source material.

Central critiques made of some of these historical studies have been that, in spite of some of the researchers' declared aim that they will work to support and provide a textual and social space for intersex(ed) and trans people, they risk instrumentalising their research subjects by employing their bodyselves and life stories to illustrate the power of discourses in subjectivating and regulating citizens and to demonstrate how people's identities as men and women are socially constructed (for example Hausman 1995; Reis 2009). Other studies have depicted trans and intersex(ed) persons as mostly opposed to medico-legal experts and being subjected to oppression and abuse from such experts, who attempt to make their unruly bodies and senses of themselves as gendersexed beings fit the two-sex and binary gender systems, while arguing that the very existence of such bodyselves shows that these systems are reductive and inadequate (Dreger 1998; Fausto-Sterling 2000a; Reis 2009).

What both kinds of analysis fail in some ways to acknowledge, and often omit to discuss, is the diversity in intersex(ed) and trans people's sense of themselves as gendersexed beings and their articulated

experiences of what various medico-legal experts' approaches and specific socio-historical understandings of sex, gender, and sexuality might mean to them in relation to their desires for how to live and be embodied. Instead, the focus in many analyses often quickly turns from a person's autobiographical account, or a rearticulation of their life story by a medico-legal expert, to the analysis of how specific categories worked and made sense within medical and legal establishments in general and in individual medico-legal experts' articulations specifically (Dreger 1998; Reis 2009; Cleminson & García 2009; Eckert 2010). When the focus is on intersex(ed) and trans persons' own accounts, the question most often considered has been whether they resist or reproduce the dominant categories and understandings of sex, gender, and sexuality, or in what ways they reproduce and reiterate dominant narratives of selfhood and embodiment (Hausman 1995; Reis 1998; Mak 2012)

However, as trans and intersex researchers and activists have argued, such an approach easily leads to holding intersex(ed) and trans people accountable and responsible for the reproduction or reconfiguration of normative notions of sex, gender, and sexuality, or primarily depicts them as products of subjectivating processes with little agency, and is unable to account for individual meaning-making and choices (Meyerowitz 2002; Rubin 2003; Raun 2014; Meyer 2015). As an alternative, they have suggested that intersex(ed) and trans persons' accounts and autobiographies may offer valuable insights into how norms about embodiment and identification with the gendersex category a person has been associated with at birth naturalises some persons' claims to live as a woman or a man and delegitimises others. Furthermore, such accounts may be made the basis for studying how persons associated with, and sometimes identifying with, intersex and trans have attempted to negotiate these norms with others in their everyday lives as well as in relation to state authorities to create more liveable lives for themselves (Bornstein 1994; Rosario 1996; Prosser 1998; Butler 2004; Serano 2007; Raun 2014). It is this kind of knowledge production to which I primarily aim to contribute in this thesis, while questions of the socio-material construction of categories will play a more secondary role.

The historical source material and the method of its collection

Within both historical and contemporary studies on trans and intersex, exploring intersex(ed) and trans persons' life stories has often been regarded as providing alternatives to widespread discourses of the unliveability of corporealities and forms of selfhood that transgress cis- and heteronormative imaginaries of normalcy. At the same time, this approach is seen as offering insights into the complex issues faced by persons who are positioned as intersex(ed) and trans (Foucault 1980; Califia 1997; Dreger 1998; 1999; Prosser 1998; Preves 2003; Harper 2007; Oram 2007; Karkazis 2008; Bondestam 2010; Feder 2014). Many historical studies also include analyses of biographical accounts of intersexed and trans people's lives. However, these have usually been rearticulated by medical experts, whereas researchers have only rarely been able to access the autobiographical accounts of trans and intersex(ed) persons, apart from those few which have been published as books (see, for example, Dreger 1998; Bondestam 2010; Mak 2012). As I am interested in exploring such persons' own articulations of their experiences and perspectives, and making them more widely available, I decided at the beginning of the PhD period to search specifically for unpublished autobiographical accounts by intersexed and trans people from the 20th century. A tip from a Danish colleague, historian of medicine Jesper Vaczy Kragh, put me on the track of such material at the Danish National Archive.

During the 20th century, when a person wanted a change of name and legal gendersex status and/or specific forms of gendersexed body modifications, they had to apply to the Danish Ministry of Justice and/or the Medico-Legal Council (Retslægerådet).²⁷ Because Danish law demands that after a certain number of years state institutions must hand in the material from their archives, the case files with the evaluations of such applications are now kept at the National Archive. In relation to my project, these case files contain original historical source material that is unique in its detailed information about the negotiations and establishment of regulatory practices around body modifications in medical contexts. Because of the detailed evaluation of

²⁷ The Medico-Legal Council is a Danish institution which, since 1909, has evaluated and made recommendations in forensic and psychiatric cases considered to be of an ethically difficult nature.

applications, which often took several years, the documents in the case files provide many types of information which are interesting in relation to my project.²⁸ Notes from the discussions among the members of the Forensic Expert Council and legal experts at the Ministry of Justice regarding body modification practices provide information on the disagreements, doubts, and compromises made during these negotiations between decision-makers which cannot be found in such documents as medical publications. Personal correspondence between persons positioned as patients and medical experts can tell us much about their relations to each other and their negotiations around how to understand and name gendersexed positions, experiences, and corporealities. In addition, letters, autobiographical accounts, and interviews with persons positioned as patients contain accounts of their lived experiences, everyday lives, and relationships with families, friends, lovers, children, colleagues, and neighbours. Furthermore, they give a detailed insight into the arguments they made in relation to the application process and how they themselves articulated their experiences in relation to having body modifications. These provide perspectives that are generally missing from other forms of related historical source material. Furthermore, autobiographical and other experiential accounts are an alternative to the clinical and other medical accounts in that they offer ways of accounting for and understanding intersexed and trans bodyselves in a way that focuses mainly on feelings, sensations, and connections rather than on classifying, naming, and establishing gendersexed boundaries between bodyselves.

The collection of this historical source material has been an ongoing process stretching over many months during almost the whole PhD period. Initially, I spent single weeks in Copenhagen dedicated to learning the workings of the search system of the archive, localising relevant material in the archives of specific institutions with the help of Danish archivist and historian Ulf Kyneb, finding individual cases, and applying for access to see the case files, which were restricted due to their personally sensitive content. A couple of years into the PhD

²⁸ Similar independent institutions with the same function as the Danish Medico-Legal Council exist and have existed in other countries; for example, Sweden. However, my study is the first to analyse the processing of applications for a change of legal gendersex status by such councils. I do not know whether the archives of other Medico-Legal Councils also contain autobiographical accounts similar to those I have found at the Danish National Archive.

period, I was permitted access to see the first exemplars of the archival material that lies at the heart of the analysis of this thesis: a large number of case files of intersexed and trans people who had applied for permission to change their legal gendersex status by having their name changed, wearing specific kinds of clothes, and having certain kinds of body modifications through medical inventions.

I have systematically collected all such case files that came to my knowledge during my searches, from the period 1902 to 1967, and, in addition, a smaller sample related to the same individuals of which the first case files were, from the period 1968 to 1973.²⁹ They were found in archives made by the Danish Ministry of Justice's 1st, 3rd, 5th and 7th offices and the Danish Medico-Legal Council, delivered to and in the keeping of the Danish National Archive. As I wanted to study cases from the period during the 20th century before the medical categories of intersexuality and transsexualism became well established, and thus before specific category divisions collecting together the cases of all persons who were diagnosed with these, the collection process was complicated and time-consuming, and has been ongoing throughout the rest of the PhD period until its very last phase.

While in the archive of the Medico-Legal Council, I found a large number of case files of persons diagnosed as true or pseudo-hermaphrodites and genuine transvestites from the period 1920 to 1956 in two archive boxes filed under a title that translates as *Missing cases in earlier deliveries*, in general, case files had to be localised one by one.³⁰ I did this by systematically looking through index books and boxes with registers of hundreds of different cases processed by the council and categorised as either 'other cases' or 'castration cases'. In these mostly hand-written registers, there was sometimes a note beside a name, saying for instance "question about sex", "sex determination", "sex change", "change of name and sex", "transvestite" or "genuine transvestite, mental suffering", which put me on the track of a relevant case. However, in quite a few instances, especially for the earliest cases, even though a case was in the register, there was no such written

²⁹ This means that I have collected cases that were initiated at the latest in 1967, and if case files relating to a case after 1967 existed, I have also collected these in some instances.

³⁰ RR: MSITA (1922-1964) with the serial numbers D995 and D996. The two boxes were first located by Ulf Kyneb in relation to Christian Graugaard's PhD thesis on the work of Danish sexual biologist Knud Sand (Graugaard 1997, 44 & 189; verbal information from Ulf Kyneb 31 October 2013).

indication, and therefore I would find it only later via references in the already collected case files for previous, similar cases.

In the archives of the Ministry of Justice, all cases before 1960 were filed among general cases, and my primary source for locating these was a specific case file from 1960 referring to previous so-called 'transvestite cases', and through references and copies of correspondence between the ministry and the Medico-Legal Council included in the case files from the archive of the latter.³¹ Additionally, references to similar cases in these files put me on the trail of other relevant cases, some of which had not been processed by the Medico-Legal Council, but had been decided by the ministry without the advice of this body. In this way, I located, for example, the small number of cases from before the Medico-Legal Council was established in 1909, and a few later cases in which persons had been permitted to wear women's clothes without first being castrated, or have their name changed on identity papers or a driver's licence in order to be able to find employment. Transvestite cases from 1960 to 1967 were the only ones that were easy to localise as they had been collected together under one specific number.³² Through this time-consuming process – which reminded me of the days when I worked on archaeological excavations, digging out the foundations of ancient buildings with hoe, shovel, and brush, only this time with registers, case file numbers, and a copy scanner – I collected the cases of 54 persons distributed over 98 different case files from these institutional archives.³³

I will briefly give a general characterisation of the collected cases and the opportunities and limitations they have provided for my project: Firstly, there is a significant difference in the number of cases per decade before and after 1950. In the first half of the 20th century, I only

³¹ The specific case file in question, which Ulf Kyneb kindly told me about, is JM: JM1 361/60.

³² JM: JM1 Fastnummer 38.

³³ According to the registers, 108 case files were originally made concerning these cases. However, in some instances the case files were never delivered to the National Archive, or they are missing due to unknown circumstances. This is, unfortunately, true of some case files about key cases such as Lili Ilse Elvenes, better known as Lili Elbe, as well as a similar previous case from 1924 where a person categorised as male applied for a name change to a woman's name, arguing that she was a hermaphrodite, but was apparently rejected by the Medico-Legal Council, whose members did not agree with this claim (JM: JM1 Æ 2482/24; RR: JS 645/24; JS 408/30).

found two to three relevant cases per decade; then, during the 1950s, the number increases to 26, and during the next seven years there were 25 cases.³⁴ This change is undoubtedly due to the international attention given to the medical transition of the American citizen Christine Jorgensen, which was assisted by Danish medical experts in Copenhagen in 1951. After this, a large number of both Danish and international citizens applied to the Danish Ministry of Justice for access to medical interventions to modify their corporeality and/or gain a change of legal gendersex status.

Secondly, during the first half of the 20th century, applications for name change and change of legal gendersex were predominantly made by, and exclusively granted to, persons who had been given a diagnosis of either true or pseudo-hermaphroditism or intersexualism. However, cases of such persons disappear from the archive after this period, the last one being evaluated by the Medico-Legal Council in 1956. It is not fully clear from the source material why this is, but it seems that a major reason may have been the international shift, which also seems to have occurred in Denmark, in approaches to physically intersexed individuals from delaying surgical interventions until after the age of 20 to the performance of so-called normalising surgeries on children before the age of two. This shift entailed two things. Firstly, the assignment of gendersex status was no longer made before such surgeries had been performed on a child and, consequently, there was no perceived necessity as there had been previously for a re-assignment later in life due to an unexpected physical development which needed evaluation by specialists in sexual development.³⁵

³⁴ Although I have not systematically collected cases from the decades after the 1960s, my initial survey suggested that the number declined to around 15 during the 1970s, and then increased dramatically again during the 1980s and from 1990 to 1995, to approximately 50 and 35 cases respectively.

³⁵ It is not a given that an intersexed person who has undergone surgery and other medical interventions during childhood will not eventually want to have their gendersexed status changed in adulthood. However, such cases seem to have been extremely rare before the 1990s, probably due to the recommended policy in international sexological guidelines for the care of intersexed individuals, which prescribed that parents and physicians kept the physical constitution of a person secret from them in order not to subject them to a severe identity crisis. Furthermore, even when a person did discover this and the nature of the surgical interventions to which they had been subjected as children, they usually continued to keep silent about them because of the social stigma connected to having such a corporeality. Much of the intersex research from the 1990s onwards focuses on the severe psychological distress and physical problems which many intersexed persons have

Secondly, it was considered unnecessary for parents to apply for, or for a medico-legal committee to assess, surgical interventions before they were carried out because an intersexed child's congenital corporeal constitution was defined as a medical emergency, rather than a social or ethical issue, which it was additionally regarded as being when an intersexed person came of age.³⁶

The unequal distribution in numbers and the shift in how the majority of persons who applied for a change of legal gendersex status were categorised by medico-legal experts means that my opportunities for analysing the articulations of persons who were classified in different ways by medico-legal experts differs. My access to accounts by persons who were diagnosed as having a form of hermaphroditism resulting in the development of atypical genitals and a combination of masculine and feminine secondary sexual characteristics is thus limited to the first half of the 20th century. The period from the 1920s to the 1970s, is instead characterised by accounts by persons diagnosed as having a form of hermaphroditism that resulted in such development excluding the genitals or of an exclusively psychological nature spans. Furthermore, medico-legal authorities' approach to, and policies of permitting or rejecting, the applications of people who wished to change name and legal gendersex status differed according to which gendersex they had been assigned at birth and how their corporeality was assessed by medical experts. As there was a significantly greater reluctance on the part of the state authorities to allow persons who had been categorised as male to live as women than for persons who had

experienced due to such procedures. See, for example, Kessler 1990; Dreger 1999; Preves 2003; Morland 2005; Harper 2007; Karkazis 2008; Holmes 2009; Feder 2014.

³⁶ The practice continued internationally without much debate until the 1990s, and is still standard procedure in Denmark despite the fact that medical experts are aware of the critiques of it by intersexed adults and intersex researchers (Birkebæk, Jørgensen, Olsen & Hertz 2008). As has often been pointed out by the latter two groups, if a child is born with congenital adrenal hyperplasia, which is one of the physical constitutions that is medically defined as intersexed, it may have serious health issues which must be dealt with immediately or shortly after birth. However, this is the only instance out of all the physical constitutions defined as intersexed that entails any immediate health risk for a baby. The defined emergency is thus not of a physical kind in relation to the child, but an expectation that doubt about its sex entails a great psychological strain on the parents which must be relieved as soon as possible by surgical reconstruction of the infant's genitals so they look as close to being female or male as possible (Kessler 1990, 34; Morland 2001; Preves 2003, 11–13, 53–54 & 58; ISNA 2008b; 2008c; Feder 2014, 1–3).

been categorised as female to live as men, cases of the former were more often rejected or their evaluation time was longer compared to the latter. In relation to my aim of analysing (auto-)biographical accounts, this means that there is generally more such material written by trans women than by trans men in the case files I have collected.

Choice of cases and anonymisation

In the majority of the collected case files, there is extensive biographical information as well as information about the current circumstances of a person at the time of applying. However, such accounts written by the applicants themselves are rarer and mostly date from the 1930s to the 1950s. In the material I collected, I have found longer or extensive autobiographical and personal accounts in the cases of seven persons, and out of these, as mentioned, I have chosen to limit myself to making an in-depth analysis of two, while I present and discuss parts of other life stories more briefly in relation to these. There are several reasons for this choice.

Firstly, my aim is to study articulations of the experiences of persons who transitioned before the diagnostic categories of intersexualism and transsexualism became well-established in medico-legal contexts and before the standardisation of the diagnostic approaches and procedures related to these diagnoses, which in many Western national contexts are still in use, although contested and in many places under re-evaluation. This means that I will primarily focus on accounts given before the 1950s, and this limits the available material to three cases.

Secondly, for both legal and ethical reasons, there are limits to how I can write about the information given in the collected material and in how much detail because of its personally sensitive character. According to the Danish Archive Law, which defines the provisions of my access to and use of the contents of the case files, I am not allowed to convey information about individuals' private or economic matters in such a way that they can be recognised, or to publish the names of persons who are not decision-makers (defined as persons who have had an independent administrative or political responsibility). Furthermore, I must not convey information that is confidential by law or that it is necessary to keep secret in order to meet private interests. However, if the name of a person has already been published or is generally known in relation to the case, this does not apply (see Appendix). This means that, as Christine Jorgensen has been and is

generally known to have undergone a medical transition, I am permitted to write about the contents of **her** case without anonymising **her**, and the same is true for other less famous persons who were publicly known to have transitioned. Furthermore, for autobiographical and personal accounts which are more than 75 years old, the above restrictions on conveying personal information do not apply.

My wish to perform in-depth analyses of some autobiographies in order to consider how intersexed and trans persons themselves articulated their experiences of living their corporealities, their relations to others and living conditions, their wishes, dreams, and fears, and their imaginaries of what for them would be a good future life, must thus be balanced against demands for discretion and protection of the privacy of the persons to whose cases I have been granted access. Of the three early cases containing autobiographical accounts, some of the material from two of these was written more than 75 years ago (at the latest in 1942), and this is a major reason why I have chosen to focus on these. Another reason is that their authors are probably no longer alive, as they would today have been significantly older than 100 years. By focusing on these, and not the third case from the same period, I have minimised the risk that a living person might be confronted with a detailed analysis of their life story, to which they have not consented. In relation to this, it should be mentioned that the archive law makes it illegal for me to contact any of the persons whose cases I have read or any of their relatives. This means that a premise of my investigation of the cases has been that I have not been able to ask any of the persons about whom I write for consent in analysing their cases. From a research ethics viewpoint, it can surely be problematised that I choose to exclusively make in-depth analyses of the cases of persons who are probably deceased and therefore cannot comment upon or protest against my approach and conclusions in relation to their cases. However, under these circumstances, I have found this procedure to pose a lesser risk of eventually exposing the intersexed and trans subjects of my research to distress by recognising their own stories than a focus on more recent accounts by younger persons would have done.

In relation to the provisions of the archive law regarding cases in which the name of a person has been publicly known – which here would mean if a person has been known to have transitioned – the two cases I choose to focus on, but not the third possible case, live up to this

criterion either fully or partly. One, whom I have chosen to call Vigga Heidi – Viggo Klausen in the thesis text, was interviewed by the press on **his** own initiative about **his** transition, which was publicly known in **his** local milieu. The other person, whom I have chosen to call Peter Ole – Petra Oda Fischer, lived partly as a woman in some social contexts and partly as a man in others, in both cases wearing clothes that were gender neutral with a strong feminine twist. For some decades, Fischer was not publicly known in the former set of contexts to be a trans woman, but this later came to the knowledge of **her** social circle in these. As the early stages of **her** medical transition were only known to **herself** and the medical experts who assisted **her** in it, and as **she** kept the various milieus and **her** activities in each separate, it is unlikely that any still-living person who knew **her** during her lifetime, including family members, would be able to recognise **her** from the information conveyed in this thesis. In addition, the main events of **her** life have long been publicly available, given that an outline of the biographical information that is presented in this thesis was published in an article in a journal of psychiatry during the 1970s (Stürup 1976).

In terms of anonymisation of the trans and intersexed subjects of my research, I have chosen to do this in a way that protects them more extensively than is demanded by the law. Although I am not legally obliged to do this in relation to all the cases, I have chosen not to discriminate between persons whose cases were processed before and after 1942, but simply to anonymise everyone, except two; namely, the two most famous subjects: Einar Wegener – Lili Ilse Elvenes and George Jorgensen – Christine Jorgensen. The decision-makers with the administrative and political responsibility, and the medico-legal experts who examined them, performed medical interventions on their bodies, and processed their applications are not anonymised in the thesis text. However, most of these are no longer living, or they retired from their profession long ago. In addition, other Danish and international historians have already written about the involvement of the primary decision-makers and medical experts in the regulatory population politics, and sometimes also the specific cases, which I analyse in this thesis (for example Koch 1996; 2000; Graugaard 1997).

I have anonymised the intersexed and trans subjects of my research in the following way: Firstly, their given and chosen names have been exchanged for randomly picked pseudonyms whose only association to the originals is that both names were common in a person's generation and associated with the social class of which they were a part. In many

cases, persons chose a new name that was close to their given name in spelling or that sounded similar to their given name; for example, a person who had been given the name of Johanne might choose the name Johannes. If this was the case, I have chosen pseudonyms in a similar way. Secondly, I do not give the exact year of birth of a person, but only indicate their approximate age, and I mention neither the precise occupation of a person nor the place where they were employed, except in a few instances.³⁷ In order to be accountable for the information I give in the historical analysis, I do, however, give the exact dates of documents that contain information about events in the processing of a person's case. Thirdly, I do not mention the exact places, but only the region of Denmark in which a person was born or lived and worked, unless it was Copenhagen because a large proportion of the population lived here.

Central concepts

In the preface to the anthology *Transfeminist Perspectives: In and Beyond Transgender and Gender Studies*, American historian on gender and sexuality, Finn Enke, writes about trans researchers' relation to language:

It would be fair to characterize trans studies as a field peopled by those who will not rest content with the disciplining behaviors of language, and thus, intentionally or not, we nurture that other quality of language[:] to be prolific and unruly. [...] [V]ocabularies and uses are invented and just as quickly challenged as we discover their unintended implications, exclusions, and limitations. [...] Some people may even prefer the ensuing grammatical disasters, because they sometimes signify something profoundly accurate. (Enke 2012, 4)

As the reader will already have noticed while reading the previous pages, the way in which I have written this thesis also follows this experimental path: you find poetic and first-person sections of text, I

³⁷ I do this in Vigga Heidi – Viggo Klausen's case. **Hes** life story was presented in a magazine article where these facts were mentioned, and because an important theme in **hes** own accounts is occupation and opportunities for employment in relation to **hes** specific corporeality, I have decided to indicate the jobs **she** had (RR: MSITA 1208/53). Furthermore, in cases where a person has been employed in a profession that is extremely common for their class, I have not changed their profession in the text, but neither do I indicate that it has not been changed.

use a number of neologisms and rarely-seen personal pronouns, and highlight some letters of all personal pronouns. These choices all reflect specific trans- and postmodern feminist language policies, which aim to perform and communicate theoretical perspectives and human experiences which are difficult or perhaps even impossible to present through the use of conventionally correct grammar and more commonly used academic writing styles.³⁸ In the following pages, in order to account for these choices and the reflections behind them, and to facilitate the reading of the text, I will explain my use of some of the key concepts I have employed.

Experience

Experience is a central concept in this thesis. I will here make a presentation of my understanding of this concept and the theoretical inspirations for it in a more detailed way than the definition of the terms that I define below. I find this to be useful because, in many ways, it will also introduce the general perspective and approach applied in the thesis in relation to my understanding of all the other central concepts.

My approach to experiences and their narration is as a form of performativity. Butler has described gender performativity as simultaneously constituting the subject and producing gender through actions. In other words, according to Butler, the subject equals its actions, it is not an individual who pre-exists its actions or the social context of which it is part who rationally chooses how to perform in order to obtain a foreseeable effect (Butler 1991; 1993). Individuals may try to do this, but they cannot be fully aware of why they do it – that is, of the personal desires and fears upon which such strategies are based. Neither can they completely predict the effects of their actions or force others to adopt or accept their point of view and interpretation of **themselves** or the world (Butler 1991; 2005). However, Butler's articulation of gender as performative has sometimes been interpreted, in feminist and queer activist and research contexts, as meaning that it

³⁸ The use of such an experimental writing style has been inspired by various feminist works, especially within the fields of body theory, phenomenology, and feminist materialism, as well as activist and autobiographical texts by writers with diverse corporealities and experiential perspectives; among others: Hertoft & Ritzau 1984; Lorde 1984/2007; Irigaray 1977/1985; Cixous 1991; Haraway 1991; Bornstein 1994; Stryker 1994; Feinberg 1996; Richardson 1997; Smyth 1998; Lykke & Bryld 2000; Lather 2001; White 2005; Clare 1999/2009; 2007; Lykke 2010; Stacey & Wollf 2013.

is a kind of illusion or pretence.³⁹ This understanding creates a division between individual and performance, and a distance between the subject and its act. Some queer researchers and activists then argue that this provides individuals with a more or less free choice, unless they are forcefully repressed or restrained by others, as to how to perform their gender in accordance with or as a challenge to hegemonic norms (see, for example, Bech 2005). As I discuss later, within queer research there has been a tendency to either criticise trans persons' personal accounts and ways of performing and embodying gender for unconsciously or uncritically reproducing hegemonic gender norms, or to celebrate them for challenging and reconfiguring these. Meanwhile, intersexed bodies have often been articulated as material evidence that the two-gender system is reductive of a wide variance in sexes and genders.

A text such as Susan Stryker's *My Words to Victor Frankenstein above the Village of Camounix – Performing Transgender Rage* (1994) counters such an understanding of trans people and both articulates and performs the telling of trans experiences in a different way. Large parts of the text consist of autobiographical accounts by Stryker of her experiences in different situations where she has been subjectivated as transgender, and of the feelings she has in relation to this, of which the most prominent is rage. Stryker describes subjectivation as "violent" and as a fundamentally social process which the individual cannot resist. Simultaneously, she also writes about making personal choices to have body modifications that changed her corporeality and gendersexed position, and of concurrent political strategies of resistance to being perceived as less than fully human by others because of her transition and her body's history. Despite reiterating, to some extent, the familiar narrative of feminist, gay, and black emancipation of the 1960s and '70s, Stryker's naming of the text as a performance of transgender rage, along with her use of different genres and narrative models throughout the text, undermines such a simple reading. I understand this naming and multiplicity of ways of writing as a performative way of arguing that the telling of experiences and the articulation of deep-felt emotions such as rage are both dependent upon and enabled by available models for story-telling and structuring narrative. Furthermore, there is no split in the text between the subject

³⁹ For an analysis and critique of this in Swedish activist milieus in relation to drag kinging during the first decade of the 21st century, see Lööf 2014.

and the intensity of its emotions and the narration of these through such rhetorical tools. Stryker uses Mary Shelley's novel *Frankenstein* as a literary model and employs the figure of the monster to great effect in the text, showing how a person can simultaneously be monstered by others, identify with and use the category of monster as an appropriating political move, and feel that one is a monster in different situations. The performance of rage is at once presented in three senses: Firstly, as a trace of the violent bodily affect of the author; secondly, as a demonstration of a process of subjectivation through which differences are produced between a specific bodyself and other bodyselves through violent discursive-material cuts; and, thirdly, as a political strategy of narrating experiences, not of being, but of repeatedly becoming a trans woman in similar and differing ways, which may motivate and encourage others to act.

I regard the experiential accounts of the historical material with which I work in this thesis in a similar way. My postmodern approach to experience and experiential accounts means that I do not read the (auto)biographical texts as representational accounts in relation to a project of discovering the hidden truth about how it was to be an intersex or trans person (understood from current definitions and as stable identity categories) during the first three quarters of the 20th century. My project is instead to read and create rearticulations of diverse (auto)biographical stories and to analyse the non-teleological coming into being of certain understandings and practices related to processes of intersexing and gendersex transitioning in medico-legal contexts. I regard (auto)biographical accounts as containing traces of events, bodies, feelings, actions, relationships, institutions, politics, and much more that existed in this period and made specific kinds of impressions on individuals, in relation to which they have acted. However, I do not regard any account as an unmediated representation of, or truthful testimony to, any of these phenomena. Rather, I perceive all accounts as articulations that are dependent on the concepts and narrative models available to the narrator and on the general socio-historical and specific local and temporal situation of their narration, including the narrator's specific relation to the receiver(s) of the account and the conscious and unconscious intentions, hopes, and fears related to the telling.

Experience has also been and still is a crucial and contested concept in historical research. The American gender historian Joan Wallach Scott's discussion, deconstruction, and reconfiguration of the concept

of experience has been important for my understanding, as well as inspiring for the analytical approach in my historical analysis. In her article, "The Evidence of Experience" (1991), Scott argues that many contemporary historians inspired by postmodern theories have been inconsistent in their employment of deconstructing what she calls foundationalist concepts; that is, concepts which operate as essentialised, stabilised, and naturalised categories in historical research. Historians have thus critiqued the idea that knowledge about the past can be produced neutrally and objectively, while, concurrently, they have reinstated a notion of true knowledge by posing the concept of experience as its origin, claiming that experience provides the evidence for the fact of differences between people. Such historical processes thus reiterate foundationalist concepts: "The process [...] operates crucially through differentiation; its effect is to constitute subjects as fixed and autonomous, and who are considered reliable sources of a knowledge that comes from access to the real by means of their experience" (Scott 1991, 172). According to Scott, this way of understanding and using the term experience results in a re-essentialisation and stabilisation of identities. From such an understanding, many historians have pursued projects aiming to uncover hidden truths and to make visible oppression, discrimination, and symbolic as well as physical violence through studying the evidence of the experiences of women, blacks, homosexuals, and other minoritised groups.

Although this is important, Scott argues that such analyses are limited by their ontology, which does expose the existence of repressive mechanisms and enables an analysis of the impact of silence and repression, but does not show how these have been produced by an ideological system of categories of representation (Scott 1991, 778). In other words, the lack of historicisation of categories such as desire, homosexuality, heterosexuality, femininity, masculinity, sex, and sexuality obscures the fact that identities do not emanate from innate cores within individuals. Instead, they are produced in social interaction through processes in which notions of difference are established and operate to constitute subjects who then experience themselves and the world and act from such differentiated identities (Scott 1991, 777-780; see also Butler 1991; 1993). Another problem is that analyses based on foundationalist concepts not only render these ahistorical and transhistorical, but also generalise individuals' experiences to the social groups with which they are associated, thus

making them into a common denominator unifying the group and producing a certain social consciousness and shared identity (Scott 1991, 784–787 & 791–792). As many feminist researchers and activists working within postcolonial, lesbian, queer, transgender, and intersex studies have pointed out, this obscures the variety of individual experiences and conceals how these might be radically different and may lead to internal conflicts within a group constructed in this way (see, for example: Hull, Scott & Smith 1982; Sedgwick 1990; Griffin & Andermahr 1997; Butler 1997; Morland 2009; Enke 2012).

On the basis of these critical points, Scott urges historians to follow Foucault's example of turning their analytical attention to the emergence of concepts and identities as historical events and regard them as being in need of explanation (Scott 1991, 792 & 796). This analysis, Scott suggests, can be performed by employing a number of questions, such as: "How have categories of representation and analysis – such as class, race, gender, relations of production, biology, identity, subjectivity, agency, experience, even culture – achieved their foundational status? What have been the effects of their articulations? What does it mean for historians to study the past in terms of these categories and for individuals to think of themselves in these terms? What is the relationship between the salience of such categories in our own time and their existence in the past?" (Scott 1991, 796). She further adds:

This does not mean that one dismisses the *effects* of such concepts and identities, nor that one does not explain behavior in terms of their operations. It does mean assuming that the appearance of new identity is not inevitable or determined, not something that was always there simply waiting to be expressed, not something that will always exist in the form it was given in a particular political movement or a particular historical moment. / Treating the emergence of a new identity as a discursive event is not to introduce a new form of linguistic determinism, nor to deprive subjects of agency. It is to refuse a separation between "experience" and language and to insist instead on the productive quality of discourse. Subjects are constituted discursively, but there are conflicts among discursive systems, contradictions within any one of them, multiple meanings possible for the concepts they deploy. And subjects do have agency. They are not unified, autonomous individuals exercising free will, but rather subjects whose agency is created through situations and statuses conferred on them. Being a subject means being "subject to definite conditions of

existence, conditions of endowment of agents and conditions of exercise [...]” [as Parveen Adams and Jeff Minson have written.] These conditions enable choices, although they are not unlimited. Subjects are constituted discursively and experience is a linguistic event (it doesn’t happen outside established meanings), but neither is it confined to a fixed order of meaning. Since discourse is by definition shared, experience is collective as well as individual. [...] Experience is a subject’s history. Language is the site of history’s enactment. Historical explanation cannot, therefore, separate the two. (Scott 1991, 792–793)

This suggestion by Scott, and theorists such as Foucault, has been taken up by many intersex historians and has also been of vital importance for my thesis project and the way in which I have chosen to analyse the historical material in focus here. Scott’s deconstructive approach to experience and other foundationalist concepts turns the analytical attention towards two aspects of knowledge production: the first is the embeddedness of subjects in their social contexts, and specifically how the narrating of experiences is dependent on language systems and discourses which operate with difference-producing concepts; the other is the processes through which such categories emerge, are established in competition with other understandings, and operate to produce the speaking subject.

In this thesis, I study the emergence of two categories – intersexuality and transsexuality – from multiple earlier concepts that cannot be regarded as being connected to the same ideas or notions as these, and I analyse the effects that these categories have in relation to individuals’ ability to articulate their bodyselves, experiences, and life stories. As Scott writes: “The meanings of the categories of identity change and with them the possibilities for thinking the self” (Scott 1991, 795), and my analysis is to a great extent an exemplification of this. When examining the negotiations among medico-legal experts and between these and persons positioned as applicants and patients, I explore the kinds of agency that prevailing social and diagnostic categories, discourses, and socio-historical circumstances permitted these agents, and how they used these creatively and strategically, although without always obtaining what they hoped for, and never with a full overview of the consequences of their actions. In these negotiations, the unfixed meaning of concepts and the existence of multiple discourses and narrative models are crucial because they both enable and limit the agents’ possibilities for positioning themselves in various ways, for

moving between positions, questioning the interpretations of other agents, and arguing for some which are more in line with their identifications and goals, showing compliance or resistance, and influencing the decision-making of others. Individuals' articulations of their experiences, whether they be a physician's medical report about the corporeality or psyche of a patient, a person's autobiographical account, or a letter from a family member to the physician, are all dependent on these factors, and are therefore, as Scott writes, as collective as they are individual. My historical account, too, must be regarded in this way.

Gendersex and bodyself

In the analytical parts of my text, I use these two neologisms of my own invention. They imply a specific perspective on the relation between the mental and the material, which I will briefly explain here.

In the English language, in some parts of gender-studies theorising, and in many mainstream Western public discourses, a distinction between *sex* as biological characteristics and physical processes and *gender* as the normative interpretation and social configuration of sexed selves is widely used. I use the term *gendersex* as an alternative to these terms in order to articulate an understanding that what are often considered to be the 'biological' and 'social' aspects of a phenomenon are entangled and co-construct each other in a non-determined and non-hierarchical way. This understanding is inspired by, among others, American biologist Donna Haraway's and American physicist Karen Barad's theorising and use of other neologisms. Haraway and Barad have both worked on moving beyond the implicit conventional understandings of many concepts as reflecting and representing separate entities (for example, an idea and a human body) with characteristics that are actualised in interaction with other entities. Instead, they understand the world as entangled and intra-acting, meaning that they regard entities and their characteristics as existing and coming into being only through their relation to other parts of a phenomenon. From this perspective, a human being, for example, is seen as a material-discursive phenomenon (Barad 2003; 2007; Haraway 2008).

Following this logic, I define gendersex as consisting of an entanglement of concepts and materialities that co-construct each other in phenomena. Furthermore, similarly to how the Danish transdisciplinary feminist scholar Nina Lykke uses the term

gender/sex, I use the term *gendersex* as a way of translating into English the meaning of the Danish word *køn* in the material of my analysis. In English, this would be translated into either *sex* or *gender*, but in Danish it entails both aspects and does not distinguish clearly between them (Lykke 2010). Please note, however, that when presenting other researchers' work where the terms *gender* and *sex* are employed, I use these instead.

The term *bodyself* is based on the same understanding applied to the relation between body and mind. It contrasts with the modernist tradition, in which body and mind are perceived as separate and fundamentally different entities that are valued differently. In this tradition, the relation between them is commonly articulated by employing the container metaphor of a mind within a body, where the former is perceived as normally or ideally dominating and controlling the latter. Within phenomenology, which has inspired my alternative understanding here, the term *embodied self* is commonly used, signalling that the material body and (self-)consciousness are entangled and co-construct each other. However, I think that in the term *embodied self*, there is still a remnant of the container metaphor; therefore, I prefer using the term *bodyself*, which I think better communicates the idea of an entangled unity.

Trans, cis, and intersex(ed)

Although this study focuses on studying intersex and trans within a medico-legal context, my way of using these terms differs from how they have been, and commonly are, understood and used within medicine and psychiatry. Here, terms like *intersex*, *intersexualism*, *intersexuality*, and *intersexual* or *transsexual*, *transsexualism*, and *transgender* are often used to refer to specific psycho-somatic phenomena where a diagnosis of intersexualism or transsexualism would be considered to be a description of the essential, continuous, stable, or permanent being of a person (see, for example, Stürup 1976; Sørensen & Hertoft 1980b; Sundhedsstyrelsen 2014). However, during the relatively short historical period I am studying, categories and identities of gender, sex, and sexuality and the theories about them have changed quite radically within medical contexts. The criteria for when a person was given a diagnosis such as *intersexualismus*, *true hermaphroditism* or *pseudo-hermaphroditism*, *genuine transvestitism*, or *transsexualism* changed with the emergence of new technologies, and many medical and psychiatric diagnoses were also redefined.

Therefore, an individual who was diagnosed in one way at a specific point in time might receive a different diagnosis ten years before or after. To speak of many of the persons who are the subjects of my research using contemporary terms, which did not exist at the time they were being examined or narrating their experiences, would therefore be anachronistic.

For the purpose of this thesis, I have therefore found it more useful to use the terms *intersexed* and *trans* primarily as performative categories to refer to social and self-identificatory processes in which a person is gendersexed in specific ways. Like many trans studies scholars, I understand *to be trans* to be a movement away from a gendersexed position to which a person has been assigned by others, and not necessarily as a journey from one of two well-defined gendersex positions to the other, although some persons may regard and experience it as such (see, for example, Stryker 2008). A trans man is therefore understood as a person who is moving, or has moved, towards a preferred position as a man from a gendersexed position assigned by others and sticking to them through, among other things, the gendersexed name they were given and the legal gendersex status registered by the state as, for example, a female and a woman or an intersexed or bisexed person. The term *cis* is also used as a performative category, referring to a movement by a person towards the same gendersexed position to which they have been assigned by others and which also sticks to them through the same kinds of gendersexed social markers.⁴⁰

In this understanding, being or becoming trans or cis thus does not entail that a person has a specific kind of body. Rather, the first here indicates a situation or process in which a person themselves desires and tries to obtain a different kind of gendersexing by others compared to those previously made, and/or when others begin to gendersex someone differently than they have previously experienced. The latter indicates situations and processes where a person wishes to obtain the

⁴⁰ This understanding of *cis* is unusual within trans studies and activism, where *cis* is often defined as when a person identifies with and does not move away from the position they were assigned at birth, or as “when your gender identity matches your sex” (see, for example, Enke 2012, Chapter 4). However, I find such an articulation problematic, because in describing *cis* as unmoving or fixed, it stabilises *cis* positions. This makes trans positions appear to be the only ones that are constructed and repeatedly have to be established, while, from a postmodern perspective, this is the case for any gendersexed position.

same kind of gendersexing by others as they have previously been experiencing as well as a repeated gendersexing by others in the same way. Likewise, *to be intersexed* is also seen as a social and self-identificatory process through which a person may experience themselves and/or be perceived by others to be or have various physical and mental characteristics that are regarded as a combination or mixture of male and female, masculine and feminine. As many studies have shown, gendersexing as a social process often happens on the basis of how a person's corporeality and/or mentality fits or fails to fit the normative imaginary about binary gender – what a man or a woman is and can be – and compulsory heterosexuality – the expectation of sexual attraction between binary genders (see, for example, Butler 1990; 2004; Garland-Thomson 2011).

To a limited extent, I also use the terms *trans* and *intersex* to refer to existing social and identity categories. An *intersex person* is thus understood as a person who self-identifies as intersex. In some places, I use the term *intersex(ed)* to indicate that I am referring both to persons who may identify as being intersex and persons who do not, but are gendersexed by others as intersex or bisexed. A *trans person* is understood as a person who is either positioned as trans and/or who self-identifies as trans. The terms *woman*, *man*, and *hermaphrodite* refer in the text to some of the possible gendersexed positions and identities for trans and intersex(ed) persons, which in my historical source material are the most common, sometimes in combinations such as a *hermaphroditic woman*, which then refers to a person who wishes to be recognised as a woman and at the same time perceives themselves as being intersex.

Personal pronouns used in the thesis

The fact that the subject and material of this thesis complicate the naturalisation of two gendersexed social categories, women and men, and their extrapolation from the idea of two types of gendersexed biological bodies, females and males, has affected my choice of how many personal pronouns I use and how I apply them in the text.

In contemporary trans and intersex activism, there is generally a consensus that recognising individuals' identities by using their preferred pronouns is a basic way of showing respect to trans and intersex(ed) people, including using the singular *they* (or another preferred pronoun) as an alternative to *she* and *he* (see, for example, Raun, Bissenbakker & Petersen 2011, 9; OII Europe 2013; NCTE 2014;

Intersex Danmark 2015; GLAAD 2016). While, in social relations, I support this stance and practise it as far as possible, I have found it difficult to apply in the same way in my research in relation to the agents of the historical material I am analysing.

Firstly, it is often impossible to discover from a person's own autobiographical texts and letters what their preferred pronoun was, and, secondly, it is a central point in many life stories that gendersexed preferences, identifications, and positions often change over time in these accounts. When the latter is the case, it may be difficult to decide on the basis of the principle of using a person's preferred pronoun which pronoun is most appropriate to use in an analysis: Should it be the pronoun preferred at the time the person was writing the text, or the latest preferred pronoun to be found in a case file; for example, after a legal and/or social transition? I choose to do the first in the historical analysis when analysing specific life stories in order to make clear individuals' gendersexed positionings *in media res*, while I do the latter when presenting contemporary intersex(ed) and trans researchers' and activists' work.⁴¹

Furthermore, using the preferred pronoun of a person (if it is possible to learn what this is) may communicate to the reader someone's own identification and desired gendersexed position, but it renders invisible the contestation and instability of this position as well as the negotiations with other agents, such as medico-legal experts. For example, the framing of a historical agent using specific narrative models may have the effect of either intersexing a person as a hermaphrodite who is at once female and male, or of gendersexing the same person as a male whose gendersex has been erroneously determined as female at birth. In order to make visible such acts of gendersexing performed by persons in their autobiographical writing, as well as by others writing about them, I choose to either employ the same pronoun as the writer has done, or, if none is stated, the pronoun which seems to me closest to describing the positioning of a person in a specific articulation.⁴² This means that, depending on who is writing

⁴¹ An exception to this is made if I refer to a text where, at the time of writing, the author expressed a strong identification with a gendersex category which the person later moves away from to identify with another gendersex category. If this is the case, I use the preferred pronoun at the time of writing and bring attention to the later transition in a footnote.

⁴² This is a strategy which is often used by intersex researchers engaged in historical studies (Dreger 1998; Cleminson & García 2009; Reis 2009; Bondestam 2010). Mak,

and which narrative model the writer is drawing upon, the same person may be referred to by several different pronouns (which is also what some trans and intersexed persons experience on a daily basis in various situations), reflecting the negotiations and conflicts around the gendersexing of a person.

In the thesis, I use four different personal pronouns: *she/her/herself*; *he/him/his/himself*; *they/them/their/themself*; and *she/hem/hes/hemself*.

The first two have been the most commonly used personal pronouns in English for approximately the last one thousand years, and still are (Oxford Dictionaries 2015). In mainstream culture, as well as in institutional contexts, including medico-legal ones, these pronouns have commonly been used to refer to, and to gendersex, persons whose bodies are categorised as either female or male and to indicate that such persons are either regarded as women or men. Until recently, it was predominantly only within trans communities that it was considered uncontroversial to consistently refer to trans men and some trans masculine persons as *he* and trans women and some trans feminine persons as *she* while, in other contexts, such persons were often called by the pronoun which referred to the gendersex they had been assigned at birth. With the growing exposure of trans issues in the media during the past few years, using trans people's preferred pronouns has become much more common, though not uncontested. In this thesis, the pronouns *she* or *he* may refer to persons who are either cisgendersexed, transgendersexed, or intersexed, and thus – like the following two personal pronouns – do not depend on assignment at birth or life course, or on self-identification, but rather mark a specific gendersexed positioning of a person by *her-* or *himself* or by another person.

In feminist and transgender studies, as well as in activist milieus, there is an ongoing discussion about which pronouns may be the most suitable and effective to use in English as well as in other languages to refer to a neutrally gendersexed position or to be inclusive of all gendersexes. Different scholars and activists have argued that new gender-neutral pronouns might be better to use than the conventional

who primarily analyses medical publications, switches between the pronouns *he* and *she* randomly in order not to fix a person's gender position (Mak 2012). In historical studies on trans, the preferred pronouns of trans individuals are commonly used (Califia 1997; Cromwell 1999, Chapter 5; Hausman 1995; Meyer 2015; Meyerowitz 2002; Prosser 1998, Chapter 5; Stryker 2008).

use of *he*, *he or she*, or *one* for this purpose. New gender pronouns may be used both for expressing general statements about human beings in a way that does not automatically assume maleness and/or masculinity as the universal and represent only females as gendersexed and specifically embodied beings, and in order to be inclusive of different kinds of genderqueer and/or intersexed positions which exceed or resist the male-female/masculine-feminine binary positions (Oxford Dictionaries 2015; OxfordWords Blog 2012).

Of the various alternatives that have been previously used or recently suggested (for example *ou*, *a*, *he/his*, *it/its*, *one/ones*, *zhe/zher*, *ze/hir*, *shi/hir*, *hu/hus*, *yo*, *co*, *ey/eir*, *e/em*, *they/their*), I have chosen to use *they* because, during recent years, this pronoun has become the most commonly used in activist milieus, and because, when reading a text, many people rapidly pick up the meaning of it or do not notice it as exceptional because of the common usage of the plural *they*.⁴³ The use of the singular *they* has been criticised for being grammatically incorrect; however, it has a long history of being used as a neutrally gendersexed pronoun, and, in the present day, it is increasingly being acknowledged as the preferred personal pronoun of some persons who identify as genderqueer, trans, intersex, bigender, and agender, among other things.⁴⁴

The last pronoun and its various forms – *she/hem/hes/hemself* – is an invention of my own. I have developed it against the background of finding that, when writing about persons who self-identify or are positioned as bisexed (both male and female, man and woman

⁴³ These examples are taken from the Wikipedia webpage *Gender-specific and gender-neutral pronouns* (https://en.wikipedia.org/wiki/Gender-specific_and_gender-neutral_pronouns). While Wikipedia cannot necessarily be used as a trustworthy source for academic knowledge production, it is often more up-to-date in relation to social phenomena and subcultural practices such as the use of alternative pronouns, and this is why I choose to cite this webpage rather than a research publication here.

⁴⁴ From the late 14th century to the late 18th century in Anglo-American literature, before *he* became the most common indeterminate and generalising pronoun in the 19th century (Editors of the American Heritage Dictionaries 1996; Huddleston & Pullum 2002, 493-494; Oxford Dictionaries 2015). In the 20th century, the use of *he* was criticised for being a sexist practice, and the use of singular *they* has increased since then, together with other pronouns and phrasings which have been considered to be less sexist and more gender neutral (Oxford Dictionaries 2015). The third and most recent edition of the Oxford English Dictionary states that *they* can be used “in anaphoric reference to a singular noun or pronoun of undetermined gender: he or she”, and additionally mentions the use of *they* as a pronoun used for transgender persons (Oxford English Dictionary 2013).

simultaneously), I was lacking a pronoun that could adequately communicate such a position. Today, this is a rather rare self-identification, and in popular and medico-legal contexts almost non-existent as a gendersexed social position. However, I have found that, historically, it has not been uncommon and was well-known in Europe from at least the 16th to the end of the 19th century (Bondestam 2010). As it is the way in which some of the persons whose life stories are central in the historical analysis of this thesis identified and were gendersexed by others, I decided to construct a separate pronoun to refer to this position. It differs from the positioning described by using the singular *they* by being connected to an experience of embodying a combination or indistinguishable mixture of physiological characteristics gendersexed as male and female.

I am aware that, even though the introduction of pronouns other than *she* and *he* in my text may make visible the fact that agents position themselves and are positioned by others in more than just two ways, it also entails a risk that, because of the unfamiliarity of many readers with alternative pronouns, persons who are not referred to by *he* or *she* may appear to occupy a more fabricated, preliminary, and unstable position than others. Although it may often be the case that the first positions are more destabilised than the latter because they are more contested, the following historical analysis, as well as those of other researchers, shows that all gendersexed positions are unstable and continuously constructed. A position that in one period and context may appear robust and stable may in another period and context become destabilised by new definitions of what is male, female, masculine, feminine, a man, a woman, both, or neither as well as by changing notions of what physical characteristics and functions, ways of presenting and using a body, qualify a person to be categorised by either of such terms (see, for example, Dreger 1998; Laqueur 1990; Fausto-Sterling 1993; 2000a; 2000b; Bondestam 2010). Any gendersexed position indicated by any pronoun therefore functions as a preliminarily assignment in a specific social context in relation to other contemporary gendersexed categories, even when some persons are referred to by the same pronouns throughout their lives. In order to draw attention to this preliminaryity and instability, I choose to mark all personal pronouns in the thesis text, as I have done above, with the use of some **bold** letters highlighting differences between positions, as a reminder of these continuous processes of establishing, naturalising and denaturalising, normalising and abnormalising, stabilising and

destabilising gendersexed positions. I am aware that this may irritate some readers, but I am willing to take this risk in order to make the textually performative transfeminist intervention of calling attention to the normalisation of the cis-gendersexed positions of man and woman, which usually get to work seamlessly and discreetly in texts as well as in social encounters, while other intersexed and trans positions alone are disturbingly visible.

Chapter overview

This thesis opens with two personal texts: a poetic memorising and outline of an approach to engaging with life stories, and a presentation and reflection on my personal motivation for engaging with the subject of the thesis.

In **Part I: Introduction**, I present the topic and aim of the thesis, and introduce the present situation in Denmark regarding trans and intersex healthcare and politics, and how I as a researcher am positioned in relation to these. I also present the research field of historical studies on intersex and trans in medico-legal contexts into which this thesis inscribes itself and to which it contributes. I present the historical source material that forms my focus in the following dialogical narrative and micro-genealogical analysis, my method of collecting it at the Danish National Archive, my way of anonymising the subjects of my research and the ethical choices I made in dealing with the autobiographical accounts. Finally, I introduce and define a number of concepts that are central to the postmodern, queer, and transfeminist perspective and analysis which are applied in the thesis.

In **Part II: A delicate endeavour: Developing an analytical approach which acknowledges intersex and trans experiences**, I consider the ethical challenges of engaging with analysing the life stories of intersexed and trans persons. In the first chapter, **Trans and intersex as contested subjects in feminist activism and research**, I present a number of different approaches to trans and intersex in radical feminist, sexual difference, and postmodern research which have been critiqued by intersex and trans activists and researchers. In addition, while considering various aspects of these discussions, I outline my own position in relation to them and develop an analytical transfeminist perspective to use in the following analysis. This work continues in the second chapter, **Rethinking analytical approaches in intersections between queer, trans, and intersex studies**, which

engages specifically with queer theoretical approaches to intersex and trans embodiment, selfhood, and sexual desire as they have been analysed on the basis of autobiographical texts or other articulations of life stories. Here, I engage in a critical dialogical discussion of how perspectives and approaches from the three research fields may be applied to articulate an analytical approach to the collected autobiographical and biographical historical texts. My aim is to acknowledge intersexed and trans experiences and subjectivities and take these as a point of departure rather than as an object for studying gendersexing processes and power relations. The third chapter in this part, **Analytical tools and practices of the thesis**, presents the specific concepts that I have used and my ways of analytically engaging with the source material of the thesis. I first present the dialogical narrative analytical practice which I primarily, but not exclusively, apply in the analysis of the autobiographies. Secondly, I present the micro-genealogical analytical practice which I apply primarily, but not exclusively, in the analysis of the negotiations between the different subjects of my research and the mapping out of the medico-legal decision-making processes. And thirdly, I present two critical concepts from disability studies, *fitting* and *misfitting*, which I employ in the analysis as useful tools for drawing attention to and articulating processual and situated embodiment and selfhood. Finally, I present the questions that guide various parts of the analysis, and how the analysis of the two cases that form my central focus is structured in the following chapters.

In **Part III: Fleshing out the self: Rearticulating life stories, multiplying perspectives**, I rearticulate intersexed and trans persons' life stories and engage in dialogical narrative and micro-genealogical analyses of these. I also place them within their contemporary historical, discursive, and social contexts. The fourth chapter, *Two life stories rearticulated*, opens with my rearticulation of the two selected life stories, narrated from a first-person perspective, and composed on the basis of my reading of the autobiographical accounts from the archive written by the two protagonists. The fifth chapter, **The context of the production of the autobiographical accounts**, presents various aspects of the institutional, social, and political historical context in which the autobiographies were articulated, motivations for producing them and the part they played in the assessment of applications for a change of gendersex status and access to medical transition. At the end

of the chapter is a list of abbreviations used for the referencing of historical documents in the following chapters.

The sixth chapter, **The case of Vigga Heidi – Viggo Klausen**, is divided into two sub-sections entitled **Autobiography** and **Negotiations and decisions**. The first of these is centred on an analysis of various aspects of Klausen's autobiographical accounts, while the second traces the process of Klausen's negotiations with medico-legal experts and the internal negotiations among the latter in making a decision about **hes** application for a name change. Furthermore, it contextualises these by presenting various other contemporary cases of intersexed and trans applicants and considering how they were related to each other and came to matter in the medico-legal decision-making about Klausen's case. In the seventh chapter, **The case of Peter Ole – Petra Oda Fischer**, I do the same as above, but in three sub-sections entitled **Autobiography**, **Negotiations**, and **Decisions**. The second of these focuses on Fischer's negotiations, mainly with the chair of the Danish Medico-Legal Council, Knud Sand, but also with other medico-legal experts, while the third focuses on the decision-making processes and internal politics of the council and the Danish Ministry of Justice and the ways in which Fischer navigated them. The chapter ends with an analysis of how Fischer's case was employed as an example in the later psychiatric literature defining categories of transsexualism, and specifically how **her** life story was rearticulated here and to what effect. In the **Epilogue: Medico-legal criteria for granting a change of gendersex status after Klausen's and Fischer's cases**, I summarise the results of my analysis of the historical development in practices of deciding on applications for change of gendersex status and access to medical transition during the first three-quarters of the 20th century. Furthermore, I outline the developments in such practices in the years after Klausen's and Fischer's cases were evaluated. Finally, in the **Conclusion: Lived lives, liveable lives**, I reflect on the results of my study, the effect of the approach I have employed in my analyses, and the political impact that a queer transfeminist historical study such as this one may have in the present context of Danish and international debates on, and the on-going reconfiguration of, approaches to trans and intersex healthcare.

Part II - A delicate endeavour:

**Developing an analytical approach which
acknowledges intersex and trans experiences**

Possibilities and perils of articulating intersexed and trans experiences and life stories

The issue with which I engage in this part of the thesis is the question of how I, and other researchers, can take ethical responsibility for the possible effects of our analyses on living persons positioned and/or identifying as trans and intersex(ed), and what the usefulness of such research may be for people living precarious lives. Trans and intersex research are growing areas and, during recent years, the interest in trans and, to a lesser extent, intersex issues and individuals has increased in Western media and visual culture. Nevertheless, many intersex and trans activists and researchers argue for the importance of making more space for intersex(ed) and trans people's own accounts of their diverse embodied experiences. However, articulating such stories is a "delicate endeavour", as the Canadian sociologist and intersex activist Janik Bastien-Charlebois has phrased it, because intersexed and trans people have often historically been, and are still, in precarious positions as persons whose identities, embodiments, and categorisations are questioned and discriminated against (Bastien-Charlebois 2015).

In a recent newspaper article, Bastien-Charlebois described the potential of making intersex(ed) people's life stories public, and I believe that her reflections are relevant in relation to trans people as well. According to Bastien-Charlebois, life stories may be able to work in the interests of intersex people in two important ways: firstly, they may help intersex people to connect their own life stories with those of other intersex people, thereby creating a feeling of community; and, secondly, personal stories may enable non-intersexed people to relate to aspects of intersex experience, thereby creating an understanding of "what it is that we are talking about when we are discussing human rights violations of intersex people's bodily integrity, auto-determination and dignity" (Bastien-Charlebois 2015, n.p.). On the other hand, it is a tricky business for intersex people to articulate their life stories through language that is imbued with binary understandings of gender and sexuality and narrative tropes which may repeat and enhance objectification and othering. Bastien-Charlebois describes this dilemma in the following way:

To explain who we are we need new words, or new framings of bodies and identities. But for people to understand intersex as living truths and not as disincarnated concepts, we must speak them with our own voices

while carefully clearing a path between euphemisms which threaten to pull us back into the silence of a taboo that feeds human rights violations committed against us, and a direct language which can be twisted around into voyeurism and suffused with other meaning. Put plainly, either we are objectified and mistreated by medicine which has most successfully erased us from public consciousness, or we will be subjected to other people's fantasies, personal meaning quests, and sensationalism-thrill seeking. Still, many among ourselves are convinced our existence should – and could – become non-dramatic, as just another facet of human experience. (Bastien-Charlebois 2015, n.p.)

I understand Bastien-Charlebois' argument as being that, in order to avoid reproducing stigma, the narration of intersex and trans experiences will have to be balanced between two concerns. On the one hand, life stories must be articulated with respect for intersex(ed) and trans people's need for privacy around their corporealities and sexualities, which they have often been denied; and, on the other hand, and just as importantly, the accounts need to clearly articulate the specificities of intersexed and trans people's embodied experiences and their differences from non-intersexed cis people's embodied experiences, even though this entails the risk of renewed objectification and othering when they are read through a sensational or exoticising lens by persons who have no such experiences.

The conditions for articulating intersex and trans people's lived experiences described by Bastien-Charlebois are also relevant in the context of academic knowledge production on intersex and trans in general, as well as for researchers, such as myself, working on analysing and writing their histories. Trans and intersex studies are fairly new fields of research, and in the Nordic countries, as well as in many other parts of the world, they are still in the process of becoming established at universities. A project like mine is framed by this context and the fact that to date only a limited number of historical studies on intersex and trans have been made, and even fewer of these focus specifically on intersex and trans people in medical and legal contexts.

This thesis is the first extensive historical study of the history of intersex and trans in a Danish medico-legal context. When one is among the first to articulate a history for a specific group in a specific context, the approach one chooses as a researcher to this subject, and the claims one makes in one's study, potentially have a different kind of impact and may receive a different kind of attention than if one was working within a well-established research field in which thousands of

studies already exist on one's chosen topic. I believe that this fact, in combination with the delicacy of touching upon matters of the identity and social intelligibility of intersexed and trans people, which both have long histories of being questioned and contested, requires me as a researcher to reflect with particular care upon how to approach this research topic and my subjects ethically. As American new-media art scholar and artist Sandy Stone stated at the very beginning of the articulation of transgender politics and academic approaches, "beginnings are most delicate and critical periods in which, while the foundation stones are still exposed, it is necessary to pay exquisite attention to detail" (Stone 1992, 168). One of the ways in which I will do this is by considering the approaches and effects of previous studies on trans and intersex in general, and specifically those that are close to mine in perspective and approach. Such studies, and the critical discussions of them, have shaped the relations between the different research traditions upon which I draw and some of the expectations that readers within these different traditions may have of a thesis like mine.

Even before the emergence of trans studies as an academic field, trans corporealities and identities had become contested subjects of debate in feminist activism and research, and both trans and intersex have been part of the discussion on the formation of gender categories and identities since the 1990s. In relation to these discussions, there has been an ongoing debate between trans, intersex, feminist, queer, and postmodern researchers around a number of dilemmas concerning the articulation and analysis of trans and intersex(ed) people's personal accounts. These are connected to discussions around how trans and intersex(ed) individuals and groups have been approached in general in public media and specifically within research. These debates have informed my reflections on how to approach both the historical and contemporary aspects of this thesis. As trans and intersex studies are more established in the USA and the UK compared to other parts of the world, the debates have mainly taken place within these contexts. However, recently, some trans scholars from the Nordic countries have also called for more reflections and discussions in their own research contexts on how trans subjects are approached (Wickman 2011; Raun,

Frederiksen & Petersen 2011; Raun 2014; Nord, Bremer & Alm 2016).⁴⁵ My study is both an answer to this call and an attempt to develop a queer and postmodern analytical approach to intersexed and trans life stories in a historical study that acknowledges intersexed and trans experiences.

The aim of this chapter is thus to develop an approach and methodological framework for making a queer analysis of the experiences and life stories articulated by intersexed and trans people in the archive material which acknowledges the experiences and perspectives of its subjects and approaches them in an attentive and respectful way. The method I apply to achieve this is inspired by Eve Kosofsky Sedgwick's theorising in her book *Touching Feeling* (2003) about the practices of making what she has named paranoid and reparative readings. She argues that, for many scholars inspired by postmodern and queer theory, critical theory and analysis has become synonymous with making paranoid readings; that is, suspicious readings that aim to trace, decipher, and expose the origins of discrimination along with the instances of false consciousness that have been constructed to obscure its workings (Sedgwick 2003, 123–126). Arguing for the need to apply a multiplicity of reading strategies in critical research, Sedgwick has suggested another practice as an alternative and supplement to paranoid readings, which she calls reparative readings. This means a reading strategy that prioritises the possibility of being surprised in both good and bad ways by the research material, and where the researcher engages hopefully in considering how the past might have happened and imagining how the future could happen differently.⁴⁶

⁴⁵ Although there is a small group of researchers doing research on intersex in this geographical context, a similar discussion in relation to the approaches to intersex subjects is yet to be taken up more specifically.

⁴⁶ An important point about Sedgwick's description of paranoid and reparative readings is that they represent, not ideologies, but practices, which might be, and often are, applied by the same researcher, sometimes at different points in an analysis, and sometimes in different works (Sedgwick 2003, 128–129). Even though Sedgwick criticises paranoid readings in different ways, she stresses that "paranoid exigencies [...] are often necessary for nonparanoid knowing and utterance" (Sedgwick 2003, 129). Another point is that neither kind of reading is more realistic than the other; what characterises them is that they have different motives for looking, and ask different questions. However, according to Sedgwick, a paranoid reading, in contrast to a reparative one, has "a practice of disavowing its affective motive and force and masquerading as the very stuff of truth" (Sedgwick 2003, 138). I

Inspired by Sedgwick's suggestion that we analyse what a paranoid form of knowledge production does, in this chapter I investigate what different variations of paranoid readings have done to critical knowledge production about trans and intersex, and the effects of such readings experienced by trans and intersex researchers and activists (Sedgwick 2003, 124). Furthermore, I engage in developing a less paranoid and more reparative approach to analysing trans and intersexed people's identities and embodied lives in general and their own articulation of these in particular. This is done in dialogue with critical and constructive evaluations of approaches taken by other trans, intersex, postmodern, and queer researchers inspired by feminist and/or queer theory.⁴⁷ Viewing reparative and paranoid modes of analysis as interdependent reading practices, in line with Sedgwick, I am not aiming to dismiss postmodern and queer theoretical approaches to intersex and trans (Sedgwick 2003, 128–129). Instead, I wish to critically reconsider and rework previous analytical approaches and conclusions in order to reconfigure a postmodern and queer analytical approach which is informed by intersex and trans people's own perspectives and experiences.⁴⁸

In relation to the call from trans and intersex communities and research milieus to include intersex and trans experiences in research, one must first consider what might constitute such experiences. People who are categorised and/or identify as intersex or trans belong to diverse groups, and neither individuals nor organisations homogeneously share the same perspectives, articulate identical

take Sedgwick's description of the two reading strategies to be non-hierarchical and not valuing one more than the other. Her point, I think, is that, in critical theory and analysis, reparative readings have often been dismissed as naïve and neglected, while paranoid readings have become critical theory's "uniquely sanctioned *methodology*" (Sedgwick 2003, 126; italics in original).

⁴⁷ As will become clear, these scholars often intersect in both their work and identifications in several of these fields and categories at once.

⁴⁸ As I shall discuss below, feminist research informed by trans perspectives is called transfeminist studies. There is at present no specific term for feminist research informed by intersex perspectives. When deciding on what to call this chapter, I considered the title *Developing a transfeminist queer analytical approach*; however, even though the approach I develop may be characterised as drawing more on trans researchers' critiques and discussions of postmodern and queer research than on intersex researchers', as there have been more of the former, I find it important to include and highlight the critiques and discussions of the latter as well, including in the title of the chapter.

experiences, or promote the same politics. Although many trans and intersex people may report experiencing similar forms of discrimination and raise the same kinds of critique towards a particular research approach, the points I present and discuss below are not to be read as representations of common experiences unifying all trans or intersex people, nor are they transhistorical or to be found in one or all societies during a particular period. On the contrary, they are specific to time and place, enabled and limited by various transitory discourses that are produced, applied, or resisted by individuals and groups. This fact does not make them less important to consider; in fact, I believe that they communicate something important about the conditions in various contexts and situations for being recognised and living as an intersex or trans person.

Put another way, the points that are emphasised by intersex(ed) and trans persons in particular contexts at specific times may indicate important information about the processes of differentiation by which some people are subjectivated as intersex and/or trans subjects and some are not. The arguments and critiques that I rearticulate below outline the issues that subjects positioned and/or identifying as trans and intersex find to be scientifically and politically important in the present from their embodied experiences of being positioned in this way. I present arguments articulated by intersex and trans people that both draw upon and are critical of feminist, postmodern, and queer discourses, including some with strong identity-political perspectives, as I find it important to critically consider the approaches that are the focus of this chapter in relation to arguments that work both with and against the grain.

Trans and intersex as contested subjects in feminist activism and research

From the outset, intersex and transgender studies and feminist, postmodern, and queer research deeply inspired and influenced each other. When transgender and intersex studies emerged in the USA during the 1990s, they grew out of the trans and intersex movements, which were closely connected to the Women's, LGB, and queer movements (see, for example, Stryker & Whittle 2006, Foreword; Raun, Frederiksen & Petersen 2011; Wickman 2011). The naming of the transgender movement and the emerging field of transgender studies was based on a queer theoretical critique of binary gender norms and a deconstruction of the naturalisation of a connection between sex, gender, and sexuality. It defined transgender as encompassing all kinds of people who reject and transgress social expectations about binary gendersexed embodiment and behaviour (Butler 1990; Stryker 2004; 2008; Stryker & Whittle 2006, Foreword). Some of the texts that contributed to inspiring the formation of transgender studies as a research field, such as Sandy Stone's *The Empire Strikes Back: A Posttranssexual Manifesto* and Susan Stryker's *My Words to Victor Frankenstein*, were considered to be fundamentally feminist and inspired by the thinking of scholars such as Donna Haraway and Judith Butler (Stone 1992, 154; Stryker 1994; 2004, 212–213). Likewise, the intersex movement was closely connected with queer-feminist knowledge production, which may be exemplified by the fact that the Intersex Society of North America was founded in 1995 by intersex activist Cheryl Chase following the publication of the article *The Five Sexes* by American biologist and queer feminist researcher Anne Fausto-Sterling. This article advocated the acknowledgement of more sexes than male and female and problematised normalising surgeries on intersex infants (Fausto-Sterling 1993; 2000b; Chase 1995; ISNA 2008e).

In spite of many mutual inspirations and collaborations, relations between the Women's, LGB, and queer movements and the intersex and transgender movements were complicated, and they have remained so in different ways. Since the 1970s, within activist contexts, both trans women and trans men have been, and at times still are, excluded from some feminist and LGB spaces and events, which are

defined as being for “women-born women” or for “women-identified women” only (Serano 2007, Chapter 12; Stryker 2008, Chapter 4). As many of the researchers working within the academic fields of Women’s, Gay & Lesbian, feminist, and queer studies, as well as trans and intersex studies, are also engaged in activism, similar synergies and tensions also exist in their intersections.

Radical feminist perspectives on trans embodiment

Within academia, a number of researchers inspired by different feminist traditions have published theoretical and political analyses that are critical of trans, leading to controversies in feminist research milieus. In particular, trans women’s bodyselves and identities have been fundamentally questioned by some radical feminist scholars and activists, who have rejected trans women’s right to belong in the feminist movement, on the basis of an understanding that the experience of women’s suppression under patriarchy is closely connected to being born with a female body. In these works, trans men are either largely ignored or presented as sexist and contributing to upholding patriarchy and women’s oppression whether they comply with or eschew traditional sex roles. A famous early example of such an argument is the American feminist activist Janice Raymond’s book *The Transsexual Empire: The Making of the She-Male* (1979), which presents trans women as men who intend to colonise and break apart feminist alliances between women in lesbian communities, and perceives sex reassignment surgery as an objectification and degradation of women’s bodies.⁴⁹ Another recent example of a similar

⁴⁹ The book is based on Raymond’s PhD thesis. Susan Stryker (2008) and Henry Rubin (2003) have both described how a view such as Raymond’s was connected to the development of American feminist politics during the 1970s in the Women’s movement. White, middle-class, heterosexual women who formed the majority of the Women’s movement had in different ways tried to exclude lesbians, worried that feminist claims and demands would be rejected politically because of society’s homophobia. Radical lesbians successfully changed this attitude and made an alliance with straight women through highlighting the shared oppression of all women by men and the traditional gender-role system. They defined the basis for solidarity between women as rejecting what was seen as male-defined patriarchal binary gender roles, and for women to be “woman-identified”. This had the effect that the butch-femme lesbian relationship fell under suspicion for being a patriarchal construct, and androgynous looks and “equal” relationships became the norm instead. This also meant that masculine women and trans men who had often previously been included in lesbian communities were now excluded from these spaces and, consequently, began to form their own separate FTM (female-to-male)

view on trans is English political scientist and feminist scholar Sheila Jeffreys' book *Gender Hurts: A Feminist Analysis of the Politics of Transgenderism* (2014), in which she argues that transgenderism is a harmful ideology which reinforces gender stereotypes and contributes to the subordination of women, and that sex reassignment surgery is a violation of the body.⁵⁰

Arguments such as Raymond's and Jeffreys' have contributed to impassioned confrontations, sometimes even of a physical nature, between trans and other feminist groups, but also to trans and other feminist researchers' articulations of critiques. These have helped to develop the theorising of sex, gender, and sexuality, as well as new ways of dealing with differences in activist milieus, making political alliances, and showing solidarity (Bettcher 2014; Williams 2014a). Ironically, Raymond's book came to contribute to the formation of transgender studies because it motivated Sandy Stone to write her famous posttranssexual manifesto, and both this and Raymond's texts partly inspired Susan Stryker's performance of transgender rage in her ground-breaking article (Stone 1992; Stryker 1994).⁵¹ Both these texts inspired new alliances between trans and other feminist researchers who were critical of Raymond's and other radical feminists' attacks on trans women and their specific kinds of separatist politics (Stone 1992; Stryker 2004).⁵²

transgender communities and identities (Stryker 2008, Chapter 4; Rubin 2003, Chapter 2). Like trans men, trans women were regarded by most feminists as persons who were either gay men who were trying to deal with their own and society's homophobia by transitioning (a claim often made in medical discourses too), or, like Raymond, as men who were trying to colonise the Women's movement (Stryker 2008, 2 & Chapter 4).

⁵⁰ Whereas Raymond makes her analysis of transsexuals from a radical feminist position, Jeffreys' position is highly individual and not widely supported in the feminist milieus of the 2010s.

⁵¹ Stone's text has been reworked and republished several times. It was first published in Kristina Straub & Julia Epstein (eds.) (1991): *Body Guards: The Cultural Politics of Gender Ambiguity*. New York: Routledge, 280–304. A revised and updated version was published in in 1992 in *Camera Obscura* 10(2 29), 150–176. In 1994, Stone published an online version on her ACTlab ftp website; and a fourth version was uploaded by Stone in 2014 at <http://sandystone.com>. In the thesis, I generally refer to the *Camera Obscura* version unless otherwise cited.

⁵² While many radical feminists have expressed critical views on trans, some have also supported transgender and transsexual people in various ways. The American radical feminist activist and writer Andrea Dworkin, for example, has argued against hatred towards and persecution of trans people and encouraged feminist

A central critique of radical feminist critiques of trans, such as Raymond's, raised by both Stone and Stryker, is that they present trans women as sharing the experiences and privileges of cis men. This ignores or refuses to take into account trans people's experiences and their own personal and political goals, which are often very different from those presented in radical feminist texts. Other trans theorists and activists have expanded this analysis in relation to both trans women and trans men. American gender theorist, playwright, and performance artist Kate Bornstein and American writer, performer, and biologist Julia Serano have argued that feminist scholars should recognise that cis women and trans women are subjected to different forms of discrimination. While both cis and trans women face discrimination based on a sexist hierarchy that privileges males and masculinity and devalues females and femininity, trans women face additional discrimination targeting their femininity as false and failed based on the idea that male/masculinity and female/femininity constitute exclusive categories (Bornstein 1994; Serano 2007). In relation to trans men, activists such as American writer and trans activist Leslie Feinberg and researchers such as American literary and queer scholar Jack Halberstam and American sociologist and trans scholar Henry Rubin have analysed and theorised the ways in which female masculinities and trans men's identities have been ignored or rejected as inauthentic (Feinberg 1996; Halberstam 1998; Rubin 1998). In recent years, these specific forms of discrimination towards trans people have been termed *cissexism* by trans researchers and activists, and the term *cisnormativity* has been used to refer to the social phenomenon whereby a person is met with the expectation that they will identify with the gendersex category they were assigned at birth (Serano 2007; Enke 2012).

Encountering these critiques has made me interested in studying how cisnormativity has worked historically to devalue trans identities and embodiments. Without assuming that this is always what is happening in the relation between medico-legal experts and the research subjects of the thesis who are going or have been through a gendersexed transition, I will pay attention in the analyses to how cisnormativity may have worked within the Danish medico-legal

communities to financially support trans people's medical transitions (Dworkin 1974, 186). Some trans women, such as Sandy Stone, have also identified with and participated in radical feminist activism (Stryker & Whittle 2006, 142).

system in the politics of allowing or rejecting changes of gendersex status. Specifically, I will consider the kinds of bodyselves that cissexist practices have privileged, materialised, and manifested, and how cissexist forms of discrimination may have been an issue for both trans and intersexed people. This kind of analysis may generate more knowledge about the specific forms that cisnormativity has taken historically in local social contexts, and about the effects of cissexism for people who wished to make a gendersexed transition before, during, and after the diagnostic term transsexualism was introduced in a medico-legal context. The effects of cisnormativity and cissexism have so far mainly been analysed in relation to trans persons, but the accounts of the lives of intersexed persons that I found at the Danish National Archive provide a rare opportunity to also consider these questions in relation to persons who were diagnosed with some form of hermaphroditism or intersex condition during the first half of the 20th century.

Sexual-difference and transfeminist perspectives on sexual differences

In the feminist research I have discussed above, the contested topic at the heart of the debates about trans embodiment and selfhood is the question of how to view the relation between the body and the social and identity categories of man and woman. Trans activists and researchers have continually criticised radical feminist analyses of trans such as those mentioned above for being based on an understanding that conflates certain forms of embodiment (for example, having a female body) with gender identity and categorisation (for example, feeling like and being positioned as a woman). This conflation results in the naturalisation of bodies that are (seemingly) unmodified and of the non-trans identities aligned with them (such as the notion of women-born women). It simultaneously positions trans persons' bodies and identities as fabricated, artificial, and inauthentic or illusionary (see, for example, Stryker 1994; Butler 2004; Wickmann 2011; Wolfe 2014).

This way of understanding cis and trans people can also sometimes be found in feminist theorising of the body that does not have trans or intersex as its main focus, but uses these to make a theoretical point about embodiment and selfhood. An example of this is the Australian philosopher Elizabeth Grosz' articulation of a sexual difference theory in her book *Volatile Bodies* (1994). Here, Grosz critiques previous

conceptualisations of the body as referring to a singular male body rather than taking into account the variety of bodies and bodily experiences among humans. She argues that, because bodies are volatile and open to physical and mental reconfiguration, a more precise and inclusive approach is to consider and analyse individuals' specific corporeal experiences grounded in the organisation of their particular corporealities and the social reinscriptions of sexed bodies that continuously reconfigure them. From the outset, Grosz' complex and flexible perspective on the materialisation of different bodies and her aim to formulate a theory which pays attention to bodily differences, individuality, and potential seems promising as a point of departure for trans and intersex theorising and analysis. However, at the end of the book, Grosz briefly addresses trans women's embodiment and potential for gendersexed experience in the following way: "There will always remain a kind of outsidedness or alienness of the experience and lived reality of each sex for the other. Men, contrary to the fantasy of the transsexual [sic], can never, even with surgical intervention, feel or experience what it is like to be, to live, as women" (Grosz 1994, 207).⁵³ In a recent interview, Grosz asserted that she respects trans people's identities and supports their access to body modifications, but added that she believes "it's a category mistake to

⁵³ In relation to the public coming out as a trans woman of former Olympic decathlon record setter and reality star Caitlyn Jenner in April 2015, a number of feminist researchers and theorists with positions varying from radical feminist to queer feminist have made similar statements in interviews or of their own accord on social media. An example is interviews with Australian feminist scholar Germaine Greer who, among other things, has stated that trans women are deluded for thinking that they are women, and that surgical interventions cannot make them women, but instead maim them. Critiques of these statements have not made Greer change her standpoint (Abeni 2015). Another example is a tweet by Anne Fausto-Sterling declaring that trans women "haven't travelled through the world as women and been shaped by all that this entails" and that "people who haven't lived their whole lives as women should not get to define us." After critiques from trans activists and researchers, she publicly explained the background to her statements, accounting for her developmental view on gender and her difficulties to avoid viewing all ultra-feminine gender performances as negative after having perceived them as disempowering for the last fifty years. Furthermore, she has retracted the latter statement, declaring that any person has a right to choose their own gender expression, and that no-one has the right to define a single standard of what it means to be a woman (Fausto-Sterling 2015).

believe that by transforming the body you have you acquire the body of the opposite sex" (Wolfe 2014, 120).⁵⁴

In this argument, Grosz conflates the categories of body and gendersex, in a way similar to that of the radical feminist arguments discussed above. However, the theoretical basis for doing this is different because, in *Volatile Bodies*, Grosz writes from a phenomenological point of view. Her point of departure is that being a woman equates with living a female body, and, consequently, only individuals who are born with such corporeality can experience what being a woman feels like (in all its many varieties). Within Grosz' perspective, such corporeality cannot be obtained through surgical interventions, which only result in a transformed male body; therefore, the conclusion implicit in her statements is that trans women are not and cannot be(come) women because being women equates to the bio-social experience of living a female body since birth.⁵⁵

This claim is basically consistent with a phenomenological perspective from which the self is seen as entangled with the body, and consequently individuals are perceived as embodied selves. However, there is a difference between noting that a body has a certain form and bodily functions and to say that a person ought to identify as a man or a woman as a consequence of having such a body. Therefore, as trans, intersex, and queer researchers who draw on phenomenological theories have argued, viewing selves as embodied need not necessarily lead to a claim that individuals must be assigned a certain gendersex category on the basis of their body morphology, or that they will

⁵⁴ Such statements have led to many trans scholars rejecting the use of Grosz' theory of the body as a theoretical basis for trans analyses (see, for example, Bremer 2011). I am not among them, as my approach is more in line with scholars who argue that theories and research based on perspectives you do not support or which draw conclusions you do not agree with need not be discarded, but may be reconfigured in ways that are useful for (other) feminist purposes by making what Dutch feminist philosopher Iris van der Tuin has called affirmative readings in conversation with other texts (van der Tuin 2011; Grosz' *Volatile Bodies* is also based on such an approach). I thus believe that Grosz' theory of the body could be reconfigured in a way that is informed by trans theories and knowledge production to serve as a fruitful point of departure for analyses of trans and other forms of embodiment. However, this is not a task I will undertake in this thesis.

⁵⁵ Jay Prosser was the first to critique the statements about trans women that I discuss below, reading them as a claim that "the transsexual's attempt at sex reassignment [...] illustrate[s] the very failure of sexual difference" (Prosser 1998, 64). My reading is different as I understand Grosz to be writing from a sexual difference and phenomenological perspective, as described here.

identify with the gendersex they have been assigned. Finn Enke has articulated this view as an extension of the feminist point made by Simone de Beauvoir at the end of the 1940s that “one is not born, but rather becomes, woman” (de Beauvoir 1949/2011, 330): “Transgender studies extends this foundation, emphasizing that there is no natural process by which *anyone* becomes woman, and also that *everyone’s* gender is made: Gender, and also sex, are made through complex social and technical manipulations that naturalize some while abjecting others” (Enke 2012, 1; see also Butler 1990).

In relation to the question of whether trans women and trans men can experience what it is to be and to live as women and men, the point made by Enke entails that the answer to this does not depend on what kind of body morphology they have, but rather on who is included in the definitions and categories of women and men. In a transfeminist phenomenology, for example, some persons who identify and are eventually perceived as women may live bodies with a congenital penis or a neo-vagina and may or may not have breasts which have been constructed with silicone implants, while others may live bodies with congenital vaginas and breasts which their bodies have developed or which have been surgically constructed. The bodily experiences of these women will differ, but, from a transfeminist perspective, experiences of feeling and being positioned as a woman are not reducible to sensing one’s bodily morphology and its functions, nor to continuous social repositioning as a girl and woman throughout one’s life.

Trans persons’ call to be recognised as men and women regardless of body morphology on the basis of a distinction between body and categorisation has often led to claims, such as that made by Grosz, that trans people believe that they will “acquire the body of the opposite sex” through medical transition (Grosz 1994, 120). However, evidence of such a belief is hard to find in either trans studies or my historical source material. Contrary to Grosz’ assertion, many trans scholars and activists stress the differences between both the gendersexed corporealities and the experiences of trans and cis people, and sometimes between trans-identified individuals who use hormones and have had surgery and those who have not gone through a medical transition (see, for example, Stone 1992; Bornstein 1994; Serano 2007). Furthermore, both trans and intersex activists and researchers often advocate the importance of specific trans and intersex healthcare because intersex(ed) and modified trans corporealities are different

from cis corporealities in some respects. Therefore, they require different kinds of medical attention and measures than those that are usually provided for cis individuals (see, for example, ISNA 2008b; 2008c; 2008e; Harrison & Engdahl 2013; Stryker 2013).

In relation to both trans and intersexed persons, the question of the relation between body and categorisation is thus a central one; however, intersex people's corporealities and identities have not been critiqued in the same way as trans people's in feminist research. Instead, intersex has often been cited as an example of the kinds of embodiment which challenge the idea that only two sexes exist and to argue that, to be inclusive of people with such corporealities, more gender categories and identities should exist in Western societies (see, for example, Fausto-Sterling 1993; Hausman 1995, 190; Wickman 2011).⁵⁶ Intersex activists and researchers agree that, in order to provide adequate healthcare for people with various intersex conditions, it is crucial to medically acknowledge the ways in which intersexed people's bodies differ from male and female morphologies. However, they have been more ambivalent towards the use of intersex in arguments for diverse gender positions within queer theory and activism. Various intersex organisations, among others, the Intersex Society of North America (ISNA) and the Danish organisation Intersex Danmark, have pointed out that intersexed persons rarely identify as a third gender and not necessarily as queer either. Therefore, this argument may be perceived as ignoring or rejecting intersex people's gender identities by implying that intersexed persons are not and cannot be men or women, but that they are something else (Herndon 2006; Intersex Danmark 2015). Other intersex organisations, for example, the German *Arbeitsgemeinschaft gegen Gewalt in der Pädiatrie und Gynäkologie* [Association Against Violence in Paediatrics and Gynaecology] (AGGPG), have criticised the two-gender system and worked for the recognition of intersex identities that are distinct from identities as a woman or man (Klöppel 2010, 33). Similar positions exist in relation to trans in Denmark and internationally, and recommended policies by activists, organisations, and researchers often depend on how critical of or engaged with queer politics these are (see, for example, Bornstein 1994; Califia 1997; Cromwell 1999; FATID 2016;

⁵⁶ Grosz also mentions intersex as a sex along with male and female (Grosz 1994, 189).

Green 2004; Killjoy.dk 2016; Prosser 1998; Rubin 2003; Transpolitisk Forum 2016).⁵⁷

Being attentive to such calls for recognition, many intersex and trans researchers who have focused on the first half of the 20th century or earlier periods have expressed a wish to prioritise the presentation of perspectives and experiential accounts of intersex(ed) and trans people. However, many have found that doing so is quite a challenge because most of the available historical source material consists of publications or individuals' medical and psychiatric records, church registers, and conviction registers written by clergymen, or medical and/or juridical experts. It is difficult and rare to find personal accounts written by intersex(ed) and trans people themselves (Dreger 1998; Reis 2009; Bondestam 2010; Mak 2012; Prosser 1998). Those that do exist almost always relate in some way to contemporary medico-legal definitions and either clearly have experts within this area as some of their imagined readers or have been produced at the request of such experts (see, for example, Body 2006; Foucault 1980; Hoyer 1933/2004; Jorgensen 1967/2000; Morris 1974; see also Stone 1992). Nevertheless, many trans and intersex researchers have made an effort to carefully trace and rearticulate the life stories and often also, as far as this is possible, the perspectives and experiences of trans and intersex(ed) persons in the source material at hand (Dreger 1998; Lützen 1998; Meyerowitz 2002; Vallgård 2005; Oram 2007; Cleminson & García 2009; Reis 2009; Bondestam 2010; Mak 2012; Rosenbeck 2014; Tebbutt 2014; Meyer 2015).

The source material that I collected at the Danish National Archive not only contains medico-legal experts' rearticulations of intersex(ed) and trans individuals' life stories and experiences from interviews with them, but also a number of extensive accounts and personal letters by these persons themselves. This gives me the opportunity to rearticulate the perspectives and experiences of my research subjects from their own first-hand articulations, sometimes written while they were in the middle of life-changing events. The same is true for the perspectives and experiences of the medico-legal decision-makers because the collected material also contains information about and traces of their negotiations with the trans and intersex(ed) persons positioned as their

⁵⁷ No systematic mapping of different intersex and trans organisations and activist groups in various countries or their policies has currently been made. For a partial overview, see Klöppel 2010, 21–35.

patients. These take the form of their letters of reply and the discussions amongst the experts of the Medico-Legal Council and between these and the legal authorities in the Ministry of Justice. This situation provides me with a unique opportunity to study in detail how intersex(ed) and trans persons, still within the special context of applying for a change of legal gendersex status, articulated their sense and experiences of their gendersexed bodyselves, their relations to others, their dreams, fears, and wishes for their future lives, and how they negotiated understandings of these with the medico-legal authorities.

Many of the previous historical studies have focused primarily on analysing how persons who were perceived as gendersexually ambiguous in various historical periods and contexts were categorised in terms of their sex, and less on their living conditions and social relations. As I will discuss below, this research interest has a theoretical background, but also appears logical in relation to the historical source material, which consists mostly of medical and legal texts. These have predominantly discussed questions of definition, aetiology, classification, and therapeutic or legal procedures. In this thesis, I reverse this focus by taking my point of departure in the articulations of the intersex(ed) and trans subjects of my research about their living conditions and situations. I contextualise these with information and analyses of the context of the production of their texts, both the specific medico-legal and the broader societal, where, among other things, available categories, narratives, diagnostic practices, technologies, the job market, national and international politics and economy are of importance.

Furthermore, instead of asking first and foremost how others perceived and gendersexed a person, I explore how a person themselves made sense of their corporeal situation, feelings, and social experiences in relation to gendersex. For many of the persons whose stories I analyse, one of the consequences of the fact that neither specific intersex or trans identity categories nor communities existed during their lifetime is that they did not, and indeed were not able to, identify as anything other than men and women, and, furthermore, usually they also identified as “normal”, that is, heterosexual persons. In the analysis, I trace and rearticulate how persons with body morphologies that differed from those of the majority have accounted for their lives as men and women, what they themselves stated as being challenges or unproblematic in relation to being differently embodied, and how

medico-legal experts rearticulated these accounts and assessed them as liveable, difficult, or unliveable situations during the processing of their applications for a change of gendersex status.

Dealing with difference in Bernice Hausman's postmodern historical study on transsexualism

Grosz' brief inclusion of trans in her discussion of gendersexed bodily experiences in *Volatile Bodies* is an example of how, during the 1990s, postmodern and queer researchers often addressed trans in discussions of the construction of gender. As I shall discuss below in more detail, after the turn of the millennium such analyses shifted to focus mostly on intersex instead. In the rest of this chapter, I will present and discuss the approach applied in American literary and feminist scholar Bernice Hausman's historical study of transsexualism *Changing Sex: Transsexualism, Technology, and the Idea of Gender*. In the following sections, I engage in a more detailed discussion of this book and the reactions to it, for two reasons. Firstly, of the existing historical studies, it is the closest to my own in topic, focusing on both intersex and trans, and in period, by focusing on the first three-quarters of the 20th century. Secondly, it has been particularly contested by other trans researchers and, like Raymond's *The Transsexual Empire*, has become a point of departure for the development of alternative analytical approaches in later trans studies. It is thus also a study which in many ways exemplifies how trans and intersex have been employed within postmodern research to discuss understandings of how gender norms and gendersexed practices are produced and their effects upon various kinds of subjects in society. My reading of this book and of the critiques of it has made an important contribution to the development of the approach I apply in the thesis, in the sense that these texts have motivated me to make a study of intersex and trans inspired by postmodern theories which offers a reparative reading as an alternative to the paranoid reading articulated by Hausman.

Changing Sex, which was based on Hausman's PhD thesis, conducted between 1990 and 1992 and reworked into the book published in 1995, was the first extensive historical study on the topic of transsexualism. As such, Hausman's research interest can be characterised as being as much to map a genealogy of the emergence of the concept of gender and the effects of its firm establishment in the feminist movement, gender studies, and popular culture at large, as to study the emergence of the concept of transsexualism and the

establishment of protocols for medical sex reassignment (Hausman 1995, Preface). In her analysis, these two processes are closely entangled. The study's point of departure is Hausman's claim that, in contemporary feminist theory as well as in mainstream culture, the concept of gender has come to function as a naturalised, ahistorical essence in discourses, but that historically the concept has emerged fairly recently. Hausman's main argument in the book is that the concept of gender was coined by American sexologist John Money in relation to intersexuality in the 1950s, and that, soon thereafter, it was appropriated by transsexuals who were demanding sex reassignment in order to make their bodies match their gender.⁵⁸ According to Hausman, this resulted in the construction and naturalisation of what she calls a myth in mainstream culture that gender identity is an innate essence in all human beings, an idea which, historically, had not existed before (Hausman 1995, 192).

From the very beginning, Hausman presents the notion of gender identity as deeply problematic from the kind of feminist perspective she applies, describing it as having exclusively negative effects for women by upholding repressive power hierarchies in society. She thus defines the idea of gender as being a representation of a normative ideal which is used to legitimise harmful practices of regulating and transforming bodies, such as surgical and hormonal interventions in the case of sex reassignment for transsexuals and cosmetic surgery in the case of cis women (Hausman 1995, 199–200). In the concluding discussion, she suggests, as an alternative, a return to an understanding of a relation between the body and sex without the concept of gender, in a version which she describes as postmodern. Hausman believes that this could result in a necessary rethinking of:

the body as the site for sexual signification. Theorizing the body means taking it seriously as a material structure that exceeds the power of language to inscribe its functions [...] [W]e need to account for those points at which discourse cannot describe or regulate the body's significations, to

⁵⁸ The American MD, gender scholar, and historian of medicine Vernon Rosario has questioned this claim, pointing out that, although the term gender identity was not used before the 1950s, 19th century physicians such as the Italian forensic expert Arrigo Tamassia described a conflict between psychological gender identity and physical sex appearance in some cases, which he categorised as sexual inversion (later called homosexuality) (Rosario 1996, 244).

understand how theory cannot appropriate the body as its signifier. (Hausman 1995, 200)

These understandings of the concepts of sex, gender, and the body, and Hausman's exclusive focus on technological inventions and medical discourses, guide her view on transsexualism and her approach to it, as well as to the transsexual autobiographies she analyses in the book. Consequently, she presents transsexual identity as solely based on the idea of the existence of gender identities, and transsexual subjecthood as produced wholly through technological modifications of the body enabled by advances in endocrinology and surgery. Although recognising that the body-modifying practices in which trans people engage, daily or occasionally, are also employed by other subjects, Hausman claims that "taken together these practices take up a significant portion of the transsexual subject's life and define the experience of living in a transsexual body" (Hausman 1995, 140). The fact that trans people need to continuously use hormones and perform specific bodily practices throughout their lives to keep their bodies developing in the direction they desire, is presented as differing from and more risky and painful than the bodily practices of cis people. Furthermore, Hausman perceives the effort this takes, and the fact that trans people need assistance from medical experts, as evidence that material bodies show resistance to being shaped in this way (Hausman 1995, 140 & 199-200). Elsewhere in the book, she takes intersexed bodies as truly challenging the idea of binary sex, in contrast to transsexual bodies which, she argues, after medical transition are "simulations of 'the real thing'", or rather, of fantasies of ideal sexed embodiment, which have the effect of putting pressure on others, especially cis women, to modify their bodies too (Hausman 1995, 190-192). In conclusion, trans people are presented as falsely believing in the myth of gender identity, an illusion which compulsively drives them to demand and undergo repeated transformations and refinements of their bodies in an attempt to "erase the semiotic foundations upon which gender identity [...] putatively depends" (Hausman 1995, 139-140).

In contrast to this evaluation of trans people's embodiment, in some passages Hausman argues, in line with scholars such as Anne Fausto-Sterling, that intersex people's bodies represent an opportunity to denaturalise the notion of binary genders, or rather body/sex (Hausman 1995, 236: note 13). However, her way of relating to intersex

is ambiguous; she writes in the introduction that, when revising the book during her pregnancy, she was “perhaps one of few expectant mothers who worry that they will give birth to a hermaphrodite” (Hausman 1995, x). This has led British feminist theorist and sexuality scholar Clare Hemmings to remark that Hausman communicates a feeling of terror when writing about her encounter with bodily morphologies that are markedly different from the corporealities with which she is familiar (Hemmings 1995, 108–109). In reviews of *Changing Sex*, Vernon Rosario and Hemmings have both suggested that such an affective relation to her subject might have kept Hausman from identifying and sympathising with the trans subjects of her research and acknowledging their specific ways of relating affectively and intellectually to their bodies as legitimate (Hemmings 1995; Rosario 1996). As Rosario puts it, she seems unable to recognise trans people as legitimate human subjects who are struggling under difficult conditions to create liveable lives for themselves (Rosario 1996, 246).

Furthermore, critiques similar to those discussed above in relation to some radical feminist and sexual difference theorists’ writings on trans have been levelled at Hausman’s study (see, for example, Prosser 1998; Hausman 2006, 335; Green 2006; Bettcher 2014). In the following, I mainly concentrate on discussing and positioning my own approach in relation, firstly, to Hausman’s view of and approach to trans and intersexed embodiments, bodily practices, and identities, and, secondly, to her perspective on the relation between technologies and the body. For now, I leave aside other problematic aspects of her approach, as I discuss other researchers’ similar approaches in queer studies of trans and intersex below.

Hausman’s approach to trans and intersexed embodiments, bodily practices, and identities

In ethical terms, I find Hausman’s approach to and analysis of trans embodiment and its relation to concepts of sex, gender, and the body to be highly problematic. It contributes to the reproduction and re-enforcement of stereotypes about trans people and promotes a policy of limiting trans people’s access to body-modifying technologies, which may make many trans people’s situations even more precarious. One of these stereotypes is a reproduction of the classical theory and claim of psychiatry that trans people hate their congenital body morphologies, that they are obsessed with having multiple and repeated body modifications, and that their main motivation for this is to try to get as

close as possible to a phantasmagorical image of their own ideal self (Hausman 1995, 138–140 & 230: footnotes 114 & 116; see also, for example, Benjamin 1966; Sigusch 1979; Sigusch, Meyenburg & Reiche 1978; Sørensen 1984). Such a depiction does not take into account the diverse reasons that trans people, historically and presently, have themselves given for wanting surgery, which do not always include an experience of alienation from or discomfort with their body morphologies. Outside of psychiatric contexts, many trans persons have thus stated that their main motivations for having body modifications have been to become visible to others and recognised by them as the gendersex they identify with, and to be able to feel, and be, safer in social contexts where it may be psychologically and physically dangerous not to pass unambiguously as a certain gender (Cotton 2012; Green 2004; 2006). Others have stated that they primarily wish to have body modifications to enable them to move away more effectively from the gendersex they were assigned at birth, but that they have no wish to pass as the other available gendersex category, or to be unambiguously positioned within it (Bornstein 1994; Feinberg 1996; Wilchins 2002; Spade 2006). Many also state that having body modifications has made them feel much more comfortable with their bodies because these can make them feel as though, in Serano's words, their subconscious sex and their physical sex have become aligned, where before they experienced a disturbing and alienating incongruence, and that this relieves anxiety and depression (Serano 2007; see also Prosser 1998, Chapter 6). However, what kinds of modifications and how many induce this feeling of "being comfortable in one's skin", as Thomas Holck expressed it, is not a given, but varies greatly between different trans persons (Hertoft & Ritzau 1984, 129). Some, for example, may feel it important to have genital modifications while others prefer not to (Prosser 1998, 76; Cotton 2012; Trovato 2014).

When discussing trans people's access to body modifications, Hausman does consider the fact that, in order to gain access to the relevant technologies, trans people have been obliged to tell specific kinds of life stories in accordance with psychiatric definitions of transsexualism, and that this has limited the articulation of alternative accounts of trans experiences and personhood (Hausman 1995, Chapter 5). However, she does not recognise or consider the psychological pain of not being recognised as a subject by others, nor the existential threat in the form of symbolic and physical violence from others and suicidal impulses, which trans and intersex(ed) people have voiced repeatedly

in historical as well as contemporary accounts (see, for example, Foucault 1980; Sørensen 1981a; 1981b; Jorgensen 1967/2000; Hoyer 1933/2004; see also Butler 2004).⁵⁹ She thus exclusively considers how discourses of gender and the construction of gender identities may have threatening or harmful social, emotional, and material consequences for cis women, and not in relation to the trans subjects who are the focus of her analysis. Furthermore, as Vernon Rosario has pointed out, she omits any consideration of the possible significance of factors in trans people's social, political, and cultural contexts to the formation of their subjecthood and identities (Rosario 1996, 245). In this way, trans people's difficult situations and precarious conditions appear to be effects of individual personal constitutions in a way similar to the depiction in the psychiatric publications she references, with the difference that in her account the perceived cause of trans people's problems is not a mental disorder, but a belief in the realness of gender identity. Declaring trans people to be "dupes of gender", Hausman holds them responsible for discourses which they to a large extent are compelled to reproducing in order to obtain liveable conditions, while she does not consider or take responsibility for the effects of the discourses she herself produces and reproduces (Hausman 1995, 140). While I agree that all persons' gendersexed performances contribute to reproducing and challenging social norms, I find it, at best, futile, and, at worst, detrimental to trans people, to hold them accountable for the effects of the arguments and choices they make in medical contexts, effects which they were not able to foresee and were often never informed about. Furthermore, trans activists and researchers have pointed out that a reversal may be made of Hausman's critique that trans people's gender performances and ways of identifying and relating to their bodies make cis women's lives more difficult, as cisheteronormativity and the dominant heterosexual norms of cis people are the cause of many trans people's precarious situations (Bornstein 1994; Stryker 1994; Serano 2007).

In Eve Kosofsky Sedgwick's terms, Hausman's reading of the history of transsexualism and its effects may be characterised as a paranoid one through the argument that it exposes the illusion of the concept of gender and its historical construction by psychiatrists and transsexuals and makes visible the harmful consequences of its use and

⁵⁹ It should be noted that only a very few contemporary psychiatric publications were reporting and/or discussing this at the time of Hausman's study.

materialisation for cis women and trans people themselves.⁶⁰ In her questioning of whether paranoid readings are always a constructive approach for critical theorists to take, Sedgwick suggests that it may be taken as a point of departure rather than a point of conclusion that strong discriminatory forces are at work in historical development. From this perspective, it becomes possible to raise analytical questions aimed at gaining different forms of knowledge than exposing discrimination: “What does knowledge *do* – the pursuit of it, the having and exposing of it, the receiving again of knowledge of what one already knows? *How*, in short, is knowledge performative, and how best does one move among its causes and effects?” (Sedgwick 2003, 124).

In line with this, I would like to suggest an alternative, reparative way of reading the history of the entanglement of intersex and trans and the emergence of the psychiatric category of transsexualism that contrasts with Hausman’s. Instead of being the conclusion of an exposing paranoid analysis, it may be taken as a premise that trans and intersex people have historically articulated life stories in a way that produced and reiterated the idea of gender, and that this, in some respects, came to have consequences for the reconfiguration of understandings of sex, gender, and sexuality and for a naturalisation of the concept of gender in some ways (although not as all-encompassingly as Hausman argues). From this starting point, I wish to explore how knowledge of the “truth” of gender that was produced by a collaboration between medical experts and trans people during the first three-quarters of the 20th century has been performative, and how feminists, trans and cis, intersex(ed) and non-intersex(ed), might best move among its causes and effects today.

Rather than viewing gender as an exclusively negative concept that universally works against “feminist interests” – which Hausman defines in her book on behalf of all cis women – and blaming specific individuals or groups of people for these effects, I will undertake my exploration with a point of departure in Foucault’s famous statement that the point is not “that everything is bad, but that everything is dangerous” (Rabinow & Rose 1994, 343). From such a perspective, I aspire to investigate empirically for whom specific norms of

⁶⁰ Among other things, Sedgwick defines a paranoid practice as a strong theory of negative affects anticipatory of bad news which seeks to eliminate surprises by placing its faith in exposure (Sedgwick 2003).

gendersexed identification, desire, behaviour, and body morphologies become an advantage or a problem in specific situations. I am thus interested in making a historical analysis of how the institutionalisation of specific configurations of gendersex norms have come to regulate the materialisation and manifestation of various gendersexed bodyselves, and how individuals negotiated such norms in different situations. Specifically, I focus on how intersexed and trans persons in my collected source material rearticulate understandings of gendersex in their negotiations with medico-legal experts and make decisions and take actions on their own that may involve their identities and corporealities in attempts to create social spaces, and thereby generate more liveable conditions for themselves. Additionally, I analyse how those articulations and actions came to have effects that were unforeseeable for the individuals making them. This occurred through the reactions and decision-making of medico-legal experts on the future regulation of trans and intersexed people's bodies and lives, and came to affect the conditions of other individuals and groups in contemporary and later historical periods.

On making analyses at a discursive versus an individual level

In their studies of trans people's life stories, Hausman and other feminist researchers inspired by poststructuralism apply a deconstructive analytical approach. This was inspired by the theories and analyses of Michel Foucault and Judith Butler, which were developed with the purpose of studying the construction of gender, sex, and sexuality on a discursive level. Below, I discuss in more detail the general critiques of such an approach made by other trans scholars, who are often trans-identified themselves. Here, I will discuss the effects of Hausman's specific way of understanding and applying such an approach in **her** analysis and the ethical and political implications of this.

In the preface to **her** book, Hausman states that **her** study is "not about people", but about discourses, technologies, and narratives of identity, or, in other words, about transsexualism, not transsexuals (Hausman 1995, xi). However, this seemingly clear distinction quickly becomes blurred as **her** analysis proceeds. While choosing to focus on the discursive level and on medical perspectives and practices in relation to trans and intersex is a legitimate research choice, I find it problematic that Hausman frequently moves beyond such analyses and into making, usually negative, evaluations and definitions of

transsexualism and trans person's views, identity claims, and accounts of their experiences. These passages are not so much discursive analyses as statements that are critical of trans people as such, which reference and reiterate psychiatrists' definitions and views formulated in the 1950s and 1960s (see, for example, Chapter 5). Hausman's way of representing the subjects of her research results in a depiction of transsexuals as, on the one hand, "disincarnated concepts", as Bastien-Charlebois phrased it, while, on the other hand, the actual persons and their life stories analysed in the book become analytical objects in relation to her theoretical interest in demonstrating that gender is a constructed idea and a harmful ideology (Bastien-Charlebois 2015).

Accordingly, Hausman's stated aim of analysing a small number of transsexuals' autobiographies written between the mid-1950s and the beginning of the 1980s is:

to demonstrate how "gender" discursively operates to mask the material construction of transsexuals through the technologies of medical practice and to show how transsexuals compromise the official understanding of "gender" as divorced from biological sex by their insistent reiteration of the idea that physiological intersexuality is the cause of their cross-sex identification. (Hausman 1995, 141)

Hausman further states that "this kind of analysis will offer a more serious challenge to the hegemony of these discourses in the public sphere, where the spread of gender ideologies threatens to cover over other significant, and destabilizing, accounts of human subjectivity" (Hausman 1995, 142). In her analysis, she homogenises trans people's positions and reduces their diverse perspectives to a single outlook by repeatedly claiming that, no matter how individuals have articulated their views and experiences, the essence of each of their accounts is a demand for access to body-modifying technologies based on a firm belief in a core gender identity (Hausman 1995, Chapter 5 & Epilogue). Contemporary texts by trans researchers and activists such as Sandy Stone and Kate Bornstein are also interpreted in this way and rejected as examples of the destabilising accounts of human subjectivity which she herself emphasises as being important to consider (Hausman 1995, 143-146 & Epilogue).

Such an approach to trans people's life stories and utterances is a disrespectful reduction and dismissal of a diverse set of statements and perspectives that seems to be based purely on their categorisation as

trans persons. But, as Tobias Raun has argued, it is also questionable as to how fruitful it is in terms of knowledge production to perform the kind of deconstructive analysis of individuals' stories that is often conducted by postmodernist researchers on institutionalised phenomena such as homophobia and transphobia (Raun 2014, 16). By failing to consider the diverse perspectives of either historical trans biographies or contemporary articulations by trans researchers and activists, or the specific social and personal contexts of their articulation, Hausman closes herself off from considering the many possible reasons and backgrounds for why the protagonists articulate their stories as they do. For example, she notes that, up to the 1970s, trans people frequently argued that physiological intersexuality was the cause of their sense of their own sex, but she does not provide the reader with an understanding of why. I have found similar arguments in the Danish historical material generated by both trans persons and medical experts. As I will argue in my analysis, I have found these to be articulations of a specific historical understanding of gendersex that was dominant within sexual biology during the first decades of the 20th century. In the historical analysis, I consider how such arguments made by individual intersexed and trans persons came to matter for the emergence of the psychiatric category of transsexualism out of the biological category of hermaphroditism in Danish medical research, as well as being representative of it. Furthermore, in order to better understand this emergence, and some of the discursive and social premises for these articulations, I consider how they were related to contemporary Danish and international medical theories as well as dominant Western political debates and agendas.

For ethical as well as epistemological reasons, I thus find it important to differentiate between analysing individual trans or intersexed persons' life stories as told by themselves and making critiques and deconstructive readings of the medical narrative of such a life story. In relation to this, I have found the kind of analysis that Sandy Stone makes in *The Empire Strikes Back* (1992) to be an inspiring example. Here Stone analyses gender norms and understandings of gender, sex, and sexuality on two levels. The first is a critical analysis at the discursive level of how the medical narrative became a model historically, after which the majority of trans people have had to structure the telling of their individual life stories, and how this story was constructed to fit heteronormative and cis ideas and ideals of embodiment and selfhood. The second aspect of her analysis is

performed at the level of local trans communities and individual trans people's lives. From this perspective, Stone challenges the dominant medical narrative by rearticulating parts of various persons' life stories and recounting practices shared in the trans community which had formerly been kept secret from the medical authorities in order not to jeopardise trans people's access to their desired body-modifying technologies.

Whilst keeping mindful of the points made in Scott's discussion of experience, I regard Stone's analysis as an instructive example of how an analyst may direct a critical and queer deconstructive gaze towards institutionalised narrative models of life storytelling while at the same time analysing individual life stories in a way that does not seek to deconstruct or fundamentally impugn trans people's articulated experiences. Instead, she approaches them with a curiosity about what these accounts may tell us about the conditions under which trans people are able to articulate their experiences in a heteronormative and cisnormative context. In a similar vein, Raun has suggested that, in relation to individual life stories, a productive analytical approach may be to consider:

the individual renegotiation of self and body, or why one [...] [of several] tropes is used [in a person's account] (maybe strategically) or feels right, and not [...] [an]other. To explore what function [...] different narratives serve in [...] people's life-projects would not only be analytically interesting, but also allow for the individual story "to breathe" [...] [and make] room for a certain degree of identification with the subjects. (Raun 2014, 18)

Such analytical approaches are, in my view, closely connected to the queer theoretical project outlined by Judith Butler in her works, in which she focuses on both processes of othering and the kinds of strategies that people who are othered may apply in order to resist and challenge abjection and stigmatisation (see, for example, Butler 1990; 1993; 2004). In the next chapter, I will discuss more specifically how postmodern and queer analytical approaches to culturally dominant narratives about trans and intersex selfhood and to individual life stories may be reconfigured in ways that may recognise intersex and trans embodied lived experiences to a greater extent.

Rethinking analytical approaches in intersections between queer, trans, and intersex studies

Since queer theory aims to deconstruct naturalised and hierarchical notions of gendersex, cis queer theorists and queer theoretically inspired empirical researchers have often aimed to support intersex and trans people by critiquing medical and mainstream discourses on trans and intersex embodiment. As Susan Stryker has put it, this has led to many trans scholars experiencing queer studies as “the most hospitable place [within gender studies] to undertake transgender work” (Stryker 2004, 214). However, some ways of applying deconstructive approaches to trans and intersex as phenomena, particularly in analyses of individuals’ life stories, have also been problematised by trans and intersex scholars.

In the 1990s, trans became what the Finnish sociologist, queer, and trans researcher Jan Wickman has called “an ideological battle ground” in queer theoretical research milieus. Trans identities and practices were used as a focal point for analyses of the construction of gender and there were many discussions of their potential for subverting or enhancing heteronormative understandings (Wickman 2011, 14 & 22 ff.; for a concrete example, see Stryker & Whittle 2006, 1–3). During the decade after the turn of the millennium, different trans scholars raised a number of critiques against some of these queer theoretical analyses for, once again, instrumentalising trans people in theoretical analyses and for ignoring people’s lived experiences.⁶¹ Since then, trans and queer studies have developed in separate directions, focusing on different topics, and queer scholars have tended to focus more often on intersex in analyses and discussions of the construction of gender

⁶¹ In an article with a title that translates as *Trans in the queer debates – The revolution that did not happen?* (2011), Jan Wickman gives a comprehensive overview and in-depth discussion of the development of these debates and of different researchers’ arguments and views. In this thesis, I will delimit the discussion to the approach to trans people’s life stories and lived experience and how queer theoretical interests in normative formations may be fruitfully applied in analyses of such life stories and experiences.

(Wickman 2011, 20).⁶² As a result, intersex researchers and activists have raised similar critiques to those mentioned in relation to trans.

In response to intersex and trans researchers' calls for more analyses with a point of departure in embodied experience, some postmodern and queer researchers have argued that such analyses are not sufficiently critical towards gender norms and power relations, tend to depict gender identities as authentic or even to naturalise them, and, consequently, cannot contribute to critical theorising of how gender is constructed (see, for example, Hausman 2001). Others, for example Judith Butler, have reconsidered and rearticulated their analytical approaches to trans and intersex people and their life stories, while some trans and intersex scholars have worked on developing alternative uses of queer and postmodern perspectives and approaches in analyses, which are perceived as more sensitive towards trans and intersex experiences (Butler 2004; see also Williams 2014b). Danish media and trans scholar Tobias Raun, among others, has called for the adjustment of postmodern and queer approaches to render them more sensitive to their intersexed and trans research subjects (Raun 2014, 32). In answer to this, I will discuss a number of ethical challenges argued by intersex and trans scholars to exist within applications of postmodern and queer theoretical points and analytical methods for the analysis of intersex and trans life stories. Furthermore, I will consider ways in which queer and postmodern perspectives have been and may be applied to the analysis of the life stories of such persons in a way that both recognises their identities and embodied experiences and speaks to queer analytical interests and politics as well as the political interests of intersex and trans activists.

Rethinking queer theoretical approaches to intersex embodiment and sexual desire

Intersex studies is a smaller field of study, so the debates within it about queer scholars' approaches to intersex have been more limited, perhaps because most intersex researchers do not embody or identify

⁶² An example of this is the anthology *Critical Intersex* (2009), published in the Ashgate series *Queer Interventions*, in which a number of queer intersex-inspired scholars and a few intersex queer-inspired scholars have used queer theoretical approaches to analyse and critique international and national medical practices and legislation for intersex people and to critically discuss identity claims and intersex activism. The book combines analyses of the construction of normalised and abject gender positions with analyses of intersex policies and activism in different countries.

with intersex positions. It may generally be said that the critiques of intersex activists and researchers have been similar to trans critiques in many ways insofar as they problematise queer analyses that use intersexed bodyselves to exemplify theoretical points and call for more attention to be given to the embodied experiences and life stories of intersex(ed) people (see, for example, Holmes 2004; Morland 2009; Herndon 2006; Intersex Danmark 2015). I will limit my discussion here to some points about intersexed embodiment that are specific to intersex discussions.

It is often claimed in trans contexts that there is generally too much focus on and problematisation of trans people's corporealities, and especially their genital morphologies (whether surgically modified or not), and too little on their general living conditions. In contrast, intersex researchers and activists have called for a greater focus on the consequences of medical attempts to surgically normalise intersexed bodies, and especially genitals, for their sexual health, self-perception, and relations (see, for example, Chase 1998; Morland 2005a; 2005b; 2009; 2012; Raun 2014). Two queer-theoretically inspired scholars, Canadian anthropologist and intersex scholar Morgan Holmes and Scottish literary and intersex scholar Iain Morland, have so far been the most active in discussing the possibilities and problems of using queer approaches to studying intersex.

During the 1990s, while conducting her Master's and PhD studies and as a member of the newly-established ISNA, Holmes was the first openly intersex researcher to partake in the debates on medical approaches and surgical practices in relation to intersexed bodies. In these, she spoke out both as a scholar and from an experiential point of view about the effects of early childhood surgeries. Like Suzanne Kessler and Anne Fausto-Sterling, in one of her first articles, *Remembering a Queer Body* (1994), Holmes emphasises the ideological basis of such surgeries. She defines this as heteronormative, sexist, and patriarchal. This conclusion is based on an analysis of medical guidelines and surgeons' accounts from the period spanning the 1950s to the 1990s of their principles for assigning intersexed babies a sex and subjecting them to surgeries aimed at affirming this choice (Kessler 1990; 1990/2002; Fausto-Sterling 2000a; Holmes 1994). She argues that, in contemporary medical literature and discourse, maleness is defined by the presence of a penis of a specific minimum size with the ability to penetrate a vagina during sexual intercourse, while femaleness is defined by the lack of a penis and not the presence of others organs,

such as a vagina or uterus. Furthermore, because it is considered impossible to construct functional penises surgically, in contrast to vaginas, surgeons favour the surgical amputation of micro-penises in individuals with XY-chromosomes as well as phalloclits in individuals with XX-chromosomes. Although more recently, attempts have sometimes been made to preserve sensitivity, surgery is primarily focused on the cosmetic outcome; that is, on producing genitals regarded by surgeons as appearing female (Holmes 1994).

Holmes understands these practices as connected to a cultural anxiety about the dissolution of the boundaries between two naturalised sexes. She assumes that surgeons and other medical experts feel such anxiety, and that it guides their thoughts and actions: "Depending on the anxiety level of the surgeons involved, the [...] phalloclit will be remedied by varying degrees of surgical intervention ranging from partial amputation of the phalloclit to its complete extirpation" (ibid., 12). Another aspect of this cultural anxiety, according to her, is a fear of the queer sex acts that might be performed by women with phalloclits, which challenge the male privilege of being able to penetrate a partner's body. Holmes articulates such an ability as enabling a queer sexual politics of disturbing notions of binary gender and clear distinctions between hetero- and homosexuality through sexual practices:

If these options were not taken, if female bodies could run around with penises then perhaps male bodies could run around with vaginas... Imagine the terror this scenario (a kind of gender terrorism in action), indeed a truly 'Queer Nature', must inspire in the minds of doctors who have learned so well what bodies are for (procreation and heterosexual penetrative sex). I thrill at the thought that one little phalloclit could wield so much power and cause so much anxiety - but then I remember my dis-memberment which was/is the penalty exacted for causing such anxiety and I'm not grinning anymore. (ibid., 13)

This article, and other works by Holmes, is an example of how feminist and queer theorising has powerfully enabled intersex(ed) persons to formulate critiques of non-consensual early-life surgeries and to express rage and sorrow in the face of their loss of sexual sensitivity and possibilities. The queer theoretical focus on, and valuation of, gendersexual diversity has enabled the formulation of a claim that intersexed bodies should be allowed to exist without such interventions. Furthermore, they should be regarded and named as

variations of human sexual embodiment distinct from female and male ones, rather than as pathological states of these two. Thus, the notion of queerness has made it possible to recognise a range of non-binary identities, including a gendersexed position as an intersex person or hermaphrodite separate from that of a man or a woman (Holmes 1994; 2002; 2008; 2009; Volcano 2000; Klöppel 2010, 33).

What Holmes, together with Cheryl Chase, Iain Morland and many other intersex persons, has declared is that, had they been given a choice, they might well have preferred to have a body which is perceived as queer and still be able to experience sexual pleasure rather than one that is perceived as less queer while having lost that ability. Just as Jay Prosser has offered an account of why surgery that for others may be experienced as mutilation can make trans persons feel whole, intersex researchers and activists have recounted from their experiential points of view why surgical interventions that within sexology have been, and in many national contexts still are, perceived as normalising intersexed children, are experienced by them as mutilations which also have a lasting and shattering effect on their sense of self (Holmes 1994; Chase 1995; Dreger 1999; Morland 2001; 2009; 2012; ISNA 2008a; 2008b).

In the 1950s, the American sexologist John Money introduced a theory which suggested that intersexed children born with genitalia that were articulated as ambiguous were more likely to grow up to be psychologically normal and socially well-functioning if they underwent surgery, because then neither their parents nor they themselves or their peers would have any problems identifying the child as either a girl or a boy (Money, Hampson & Hampson 1955; see also: Butler 2001; Reis 2009, Chapter 5; Karkazis 2008, Chapter 3; Eckert 2010; Rubin 2010; Downing, Morland & Sullivan 2014, Chapter 3). However, just as many persons with congenital physical impairments have pointed out that they themselves may not experience their bodies as disabled, intersex(ed) persons have stated that they do not necessarily experience their congenital morphologies as malformed or malfunctioning; it is simply the kind of body one has. However, many were subjected to surgery of which they have no recollection, or were never told about; or they did not understand why it was performed before they became adult. Such surgery leaves the genitals scarred, generally insensitive, and not unusually with chronic pain, and this has created severe psychological problems of shame, anger, and depression

for many, alongside the physical problems (Chase 1995; Dreger 1998; 1999; Morland 2001; 2005a; 2009; 2012; ISNA 2008a).

Intersex researchers have generally been responsive to the calls of intersex activists to draw attention to these consequences of non-consensual surgeries for intersex(ed) people. Studies of contemporary medical approaches published since the early 2000s have thus all included interviews and other kinds of experiential accounts by intersex(ed) people and their significant others alongside analyses of medical knowledge production, practices, and interviews with medical experts and healthcare providers (Dreger 1999; Preves 2003; Harper 2007; Karkazis 2008; Feder 2014). Historical studies of intersex have also reflected an engagement in and with contemporary intersex politics, beginning with Alice Dreger's first extensive study, which was motivated by an engagement with intersex politics and a close dialogue with intersex(ed) activists (Dreger 1998). Since then, a majority of studies have included ethical discussions of medical views on intersex bodies and practices of non-consensual genital surgery, and of how the historical views on, and medical approaches to, persons categorised as hermaphrodites or intersex relate to present ones (Fausto-Sterling 2000a; Cleminson & García 2009; Reis 2009; Eckert 2010; Klöppel 2010).

As previously mentioned, my study, like many of the other historical studies with a focus on the time before the practice of early genital surgery was introduced as a standard procedure, may contribute to knowledge production about how intersexed persons who grew up with unmodified bodies articulated their experiences of living bodies that were sometimes – and sometimes not – perceived by themselves and others as gendersexually different. The critiques raised by intersex activists and researchers to desensitising genital surgeries are also relevant to my project, although less in relation to persons who were diagnosed as hermaphrodites than to those considered to be genuine transvestites. As will become clear in the historical analysis, the fact that persons diagnosed as male transvestites would be desexualised through the surgical removal of their gonads was explicitly stated by medico-legal authorities as a positive indication for permitting castration, and a similar “neutralisation” was also the goal of practices of removing the gonads of persons diagnosed as female transvestites. Furthermore, during the 1950s, the techniques used in genital reconstructive surgery of persons with penis and testicles were not performed in a way that preserved sexual sensitivity, although, after the mid-1960s, they might be performed in such a way as to

enable heterosexual penetrative intercourse. In this way, the situation of persons diagnosed as genuine male transvestites during the early period of trans surgery bears some similarities to that of intersex(ed) persons from the 1950s onwards, with the important difference that the surgeries performed on the first were urgently desired and, in all the cases I have read, experienced as positive changes in spite of their genitally desensitising effects. In contrast to this, medical experts considered this effect, although often regarded as desirable for society, to in general considerably decrease the life quality of an individual. On the basis of this, they were often very reluctant to grant access to such an intervention. However, many of the persons who were diagnosed as genuine male transvestites reported that their sexual feelings had never been particularly strong and that they engaged in little or no sexual activity. In these cases, it was regarded as more medically acceptable to perform surgical removal of the gonads if this might relieve depression.

In relation to intersex(ed) persons' contemporary experiences of living with desensitised genitals, Iain Morland presented an argument in his article *What Can Queer Theory Do for Intersex?* (2009) that I find relevant in relation to these historical cases as well. Morland points out that the valuation which queer theorists have given to sexual pleasure and individuals' experiences of the shattering of their sense of having a self distinct from their partner's risk stigmatising intersex(ed) (and other) persons with desensitised genitals who are unable to have such experiences. Furthermore, Morland argues that queer researchers' critiques of medical practices of performing non-consensual surgery on intersexed children in order to reshape their bodies to fit heterosexual norms and thereby make them unqueer misses the point of why such interventions are experienced as harmful by a majority of intersex(ed) persons. Such interventions, he states, do not make intersex genitals unqueer, but rather queer in a different way; namely, not sensitive and often visibly scarred. Such scars can actually make a person's status as intersex more noticeable to others because they may be perceived as more conspicuous than the appearance of the congenital organs themselves. In this way, after surgery a person's body neither remains intersex nor becomes convincingly non-intersex. Furthermore, the inability to experience orgasm, or indeed to feel anything genitally except, for some, discomfort or pain can in itself be experienced as shameful for a person (Morland 2009, 300-301). However, Morland further argues, this does not necessarily mean that intersex(ed) people

with desensitised genitals are asexual (although some may be) or unable to experience sexual desire or other forms of sexual pleasure. In relation to this, he calls for a simultaneous recognition of the loss experienced by many intersex(ed) persons of central possibilities for experiencing sexuality and a rethinking of sexual desire as consisting of multiple different aspects, some of which are not related to tactility or the sensitivity of body tissues (Morland 2009, 302–305).

Along these lines, I find it important in relation to the analysis of a number of the cases I will present in the following not to draw any conclusions about the quality or liveability of the lives of the subjects of my research on the basis of their (in)ability to experience genital sexual pleasure or their eventual asexuality. Instead, I take the articulation of such a situation as a point of departure for exploring what different individuals report in relation to this, or in other areas, as being of importance to them; for example, the effects this has for their relations with others and their experiences of their bodies.

Deconstructing the psychiatric trans narrative through articulations of trans people's life stories

Critiques of queer approaches to trans life stories have addressed two levels. The first is the level of sexological and psychiatrist discourse, within which diagnostic categories have been defined, and which includes trans people's reiterations of a specific narrative model for a transsexual life story. The other is the level of analysis of individual trans person's autobiographical accounts. I will discuss the first of these here and then attend to the other below.

Texts such as the posttranssexual manifesto of Sandy Stone's (1992) and British literary scholar and trans researcher Jay Prosser's book *Second Skins: The Body Narratives of Transsexuality* (1998) are examples of approaches that challenge narratives which have caused much trouble and harm to many trans people. For the development of my analytical approach, they have served as models for how to analyse such singular and teleological narratives and then offer a re-configuration of them by articulating alternative stories from trans people's lived experiences.

In her posttranssexual manifesto, Stone uses Raymond's and psychiatrists' characterisations of trans women alongside trans women's autobiographical accounts of their medical transitions as a point of departure for questioning, opening up, and re-writing a specific homogenised narrative about transsexuals (Stone 1992). According to this narrative, which was established within medical,

sexological, and psychiatric contexts during the 1950s, trans people are individuals who feel that they were born into the wrong body and who, through carefully practised gender expressions, deceive others into thinking that they are of “the opposite sex”. Stone shows how the professionalising of sex reassignment procedures led to a demand for criteria for the psychiatric diagnosis of transsexualism but, at the same time, it has been a persistent problem to define such criteria in a way that would be perceived as objective by medical standards. Simultaneously, she demonstrates, medical experts and transsexuals have had different agendas, the first aiming to study and describe what they perceived as trans people suffering from gender dysphoria syndrome, and the latter aiming to gain access to sex reassignment. Consequently, trans people have studied the diagnostic criteria for transsexualism in order to meet them in the psychiatric evaluations, and have omitted talking about experiences and practices that did not fit the official definition.

At the end of the text, Stone calls for trans people who have medically transitioned to give up their hard-won privilege of passing and come out as trans through telling about their experiences and articulating their life stories themselves in order to provide alternatives to the articulations of psychiatrists.⁶³ Questioning the narrative of being in the wrong body that circulates within medicine and mainstream culture and challenging and pluralising the stories about what a transsexual is, she believes, may enable trans people to have more authentic relationships with others that are not based on hidden pasts and silenced experiences. This will enable them to become visible as legitimate and intelligible gendersexed subjects. Stone sees this project as akin to and resonating with the political battles of gays, lesbians, and people of colour to obtain visibility and liveable conditions. She argues that, like those groups, trans people’s gender expressions and sexual positioning highlights the fact that embodiment, gender identities, and sexualities must be regarded in the plural.

A historical analysis like Stone’s, which examines the differences between medical experts and trans people and the negotiations between the two, demonstrates how trans people’s articulations and strategies for obtaining access to body-modifying technologies and legal recognition of their identities have supported, challenged, and

⁶³ Stone defines passing as “to live successfully in the gender of choice, to be accepted as a ‘natural’ member of that gender” (Stone 1992, 165–166).

significantly influenced medical experts' views on and articulations of transsexualism. It also makes evident that, when reading trans people's or psychiatrists' articulations of trans people's life stories, it is futile to search for the truth either of what a transsexual is or of what kinds of lives and personalities trans people have. As Stone and a number of other trans researchers since have shown, the medico-legal context demands, even forces, people who wish to obtain a diagnosis of transsexualism to shape the narrative of their wishes, experiences, and identities in accordance with the psychiatric model of a trans narrative. My thesis adds to this body of knowledge by providing a study of how a number of specific individuals negotiated access to body modifications and legal recognition with medical and legal experts before the diagnostic category of transsexualism had become established. In relation to this, I pay attention in particular to how medico-legal experts and persons positioned as applicants and patients articulate different or common interests and goals in the negotiations and different views on how it is possible to live as a gendersexed person.

In contrast to Stone's very critical approach to the narrative of being in the wrong body, Jay Prosser applies a different perspective, calling for a serious consideration of such articulations by transsexuals as attempts to communicate some trans persons' embodied experiences. In *Second Skins*, he makes a number of critiques of stigmatising approaches to and articulations of trans people's selfhood, ways of being embodied, and their desire for hormonal and surgical transitions. He challenges and provides non-stigmatising alternatives to such understandings by presenting and analysing a large number of autobiographical accounts by trans people from the medical literature, popular autobiography, fiction writing, and other works of art. On the basis of these readings, Prosser offers a theory of transsexual embodiment and selfhood which, he argues, challenges in important ways some of the contemporary claims within postmodern and queer theory about the body's primary significance as a signifier for sex. Instead, he suggests a different notion of the relation between body and self. A point of departure for his theorising is the work of French psychoanalyst Didier Anzieu and British neurologist Oliver Sacks on body image (also in some contexts called body schema), which they both describe as the sense of one's body acquired through its contact with the world around it, including other bodies. According to these two, individuals establish a sense of self primarily through experiences

of being in touch with their surroundings, and secondarily through seeing, expressed in one's body image. If the body image differs significantly from the structure of the material body, as is the case for people with agnosia (the neurological inability to track parts of one's body) or phantom limb experiences (feeling that a lost congenital body part is still present), the sense of self becomes split and fragmented, resulting in an unliveable state for the individual (Prosser 1998, 76–80).

Drawing on these theories, Prosser explores more detailed descriptions of the corporeal sensual experiences that persons categorised and self-identifying as transsexual frequently refer to as being trapped in the wrong body. He suggests that this articulation should not necessarily be understood – as, for example, Hausman claims – as presenting the idea of a gendered self that is contained within a differently sexed body, but rather as the experience of being a sexed body that feels alien and deeply uncomfortable to oneself. Prosser gives numerous examples of trans persons describing the way in which they literally sense their bodies as being covered by a second skin which they are unable to shed. This encloses another kind of body and feels utterly claustrophobic. They also articulate experiences of having grown excessive body parts or missing some as though they had been amputated. These disturbing experiences amount to a feeling of not owning one's body and cause great discomfort and suffering for the transsexual person. For such a person, Prosser asserts, forms of surgery that would be experienced by others as mutilating their bodies are instead experienced as a restoration of the body to a state in which it feels recognisable, comfortable, and liveable (Prosser 1998, 76–80). I understand this as a description of an integration process that fleshes out the self to the individual (and others) through a surgical reorganisation of the body's sensing surface which is at once material and semiotic: the body image becomes reconfigured flesh, and the flesh manifests the body image.

Prosser states that, for many trans persons, this reorganisation of the body to bring it closer to their body image leads to a feeling of recognising one's body, finally owning it, and of becoming whole: “a coming home to the self through the body” (Prosser 1998, 83). This transition is not, however, articulated by trans persons as the experience of having a new body (although they need to become familiar with their new body parts), but of “the transformation of an unlivable shattered body into a livable whole” (Prosser 1998, 92). To acknowledge such an experience, Prosser argues, is not to deny the

legitimacy and productivity of postmodern questioning of identity and ideas of a continuous self, but to recognise what psychoanalysis has repeatedly demonstrated: that losing one's belief in one's self and one's identity is devastating and amounts to a feeling of not being a person (Prosser 1998, 79–80; see also Butler 2004, Introduction). At the same time as calling for such a recognition, Prosser, like Stone, also emphasises and demonstrates through the same autobiographical accounts how the narrative of being in the wrong body has been reduced to a trope in psychiatric diagnostic practices. This in effect restricts trans people's possibilities in accounting for their experiences if they want to gain access to medical transition (Prosser 1998, Chapter 3).

While I think that Prosser's theory of transsexual embodiment and selfhood can be problematised and may in some ways be problematic in possibly leading to reconfigured ways of stigmatising trans and other gender non-conforming persons, I have found **his** approach of making close readings of autobiographical and other experiential accounts valuable in terms of its ethics.⁶⁴ In this thesis, I have a similar aim to Prosser of taking seriously the articulated experiences of trans

⁶⁴ Although Prosser's application of Anzieu's and Sacks' hypotheses about body image serves as an explanation for the dysphoria of some trans people and how surgeries may alleviate this, many questions are left unanswered. For example, there is no hypothesis presented as to how, if body image is developed through touch, a trans person gets to have such a body image. Does Prosser regard it as in some way congenital? How fixed or malleable does **he** regard it to be? If it is claimed that body image develops through sensual experiences, this might enhance other theories, along with cultural notions of the importance of separating persons with specifically gendersexed bodies from engaging in activities and the wearing of clothes associated with the gendersex category to which they have not been assigned. On the other hand, how could such experiences be integrated, not merely as a feeling of belonging to another gendersex category or preferring clothes and activities culturally ascribed to a gendersex category which one was not assigned, but a bodily experience of having body parts that are missing in the flesh or vice versa? As a historian of science and medicine, I also miss an analysis of how a theory like Prosser's relates to the long tradition of claiming physical, often congenital, disturbances or pathological conditions to be the cause for transgender and same-sex desire phenomena. As Prosser himself observes in many places, present articulations of transsexual persons' experiences echo past ones; for example, the use of the image of having a second skin reiterates the German physician Magnus Hirschfeld's depiction of genuine transvestites as the most extreme form of transvestism which not only entails a desire to wear the clothes of the opposite sex, but to exchange one's body, as though it were a set of fleshy clothes, with one of the opposite sex (Hirschfeld 1910/1991, Chapter 7; Prosser 1998, 68–69).

and intersexed persons as communicating specific existential situations. I also wish to provide more generous and less paranoid readings of these which may at least partly counter some of the overwhelming number of stigmatising and sometimes outright hostile statements and analyses about their bodies and selves which circulate in Western cultures, including academia. Prosser's focus in his analyses of the life stories with which he engages on how trans people have experienced their bodies, relations to others, and life situation in general, and how they have sought in various ways to make these more liveable for themselves, has thus worked as an inspirational model for my own analyses of intersexed and trans persons' autobiographical accounts.

In their texts, both Prosser and Stone challenge simplified and singular notions of trans people as unreflecting and naïve when reiterating the narrative of being in the wrong body. They call for, respectively, more careful and precise readings of transsexual autobiographical accounts, and a pluralising of trans stories along with a reconfiguration and multiplication of narratives of trans ways of living and being embodied. Furthermore, both emphasise trans people's agency in relation to medical experts and the mutual construction of narratives that has occurred historically. And, lastly, but perhaps most centrally, they critique the tendency in medical and theoretical analyses to erase accounts of transitional space and argue that we need to take seriously and respectfully engage with trans people's accounts of their experience of what happens during such processes. Considering these ethically important points, in my analyses of the collected autobiographical accounts by trans and intersexed persons, I go into considerable detail when thinking through how and why they made specific statements about themselves and their wishes, how this might have been as much a necessity as a communication of lived psychosomatic experiences, and how their way of narrating their accounts was related to already-established narratives.

Rethinking queer theoretical approaches to trans life stories

In his article *Trans as Contested Intelligibility: Interrogating How to Conduct Trans Analysis with Respectful Curiosity* (2014), Tobias Raun sums up a number of critiques made by international trans scholars of certain forms of queer analysis of trans lives and puts forward several constructive suggestions for how queer researchers may apply alternative perspectives and approaches to such stories. Raun is a trans

researcher who considers queer theory to have valuable potential for analyses of trans, and trans as a subject that can be valuable for the development of queer theory. However, **he** argues that the queer theoretical framework needs to be developed in a way that is able to address the specificity of trans as a field of study, and that this implies reflecting on the context in which gender performances and performativity occur (Raun 2014, 32). In the article, **he** analyses a number of studies in which queer theoretically inspired researchers have made what **he** calls dissecting readings of specific trans life stories with the purpose of exposing heteronormative structures. This kind of queer research, Raun argues, reduces trans people's personal stories to a matter of whether, from a queer point of view, their identities and articulated experiences reproduce or subversively deconstruct gender norms.⁶⁵ Raun sees such an approach as ethically problematic because it "results in an instrumentalized and truncated reading of trans [which] forecloses a more complex and diverse understanding of trans and fails to include a critical reflection about who gets to speak for trans identity" (Raun 2014, 15). As an alternative to such approaches, **he** calls for queer scholars to acknowledge the point made by Donna Haraway that research is conducted as "a view from a body"; that is, that the researcher's life-world and experiences guide their interest in, view on, and approach to their research subject (Raun 2014, 16; see also Haraway 1988).

What Raun finds problematic is that the researchers whose work **he** analyses do not include reflections on how their identification as queer scholars doing critical analyses shapes their approach to the reading and interpretation of the life stories of trans people. As **he** shows, in the studies on which **he** focuses, the queer researchers who perform them explicitly counter-identify with the trans subjects of their research, and they indicate an expectation that their readers do the same (Raun 2014,

⁶⁵ The studies included in Raun's analysis are British social scientist Katherine Johnson's study based on interviews with trans men and trans women about shifts in self-perception after radical changes in gender representation (Johnson 2007); Danish literary scholar Dag Heede's analyses of notions of (trans)gender and procreation on the basis of the book *Man into Woman* (1931) about and partly written by Lili Elvenes (known as Lili Elbe) and edited by Niels Hoyer, and trans man Thomas Beatie's autobiographical book *Labor of Love* (2008) (Heede 2012); and American women's studies and educational psychology scholar Jodi Kaufmann's re-reading of her own earlier biographical interview with a trans woman (Kaufmann 2010).

18).⁶⁶ Identifying as critical scholars, they apply the same approach to this material as they, and many other queer scholars, have previously used in analyses of normativity and subversion in relation to institutionalised homophobia and transphobia (Raun, 2014, 16). The studies are thus conducted as what I, in Sedgwick's terms, would characterise as paranoid readings of trans life stories, which anticipate what is to be found in the analytical material; in this case, gender stereotypes and heteronormativity (Sedgwick 2003, Chapter 4). As Raun puts it, the readings are "predominantly based on detecting, mapping, and revealing the gaps and contradictions in the stories being told, [...] enhanced by the continuous and outspoken evaluations of the narratives and embodiments of the trans subjects" (Raun 2014, 18). This analytical approach can be characterised as "finalising" its subjects of research, a term used by the American sociologist Arthur W. Frank, to whom Raun refers (Frank 2010). To finalise someone means that the analyst, by positioning themselves as an interpretive authority, may make a person who is the subject of their research, or a reader who identifies with such a subject, feel "hopelessly predetermined and finished off". The author does this by claiming to have privileged insight into a person's thoughts and unconscious desires and fears, and by using their personal story to illustrate or make a specific point (Frank 2010, 97–98 ff. & 198; see also Raun 2014, 26). The queer analyses Raun discusses can thus be said to have the dual, and presumably unintended, effects of both finalising and othering the trans persons who are the focus of the studies (Raun 2014, 18).

In a similar critique, Henry Rubin has reflected on another aspect of othering in some queer researchers' analyses of trans. In a discussion of the fact that the majority of the trans men interviewed for his book *Self-Made Men: Identity and Embodiment among Transsexual Men* (2003) say

⁶⁶ To be precise, Raun describes Johnson, for example, as "disidentifying" with her interview subjects (Raun 2014, 18); however, I would rather categorise her position as counter-identification. By this, I mean that a person perceives someone else as the opposite of what one is oneself or what one stands for; that is, as the other to oneself. Disidentification I understand as a person's simultaneous recognition of being perceived as belonging to a certain category and in some ways identifying with this position while, simultaneously, feeling uneasy about this categorisation because of the way in which the category is defined and the expectations connected with it in the social context of which they are part. My understanding is thus in line with Judith Butler's definition of disidentification as an "experience of misrecognition, this uneasy standing under a sign to which one does and does not belong" (Butler 1993, 219).

that they have always had a core male identity, he both recognises this claim as a genuine experience and at the same time suggests that making such a claim may be the only way for trans men to make their medical transitions intelligible and legitimise them (Rubin 2003, 149). Rubin points out that this way of arguing relies on and reiterates a hypothesis of expressionism, which Butler has described in this way:

[C]ertain kinds of acts are usually interpreted as expressive of a gender core or identity, and that these acts either conform to an expected gender identity or contest that expectation in some way. That expectation, in turn, is based upon the perception of sex, where sex is understood to be the discrete and factic datum of primary sexual characteristics. This implicit and popular theory of acts and gestures as *expressive* of gender suggests that gender itself is something prior to the various acts, postures, and gestures, by which it is dramatized and known; indeed gender appears to the popular imagination as a substantial core which might well be understood as the spiritual or psychological correlate of biological sex. (Butler 1988: 527–528, emphasis in original)

The approach of the queer scholars whom Raun analyses is based on Butler's critique that the expressionist model essentialises sex and gender and naturalises specific kinds of gender expressions while positioning others as unnatural, unintelligible, and unliveable. In works such as *Gender Trouble* (1990) and *Bodies that Matter* (1993), Butler calls for analyses and gender performances that may challenge such a naturalisation, which leads to the stigmatisation and abjection of persons whose gender expressions are perceived by others as incongruent with their corporeality. In answer to this call, these scholars turn to analysing trans and intersex, which Butler herself repeatedly identified in the same works as phenomena which make visible the constructed nature of gender and sex. As Henry Rubin has pointed out, in queer research trans people as a group and individual trans persons have thus often been expected to "somehow know better than to 'believe' in gender" while they have let "nontranssexuals off the hook" by not also focusing on or including them in analyses of the construction of gender (Rubin 1998, 271). Against this background, he argues that queer researchers have given trans people the responsibility for the "overturning of the present configuration of gender, sex, and sexuality that configures and constrains institutions and individuals" and has evaluated them "either as 'gender

revolutionaries' or as 'gender traitors'" (Rubin 2003, 163). However, such an evaluation ignores the life conditions of trans people:

It refuses to acknowledge that transsexuals are a heterogeneous group. Some subvert gender or sexuality; some do not. Most combine subversion of and conformity to dominant cultural beliefs about gender, sex, and sexuality. The fetishistic appropriation of transsexuals or the critique of false consciousness [when trans people claim to have an innate core gender identity] makes it impossible to grasp the meaning of their social psychological experience. (Rubin 2003: 163–164)

Ironically, such an approach to trans people also seems to ignore one of the points which Butler has repeatedly made about gender performances, that they are not necessarily conscious choices but rather bodily habits established through many years of repeated practices, and neither may individuals be given much choice in how to perform gender if they are not to risk becoming unintelligible and being abjected (Butler 1993; 2004). With this in mind, I understand one of Butler's early formulations in *Gender Trouble* differently from many other queer scholars, who have read it as a call to enact consciously subversive gender performances:

To enter into the repetitive practices of [gender relations] [...] terrain of signification is not a choice, for the "I" that might enter is always already inside: there is no possibility for agency or reality outside of the discursive practices that give those terms the intelligibility they have. The task is not whether to repeat, but how to repeat or, indeed, to repeat and through a radical proliferation of gender, to *displace* the very gender norms that enable the repetition itself. (Butler 1990: 148)

Neither the trans persons whom Rubin has interviewed nor the trans or intersexed subjects of my research can be claimed to be engaging in a project of deconstructing gender identity. They are rather claiming an identity – as a woman, a man, a heterosexual, a subject not so different from the norm. At the same time, their gendersexed performances and ways of articulating experiences in their encounters and negotiations with others can be considered as being attempts to push against and thereby displace existing gendersex norms in their social contexts in order to carve out a space and a place for their own bodyselves. I thus view the aim of the persons whose case files I have read as personal struggles to have their gendersexed identities recognised and officially

legitimised, and that an unintentional effect of this is that they challenge understandings of gender, sex, and sexuality. As I have shown above, many queer researchers have focused on these effects, defining the main aim of their studies of intersexed and trans people to be deconstructing and thereby denaturalising gender categories, while remaining critical of intersexed and trans people's struggles for the recognition of their identities. However, the analyses of Rubin and Raun show that, when queer researchers view gender categories and the desire for a stable identity as negative in themselves, they either risk overlooking or refuse to acknowledge that gender categories are important for many persons to make sense of their experiences, and that individuals are often dependent upon them to be perceived as intelligible subjects by themselves and others. In short, although the queer analyses aim to make gender norms and power relations visible, their focus misses and thus renders invisible the specific circumstances of the intersex(ed) and trans people whose accounts they analyse and does not acknowledge the embodied experiences and lived personhood of trans people who are subjected to specific juridical and social discrimination (Rubin 2003, 149; Raun 2014, 30; see also Serano 2007).

I share the scepticism of Raun and other trans scholars towards queer analyses that aim to evaluate whether trans people's gendersexed identities, actions, thoughts, desires, and relations are subversive or normative. This is problematic, not only because it passes judgement on groups' and individuals' ways of identifying and living, but also because it shifts the focus away from the fact that any gendersexed performance and material-discursive phenomenon may have effects that can be considered both subversive and normative, either at once or sequentially. Judith Butler pointed this out in *Gender Trouble* (1990) which, as previously mentioned, became an inspiration for many of the queer theoretical analyses concerned with evaluating trans and other phenomena as subversive or normative (Butler 1990, especially Chapter 3). In this text, she uses the example of female impersonators doing drag to discuss how a gender performance which parodies an idealised figure of the sex opposite from that which the performer is perceived as embodying may displace the enactment of gender significations from the mainstream discourse that makes genders into a matter of being either true or false (Butler 1990, 136–137). Butler claims that, by denaturalising and challenging gender norms through highlighting gender's construction and openness to resignification, such performances may be subversive and constitute a

step in changing dominant norms of gender performance (Butler 1990, 138). However, subversion is not guaranteed in such practices and their transformative power is limited:

Parody by itself is not subversive, and there must be a way to understand what makes certain kinds of parodic repetitions effectively disruptive, truly troubling, and which repetitions become domesticated and recirculated as instruments of cultural hegemony. A typology of actions would clearly not suffice, for parodic displacement [...] depends on a context and reception in which subversive confusions can be fostered. (Butler 1990, 139)

Although Butler is writing as though a gender performance may either disrupt norms or become domesticated to serve the cultural hegemony, and that this depends on the context in which it takes place, the way in which she foregrounds the context in which the performance is read, and the fundamental indeterminacy of the effects that actions may have, suggests more ambiguous effects. These factors imply that a gender performance may have multiple effects, which might both challenge and confirm hegemonic norms, especially if the social space in which it takes place is inhabited by persons who are invested in different kinds of gender norms (see also Butler 1993, 125–160). Further complexity may be added to Butler's argument by considering the painful embodied experiences of misrecognition and rejection of their own gender identification of some intersexed and trans people. In a number of the autobiographical accounts that I analyse, intersexed and trans people articulate how they experience their identities as no less genuine than anyone else's, but are perceived by cis people (including medical experts) as parodying genders. This shows that disruption does not solely rely on whether others perceive a gender performance as parodic or do not get that parody is intended by the doer. In such encounters between minoritised and majoritised positions, it seems that gender norms are not challenged by the reading of a gender performance as parody, but are rather confirmed and strengthened by functioning as an othering of the person who is read as having a false appearance and behaviour in terms of gendersex.

Jay Prosser has argued that, in mainstream contexts, the visibility of the construction of bodies and selves may often be risky or negative for trans people because it is often used discursively to devalue and discriminate against people who are articulated as unnatural or

artificially made, in contrast to the majority of naturalised bodies and selves (Prosser 1998). According to him, discrimination against trans people thus works by desubjectivising the trans subject precisely by singling out trans people (especially transsexual persons) “as constructed in some more literal way than nontranssexuals – the Frankensteins [sic] of modern technology’s experiments with sexual difference” and thereby “invalidating the [transsexual] subject’s claims to speak from legitimate feelings of gendered difference” (Prosser 1998, 8–9). As Raun’s and Rubin’s critiques show, readings of trans people’s identities and gender performances as artificially constructed or inauthentic in a way that is quite different from that of a non-trans person are also sometimes made by researchers who work within a theoretical framework based on ontological claims of gender as performatively produced (Raun 2014; Rubin 2003). Additionally, as Rubin has pointed out, there is a tendency towards a recurrent fascination with trans and intersex bodies and selves in queer and postmodern deconstructive research while analyses of other kinds of people’s hegemonic and normalised positions and life stories are not included (Rubin 1998, 271). This makes invisible the fact that the difference between intersex(ed) and trans people and the cis majority is not necessarily the former’s ways of performing gender, but that cis and non-intersexed people’s gender performances are privileged by being generally perceived as authentic while those of intersex(ed) and trans people are frequently questioned and challenged.

Queering queer notions of the normative and the subversive

The apparent conflict between the analytical and political interests of queer theorists and intersex and trans activists in relation to the desirability of identity categories and sex assignment is taken up by Judith Butler in *Undoing Gender* (2004). In this book, she suggests that the existence of such a conflict may depend on how different queer theoretical agendas are prioritised. She argues that, in relation to intersex and trans, the queer theoretical opposition to the unwanted legislation of identity is more important than opposing identity claims and demonstrating identity’s plasticity (Butler 2004, 7). In her view, focusing on the analysis of how lives are made liveable or unliveable for different groups and individuals, and realising that gender assignment may be a legitimate part of creating a liveable life for the majority of intersex and trans people, may be a constructive way for queer theorists to approach intersex and trans people:

[I]t seems crucial to realize that a livable life does require various degrees of stability. In the same way that a life for which no categories of recognition exist is not a livable life, so a life for which those categories constitute unlivable constraint is not an acceptable option.

The task of [...] [the queer, intersex, and trans] movements seems to me to be about distinguishing among the norms and conventions that permit people to breathe, to desire, to love, and to live, and those norms and conventions that restrict or eviscerate the conditions of life itself. Sometimes norms function both ways at once, and sometimes they function one way for a given group, and another way for another group. What is most important is to cease legislating for all lives what is livable only for some, and similarly, to refrain from proscribing for all lives what is unlivable for some. The differences in position and desire set the limits to universalizability as an ethical reflex. The critique of gender norms must be situated within the context of lives as they are lived and must be guided by the question of what maximizes the possibilities for a livable life, what minimizes the possibility of unbearable life or, indeed, social or literal death. (Butler 2004, 8)

Butler's demand here "to cease legislating for all lives what is livable only for some" can also be directed at normative processes of policing others; firstly, those that are taking place in society at large, where she herself has made critiques of heteronormativity and binary understandings of gender; and, secondly, within queer research cultures and communities in approaches to analysing trans life stories. A problematic implicit premise that Raun frequently uncovers in such analyses is that analysts tend to take for granted that the writer and reader know and recognise normative/conservative and subversive/radical positions and practices; for example, what heteronormativity is or looks like (Raun 2014, 23 & 25).

As an alternative, Raun suggests an approach that is open to exploring and redefining the concept of heteronormativity in trans analyses because he sees trans as providing an opportunity for developing and rethinking this concept in connection with cissexism. The effect of this turning of the gaze, which is looking for normative structures and formations, away from individual trans persons and towards their social context could "help [...] specify the bodily norms, and social and state institutionalized classification systems that trans people to varying degrees and with various effects, fail to comply with,

and [which] thereby become apparatuses of othering” (Raun 2014, 23–24).

This turning of the gaze that Raun suggests I see as a queering movement that works in two ways: firstly, it queers the definition of heteronormativity which has congealed in queer research by opening it up for a reconfiguration that could include trans embodiment and experiences; and, secondly, it articulates a specific method for performing the kind of analysis of how subjects are made intelligible or unintelligible, and, consequently, how lives are made liveable or unliveable, suggested by Butler in the above quote. From a historian’s perspective, I find that Raun’s suggestion of analysing what might be termed “heteronormativity” in current academic and activist discussions through an exploration of trans people’s life stories opens up the possibility of exploring and articulating in a more precise way how heteronormativity may historically be produced and shaped differently in various local contexts. Furthermore, this may provide insights into how such norms have had different effects for diverse gendersexed bodyselves and for the very formation of those bodyselves in their material-discursive relations both historically and in the present. These may have ambivalent or contradictory effects for individuals in simultaneously enabling and preventing desired gendersexed positionings.

Against the background of these points, I see the question of what is or should be called “normative” or “subversive” as less relevant than considering the kinds of effect that a gender performance has, and for whom: to whom does it appear as a disruption of norms and to whom not, and for whom may it open up possibilities while limiting the manifestation of others? In other words, I find it more fruitful to explore the ambivalent processes of simultaneous othering and incorporation that trans and intersexed persons have experienced when applying to have their gendersexed status changed within the Danish medico-legal state systems. I am interested in investigating the kinds of strategies that trans people have used in order to increase their chances of obtaining permission and what their successes and failures can tell us about the norms, available categories, and regulatory structures of such systems and of the multiple other very different social contexts of which they were part.⁶⁷ Furthermore, I am interested in the ambiguous

⁶⁷ When writing about trans and intersexed persons’ strategies, I do not simply refer to a planned calculation of how a person could obtain the granting of their application

effects that effective or ineffective strategies have had for individual applicants and for how practices, and sometimes whole systems, of regulation have been altered by decision-makers. The desires, articulations, decisions, and actions of single individuals sometimes had consequences for the conditions under which the future applications of other trans and intersexed people could be made which the person themselves had no opportunity of knowing about. Often such effects are important markers of the emergence of “new”, or perhaps restructured and renamed, phenomena such as diagnostic categories, identities, and practices. These may additionally inform our understandings of the historical background to present understandings and practices.

and whether this scheme was successful or not. Instead, I see strategies as ways of positioning oneself and of articulating experiences, of choosing what to speak about and when to remain silent, of ways of complying with, resisting, and negotiating with medical experts and decision-makers, of making alliances or breaking them. I perceive such strategies as parts of a complex process which is at once guided by conscious reflections on the basis of a person’s previous experience of what might work best to advance their interests, by unconscious actions and reactions guided by a person’s habitus, and by situational affective exchanges, responses, and adaptations in the encounters between persons positioned as applicants and medical experts.

Analytical tools and practices of the thesis

In the previous chapters, I have outlined various aspects of the kind of approach I will apply in my analysis of the historical source material collected from the Danish National Archive. To summarise the main points, my overall approach is one of expanding available historical notions of intersex and trans in two ways: Firstly, by presenting an alternative to singular narratives about intersex(ed) and trans people by pluralising the available historical narratives as well as individual life stories; and, secondly, by showing how current practices and understandings of trans and intersex have emerged out of a plurality of other categories, diagnoses, narratives, and medico-legal practices. While my analysis centres on the specific configurations within a Danish context during the first three-quarters of the 20th century, I also connect these to international understandings and practices in various ways and consider their significance for each other. My analysis of the collected cases of intersex(ed) and trans persons is performed at two levels, in which I apply different approaches.

At the individual level, I focus on trans and intersex(ed) persons' articulations of lived experience; that is, how a person has made sense of their corporeal situation, feelings, and differences from and similarities to others in social relations. I consider the strategies that individuals have applied in order to make their lives more liveable. These include carving out a discursive and material space and place for their bodyselves and attempting to counter stigmatisation and discrimination on the basis of binary gender norms, cisnormativity and heteronormativity in negotiations with medico-legal experts and other people in the milieus of which they were part. In relation to this, I acknowledge that individuals rarely articulated a goal of challenging such norms, but rather expressed a desire to fit in and be recognised as normal women or men. However, the differences in their corporealities and desires for living from those of the majority in various situations were perceived by others as a challenge to dominant notions of gendersexed and sexual normalcy. I analyse how categories of gendersex and sexuality, as well as other categories such as class, age, education and profession, worked to frame and structure a person's articulations, while, at the same time, the definitions and understandings of these categories were also negotiated and

reconfigured in an individual's negotiations with others in specific situations.

At an institutional level, I trace how diagnostic categories emerged and how procedures were established for decision-making in relation to intersex(ed) and trans people's legal gendersex status and access to technologies for body modification. I regard this as a gradual process that occurred through negotiations where, among other things, coincidences, matching or conflicting interests and perspectives, personal relations and dynamics, alliances and oppositions, disciplinary conventions and political pressures, communication failures, and compromises all play crucial roles. Furthermore, I pay specific attention to how decisions made at specific points in time in relation to a particular case could come to have effects which were unforeseeable at the time, but which turned out to have extensive consequences for many people's lives over the following decades. At this level, I consider how gendersex norms, cisnormativity, and heteronormativity were configured in social relations in local milieus in various kinds of social relations. These include the specific regulating practices through which medico-legal experts as state employees permitted or rejected the materialisation and manifestation of particular kinds of gendersexed bodyselves and ways of living. In relation to this, I pay attention to how trans and intersex(ed) persons were simultaneously incorporated into and subjectivated by state systems as well as othered and sometimes abjected by them, and why this happened in different cases.

In order to achieve these various goals, I use a range of analytical tools and practices in the following analysis, which I will present below. In a way similar to that of many other postmodern researchers, who have developed their analytical practices according to what may fit and work productively for the material to be analysed and the research questions to be answered, I have gathered these tools and apply them, not as a stringent analytical method, but rather whenever they seem helpful to me in relation to understanding and rearticulating the issues and practices I study (Foucault 1973/1975, 33; Rabinow & Rose 1994, xv; Frank 2010, 72-74). After presenting these tools and practices and their theoretical backgrounds, I outline how the in-depth analyses of the two cases are structured, and account for the analytical questions on which various parts of the analysis are based.

Dialogical narrative analysis

When analysing the specific life stories articulated by intersexed and trans people, as well as writing my own rearticulations of such stories, I am inspired by dialogical narrative analytic practices, especially the version developed by American sociologist Arthur W. Frank in his book *Letting Stories Breathe: A Socio-Narratology* (2010).⁶⁸ Dialogical narrative analysis offers a theoretical and methodological approach that aims to learn from the perspectives offered by storytellers and enables a complex and multi-perspectival analysis of life stories (Frank 2010, 17 & 51ff.). I find such an analytical practice valuable in relation to the critique that studying trans and intersex from queer and postmodern theoretical perspectives may entail the risk of turning a deconstructive gaze towards intersexed and trans persons rather than towards the normative structures within which they have to navigate and flesh out their selves because it has been developed precisely to counter such a tendency. Furthermore, the socio-narratological perspective, from which the practice of narrative dialogical analysis has been developed, is useful for understanding the performativity of stories and their functions in social life as semiotic-material human companions (Haraway 2003; 2008; Frank 2010, 42).

To start with the latter, in *Letting Stories Breathe*, Frank draws on a rich postmodern tradition of theorising the role of story-telling within social life in general and in relation to the subjectivation of individuals in particular. The power of stories for the configuration of both collective and individual lives, Frank argues, lies in the fact that they “project possible futures, and those projections affect what comes to be, although this will rarely be the future projected by the story. [...] Stories work to *emplot* lives: they offer a plot that makes some particular future not only plausible but also compelling” (Frank 2010, 9–10). Shared stories in a community thus create the social by “connect[ing] [...] people into collectives, and [...] coordinat[ing] [...] actions among people who share the expectation that life will unfold according to certain plots.” Furthermore, they shape individuals’ sense of self by calling upon them to identify with certain characters, by providing examples of how to make sense of human relationships and actions, and by offering acceptable reasons as well as warnings or

⁶⁸ Previously, this analytical approach has been applied within trans research by Tobias Raun in his PhD thesis *Out Online: Trans Self-Representation and Community Building on YouTube* (2012).

prohibitions for acting in certain ways (Frank 2010, 3 & 15). Even though narratives thus restrict individuals in various ways, they do not determine them because semiotic meanings are multiple and unstable and are continuously negotiated and reconfigured to some extent in specific situations in social contexts (see, for example, Derrida 1967/2016; Deleuze 1968/1994; Butler 1990). This enables a shifting between different understandings as well as the opportunity to rearticulate old stories and assemble them differently into other kinds of stories, which may then lead to different emplotments of lives: “Not least among human freedoms is the ability to tell the story differently and to begin to live according to that different story” (Frank 2010, 10). Furthermore, even narratives that are extremely dominant in a culture cannot prevail if new stories based on them are not being told (Frank 2010, 60–62 & Chapter 5).

To further explain how individuals articulate personal stories from collectively shared resources, Frank makes a distinction between *narrative* and *story*, adapted from British medical historian Anne Harrington, which I have found useful to apply in my analysis.⁶⁹ Harrington defines narratives as:

templates: they provide us with tropes and plotlines that help us understand the larger import of specific stories we hear, or see in action. They also help us construct specific stories of our own [...] We learn these narrative templates from our culture, [...] in the way we might unconsciously learn the rules of grammar at home – by being exposed to multiple individual examples of living stories that rely on them. (Harrington 2008, 24–25)

In comparison to the sketchy and unspecific narrative, stories are unique and fleshed-out accounts about particular persons in specific, local contexts who live their lives “animated by some principle of causality”, often accounting for how individuals fall victim to this principle and eventually overcome its obstacles (Frank 2010, 200; see also Harrington 2008, 24).

From these definitions, I understand the relation between narrative and story as being that narratives function as templates for fleshing out specific kinds of selves, while life stories perform this fleshing out of protagonists’ selves by making them intelligible to the reader/listener

⁶⁹ I sometimes refer to the first as a narrative model and frequently to the latter as a life story.

as subjects. The multiple stories people hear during their lives in a shared culture which repeat the same pattern of events teach them what Frank calls “an immanent principle of causality”, from which they understand events and the actions of others as well as their own affects and thoughts. They also, consciously or unconsciously, base their own accounts of themselves and their experiences in everyday interactions and in autobiographies upon these stories (Frank 2010, 200). In this way, the stories that a person hears *interpellate* them; that is, they call for the person to identify with specific characters and adopt their reasons for making specific choices and acting in certain ways, as well as to accept the way they are perceived and positioned socially in the story; or, as Frank puts it, “the story calls on its characters [and listeners] to be particular sorts of selves” (Frank 2010, 49–54 & 92; see also Althusser 1971/2001; Foucault 1976/1978; Butler 1993; 1997, Chapter 4). Again, even though a story will work on a person once they have heard it, at least by becoming part of the corpus of stories and narrative models available to them, an individual may relate to it in different ways, ranging from resisting its interpellation and rejecting its perspective to becoming completely caught up in its plot and living in very close accordance with it (Frank 2010, Introduction). Narratives and stories thus “give form – temporal and spatial orientation, coherence, meaning, intention, and especially boundaries – to lives that inherently lack form.” The ways in which they do this, Frank states, may be “a gift or a danger” to individuals and groups (Frank 2010, 2). I consider narratives and stories as working in both ways simultaneously; that is, in some ways enabling and enriching and in others endangering people’s lives. How this happens is one of the central aspects that I consider on both an individual and a collective level in the following analysis.

As many postmodern and queer researchers have demonstrated in their analyses, the following of certain narratives – articulated by Foucault as the reproduction of existing discourses, and by Butler as reiterating gender performances that support dominant norms – makes individuals socially *intelligible* to others (Foucault 1976/1978; 1961/2006; Butler 1990; 2004; Frank 2010, 30). This means that individuals cannot act without narrative models or outside of stories, as these constitute the possibilities and limits for imagining what relations, causes and effects can exist, how situations may develop, and the actions that may rationally be performed in relation to this. It also implies that, if a person acts in accordance with a narrative that is

unknown in the social context of which they are part, their actions may be unintelligible to others and therefore be evaluated as improper, provocative, or even threatening, and, ultimately, irrational. This will often lead to questioning and other acts of policing of the individual (see, for example, Butler 1990; 2004; Connell 1995/2005; Halberstam 1998; 2011; Edelman 2004; Ahmed 2007).

The historical process of the establishment of the diagnostic category of transsexualism may be understood from this theoretical perspective. On the one hand, the narration of one's life story has been historically and still is now a powerful means for trans persons to become socially intelligible, to gain access to body modifications that may further flesh out one's self, and to obtain legal and social recognition (Stone 1992; Stryker 1994; Califia 1997; Prosser 1998; Butler 2004). However, as Prosser's and Stone's analyses have shown, over time the plurality of life stories that trans persons have told to sexologists have gradually been sorted into different categories and finally singularised into a specific sexological narrative of the life story of the genuine transsexual. Because this narrative has been included in the diagnostic definition of transsexualism, it has become a prerequisite for access to medico-legal transition to follow it closely in the account of one's life story. This significantly limits the possibilities for trans people to become socially intelligible in the medico-legal context (and often other contexts where this narrative is dominant as well) if they do not do this. Another point made by Frank may add further depth to the understanding of this situation; namely, that it matters whether narratives and stories are articulated in ways which *finalise* their characters or not. That is, whether they make it possible to imagine that characters may develop and move in different directions during the course of a story, or if they suggest that characters are predetermined, by innate characteristics and/or by the structures of which they are part, to follow a certain path and be subject to certain unavoidable events and thus become a specific kind of bodyself (Frank 2010, Chapter 4).

The story by the Danish sexologist Preben Hertoft and physician Teit Ritzau, which I rearticulated in the introduction, is an example of an account which finalises trans persons who wish to go through a medical transition (and to some extent intersex(ed) persons as well). In the conclusion of *Paradise is not for Sale*, Hertoft and Ritzau have this to say about the trans persons whose life stories have been rearticulated in the book on the basis of their own accounts:

Obviously, many women and men long to break the strict limits [of gender and sex], which today are set for them. Perhaps this could entice some people to take as role models persons who, because of a gender identity conflict, transgress the existing norms. But this would be a terrible misunderstanding. There is a difference between moving towards the light and burning one's wings, let alone perishing in the flames.

The persons we have met have transgressed some borders, but with severe consequences. They must have had great strength since they have been able to manage as well as is the case. And they deserve all kinds of respect. But to have to give up essential sides of one's being to reach oneself can never be worth imitating. Such a renunciation cannot be called a gain, it is nothing but a loss. It is this loss which we [psychiatrists] are witnessing and yet are powerless to address. To claim anything else would be disingenuous and sentimental. (Hertoft & Ritzau 1984: 132)

The story of Hermaphroditus that opened *Paradise is not for Sale* and the above-quoted concluding words together present a story with a moral teaching that trans persons are living an illusion if they think that they can transgress the boundaries of the nature of gendersex, which cannot in fact be crossed. The warning repeated in the book is that if a trans person follows the path of a medical transition, they end up with failed intersexed bodyselves and, at worst, risk perishing mentally and physically when their illusion is shattered and they must face the fact that "one cannot change sex" (Hertoft & Ritzau 1984, 17). Furthermore, the perspectives offered by the autobiographical accounts of the three trans persons interviewed for the book are completely rejected, being perceived as drawing a veil over a loss of essential sides of the narrators' gendersexed being and assessed as disingenuous and sentimental. From such a story, the lesson is drawn that living a body which transgresses the definitions of gendersexed female and male normalcy and is thus perceived as doubly gendersexed is unliveable per se, without exception.

Drawing on the work of Russian literary scholar Mikhail Bakhtin, Frank problematises both finalising narratives and stories and finalising analytical approaches on ethical grounds. He argues that they position the storyteller (here the medical experts) in a privileged position in relation to the characters in the story (here their subjects of research or persons positioned as their patients). The story told by Hertoft and Ritzau is *monological* in that it attempts to control the

proliferation of other stories about trans and claims that the authors have privileged insight into how the world functions, what bodies and gendersex are and can be, and how trans persons' psyches function. Thus, the authors claim authority to predict the courses of trans persons' lives, and the possibilities for living of any reader who may be interpellated to identify with the trans subjects speaking in *Paradise is not for Sale* (Frank 2010, 97–98ff. & 198). Such an account is problematic, because this positioning denies space for trans people's articulations of their experiences of their bodyselves and life situations as legitimate accounts of ways of living and being embodied in a liveable way. Furthermore, presenting a monological story about trans and intersexed bodyselves may result in limiting the ways in which listeners/readers may imagine multiple ways in which they themselves and others who are different from them may be embodied and live (Frank 2010, Chapter 4). In fact, the above quote may be understood as demonstrating that it is a primary aim for the authors of the book to do so. Hertoft and Ritzau state good reasons for wishing to do this: they wish to help trans people avoid going from having a very difficult life to having an unliveable life in which they will become socially unintelligible and will experience increased discrimination and exclusion, and they wish them to live with healthy and whole bodies that are not disabled (Hertoft & Ritzau 1984). However, their account of trans people makes no room for the possibility that there might be other valid understandings and experiences of what a healthy and whole bodyself could be besides their own, or that social milieus might exist in which trans and intersexed bodyselves might not be seen as abnormal and deviant, but are included as part of human diversity. This is the case even though the trans persons' accounts in *Paradise is not for Sale* articulate alternative accounts to theirs.

Monological stories are not only problematic because they position the storyteller as seemingly more knowledgeable about other people's bodyselves and life situations than they are themselves and as unrealistically able to predict what will happen to others in the future. According to Frank, they are also problematic because accounts which finalise their characters may make persons interpellated by them feel "hopelessly predetermined and finished off" by such an approach. They may also contribute to stereotyping, stigmatisation, and exclusion, and make it more difficult for people to imagine other ways of understanding themselves and acting in ways that may make their life conditions more liveable (Frank 2010, 97). In contrast, the

availability of a number of stories and narrative models which are dialogical in combining and incorporating parts of more than one narrative model, articulating their characters' processes of decision-making and development, and pointing to other paths left untravelled along the way, without naming one path as the right one, may provide listeners/readers with a wider sense of the complexity of making life-changing choices (Frank 2010, 36, 97-98ff. & 198). When more narratives are available and more stories based on these narratives become known to a person, their interpellations play against each other. This may soften, although not negate, the force of any single interpellation, which in turn may counter the tendency to become caught up in a single narrative, either personally or socially (Frank 2010, 51; see also Butler 1993, 219).

Among the many kinds of stories that people tell, Frank also specifically considers memoirs and the motivations that memoir writers – whom he calls memorists – may have for writing them as well as the work such accounts may do. The autobiographical accounts in the historical source material I have collected were mostly written at the request of medico-legal experts, and thus were not produced primarily by intersex(ed) and trans persons of their own accord from a perceived need to write them. Still, I believe that their very writing in the autobiographical genre entails some of the characteristics and functions mentioned by Frank, besides functioning as part of their argument in seeking permission for a change of gendersex status. According to him, a common motivation for people to write their memoirs is a felt necessity to rearticulate a story that powerfully hailed them at an early age and due to which they have grown up to become a particular sort of self, because this interpellation has caused them trouble and pain. Memoirs thus often explore such an interpellation and its effects and may, among other things, explore the origins of that first story, and how the person who told it to them came to tell it in the version they heard, whether from the storyteller's own lived experience or introduced to them by others. They may also find and compare different versions of the story, or consider how it has meant different things to the storyteller and the memorist (Frank 2010, Introduction).

These rearticulations and reflections all serve to open up perspectives in relation to what kind of truth the first story has taught the memorist. This situates its moral in time and space, thereby deconstructing it as an absolute truth and introducing possibilities that were unthinkable, unacceptable, or seemed impossible in the original

story (Frank 2010, 157–159). This process rarely means that the story on which someone has grown up and in which they have been caught up loses its power over them; but this power may be lessened and reconfigured as the memorist writer discovers alternative perspectives and narratives from which the story and their own position may be understood:

[T]he old story no longer sets the terms in which the memorist will hear or disregard the call of new stories [...] [and] no longer selects and evaluates for the memorist. [...] Old stories *take their place* in a past that is still resonant but no longer has the power to set parameters of the future. (Frank 2010, 158; his italics)

In this way, a rearticulation of the first story creates continuity with the memorist's past while the inclusion of previously unknown or rejected narratives and alternative stories may enable a different emplotment of their future (Frank 2010, 7–8ff. & 49–54).

This way of employing memoirs is not to be understood as revealing that what a person thought was true is in fact untrue, and neither is it an uncovering of the truth about the memorist's past. Instead, it is regarded as a remembering of a person's past, and eventually the history leading up to their coming into existence, which reshapes memory "as the present situation requires", in order to make the present more liveable for the memorist (Frank 2010, 90). The process of recollecting and rearticulating memories is thus also placed in time and space as one version out of several existing and possible ones, but one that answers the perceived need to retell the past in order to make sense of the present and possibly enable a desired and more liveable future.

In order to understand how the subjects of my research articulate their life stories and shifting gendersexed positionings and make sense of the development of these, as well as of imagined possible futures, I attend in the analysis to how they account for being interpellated by stories about such things as gendersex, sexuality, class, and nationality. I consider their presentation of the stories on which they have grown up, and how they work to re-evaluate and rearticulate these stories in their accounts and bring in alternative ones in order create a more liveable situation for themselves. At the same time, at a meta-level, I also aim to make the analyses into a reworking of the dominant narratives about intersex(ed) and trans people. I do this through

remembering and rearticulating the forgotten processes of gendersexed transition of trans and intersex(ed) individuals and of medico-legal experts' decision-making in relation to their applications for a change of gendersexed status. By starting from a historical point in time when the most widespread narratives of today had not yet emerged, and then tracing this emergence, I reassemble a story in which these well-known tropes become one out of several stories which have been told about being trans and/or intersex(ed). The various life stories that I rearticulate and connect with each other provide examples of how bodyselves were fleshed out through drawing upon narratives that are less well-known today. Just as the pluralising of present stories about intersex(ed) and trans people's bodyselves and lives that are being made available today by researchers and activists offer more possibilities for imagining how such lives may become in the future, my account aims to open up the imagining of the past lives and bodyselves of persons in intersexed and trans positions.

The aim of *dialogical narrative analysis* as a practice is to explore in various ways how the three agents in a story-telling situation – the story, the storyteller, and the listener/interpreter – allow each other to be (Frank 2010, 16). By employing the analytical tools described above, I explore in the following analyses how, in their articulations of their life stories, intersex(ed) and trans persons have drawn on various narratives about being a man, a woman, or an individual in-between or have combined these three gendersexed embodied positions in their person to become intelligible to themselves and others, including the receiver(s) of their accounts. I follow the intersex(ed) and trans storytellers in order to learn about the kinds of lived experiences they articulated and rearticulated at different points during their transitions in order to fit their present situations and be useful to their current requirements, both existentially and in relation to their goals of obtaining a changed gendersex status. I also consider the reasons given by themselves and medico-legal experts for acting as they did and making the decisions they chose, and which stories they appealed to and the narratives they drew upon to support these claims and make them understandable and legitimate. Through this analytical practice, I trace how the variations and re-assemblages made by intersex(ed) and trans persons and medico-legal experts about the typical motivational schemes that had currency in a specific social context might lead to their negotiation partners' acceptance of their arguments, and how, over time and at specific moments, this became the basis for the

emergence and establishment of new medico-legal understandings and practices. Thus, I offer an account of the basis and processes of historical change and continuity in relation to the state regulation of intersex(ed) and trans people's bodyselves and ways of living.

Micro-genealogical analysis

My dialogical narrative analytical practice is combined in the analyses with a second analytical practice, which I choose to call *micro-genealogical*. This shares its theoretical premises and the perspectives on language and narration outlined above. While the narrative analytical approach is primarily, but not exclusively, applied in the part of the analysis centred on autobiographical accounts, the micro-genealogical analytical approach is largely, although not exclusively, applied to the analysis of the negotiations between persons positioned as applicants and medico-legal experts, and among the latter. As I have already mentioned, this genealogical approach is inspired by and closely resembles the analytical practices of many other researchers inspired by postmodern theory who have studied the history of intersex and trans. In parallel with many of these studies, which trace the emergence of concepts such as hermaphroditism, sex, gender, and gender identity within medical contexts, this study can be characterised as tracing the emergence of the concept of transsexualism within the Danish medico-legal system. However, the way in which I do this differs from the approach of previous studies in how I apply and rework the genealogical practice for the purposes of my investigation (Hausman 1995; Dreger 1998; Reis 2009; Bondestam 2010; Eckert 2010; Mak 2012).

In his article *Nietzsche, Genealogy, History* (1971/1977), Michel Foucault sketched out genealogy as a methodology (or rather, according to many of his interpreters, an anti-methodology) for historical analysis. He introduces it in the following way:

Genealogy is gray, meticulous, and patiently documentary. It operates on a field of entangled and confused parchments, on documents that have been scratched over and recopied many times. [...] [T]he world of speech and desires has known invasions, struggles, plundering, disguises, ploys. From these elements [...] genealogy retrieves an indispensable restraint: it must record the singularity of events outside of any monotonous finality; it must seek them in the most unpromising places, in what we tend to feel is without history – in sentiments, love, conscience, instincts; it must be sensitive to their recurrence, not in order to trace the gradual curve of their evolution, but to isolate the

different scenes where they engaged in different roles. Finally, genealogy must define even those instances when they are absent, the moment when they remained unrealized[.] [...] Genealogy, consequently, requires patience and a knowledge of details, and it depends on a vast accumulation of source material. (Foucault 1971/1977, 139–140)

What Foucault is describing here is an analytical approach that engages in a detailed documentation of and reflection on how meanings and procedures have been fought over between different agents and institutions. In particular, he states, the historian must pay attention to the variations and specificity of how the object in focus in the investigation (for example, a concept or a phenomenon) is configured in a situation in time and space, and how this simultaneously differs from other configurations and is connected to them. In this way, a phenomenon such as diagnoses of intersexualism and transsexualism and their introduction into medico-legal practice turns out to be “fabricated in a piecemeal fashion from alien forms” and not a scientific discovery and accurate description of a transhistorical phenomenon by authorities such as John Money and Harry Benjamin (Foucault 1971/1977, 142). While many of the existing trans and intersex historical studies perform such an analysis upon a large collection of source material consisting of hundreds of case histories and medico-legal publications, I work with material that is very limited in comparison, consisting of the cases of 55 persons, of which I make an in-depth analysis of two. However, many of these case files contain extensive records of the written discussions of the Medico-Legal Council and Ministry of Justice about what the principles for permitting and rejecting various kinds of applications should be, as well as the negotiations conducted by letter between persons positioned as applicants and patients on the one hand, and medical experts on the other. These documents amount to many hundreds of pages which, together with, among other things, the autobiographical accounts, medical records, and reports of various institutions, is the “vast accumulation of source material” upon which I base my analysis. This small, but incredibly rich, micro-context consists of a very limited number of agents whose perspectives, decisions, and actions nevertheless had a crucial significance for the lives of (other) intersex(ed) and trans people, not only in Denmark, but also to some extent internationally through the recognition of the work of prominent

researchers and the early introduction of practices that were soon taken as a model.

My genealogical analysis thus centres on the negotiation of single cases and the specific ways in which arguments are articulated and discussed, reshaped or rejected, within these. Additionally, I consider how definitions within medicine and the provisions of the law are interpreted in various ways, sometimes directly opposing or conflicting with one another, in order to fit how the authorities thought that a case might best turn out, for or against the objectives of an individual and/or the state. My micro-genealogical analysis takes its point of departure within the framework of the two cases selected for in-depth analysis and follows their development quite closely. I pay particular attention to how the life stories of the protagonists are rearticulated during the course of the processing of their applications, both by themselves and by the medico-legal experts, in order to simultaneously fit the existing medico-legal narratives and diagnostic definitions and push their limits. Furthermore, I draw on the information in the rest of the collected cases to explore how decision-making in relation to the two core cases was influenced by the negotiations made in previous cases as well as how these particular cases came in turn to influence the establishment of procedures for decision-making in later cases. In this way, I show how the articulations and actions of specific intersex(ed) and/or trans individuals and medico-legal experts came to have unforeseeable consequences for themselves and others in terms of the future regulation of trans and intersex(ed) people's bodies and possibilities for living.

In this analytical practice, I follow the suggestions made by Foucault in *Nietzsche, Genealogy, History* that:

to follow the complex course of descent is to maintain passing events in their proper dispersion; it is to identify the accidents, the minute deviations – or conversely, the complete reversals – the errors, the false appraisals, and the faulty calculations that gave birth to those things that continue to exist and have value for us; it is to discover that truth or being does not lie at the root of what we know and what we are, but the exteriority of accidents. (Foucault 1971/1977, 146)

While medico-legal experts, from the last quarter of the 20th century until today, have often argued that the diagnostic categories and principles for making decisions in the processing of applications build

on accumulated and exact scientific analyses of the cases of intersexed and transsexual persons and their outcomes, my analysis of the cases presents a different picture (see, for example, Stürup 1976; Sørensen & Hertoft 1980b; Sørensen 1984; Simonsen, Hald, Giralaldi, & Kristensen 2015). It shows that, often, decisions made in single cases – sometimes as a compromise, sometimes pushed through because of time pressure, sometimes when an authority was on holiday or ill – which to the decision-makers seemed most rational and beneficial, often came to have unforeseen, and to them undesired, effects. Furthermore, the outcomes of such negotiations, the initiation of an application at a specific point in time, or the sudden access to information on how an intersex(ed) or trans person might have lived for decades in a way that, according to the law, was illegal, all of which were in many ways accidental, often came to have a far-reaching influence on decision-making in current and future cases. In addition, the process of diagnosis, which the medico-legal experts made many attempts to standardise, frequently turns out to be irregular and variable from case to case.

My aim in showing this in the analysis is not to demonstrate that the medico-legal experts were not scientific or competent in performing their work; on the contrary, my point (like that of many other scholars of the history of science and medicine) is that this is exactly how normal scientific processes happen and what the work of highly competent experts is like. By revisiting and rearticulating the crucial moments of decision-making, I wish to offer a chance to critically re-evaluate the reasons for the introduction of definitions and procedures that often continue today in a form that gives them the status of scientific facts that need not be questioned, while the process of their emergence has been forgotten or is presently unknown. I find this to be especially important at this historical point in time when, both internationally and in the national context of Denmark, notions of intersexuality and transsexualism as well as medico-legal and broader cultural approaches to trans and intersex(ed) people are under critique and revision. While the decisions taken and the definitions coined in the present and the future will be just as subject to chance and random accidents as those of the past, I believe that it matters what kinds of information and knowledge about the practices and politics of the past are available to decision-makers.

The concepts of fitting and misfitting as analytical tools

The perspectives and analytical practices presented above are primarily focused on language, discourse, and narratives and their consequences for the materialisation and manifestation of different kinds of bodyselves, along with their regulation. During the past fifteen years, postmodern theorising of the body has been criticised for placing too much emphasis on the power of these factors and under-theorising the material aspects of the body and its agentiality. A range of theorising focusing on these, and on materiality in general, has been formulated. These are characterised by their authors as new materialist or feminist materialist (see, for example, Barad 2003; Alaimo & Hekman 2008; Coole & Frost 2010; Lykke 2010, Chapter 7). The two final analytical concepts in my analysis, *fitting* and *misfitting*, have been formulated from this tradition within disability studies.⁷⁰ I find these concepts especially useful to bring out and describe with great precision the ways in which intersex(ed) and trans persons are incorporated or abjected, included or excluded in various material-discursive contexts in specific situations in both a physical and a semiotic sense.

The concepts of fitting and misfitting were first developed by American disability studies scholar Rosemarie Garland-Thomson in order to analyse and rethink the lived identities and experiences of disability in space and time (Garland-Thomson 2011). Although they arise from disability theory, Garland-Thomson herself encourages the

⁷⁰ I find the concept of misfitting and the figure of the misfit to be more dynamic and perhaps to carry less stigma than the figure of the monster, which has been used extensively in much other research that has inspired this project (for example Stacey 1997; Shildrick 2002). I see the monster as articulating a figure from the cultural imaginary which embodies abjection and horror and thus contains extreme stigmatisation of the people with whom it is associated. Seeming to stand at once outside time and ascribed to specific persons in particular contexts, the figure of the monster is employed to draw clear boundaries between the human and the non-human, the normal and the abnormal, the safe and the dangerous, and in this way marks a desire to fixate. For my analysis, I prefer the verbs misfitting and fitting and the figure of the misfit, because I find them to be more dynamic and more particular and thus better suited to tracing the shifting positions of the individuals from whose stories I articulate fragments. Perhaps the term misfit might also signal a person's ability to be perceived at least sometimes and in some contexts as (partly) normal, ordinary, becoming, or appropriate, whereas persons considered to be monstrous or monsters signal a position that is so heavily stigmatised and abjected that it is almost impossible to escape from it. In my source material, persons positioned as patients are very rarely articulated in such a way in the medico-juridical context in which their bodyselves and life stories are narrated.

use of these concepts beyond disability as a cultural category and social identity to analyse how misfitting in particular might be a contingent and fundamental aspect of human embodiment in general (Garland-Thomson 2011, 598). In the article *Misfits: A Feminist Materialist Disability Concept*, published in 2011, Garland-Thomson focuses mostly on developing the concept of the misfit, but does so in relation to the concept of fitting, and I will discuss below why I think that both concepts can be useful as tools for analysing my historical source material.

In the time period upon which I am focusing, the members of the Medico-Legal Council considered the conflictual or harmonious experiences of an intersexed or trans person in their social environment and their ability to get and keep a job to be of vital importance for the evaluation of their application. This was because they considered these two aspects to be indicative of whether a person's quality of life could be improved if they were allowed to have body modifications. Over time, a number of specific "types" of intersex, transsexual, and non-transsexual (for example, homosexual or psychotic) figures were defined and conglomerated as models for psychiatrists' and physicians' diagnoses and as a basis for the Medico-Legal Council's more routine and standardised decisions about permissions and rejections of body modifications. In contrast to this aim, the concepts of fitting and misfitting offer an alternative perspective to the definition of generic types by exploring the unstable becomings of particular corporealities in a particular environment at a certain place and time. Garland-Thomson defines them in this way:

Fitting and *misfitting* denote an encounter in which two things come together in either harmony or disjunction. When the shape and substance of these two things correspond in their union, they fit. A *misfit*, conversely, describes an incongruent relationship between two things: a square peg in a round hole. The problem with a misfit, then, inheres not in either of the two things but rather in their juxtaposition, the awkward attempt to fit them together. When the spatial and temporal context shifts, so does the fit, and with it meanings and consequences. (Garland-Thomson 2011, 592–593)

The formulation of these definitions is both inspired by and aims to contribute to a feminist materialist understanding of disability. Consequently, Garland-Thomson presents misfitting and fitting primarily as concepts that "[let] us think through a particular aspect of

world-making involved in material-discursive becoming” by focusing on the material aspects of encounters rather than the discursive, and emphasising “the material by centering [...] [the] analytical focus on the co-constituting relationship between flesh and environment” (Garland-Thomson 2011, 592 & 594). However, in other parts of the article, drawing on queer and phenomenological theorising, as well as realist identity theory, she discusses how the concepts might be useful in relation to understanding discourses, identity formation, and disability politics (Garland-Thomson 2011, 596–599 & 601). Referring to Judith Butler and Karen Barad, she describes fitting and misfitting as performative and as aspects of materialisation, articulating disability in a way which, in Baradian terms, could be formulated as a phenomenon that emerges in a specific material-discursive agential cut in a particular situation (see, for example, Barad 2003, 815; 2007, 139–140).⁷¹

Fitting occurs when a generic body enters a generic world, a world conceptualized, designed, and built in anticipation of bodies considered in the dominant perspective as uniform, standard, majority bodies. In contrast, misfitting emphasizes particularity by focusing on the specific singularities of shape, size, and function of the person in question. Those singularities emerge and gain definition only through their unstable disjunctive encounter with an environment. The relational reciprocity between body and world materializes both, demanding in the process an attentiveness to the distinctive, dynamic thingness of each as they come together in time and space. In one moment and place

⁷¹ In *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (2007), Barad describes phenomena from a physics perspective as “ontologically primitive relations – relations without preexisting relata”, meaning that there are no objects/agents which exist in themselves before an interaction. They come into being always in relation to each other, and therefore they intra-act in their mutual entanglement rather than interacting as separate entities (Barad 2007, 139). Barad uses the concept of the agential cut to describe how boundaries are made and properties are determined: “It is through specific agential intra-actions that the boundaries and properties of the components of phenomena become determinate and that particular concepts (that is, particular material articulations of the world) become meaningful” (ibid.). Agential cuts are made by material-discursive practices or by apparatuses (for example, laboratory instruments): “Intra-actions include the larger material arrangement (i.e., set of material practices) that effect an *agential cut* between ‘subject’ and ‘object’ [...]. That is, the agential cut enacts a resolution *within* the phenomenon of the inherent ontological (and semantic) indeterminacy” (Barad 2007, 139–140). Garland-Thomson’s description draws on this understanding of how disabled bodies materialise specifically as misfitting and/or fitting in their entanglement with other objects/agents in a given situation.

there is a fit; in another moment and place a misfit. (Garland-Thomson 2011, 595)

I find the concepts of fitting and misfitting to be well-suited as analytical tools to my aim of re-considering and re-opening ways of narrating life stories and of perceiving and imagining embodiment as becoming in its relations, because they are developed to consider “how the particularities of embodiment interact with their environment in its broadest sense, to include both its spatial and temporal aspects” (Garland-Thomson 2011, 592). The concepts thus offer a possibility for analysing and articulating the complexities of what happens in the “dynamic encounter between flesh and world”, emphasising “context over essence, relation over isolation, mediation over origination”, and in this way they avoid describing a generic body, which in my case would be intersex or trans (Garland-Thomson 2011, 591–593 & 595). At the same time, fitting and misfitting also open up a perspective through which many of the experiences of intersexed and trans people, as well as the concerns of psychiatrists and physicians, in relation to body modifications can be understood.

In relation to the aim and subject matter of my project, I appreciate how the concepts of fitting and misfitting enable a focus on the material and bodily aspects of encounters between bodyselves and the world. At the same time, I view them as having great potential for analysing discursive aspects in their complex entanglement with the material.⁷² I

⁷² Referencing Barad, Garland-Thomson states that material feminism “shifts [...] concepts such as Butlerian performativity toward the material and away from the linguistic-semiotic-interpretive turn in critical theory that tends to understand every ‘thing’ as ‘a matter of language or some other form of cultural representation’” (Garland-Thomson 2011, 592). However, in my understanding, Barad does not discard the importance of discursive aspects or analyses, although she criticises what she regards as an excessive and almost exclusive focus on language matters and the lack of attention given to material matters in critical theory at the beginning of the 2000s (Barad 2003, 801–802). In her article *Posthumanist Performativity: Toward An Understanding Of How Matter Comes To Matter* (2003), taking a point of departure in Judith Butler’s performativity theory and other similar theorising by Andrew Pickering, Donna Haraway, Bruno Latour, and Joseph Rose, she tries to rethink performativity in a way that pays more attention to matter as an active agent and not as either a pre-given material basis or as produced by discourses (see, for example, *ibid.*, 802, 807–808, 811, 818, 826–827). This does not mean, however, that she rejects discursive aspects of phenomena or the relevance of paying attention to them, but rather that she argues that the material and the discursive are entangled in phenomena (*ibid.*, 810).

find that this potential is articulated most clearly by Garland-Thomson when she considers the etymological richness of meaning of the term misfit, and how the terms fitting and misfitting are both associated with material and spatial as well as social and moral connotations:

According to the Oxford English Dictionary, the verb *fit* [...] [means] “to be of such size and shape as to fill exactly a given space, or conform properly to the contours of its receptacle or counterpart; to be adjusted or adjustable to a certain position”. Moreover, the action of fitting involves a “proper” or “suitable” relationship with an environment so as to be “well adapted,” “in harmony with,” or “satisfy[ing] the requirements of” the specified situation. As an adjective, *fitting* means “agreeable to decorum, becoming, convenient, proper, right.” *Fit* as an adjective [...] means “possessing the necessary qualifications, properly qualified, competent, deserving” and “in good ‘form’ or condition.” In British slang, *fit* even means “sexually attractive or good-looking.” *Fit*, then, suggests a generally positive way of being and positioning based on an absence of conflict and state of correct synchronization with one’s circumstances.

Misfit, in contrast, indicates a jarring juxtaposition, an “inaccurate fit; (hence) unsuitability, disparity, inconsistency,” [...]. *Misfit* offers grammatical flexibility by describing both the person who does not fit and the act of not fitting. The verb *misfit* applies to both things and people, meaning “to fail to fit, fit badly; to be unfitting or inappropriate.” This condition of mis-fitting slides into the highly negative figure of a “person unsuited or ill-suited to his or her environment, work, etc., *spec.* one set apart from or rejected by others for his or her conspicuously odd, unusual, or antisocial behaviour and attitudes.” Thus, to mis-fit renders one a *misfit*. Moreover, ambiguity between *fit* and *misfit* is intimated in a less prevalent meaning of *fit* [...] as a “paroxysm, or one of the recurrent attacks, of a periodic or constitutional ailment. In later use also with a wider sense: a sudden and somewhat severe but transitory attack (of illness, or of some specified ailment).” (Garland-Thomson 2011, 593)

The Oxford English Dictionary’s definition of fitting and misfitting thus clearly shows how physical forms coming together in fits and misfits are also connected to social judgements of both the aesthetics and abilities of a person, physically, mentally, and morally. This results in inclusions and exclusions of specific bodyselves in different situations. As numerous other feminist researchers have demonstrated in relation to various subjects, it is, however, not a given what is fitting

or proper. Consequently, it is not a given who and what will fail to come together, be included, or be abjected, but this depends on the norms in a particular context (see, for example, Kristeva 1982; Stacey 1997; Shildrick 2002; Halberstam 2011). Compared to many of the studies mentioned here, the strength of Garland-Thomson's concepts of misfitting and fitting is, in my view, that it stresses to a greater extent how material clashes and physical barriers are part of the social injustice and discrimination that people with disabilities often meet with in the environments through which they move, whether on foot or on wheels (Garland-Thomson 2011, 594 & 602). Garland-Thomson points out that such discrimination occurs because "[t]he built and arranged space through which we navigate our lives tends to offer fits to majority bodies and functioning and create misfits with minority forms of embodiment, such as people with disabilities" (Garland-Thomson 2011, 594). In other words, if the space is shaped differently, or if a person is allowed to perform a task in an alternative way to the conventional approach, their body may not emerge as dis-abled.

I will argue that, in the cases of intersexed and trans persons, as well as of disabled persons, quite a lot of the clashes of bodies and environments which can be called misfits are connected not only to a forgetting or lack of knowledge about the needs of persons with different corporealities, but also to disciplining power relations and normative practices in Foucauldian and Butlerian terms (Foucault 1976/1978; Butler 1993). This means that institutions are structured in material-discursive ways such that individuals and social groups are disciplined to reject their own and others' desires for alternative practices that challenge the normative ideals of a society. Furthermore, if a person performs them anyway, the impulse of the normative majority is to refuse to recognise such practices as proper, to exclude the persons performing them from the circle of the fit, and simultaneously to attempt to make them change their behaviour to fit in.⁷³ "A fit occurs when a harmonious, proper interaction occurs

⁷³ Within feminist and gender studies, the disciplining of the majority to follow societal norms and forms of policing, punishment, and attempts at normalisation are analysed in relation to many different contexts: Foucault has made historical analyses of the disciplining practices in psychiatry, prisons, schools, the military, and medicine (Foucault 1961/2006; 1964/2001; 1971/1977; 1976/1978; 1999/2003); Adrienne Rich and Judith Butler have shown how heterosexual and gender norms make gender-queer and non-straight people invisible and lead to structural and physical violence against them (Rich 1980; Butler 1993); Gayle Rubin has analysed how different kinds

between a particularly shaped and functioning body and an environment that sustains that body. A misfit occurs when the environment does not sustain the shape and function of the body that enters it," writes Garland-Thomson (2011, 594). She includes in the environment objects and technologies as well as other people. As I will show in my analysis of the historical source material, in addition to the frustration which material-physical misfits create, the stigmatisation of a person as a misfit by normalised persons does not necessarily occur because of the different embodiment of the individual. Often, it is (also) because of their ability or desire to engage those bodies in practices that differ from those considered proper by the majority norms, regardless of whether a person expresses a conscious intention to challenge these norms or not.

Although only touching briefly on this in the article, Garland-Thomson connects the concepts of fitting and misfitting to somatechnics and, implicitly, to the possibility of body modifications when writing: "[O]ur particular embodiments are [...] unchosen [...]. Frequently, we do not choose our particularities, but [...] the meaning and the substance of our bodies can be reshaped to some degree. The concepts of fitting and misfitting speak directly to the issue of reshaping body and world" (Garland-Thomson 2011, 597). Elaborating upon this thought, gendersexed body modifications can be regarded as reconfigurations of body parts or whole bodies with the aim of enabling intersexed and trans bodyselves to fit better into more environments and thus effect better access to social recognition and inclusion. At the same time, what physicians and psychiatrists imagine and regard as being needed to fit an environment and give a person a feeling of fitting their skin, and what an individual themselves thinks and experiences, might differ. In relation to this, the reluctance or refusal of the members of the Medico-Legal Council and the Ministry of Justice to

of sexual practices are hierarchised, including within sexual minorities, in ways that privilege long-term monogamous relationships and stigmatise so-called promiscuous persons (Rubin 1993); Jack Halberstam has analysed how female-bodied persons performing masculinity are rejected, policed, and marginalised; Raewyn Connell and Michael Kimmel have made analyses of how hegemonic masculinity is produced through institutions and policing practices of male-bodied persons (Connell 1995/2005; Kimmel 1996); Halberstam and Freeman have shown how chronopolitics, i.e. the dominant ways of organising societal and individual temporality, disciplines and discriminates against life courses that diverge from this line (Halberstam 1998; 2011; Freeman 2010).

permit particular individuals to have certain kinds of body modifications can be understood as a fear of turning a person into a misfit in many more situations than they have experienced before. Meanwhile, a frequent motivation for an application for having body modifications is often that applicants expect such modifications to allow them to fit better and create fewer misfits in the social contexts of which they are a part.

In my analysis, I investigate how these expectations and anxieties have been articulated and negotiated between decision-makers and persons positioned as applicants and patients. My key questions in relation to this are: what articulations by intersexed and trans persons can be found in case files from the Danish National Archive about the imagined and real material-discursive environments they wanted and had to fit into? What environments have decision-makers articulated as being the ones they expected and wished applicants to be able to be part of? A more general question that I consider in relation to this is whether and how norms of cis embodiment and heterosexuality in these imagined and real environments have structured the possibilities for manifesting gendersexed behaviours in ways that allowed them to fit (even when not doing so perfectly) and be regarded as fitting, or which resulted in misfitting and rejection. I do not regard this as being a question of either or, but instead consider how fitting and misfitting might happen simultaneously at different levels in relation to different material-discursive aspects of a situation. This may be crucial for a complex understanding of the fleshing out of bodyselves, intersexed and trans as well as cis.

Central questions and structure of the analysis of the cases

The following analysis is structured into three different parts with an introduction, seven chapters, and an epilogue and conclusion.

I open with a rearticulation of the life stories of the two persons whose cases I have selected for in-depth analysis. They are written from a first-person perspective, as though the persons themselves were speaking, on the basis of the information that was available to the writers. The style and content is quite close to the ways in which they formulated their stories, while the exact wording and order of narration are the result of my reading, translation, reorganising, and rearticulation of their texts. These texts constitute the first encounter between the subjects of my research and the reader of this thesis. Through these texts, they are introduced to the protagonists'

articulated perspectives and accounts of what it meant for them to embody various gendersexed positions. By choosing to present the stories in this way, instead of from a third-person perspective as is usually done in historical analyses, I aim to articulate an experiential and embodied perspective through a performative text that reanimates the subjects of my research through the perspective of my reading and writing. This sensual point of entry to the life stories through mental and bodily events offers the reader an opportunity to identify with the trans and/or intersexed storyteller. It articulates the complexity of human relations and experiences of gendersexed embodiment and selfhood in a language and writing style different from, though not independent of, medico-legal articulations and formalised academic analysis. I am thus aiming to create a textual space where the focus and content is not primarily social, diagnostic, and legal categorisations, although these certainly inform and structure the experiences that I recount. Rather, I textually perform a perspective from within the bodies of the reanimated subjects of research, narrating their affective experiences and connections with the bodyselves of other persons. I offer this as a phenomenological alternative to many of the medical perspectives and accounts which are the focus of other historical studies and which will also be rearticulated later in my analysis. Furthermore, the two life stories implicitly reanimate and articulate my own encounter with the subjects of my research – or rather the traces of their bodies, emotions, thoughts, and actions in the form of their, mostly handwritten, texts – through a textual performance of the impression their texts left in my embodied mind when I read them at the archive, and during my later re-readings and reworking of these into the stories presented here. Thus, while reading the rearticulated life stories, the reader may simultaneously imagine them as an encounter with an intersex(ed) trans subject who is narrating their own story to them, and as a reading of their stories through my lens as the storyteller who performs the voices of the intersex(ed) or trans characters and partially narrates them through reiterating their own words.

After these texts, there follows a chapter that contextualises their production and gives a brief introduction to the position of autobiographies in the processing of applications for a change of gendersexed status in the Danish medico-legal system and the formal procedures involved in these, along with the scientific theories and

practices and the population politics that framed the processing of cases during the period.

Finally there comes my analysis of the cases, in which I apply the analytical tools and practices presented above. This is divided into two chapters for the first and three for the second case. The first focuses on analysing the content of a person's autobiographical accounts and the articulations of their experiences of how their life has developed. Central questions explored in relation to this are: *How does the narrator articulate their gendersexed development during their life, and how this has influenced their relations to others? What motivations do they give for changing or not changing their official gendersexed status and/or body structure and appearance? What kinds of liveable or unliveable futures are imagined in relation to this? What significance and meaning do body modifications have in the accounts? How does the narrator articulate and evaluate their situation after a change of legal gendersex status and name, and/or having body modifications?* In addition to this, I analyse the specific kind of articulation presented by the life story, along with the conditions for its formulation, by connecting it to contemporary narratives, discourses, and other life stories of intersex(ed) and trans people. In relation to this, I ask: *How do these linguistic models and exemplars lend intelligibility and legitimacy to the specific life story told? How does the life story reiterate and reconfigure these through its specific articulation? What kind of discursive work aimed at enabling a more liveable future for the narrator does this do?*

The second and third part of the analysis are centred on negotiations and decisions between the narrator, who is positioned as applicant and patient, and medical and legal experts; between members of the Medico-Legal Council; and between these and employees at the Ministry of Justice. Here, I explore the role that the life story came to play in the evaluation of a person's application to the Ministry of Justice, considering the following aspects: *How was it discussed, assessed, and rearticulated by the experts of the Medico-Legal Council? In particular, how was the corporeality of a person articulated as liveable or unliveable in their internal discussions? What did they expect body modifications to enable a person to do, or disable them from doing, and how did they expect such modifications to position them? And what previous events and experiences with other intersexed and/or trans persons' cases influenced these views? How was the rearticulated life story and gendersexed position of a person assessed by the legal experts of the Ministry of Justice? If permission for a new gendersex status and/or body modifications was obtained, how did medical*

experts articulate and evaluate the person's life situation after these changes? As well as analysing these aspects of the encounters between different agents, I also contextualise them by considering the narratives and discourses that were drawn upon in negotiations and the exemplary stories that were appealed to in order to legitimise positions and calls for action. Where relevant, I present information on the legal provisions, state policies, and public debates that conditioned negotiations and decision-making. Finally, I present the effects of the evaluations and decisions made in particular cases upon the establishment of procedures for the assessment of later cases.

Part III - Fleshing out the self:

Rearticulating life stories, multiplying perspectives

Two life stories rearticulated

Vigga Heidi – Viggo Klausen's story⁷⁴

One year at the beginning of the 1910s, in the spring, I was born on my parents' farm close to a village in Southern Jutland. My father died of cancer when I was two, and my mother has been a widow since then and did all she could to be able to keep me at home. We are five siblings, and I'm the fourth. My two brothers and two sisters are all normal and shapely men and women. As a child, I suffered from rickets, and therefore I have always been very small in stature. My mother has told me that when I was born I lacked the natural opening for urination, my body was completely closed, and I didn't pee for the first two days. On the third day, my parents called on the physician from the nearest town to come and make an opening. My mother says that first he cut open the skin where the male sex would urinate, but no water ran from it. Then he cut an opening where the female sex would urinate, and then the water came. After three weeks, I was taken to the town's hospital for examination, but nothing could be done as everything was too tiny.

My mother says that when I was one year old, I was hospitalised again and had a kind of hernia surgically removed which was a tumour the shape and size of an apple. She says that it had tormented me terribly because it fell down when I was standing up and prevented me from passing urine. Time and again, she had to gently push it inside, and I had to lie down all the time. The operation went well, and soon I was home again. My mother has told me that, when she and my father picked me up at the hospital, they asked the physician how things were: if I was a girl or a boy. As far as she can remember, he answered that on one side was the female sex and on the other side was the

⁷⁴ This account is my rearticulation of a life story from information in documents written during the years 1938–1954 found in the case files Retslægerådet: Manglende sager i tidligere afleveringer (1922–1956), file no. 1208 from the year 1953 (RR: MSITA 1208/53) and Justitsministeriet, 1. kontor: Journalsager (1848–1967), file no. B170³⁶⁰ from the year 1953 (JM: JM1 B170³⁶⁰/53). The account is mainly based on three accounts written by V. Klausen and one by Klausen's mother (RR: MSITA 1208/53; Acc VHK 1938; Ac HK 1938; Au VHK 1938; Acc VK 1953). However, in a few places, I have drawn on information from other sources; for example, physicians' reports about medical interventions and correspondence between Klausen and Knud Sand. These additional documents are the following: JM: JM1 B170³⁶⁰/53: Ap VHK-MJ 1953; Le VHK-MJ Mar 1954; Idp MJ, note April 1954; Le MJ-VHK Apr 1954; Le VHK-MJ Apr 1954; RR: MSITA 1208/53: Bc VHK 1926; Idp MLC, Ex VHK-KS 1953; Le KS-VHK Oct 1953; Le KS-VK Nov 1953; Mc PFA-VHK 1953; Mrec VHK-DSH 1953; Co Bil 1954; Co Pol 1954; Le VK-KS Feb 1954; Le VK-KS Apr 1954; Le VK-KS May 1954. In the part of the account about the time before the year 1942 (75 years before now), I have kept the formulations close to the wording of the texts by Klausen and Klausen's mother. The rest of the rearticulation, which mainly draws on one account and letters by Klausen written after 1942, I have kept close to these texts in tone.

male gendersex, but they were still connected – she isn't quite sure because it is so many years ago. My parents asked if they should come back when I was around 14 or 15 years old. Then the physician said no, what can be done has now been done, and they should be glad that I would be able to walk. As they understood him, it had been very doubtful whether this would be possible, but everything went well, and they were happy about it.

At the age of 14, I became aware of the sexual relations between men and women. I also knew of the normal cycle that women have each month, but this I have never had. At the age of 15 my voice changed and became much deeper than a woman's. These things made me aware that I couldn't conventionally be characterised as a woman, but I have always had to pretend that I was one.

At 16, I was employed for the first time as a housemaid even though I had very little interest in housekeeping. I always made sure that, wherever I was employed, I could sleep at home, and I was never interested in dancing and going out and the like, except for the cinema once in a while. I was very shy and hesitant around other young men and women whom I watched socialise in a relaxed way. I myself never had any friends and neither was I courted by anyone of either sex. When I was 18, I started growing a beard and have had to shave since then. Some of the young people started commenting on this and on my deep voice, and I felt very unhappy and hurt because of this, but I hid it as best I could. I thought that anyway I had to be as nature had made me.

At 17, I felt more interested in women than in men. I've always only felt erotically attracted to the female sex, but I don't have an excessive erotic craving for it. I thought that if I had a sexual relationship with a woman, I would never be able to make her pregnant, and if I was declared to be a man, I would still not be strong enough to perform a man's work. I was always most interested in farming, but as I grow tired quickly, I cannot perform some of the hard and heavy work required in this profession. I have always wanted to get an easier and permanent position in another profession where I would not be dependent on others. Often, I wondered how my future would be if I was transformed into the male sex as I felt a bit reluctant to return home dressed as a man among all those people who knew me.

When I was 20, I saw my physician regarding a minor ailment, and he suggested that I should travel to Copenhagen to be examined by Professor Knud Sand, but at that time, I didn't have the courage to do so. I continued working for six more years as a housemaid in different places near my mother's home. Then I got a position in Northern Zealand in the same town where my youngest brother lived, and when I wasn't working, I stayed at his home. During this year, I was examined several times by Professor Sand at the Forensic Institute in Copenhagen. However, when the war broke out in 1939, I gave up this project as I didn't want to be called up for military service. At

that time, I felt that nothing bound me to Southern Jutland except my home and my family, and yet, I didn't feel that I could leave my home. So I returned to live with my mother again and became employed as a train-carriage cleaner at the National Railroads in the nearby town.

Looking back, I readily admit that it is my own fault that my case has dragged on for so many years. However, I have always planned to be transformed into the male sex in the future as this would be more in accordance with my nature. I have fought with this problem since my youth, but I have always lacked the courage and strength to do this so I had to play the role of a woman. As I grew older, I felt that life was becoming more and more unbearable for me. I could not hide my male appearance in women's clothes, and I withdrew from other people. I felt lonely, and I couldn't find any friends, neither man nor woman, and nothing is worse for a human being than not belonging anywhere. During the next ten years, I saved up money, and, finally, I was able to buy my first men's clothing, which I started wearing, and I felt happier this way.

Two years later, in the spring of 1953, I contacted my physician again, and he sent me to the State Hospital in Copenhagen. I told them that I would like to have my name changed to a man's name as I don't like the frequent misunderstandings when people hear my first name. I didn't want any surgery. They examined me as Professor Sand had done before and did some tests, and they said that I ought to be operated on. So I had two surgeries and one more some months later so that I can now pee standing, and I am very happy about this. I also applied to the Ministry of Justice for permission to have the name of Viggo Klausen, stating that, from adolescence, I have felt like a man, my genitals have the appearance of a man's, my voice is deep, I have to shave daily, and I prefer men's work. Also, I have many troubles in my daily life and at my workplace because I have a woman's name and must wear women's clothes in spite of my male appearance and characteristics.

Then I waited. When I went to Copenhagen to have my first surgery, I lost my job at the National Railroads because they couldn't employ me if I wasn't a member of the Male Worker's Trade Union and didn't have accident insurance either. I couldn't be a member of these when I had a woman's name so I had to live on my small savings. After seven months, Professor Sand wrote to me that the Medico-Legal Council had received my application, but that they needed more information about me. So I went to Copenhagen and had several meetings with him and was examined again at the State Hospital. Some weeks later, I received a letter from Professor Sand saying that it would still take some time, so I waited again. My situation was getting very difficult as I still couldn't find a job and, a year after I had sent in my application, I started

writing letters to Professor Sand and the Ministry of Justice, asking if they could please expedite the processing because of my difficult economic situation.

In April 1954, I got my new birth certificate and went to the stationmaster at the National Railroads, but he told me that I still couldn't be employed. Papers were still missing, and he was reluctant to employ me because I am too small and slender to do the heavy lifting which the other men do, and I urgently wrote to Professor Sand if he could please help me to become employed again. Now I am employed as a messenger for a local company, but the pay is very low. Recently, there have been two articles about my life in the national press. "Before she was a cleaning woman, now unemployed," one reads. "How can this problem be solved so that Viggo may finally live a normal life?"

*Peter Ole – Petra Oda Fischer's story*⁷⁵

For as long as I can remember, I always felt happy and content as a child when people thought, or jokingly remarked, that I was a girl dressed up as a boy. During periods of my childhood, I also loved to dress up as a girl and, in fact, I felt more at ease in a dress than in my own boys' clothes. My facial features and characteristics have always been feminine, particularly when I was a child. Even today, my family and socila circle say that it's a great shame that I was not born a woman because I would have been the perfect mother and housewife as I've always had a flair for housework, which is like child's play to me. In contrast, my wife and younger sister show absolutely no interest in home or children, but are excellent at leading and directing other people's work. It is therefore said about my younger sister and I that we must have been mixed up, and, additionally, my sister has got a son who, as far as I can see, is like me, and I have a daughter who is like my sister.

During puberty and later, these feminine feelings, desires, and interests of mine intensified more and more. In contrast to most boys, I did not get along with other boys or make friends with them. I played exclusively with girls of

⁷⁵ This account is my rearticulation of a life story from information in documents written during the years 1941–1972 found in the case files Retslægerådet: Kastrationssager (1929–1958), file no. [journalnummer] 699 from the year 1953 (RR: Ka-S 699/53) and Justitsministeriet, 1. kontor: Journalsager (1848–1967), file no. F170⁷³⁶ from the year 1957 (JM: JM1 F170⁷³⁶/57). The account is mainly based on a number of accounts written by P. O. Fischer (RR: Ka-S 699/53: Au POF 1941; Au & Acc PF 1948; Ac & Acc POF 1957). However, in a few places, I have drawn on information from other sources, for example an interview conducted by Chief Physician Georg Stürup with Fischer in 1972 on the basis of which a case history was published in an article (Stürup 1976). These additional documents are the following: JM: JM3 108¹⁵/1953: Per POF-MJ 1953; JM1 F170⁷³⁶/57: Ap POF-MJ Jun 1957; Ap POF-MJ Nov 1957; Le JM-POF Sep 1957; Le JM-POF Oct 1957; Le POF-CID Jul 1957; Le POF-JM Sep 1957; Le POF-JM Oct 1957; Preg POF 1957; Prep POF Jun 1957; Prep POF Nov 1957; Ap POF-MJ 1958; Idp MJ, Notes Jan 17th & Oct 11th 1958; RR: Ka-S 699/53: Le 1 POF-KS Apr 1941, 1; Le 2 POF-KS Apr 1941; Le POF-KS Jun 1941; Le POF-KS Jul 1941; Le POF-KS Dec 1941; Le POF-KS Oct 1947; Pst POF-HR 1947; Ap POF-MJ 1953; Mrec POF-SH 1953, notes Oct 7th, 20th, 30th & Nov 18th; Pst POF-GS 1953; Le POF-KS Mar 1954; Le POF-KS Dec 1954; Per POF-MJ 1954; Le POF-KS Nov 1956; Dap POF 1957; Le POF-KS Jan 16th 1957; Le POF-KS Jan 29th 1957; Le POF-KS Sep 1957; Le POF-KS Dec 1958; Le KS-POF Mar 1959; In POF-GS 1972. In the part of the account about the time before the year 1942 (75 years before now), I have kept the formulations close to the wording of the texts by Fischer. The rest of the rearticulation, which mainly draws on one account as well as letters by Fischer written after 1942, I have kept close to these texts in tone. Furthermore, in the references below, I have specified the name under which Fischer signed a particular text.

my own age whom I understood and felt most comfortable among, and I was as skilled as they in sewing, both by hand and on my mother's sewing machine. Often somebody would call me a sissy, and later as an adolescent I was given the name Doll Boy. It didn't bother me as I didn't really understand the intention and only regarded them as childish names used because I've always liked to keep my clothes neat and clean and didn't want to take part in the pranks of other boys. All my teachers, except the gym teacher, appreciated me and time and again mentioned me as a shining example for the healthier and more natural boys to imitate. They afterwards took revenge by giving me a beating.

When I was about 16 or 17, my relations with the girls cooled. My sexual and erotic development was quite slow, and I didn't understand their awakening feelings. Unlike my peers, I didn't have any love affairs or school flings, and I didn't hug and treat the girls the way they now wished to be. Consequently, I slipped out of their social circle, and invitations to the parties of others soon stopped, and, anyway, I was just a lonely wallflower there. I still had my old girlfriends, but now they only visited me one on one to get my confidential advice or help. In fact, this is how normal women have regarded me ever since: I'm not a real man, neither brutal nor exciting, just an always helpful dry stick.

*Over time, I myself realised that I wasn't like other people. Most of the time, I felt more like a woman than a man, compared myself to other women, and was pleased about any female features of my body. At the beginning of my 20s, I heard about the Wegener affair and read the book of Lili Elbe's confessions, *Man into Woman*, and I recognised my life as a parallel counterpart to this case. In my despair, I read all the scientific literature on psychology and sexual issues, on abnormalities and deviations, heritage, development, and hormones that I could get my hands on. I read about which hormones influenced which aspects and body parts of a person, and, comparing these with my own case, I became fully convinced that I possessed latent feminine glands which were inhibited in fully expressing my self corporeally as a woman, but the function of which might someday defeat the masculine parts of me.*

Psychologically, I felt like a normal woman and not an abnormal man, and when I was dressed and seen by others as a woman, I felt natural and not ashamed of myself, while being dressed and seen as a man made me feel nervous and tense. If I had to wear men's clothes for several days in a row, I got a violent migraine. My most urgent wish became that someday nature would turn me into a woman. When I closed my eyes at night, I prayed to my creator to bring me peace of mind by making me a woman in body as I had always been in soul, even if I would be an ugly and hideous one. My last thought was that this life was a nightmare and when I woke up I would have

turned into a woman, and in my sleep I felt the transformation happening, only to wake up disappointed. I had to hide these thoughts from others for many years, and I fought with myself to resist this urge, but it was impossible, I had to obey. I feared that I was surely on my way to ending up in a mental institution because I could not think clearly or concentrate on any kind of work. Everything seemed to be crumbling around me.

To calm my mind, on many nights I dressed as a woman and walked the streets of Copenhagen, almost bursting with excitement at being outside as a woman. I met many people, but was never found out, although my height might have been a surprise to some. I avoided contact and did not make friends with anyone, even though many people tried to make my acquaintance, probably thinking that I was one of the street girls. Of course, I couldn't avoid meeting some homosexual men, but these I have never been in touch with as they were not to my taste, but rather to me represented something bad and disgusting. When some male individual followed me to "get to know me", I felt especially happy, even though I had to flee and sometimes fight these men. I then felt like a woman defending her honour. My most urgent wish, and the way in which I would obtain the greatest happiness in life, would be to be loved by a healthy and natural man who would treat me as a woman, and to become a mother. When I could not obtain this, I hoped that destiny would grant me the form of a woman and give me inner peace at last. If I could only obtain this, I would not mind carrying on providing for my wife or keeping up appearances for my parents.

Sometimes my whole existence was centred on my urge to become a woman, and I would commit any deed to obtain this happiness. Through reading the scientific literature, I had come to believe that masculine hormones were the cause of my misery and that these and the feminine hormones in me were fighting each other and causing all of my behaviour. I believed that only by removing the masculine tissue or repressing its function so effectively that it didn't have any significant effect, would my body find its balance, and my life would become meaningful. I considered all possible forms of treatment and medication, and even tried to make a surgical intervention on myself to remove the genitals, but I didn't succeed as the pain was too intense, so I gave this up. In 1941, when I was around the age of 30, I tried to stimulate my bodily development with feminine hormones, which I took in large doses for a month. Although this made me feel psychologically and corporeally more balanced and free, I could not continue my experiment as the medication was too expensive and difficult to obtain.

In the spring of the same year, I then decided to contact Professor Sand as I hoped that he would be able to induce the transformation through surgical interventions. However, the professor did not agree with my theories and

rejected the idea that I could ever become a woman, and instead he suggested that male hormone injections might help me. I received this for two weeks, but it did not alter my feelings; on the contrary, they intensified. As I couldn't get myself to tell Sand to his face that the treatment didn't work the way he had imagined, I wrote to him instead. I stated that, as he now well knew, I had never wished to become a man and begged him to spare me further agony and torture and instead help me develop in the direction I longed for. Sand then agreed to give me injections of feminine hormones, and receiving these regularly during the following year made me feel more balanced.

At our consultations and in numerous letters written during the following seven years, I repeatedly asked Sand to attempt to transform my body into a woman's as far as this was possible by performing the same experiments on me as he had previously done on animals. If he would do this, I was sure that my own body would complete the development. I felt that I had nothing to lose by such an experiment as my current life was worthless, and even if my goal could never be reached, I would be happy and grateful that the attempt had been made. But, to my great sorrow, Sand neither agreed to make this experiment nor to perform any other operations on me. He did think that I could probably obtain permission from the Ministry of Justice to have my masculine tissue removed. We had continuous discussions about this possibility, and twice, in 1941 and 1948, we started to prepare to make an application for such an intervention. However, this plan was given up when I made it clear to Sand that I would only agree to being castrated if it was done in combination with the complete removal of the masculine genitals, the surgical creation of a woman's genitals and the transplantation of ovarian tissue so that my body could continue and uphold the right development.

While I waited and hoped during these many years and conveyed my desire time and time again to Sand, and later to the psychiatrist Georg Stürup, many things happened in my life. When I was in my mid-30s, I bought myself a complete women's wardrobe and began to wear women's trousers and jumpers in my everyday life and at work. Psychologically, this helped me immensely by somehow convincing me that I was a woman and that there was nothing left to strive towards obtaining. Wearing women's clothes has always made me feel content and calm, it relaxes my nervous system. Of course, this has baffled my family and my few normal and healthy friends somewhat, and I have often been compelled to tell them untruths when they have asked me about my dress and peculiar behaviour. At the beginning, many were both astounded and offended, but now no-one seems to notice anything – or perhaps they pretend not to. When I was among people who didn't know me – at the hairdresser's, in my cottage in Jutland, or hiking with other women – these were utterly

convinced that I'm a woman and treated me as such, and I was strengthened by these experiences.

I did, however, feel very lonely and still longed to live with and be loved by a normal man, although I realise that I am not able to appear attractive to healthy male individuals and even less capable of satisfying them erotically. To break my isolation, I turned instead to the other side and started to attend events in a society for homosexual women called the December Society. In this circle of around 150 women, I was understood, and no-one took any notice of my partly feminine and partly masculine behaviour and appearance, but I was regarded as one of their own sex who had had the misfortune to turn out to be in an intermediate state and a bit outside of the normal. I gained a small group of sympathetic friends, and among them was the only place where I felt at home. I was the object of rather aggressive advances more than once, and on several occasions I myself felt very attracted to especially the distinctly masculine and perhaps rather brutal types of homosexual women. But, unfortunately, their attention was directed towards the distinctly feminine type, and I could not attract their interest or attention. And the ones who were attracted to me immediately lost interest when they realised my physical constitution. I therefore quickly began to reject invitations for intimate encounters and relations and tried to stay on friendly terms only with the other members of the society.

It then happened that, out of stupidity or credulity, I became involved in an unpleasant affair through a business partnership with two gentlemen who had founded a company selling shoes. First, I had to declare myself bankrupt, then I and my business partners were charged with fraud, and I was held in custody for seven months and then sentenced to one and a half years of imprisonment. To be in prison was extremely hard for me. I had several nervous breakdowns and became suicidal for two months. I was stuffed with various sedatives by the prison's chief psychiatrist, who nevertheless declared me not to be insane and suitable for punishment under normal conditions. During my custody, I was examined by Chief Physician Georg Stürup of the Psychopath Asylum, who declared to my wife that I had a manic-depressive psychosis and ought to be in hospital, and later he had me transferred to the psychiatric unit of the municipal hospital. After eight months of my sentence had passed, I was paroled.

I then moved into a small flat of my own and started working again. But again I could only concentrate on my work for short periods of time. Then the urge to live fully as a woman took over, I had violent migraines and felt terribly depressed, and in order to calm down, I had to go away to a place where I could do this for a while. After some time, in the hope of obtaining permission to have the surgery I still desired, I first resumed my contact with

Professor Sand, and then contacted the surgeon Poul Fogh-Andersen, who assisted me in getting renewed feminine hormone treatment. Finally, I contacted Chief Physician Stürup again, and in March 1953, with his support, I applied to the Ministry of Justice for permission to be castrated, in which I stated that I wished to be relieved of my abnormal sexual constitution, which had caused me great psychological pain and depression over many years. Four months later, I obtained permission, and the operation was performed a few days later. After some months of negotiation, the psychiatrists at the State Hospital also agreed to perform the surgeries that would transform my genitals into a woman's.

During the time after this, I floated in seventh heaven and thought that I had realised my dreams. I resumed my relations with my friends in the December Society, who welcomed me back, and soon I also had a girlfriend. I felt happy and content with life and deeply grateful to the physicians who, over the course of time, had comforted me and had finally helped me to reach my goal and obtain a life fit for a human being. My only regret was that the surgeons had not established a vagina because my girlfriend, and other women with whom I later became erotically involved, found it quite strange that as a woman I was missing this entirely. In letters to Sand asked him if he would speak with Reserve Surgeon Fogh-Andersen about performing this small improvement, which would nevertheless have a great effect for me. A year after the operations, I felt that both my emotional life and my physical condition were increasingly approaching those of a normal woman, and my sexual interest in normal men again increased with the hope that I would one day be able to be loved by one and satisfy him, whom I would love and serve to the highest degree. If I could, I would like to leave my former life behind and begin a new life as a woman, fully accepted as a woman and a female being in every way, so I asked Sand if he would assist me in obtaining this as well.

In 1955, when I was in my mid-40s, I met my love: a very tall and slender distinctly masculine type, good-looking, sporty, stringy, and very strong, who had previously lived as a man for several years and still felt like a man. With her, I felt fully accepted as a woman, and she really knew how to treat a woman to perfection, lovingly, but firmly. It was the big-big love from both sides, and we were very happy together in every way possible. She taught me what passion and love is, and never before had I felt so good in a relationship – I had actually never guessed what I had been denied. However, even though both of us had good jobs and incomes and were sure that our love would last for the rest of our lives, I could not move in together with my 'husband' more permanently as long as the change of name had not been performed because I knew that, if she found out about the facts of my life, she would immediately break off our relationship. As I let Professor Sand know in my letters, whether

I would be able to create a home together with my beloved depended on whether he would support the application I wanted to make for an official change of name.

Under the guidance of Professor Sand, I began to prepare such an application, but this went extremely slowly as he kept on asking for more documents. After more than two years had passed since I first uttered my desire for a change of name, the application was still not ready for processing. Furthermore, I had been informed by the president of the Bureau of Copenhagen that there was no existing precedent for cases like mine, but that I could not get a separation or divorce. I would have to have an annulment of my marriage in court before I could obtain a change of name. I was now in my late 40s, and I felt that I had to hurry if I was going to have a few happy years before my life was over. So, in June 1957, I handed in my application for a change of name to the Ministry of Justice, stating that I wished to emigrate and start a new life, and referring to previous recommendations and permissions from Professor Sand and the Doctors Stürup and Hamburger for having the same surgeries as Christine Jorgensen, as well as the ministry's permission for this.

About two months later, I was required to report to the police in relation to my application and requested to provide a medical certificate about my physical condition. I wrote back that I did not want to discuss my private life with a police officer who had no specialist education in cases like mine, and repeated that the requested information was to be obtained from the specialists who had been involved in my former application. However, I was called in once more, and when I repeated my refusal to be questioned to the police on the phone, I was informed that the Ministry of Justice had asked for them to summon me.

Furthermore, as I was also receiving letters from the ministry that my case could not be processed if I did not provide the requested information, I wrote to Professor Sand, asking him to provide the police with information about me from his files. Additionally, I wrote to the ministry that I was willing to undergo any examination if it was made by a competent expert or authority, but not by the police. To my knowledge, having the latter conduct psychiatric questioning was incorrect procedure and not in accordance with the Administration of Justice Act, and I said that, unless I was offered an alternative procedure within a month, I would appeal the case to the Ombudsman. As I didn't receive an answer to this, I wrote two new applications for a change of name, in one of which I argued that, after the operations I had undergone, the prerequisites for keeping a man's name were no longer present. But again I got the answer that my case could not be processed unless I provided the requested information.

In December 1958, I was hospitalised with a perforated ulcer and had a very unpleasant experience with the hospital personnel who, after a couple of days, refused to allow me to have my own private room and claimed that I must share a large ward with men, even though I told them that my application for a change of name was being processed. Shocked by their rudeness and brutality towards a sick person, I preferred to go home even though I was far from well. After this, I was terrified of falling ill and being hospitalised again and risking the same kind of treatment, and I wrote to Professor Sand, begging him to speed up the processing of my case so that it could be finalised and my future stabilised. In all the social contexts of which I was a part, I was already recognised and had been living as a woman for many years, so after a change of name, the only change in my life would be that I would request to be transferred to another unit at my workplace where no-one had known me beforehand. It was thus merely a matter of the state recognising the facts by granting me, as soon as possible, the change of name for which I felt that I had waited my whole life. To this, Sand answered that I could not be granted a change of name unless I was divorced from my wife and, if she refused, I would have to take her to court to have the marriage dissolved. The delay in my case was mine alone, he stated.

This is now 12 years ago. Recently, I was interviewed by Chief Physician Stürup about my life since then. I told him about how, shortly after my last correspondence with Professor Sand, my wife called on me. My girlfriend and I were then living together, and I suggested to my wife that I might live partly with each of them in the future, but she flatly rejected the idea and tore me from my girlfriend and social circle. Since then, we have lived together as man and wife, and our social circle knows nothing about our conditions. I have not had any sexual relations with her or anyone else. My wife has had serious heart problems for many years now, and I believe that she has only a few years left. I have also had periods of illness, and after being hospitalised with a major nervous breakdown, I have been on an invalid pension.

During the interview, Chief Physician Stürup asked me twice whether they should not have operated on me back then, but my answer is clearly yes. If they hadn't done this, I wouldn't have survived – I would have committed suicide, so there was no other way. I have never doubted this at any time during the years, and I think they ought to have helped me earlier than they did.

The context of the production of the autobiographical accounts

Perceived significance of autobiographical accounts in the evaluation of gendersex status

In the following historical analysis, I make an in-depth analysis of the autobiographical accounts written between 1938 and 1959 by two persons. I also provide shorter analyses of aspects of the (auto)biographical accounts of individuals who either had transitioned previously or were transitioning at the time and who wished to have legal recognition of a different gendersex status than the one they had been assigned at birth. During this period, the circumstances of the production of such accounts and the significance they were ascribed in a Danish medico-legal context changed. This makes the four accounts valuable not only as personal accounts but also as narrative exemplars of the historically changing themes and dis/continuities of their particular context. Before going into an analysis of the accounts themselves, however, I first want to provide a brief historical overview of the context of their production. This will demonstrate the shifts in the perceived significance of autobiographical accounts in the evaluation of an individual's gendersex status and will provide important information on the practical and political context of their production, as a historical background to the focus in the next few chapters on the accounts themselves.

Before the 1950s, most autobiographical accounts were written at the request of a medico-legal expert, sometimes from outside, but often a member of the Medico-Legal Council. The motivation was usually either that a physician had raised doubts about the gendersex of a person positioned as their patient, or that a person had contacted a physician because they wished to have their gendersex status re-evaluated. Autobiographical accounts were mainly used by medico-legal experts for two purposes: Firstly, as part of the evaluation and determination of a person's gendersex status in medico-psychiatric and sexological terms; and, secondly, as part of the material handed in to the Ministry of Justice and Medico-Legal Council, providing grounds for the evaluation of individual applications for a change of name, legal gendersex status, permission to wear specifically gendersexed clothes,

and/or have medical interventions aimed at changing their gendersex status.

After 1951, autobiographical accounts were more frequently written on the initiative of an applicant themselves. When the Christine Jorgensen case became world-famous in December 1951, hundreds of persons, Danes as well as various other nationalities, who wished to have a change of name and legal gendersex status and/or to have their bodies medically modified, contacted the Danish medical experts who had been involved in Jorgensen's case or who were well-known experts in sexual development (Hamburger 1953).⁷⁶ They often did this by letter, stating that they had heard or read about the Jorgensen case, and including a shorter or longer autobiographical account as part of their argument and to support their plea for assistance in changing their legal, medical, and social gendersex status.

This development reflects a growing awareness among persons who wished to make a gendersex transition that autobiographies had become a crucial aspect of the evaluation of applications for a change of gendersex status, both in Denmark and internationally. During the first three-quarters of the 20th century, the emphasis on which aspects were regarded as most important in relation to an official change of gendersex status had shifted in the medico-legal experts' decision-making. Before the 1930s, a person's corporeality and physical functions was perceived to be of primary importance, and a thorough medical examination to determine their sex was therefore regarded to be indispensable. After this time, more emphasis was placed on how an individual identified in terms of gendersex and how they were assessed to function socially as a man or a woman, and/or would be able to in the future (Dreger 1998; Reis 2009; Klöppel 2010; Mak 2012).

These assessments were related to international debates, which had been taking place between medico-legal experts since the end of the 19th century, concerning whether it was more important to safeguard the so-called public moral or societal interests, or to protect those individuals who, as adults, were either diagnosed as hermaphrodites or were living in another gendersexed position than the one they had been assigned at birth. The existing historical studies show that, during different historical periods and national contexts, there have been, sometimes significant, differences between which aspect has been considered most important. Swedish historian of ideas Maja

⁷⁶ See also [RR](#): MSITA 1208/53: Idp MLC, Ex KS-MLC 1953.

Bondestam has found that, in 17th and 18th century Sweden, there was a widespread notion in legal, religious, medical, and popular contexts that a person could contain both gendersexes in one body, and such persons were perceived to be naturally bisexual. While same-sex relations were illegal and considered immoral, especially between two persons categorised as men, bisexuality in persons categorised as hermaphrodites was not problematised, but could allow for transition between gendersexed positions during the person's lifetime, both legally and socially. Since the 19th century, and especially from the beginning of the 20th century to the 1930s, this approach was replaced with a policy of determining a person's 'true' or predominant gendersex from medical definitions, and a majority of medico-legal experts stressed the importance of social over individual interests (Bondestam 2010).

American historian and bioethicist Alice Dreger argues that, from the 1880s to 1915, protecting public morals was considered most important in France, while British physicians often practised discretion and avoidance of individuals' exposure to public scandal (Dreger 1998). The research of American historian of medicine and ethicist Elizabeth Reis shows that, in 19th century America, there was widespread anxiety about transgressions of public morals and about deception through taking on the appearance of another gendersex, which could provide a person with access to such things as illegal same-sex marriage. Such transgressions were severely punished, and Reis argues that this anxiety was specifically connected to hermaphroditic embodiment. During the 20th century, especially from the 1930s onwards, the focus shifted to an aim of normalising bodies that were perceived as gendersexually ambiguous in order to heterosexualise sexual relations and secure for persons who lived them access to living in accordance with dominant gendersex norms (Reis 2009).

In their study focusing on Spain, British historian of gender and sexuality Richard Cleminson and Spanish philosopher and historian of sexuality Francisco Vázquez García demonstrate how, during the whole period from the mid-19th to the mid-20th century, there was significant anxiety that homosexual relations would have harmful effects on society, and, consequently, about individuals whose genitalia were considered to be ambiguous. Thus, forced changes of gendersex status on the basis of medical definitions were common (Cleminson & García 2009).

German political scientist and gender scholar Ulrike Klöppel has shown that, from the 16th century to around 1900, medico-legal experts in the German-speaking region were primarily concerned with preventing transgressions of the moral and juridical gendersex order, which they perceived as threatened by hermaphroditic persons, who were regarded as having a natural predisposition towards sexual transgressions. From the beginning of the 20th century, leading physicians argued that there was a distinction between biological constitution and psychosexual development and recommended that assignment of gendersex should be guided by the subjective perception of persons positioned as patients, because forced gendersex changes had worse consequences for the social environment than letting people live on with a gendersex status considered to be erroneous from a medical perspective (Klöppel 2010).

Finally, Dutch historian and gender studies scholar Geertje Mak has argued that a basis for the perceived shift in many national contexts in the approach to persons whose gendersex was considered doubtful was that, until the end of the 19th century, gendersex was perceived as a social inscription into a community. Physical hermaphroditism was therefore considered to be a phenomenon that troubled the moral and social order, while from the beginning of the 20th century, with the introduction of the idea that gendersex was a representation of the self, hermaphroditism was increasingly articulated as primarily disturbing for an individual's sense of gendersexed self and their relationship to their body. The social regulation of gendersex can thus be regarded as having become internalised and individualised during the 20th century (Mak 2012).

Generally speaking, in Europe and America, the public moral values that medico-legal experts have historically articulated as important to protect were to prevent same-sex relations, especially illegal marriages, and also that persons who had been assigned an erroneous gendersex should engage in (what was defined as hetero)sexual relations with women or men in same-sex segregated milieus such as boarding schools. Medico-legal experts who stressed the importance of avoiding these kinds of relationships recommended that physicians should always inform both the person themselves and the legal authorities when they discovered cases of erroneous gendersex, and that such persons should undergo a forced change of legal gendersex status and name if necessary. On the other hand, many general physicians argued for the importance of protecting an individual from scandal and possible

exclusion and persecution within their social context if their gendersex was found to have been erroneously determined from birth. In such cases, rather than jeopardising a person's life situation, it might be better, they argued, to let them live on in the gendersexed position they had embodied until then, and even to avoid revealing what was considered the biological fact of their true sex to them or their eventual partner and family (Dreger 1998; Cleminson & García 2009; Reis 2009; Bondestam 2010; Klöppel 2010; Mak 2012). It should be noted, however, that, since the 18th century, European and American medico-legal experts had considered both aspects to be important, and the shift described above that occurred during the first three-quarters of the 20th century can therefore be characterised primarily as the tipping of a balance. In the Danish archival material, this is visible in the complex discussions between the members of the Medico-Legal Council on how to assess individual cases.

From the 1930s onwards, the increased emphasis on social functioning as crucial for a happier future for a person whose gendersex status was under consideration was paired with the emerging idea of the importance of having a clear-cut gendersex identity, as well as a corporeality perceived by others as unambiguously gendersexed as either female or male. In relation to assessing these aspects, medico-legal experts had already been positioned, since the end of the 19th century, as the authorities who should do this (Dreger 1998; Reis 2009, Chapter 2; Bondestam 2010). The favoured methods for producing material for such evaluations were systematic interviews from questionnaires developed within sexology to determine a person's sense of their own gendersex, in combination with expert observation of their physical and behavioural habitus to determine their ability to pass as a man or a woman (Reis 2009, Chapters 4 & 5; Klöppel 2010, 300–301 & 589; Mak 2012, Part III).

With the emergence and solidifying during the first half of the 20th century of the idea that each individual was born with a stable inner gendersex identity, autobiographical accounts became crucial in medico-legal contexts as evidence of a person's gendersex identity. These took the place of previously used evidence of a person's grave social problems in living within a specific gendersexed position (Bondestam 2010; Klöppel 2010; Mak 2012). This shift in status is visible in the above-mentioned change in the practice of medico-legal experts from asking persons applying for a change of legal gendersex status to write their own autobiography, to themselves producing biographical

accounts from standardised questionnaires, or leaving this to a psychiatrist specialising in sexology. Since only the latter are included in case files from the archive of the Medico-Legal Council from the last quarter of the 20th century, the overlaps and divergences between an individual's own articulation of their experiences and way of telling their life story and the corresponding articulations of medico-legal experts thus become more or less invisible after the 1970s.

In the following analyses, I consider the narrative models and discourses that were drawn upon in the articulations made by individuals themselves and by medico-legal experts of applicants' bodyselves, motivations for applying, and imaginings of what a liveable and an unliveable life was and could be for an applicant. As I proceed, I introduce the specific narratives and discourses to which particular articulations were related, and make brief presentations of their historical and local backgrounds and histories.

Procedures and processing of applications regarding aspects of gendersex status

While the processing and procedures for evaluating each case will be presented in the analysis of the four cases, for the sake of clarity, I will briefly summarise here the general procedure used to process applications for change of name, legal gendersex status, permission to wear specific clothes, and/or permission for the removal of a person's gonads. All such applications were sent to the Ministry of Justice, where the decision was made; however, before making a final decision, the ministry almost always requested a statement about each case from the experts of the Medico-Legal Council, and they usually followed the recommendation of the council. In most cases, the applicant had been assisted in formulating the application by a medico-legal expert, who was often a member of the council, so that it contained the relevant information for evaluation of the case. This meant that, before a person applied, they had often first been referred to a sexologist or psychiatrist for physical and mental examination and had been interviewed about their life history and experiences. If this expert found reasons to proceed, they would either themselves guide the person in the application writing or refer them to another expert who could assist in this. Usually, these medico-legal experts would employ someone to produce the relevant material and would collect it together to be included in the appendix to an application. This would generally consist of medical reports of a person's previous and current physical examinations and

eventual diagnoses, psychological or psychiatric as well as psycho-sexual and social evaluations and assessments, along with an autobiography and/or a biography written by medical experts on the basis of interviews. Eventual additional material might include statements from, for example, family members, lovers or spouses, employees, colleagues, and school teachers, as well as copies of ministerial or criminal registers and police reports.

When receiving a request from the Ministry of Justice for a statement in a case, the chair of the Medico-Legal Council first went through the documents of the case, and often, on behalf of the council, asked for further information on some aspects that its members were likely to find relevant for its assessment. When all the requested information had been gathered, the chair of the council wrote a summary of the case, including his own view on it. The collected documents were then circulated among the members, who would each write a statement of their view as part of the council's internal discussion papers.⁷⁷ A shorter or longer discussion of how to understand and assess the case might be conducted in this fashion. Finally, when all or a majority of the council members had agreed on a recommendation for granting or rejecting the application, the chair of the council would write a joint statement to the Ministry of Justice.

In the meantime, employees of the ministry would collect previous cases that were similar or in some way connected to questions raised in relation to the one currently being evaluated, and conduct their own internal discussion about it via discussion papers in the same fashion as the council. Against this background, and after receiving the Medico-Legal Council's statement about the case, officials at the ministry would make a decision and inform the applicant. Additionally, if permission was granted, other institutions, such as local and national registers of names, the Ministry of the Church (which was responsible for birth certificates etc.), and the local police might be asked to register a person's change of name and gendersexed status, and, if relevant, permission to wear women's clothes in public. Last, but not least, if a removal of gonads had been granted, a specialised surgeon would be asked to perform this operation. Although they were not legally regulated during the first three-quarters of the 20th century, and therefore not within the Medico-Legal Council's or Ministry of Justice's area, other medical interventions,

⁷⁷ These are called "voteringsark" in the case files.

such as additional surgery or hormone replacement distribution, were usually not performed before the above procedures had been carried out.

Knud Sand: Knowledge producer, gatekeeper, and negotiator over four decades

As can be seen from the above description, each case went through many stages of institutionalised procedures, involving many experts and council members to a greater or lesser degree. One person who played a central role in the vast majority of cases was the Danish sexual biologist Knud Aage Buchtrup Sand (1887–1968).⁷⁸ He was the primary expert on cases of gendersex variation and (re)evaluation, and, as such, the one who had the primary contact with all the persons whose autobiographical accounts are analysed below. In addition, he was the chair of the Medico-Legal Council for many years, which gave him a status in the negotiations within the council, and between the council and the Ministry of Justice, that was of crucial importance for the outcome of the decision-making in many such cases over the course of 35 years. Because of Sand's central role in the context of the accounts I analyse in this thesis, I will give a short presentation of his disciplinary background and his professional interest in the cases.

Knud Sand graduated as a physician in 1911 and trained as a surgeon between 1916 and 1925. In 1914, he began an extensive study of the biological basis for the development of sexual characteristics in mammals, for which he obtained a doctorate in forensic science in 1918. Sand's primary research method was known within the research field of sexual biology as experimental hermaphroditism. This consisted of making various surgical experiments with cross-transplanting gonads between infant test animals (in this case guinea pigs, rats, and chickens) whose original gonads he had first surgically removed. In these experiments, for instance, animals determined as male had ovaries transplanted while those determined as female received testicles, and, in some instances, animals received a transplant of both testicles and ovaries. In successful cases, when the gonads began functioning in the animal's body, Sand made various physical examinations and behavioural tests to determine whether the animal developed in what

⁷⁸ A detailed study has been made of Sand's career and research in an unpublished PhD thesis from 1997 with a title that translates as *Professor Sand's Chickens* by the Danish physician, sexologist, and historian of science Christian Graugaard.

he described as a male or a female direction (Graugaard 1997; Holm & Bülow 2013). On the basis of these experiments, Sand concluded that individuals with testicles developed male secondary sexual characteristics and behaviour, those with ovaries developed female characteristics and behaviour, and those with a combined ovarian and testicular tissue developed a combination of female and male sexual characteristics and behaviour (Sand 1918; Pézard, Sand & Caridroit 1923; 1924a; 1924b; 1924c; 1926).⁷⁹

Sand's research was influenced by contemporary international biological research on sexual development, especially the work of Austrian physician and physiologist Eugen Steinach (1861–1944), who was internationally renowned for his studies within the field, which began in the 1890s, and for being one of the first to have made gonadal cross-transplantations between animals.⁸⁰ Both Steinach's and Sand's research took its point of departure in a new and at that time unconfirmed hypothesis that the gonads of mammals produced substances called hormones which, when distributed to the whole body through the bloodstream, controlled and determined the development of secondary sexual characteristics (that is, gendersexed body morphology and functions) as well as sexual and gendersexed behaviour. Furthermore, testes were thought to produce a single male hormone and ovaries a single female one, leading to what was defined as, respectively, normal male and female physical and behavioural development. In accordance with this, individuals who exhibited what was regarded as a combination of female and male characteristics and behaviour were hypothesised to have abnormal, combined gonadal tissue producing both hormones simultaneously or alternately (Sand 1918, 188; Fausto-Sterling 2000a, 158–163; Graugaard 1997, Chapter 4; Holm & Bülow 2013, Chapters 5 & 6).⁸¹ Steinach's and Sand's work

⁷⁹ For a detailed analysis of these and Sand's other publications, see Holm & Bülow 2013, Chapter 6.

⁸⁰ Eugen Steinach (1861–1944) graduated in medicine in 1886 and then became First Assistant in physiology at the German University in Prague, where he later established the first German laboratory for general and comparative physiology. Initially focusing on blood capillaries and the iris, in the 1890s he turned to the study of the comparative secondary sexual characters of animals and thence the area of sexual physiology which became the focus of his research for the rest of his life. In 1912, he returned to Vienna, where he was employed at the Institute for Experimental Biology. There, he performed the experiments referred to here.

⁸¹ In their study on medical views and research on hermaphroditism in Spain, Richard Cleminson and Francisco Vázquez García shows that a parallel, but independent,

with experimental hermaphroditism thus confirmed their hypothesis by indicating a direct causal connection between an individual's gonadal tissue and hormone production, and the development of specifically gendersexed body morphologies and behaviours (Steinach 1910; 1913; Sand 1918; see also Guldberg 1932; Sengoopta 2006, Chapter 2). At the same time, Sand questioned the idea that the tissue of normal gonads was purely testicular or ovarian, arguing that it was more likely to be combined to some degree, with a clear predominance of one kind of tissue. This would provide a biological explanation for "the entire immensely variegated picture of sexual intermediate states, even the small nuances, which any slightly attentive observer can see in humans" (Sand 1920, 1053–1054).

Sand's theories and empirical exploration of a physical basis for sexual development and behaviour and his characterising of all forms of embodiment and behaviour, and combinations of these, which exceeded the contemporary definitions of male and female, masculine and feminine, and "normal" (that is, heterosexual) sexual attraction as manifestations of hermaphroditic conditions was in line with one of the international trends in sexology. During the first three decades of the 20th century, a scientific discourse that gendersexed and sexual variations were biologically determined was promoted internationally by, among others, German physician Magnus Hirschfeld and English physician Henry Havelock Ellis (1859–1939) and in Denmark by the biochemist Richard Ege (1891–1974) and the physician Erik Guldberg⁸² (Graugaard 1997, 55, 59 & 81–82; Holm & Bülow 2013, 105–109; Sharpe 2002, Chapter 2).⁸³ Hirschfeld and Steinach were mutually inspired by each other's research from the 1910s onwards, and Sand also referred

theory of sexual development and hermaphroditism was developed in Spain by physician, biologist, and historian Gregorio Marañón between 1905 and 1930. See Cleminson & García 2009, Chapters 4 & 5.

⁸² I have not been able to find biographical data for Erik Guldberg.

⁸³ During the same period, competing theories emphasising psychological factors as causes of phenomena such as homosexuality, bisexuality, cross-dressing, and other gendersexed and sexual variations were promoted internationally by, among others, Austrian psychologist Sigmund Freud (1856–1939), Austrian physician and psychologist Wilhelm Stekel (1868–1940), and Polish-American psychiatrist Emil Gutheil (1889–1959). In Denmark, these were supported by the psychiatrist Christian Geill (1860–1938) and the physician and pathologist Oluf Thomsen (1878–1940) (*ibid.*).

to Hirschfeld's theory of sexual intermediaries (Sand 1920, 1048; Fausto-Sterling 2000a, 288 note 119; Sengoopta 2006, 78–79).⁸⁴

This theory was based on the premise that there is no absolute, qualitative distinction between the male and the female, and that all humans are partly male and partly female to some degree while, additionally, degrees of maleness and femaleness vary between individuals. Humans could thus be classified on a spectrum between the (hypothetical) poles of absolute physical and mental masculinity and femininity, where various in-between combinations and states were defined as developmentally unfinished deviations from the normal fully developed and only slightly androgynous form (Sengoopta 2006, 78 & 252 note 56). From this perspective, genital hermaphroditism was just one example of intermediate sexual phenomena, while homosexuality represented another. With regard to the latter, Hirschfeld's formulation was inspired by the arguments of German lawyer and homosexual activist Karl Heinrich Ulrichs, who had stated in the 1860s that male homosexuality (which he called Uranianism) was biologically determined and caused by the body developing in a masculine direction and the soul in a feminine, resulting in an individual who had "a female soul in a male body" (Ulrichs, quoted in Sengoopta 2006, 77; see also 252 note 55). Hirschfeld modified Ulrichs' claim and made it more scientific by stating that male homosexuality was caused by a developmental error which feminised

⁸⁴ Magnus Hirschfeld, who was Jewish, had a naturopathic medical practice in Charlottenburg in Berlin from 1896 to 1919. Positioned as openly homosexual, he was dedicated to promoting the rights of homosexuals and other sexual minorities, such as transvestites. He was one of the founders of the Scientific Humanitarian Committee, established in 1897, which, under the motto "justice through science" worked for the decriminalisation of homosexuality in Germany, among other things. In 1919, Hirschfeld founded an Institute for Sexual Science, where he and his clinical staff provided educational services and medical consultations. The institute contained an archive and library on sexuality and a Museum of Sex and rented out or offered free rooms in its buildings for shorter and longer periods to researchers, artists, and persons positioned as patients. Hirschfeld supported women's rights and the legalisation of abortion, and in 1921, he organised the First Congress for Sexual Reform. This led to the World League for Sexual Reform, which worked for the coordination of knowledge about the enhancement of sexual function. After the successful election of the German Nazi party, the Institute for Sexual Science was attacked in May 1933 by the German Student Union, which was then dominated by national socialists, who burned many of its books and archives. At the time, Hirschfeld was on a world lecture tour. He did not return to Germany, but went into exile in France where he continued his work until his death.

not only the psyche of an individual, but also his body so that, although having normally developed genitalia, the rest of his body was neither clearly male nor clearly female; in other words, homosexuals were defined as morphological but non-genital hermaphrodites (Sengoopta 2006, 77).

In many ways, Sand's approach in his studies of sexual development was inspired by this understanding and Hirschfeld's specific articulation of it and, like Hirschfeld, his goal was to obtain justice for the sexually abnormal through science (see, for example, Sand, 1920, 1053-1054; also Graugaard 1997, 66). Sand argued that the results of his research were promising for "a correct view and just judgement of somatic as well as psychological sexually abnormal conditions" by enhancing "the humanistic as well as the scientific understanding of these excruciating conditions", and that they suggested a "possibility for creating a more effective treatment, medically or surgically, in these areas where one has so far mostly fought in vain" (Sand 1918, 181). Sand's formulation in this quote implies that he viewed the somatic and the psychological as being closely connected and interdependent, in the sense that having a physical pathological condition often also caused mental states of suffering as well as grave social problems for an individual. In his doctoral thesis, Sand suggested that knowledge about how different sex hormones could "create a transformation of an individual's sexual characteristics" should be "practically used [...] in the areas of human sexual pathology" (Sand 1918, 188).⁸⁵ He thus argued that the application of the results of his and Steinach's research might enable

⁸⁵ In the early days of his research, Sand referred with optimism to experiments suggesting that such conditions might be treated successfully through interventions that changed an individual's hormone production; for example, through the surgical removal of abnormal gonadal tissue through the castration of a homosexual man and the transplantation of testicles with normal, purely male, hormone production (*ibid.*). At the beginning of the 1920s, he performed four such experimental transplantations on homosexual men, with their full consent, with the purpose of making them heterosexual. Even though only one of these was reported to be successful for the first six months after the intervention, while the results of the others were doubtful or negative, Sand remained optimistic later in his career about the therapeutic possibilities of such a procedure (Graugaard 1997, 44-45). Only a very few other researchers, among them Steinach, engaged in such experiments internationally, and in the longer run such interventions were evaluated to be without effect for changing sexual inclinations and were therefore abandoned after 1923 (Graugaard 1997, 44; Fausto-Sterling 2000a, 163; Sengoopta 2006, 79-81, 256 note 81).

medical experts to control and guide sexual development in mammals, including humans, in the future, as well as to prevent or change what he described as pathological sexual developments and sexually abnormal conditions (Sand 1918; 1920; Holm & Bülow 2013, 101–105). These, he claimed, consisted of a broad range of physical and psychosexual phenomena that were all “now simply attributed to hermaphroditism” (Sand 1920, 1048):

The focus is not exclusively on diseases such as impotence, frigidity, “eunuchoidism”⁸⁶, pubertas praecox⁸⁷, or nervous diseases such as dementia praecox⁸⁸, forms of hysteria and paranoia, which possibly are part of these; but the interest is especially directed at the comprehensive category of human beings who exhibit more or less mixed sexual characteristics. It is the “sexual intermediate states” in which the sex is not distinctly developed in all directions, but where we find all sorts of transitions and combinations between male and female sex in a physical as well as a psychological sense. For example: genital malformations, gynaecomastia⁸⁹, androtrichi⁹⁰, gynosphysia⁹¹, or of psycho-sexual abnormalities: feminism⁹², virility⁹³, homosexuality⁹⁴, bisexuality⁹⁵. (Ibid.)

As well as being promising for the future treatment of such conditions, Sand argued that his research could enable “a more just assessment” of hermaphroditic phenomena within forensic science, through its potential ability to make a distinction between acquired and pathological conditions and behaviour “on [a] secure biological basis” (Sand 1918, 180; 1920, 1054). In both Denmark and internationally, the

⁸⁶ This term refers to physical characteristics such as so-called female bodily fat distribution, breast development, and unusual growth of the bones of the arms and legs in individuals categorised as male.

⁸⁷ Premature puberty.

⁸⁸ Premature dementia.

⁸⁹ Breast development in individuals categorised as male.

⁹⁰ Hair growth defined as male in individuals categorised as female.

⁹¹ Individuals categorised as male whose pelvic form is described as female.

⁹² Behaviour described as female in individuals categorised as male.

⁹³ Behaviour described as male in individuals categorised as female.

⁹⁴ Exclusive sexual attraction to persons categorised as being of the same sex as oneself; the term homosexuality is commonly used today.

⁹⁵ Simultaneous sexual attraction to persons categorised as either being or not being of the same sex as oneself.

determination of the gendersex of individuals had long been an area of interest within international forensic science because it was connected to medico-legal questions concerning a variety of issues. These included questions such as who had the right to marry, as well as providing legitimate grounds for divorce; an individual's right to wear specific kinds of clothes, and, in relation to this, the legal definitions of indecent or immoral behaviour; discussions on whether same-sex relations should be regarded as criminal offences or an expression of an innate or acquired pathological condition; and the possible penalties in relation to these issues (Ellermann 1914; Dreger 1998; Reis 2009; Holm & Bülow 2013, 90).⁹⁶ According to Sand, compulsive cross-dressing, for example, was most likely caused by a hormonal imbalance and was thus a behavioural effect of a physical pathological condition. Therefore, it ought not to lead to prosecution, while homosexual men's cross-dressing to attract other men, eventually in order to sell sex, should.⁹⁷

Sand's research became internationally acknowledged and was regarded as extremely promising during the 1910s and '20s. During this time, he became renowned as one of the most skilled living specialists in sexual development and surgery upon the reproductive organs (Graugaard 1997). However, two developments challenged his theory and made his specialisation in gonadal transplants superfluous. Firstly, at the beginning of the 1930s researchers such as the German gynaecologist Bernard Zondek (1891–1967) and the German physician and pharmacologist Ernst Laqueur (1880–1947) demonstrated that both male and female hormones could be found in large quantities in the urine of both female and male individuals and were thus not sex specific. Secondly, a few years later, it became possible to synthesise hormones, and experiments with these substances replaced transplants as methods to test the effects of hormones in differently gendersexed bodies. Biochemists found that not only two, but a large number of

⁹⁶ Sand's superior, professor of forensic science at the Forensic Institute at the University of Copenhagen, Vilhelm Ellermann, probably first inspired Sand to take up the subject of sexual development and provided him with the basic arguments for why this was important from a forensic perspective in an article of 1914 with a title that translates as "The Forensic Assessment of Hermaphrodites" (see this, and Graugaard 1997, 38–39).

⁹⁷ See, for example, RR: MSITA "Transvestite"/1920; RR: JS 76/1921. Some of the other cases in RR: MSITA of this period are of persons who are categorised as the latter. For reasons of discretion, I do not give the exact case file numbers of these here.

substances that could be characterised as hormones related to sexual development were produced by mammalian bodies and could be chemically converted into each other (Fausto-Sterling 2000a, 182; Oudshoorn 1994, 25–29; Sengoopta 2006, Chapter 4; Holm & Bülow 2013, 111–114). Internationally, this led researchers in sexual development to move away from the earlier hypothesis that one sex hormone produced one gendersexed body in favour of a hypothesis that the balance between androgens and oestrogens determined individuals' normal or abnormal sexual development (Fausto-Sterling 2000a, 178; Meyerowitz 2002, 29). Sand also followed this trend, as is apparent from his research publications during the 1930s. However, regardless of the developments in knowledge production within endocrinology, Sand's fundamental perspective and approach to his subject did not change, and they became the basis for his extensive clinical practice as well as his work as chair of the Medico-Legal Council (Graugaard 1997, 36 & 47; Holm & Bülow 2013, 115).

Sand's perspective on and approach to persons diagnosed as sexually abnormal

Concurrent with his research efforts, Sand had become a professor of forensic medicine in 1925, which automatically made him a member of the Medico-Legal Council. He was chair of the council for almost 30 years, from 1929 to 1959. From the end of the 1930s, his work became less centred on research and focused primarily on administrative tasks at the Forensic Institute and the processing of cases for the Medico-Legal Council (Graugaard 1997; Holm & Bülow 2013, 109). At both of these institutions, Sand's disciplinary expertise was evident in his special interest and extensive personal engagement in cases concerning persons who were regarded as having some kind of abnormal gendersexed development or sexual inclination. Additionally, he had an extensive clinical practice at the Forensic Institute, where he examined, counselled, and treated persons who were diagnosed as sexually abnormal individuals, transvestites, hermaphrodites, persons with growth disorders, or infertile persons (Graugaard 1997, 68–70).⁹⁸

⁹⁸ This is evident from the cases in the archive of the Medico-Legal Council as well as from oral information and a few medical journals collected by Graugaard. The number and nature of the interventions Sand performed in relation to these cannot be determined, because much of the material related to these cases was filed privately by Sand and was either destroyed or disappeared after his death in 1968. However, Graugaard shows in his study that Sand conducted some experiments designed to

From the 1920s onwards, Sand's work had become well-known amongst the general public, and in the press he was frequently mentioned as a national expert in relation to sexual development and pathology (Graugaard 1997, 54–57).⁹⁹ Because of his status and public reputation, Sand succeeded in having almost all Danish persons whose gendersexed status was questioned at any point during their life, children as well as adults, referred to him personally for examination. In addition, many people who had heard about his work contacted him themselves.¹⁰⁰ After the press attention in relation to Christine Jorgensen's medical transition in 1951, trans persons who were not regarded by medical experts to be pseudo- or true hermaphrodites primarily sought other specialists, rather than Sand, especially Georg Stürup and Poul Fogh-Andersen, and to some extent also Christian Hamburger, who had all been involved in Jorgensen's case. Furthermore, from this time onward, the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet] where Fogh-Andersen was employed became the institution where such persons were usually examined and eventually underwent surgery. However, because some forms of surgery required permission from the Ministry of Justice, as I discuss below, Sand usually became involved in these cases as chair of the Medico-Legal Council. He often established close relations with these applicants and formed his own independent views on their cases.

Apart from having a professional interest in these cases, Sand also seems to have regarded it as a personal ethical obligation to become involved in order to secure competent and careful treatment for hermaphroditic patients. Within the medical establishment, he continuously stressed the importance of having experienced specialists

make persons categorised as homosexual men heterosexual through castrating them and transplanting testicles from persons categorised as heterosexual men into them at their own request. Furthermore, after synthetic hormonal products became available, he distributed various of these to adult persons positioned as patients on their request and to children where he expected that they would be beneficial for their further sexual development and well-being (Graugaard 1997, 68–70).

⁹⁹ In the collected cases, this can be seen from various cut-out articles from Danish and Norwegian newspapers and magazines included in individual case files (for example RR: MSITA 3145/47: Co NTB 1947; MSITA 1208/53: Co Bil 1954).

¹⁰⁰ Cases in which a person had themselves taken the initiative to contact Sand include RR: Ka-S 699/53 and Ka-S 790/55. Also some of the persons who were referred to Sand by their own physician mention his reputation and their high hopes for what he might be able to do for them. See, for example RR: MSITA 3209/1955.

evaluate cases of hermaphroditism because the decisions made in such cases were crucial for the patient's future life. In an article published in 1922, he wrote that he must recommend that physicians who were dealing with such cases, especially of pseudo- and true hermaphroditism,

to proceed with the utmost care and caution and only act [that is, perform any form of surgery] after the most serious consideration. Not for one moment must one forget that such cases are of human suffering of the most profound character, and that, in the truest sense, one must guide the fate and lives of these unhappy individuals. (Sand 1922, 112)

It is clear from this quote, as well as from the article as a whole and Sand's long and detailed statements filed with cases in the Medico-Legal Council of persons who were diagnosed as sexually abnormal in some way, that his explicit aim was to relieve suffering. He wished to assist in finding ways to make life more liveable for such persons in various ways, taking a point of approach in an individual's specific situation, both socially and corporeally.

Sand's professional relations with persons who became positioned as his patients sometimes lasted for decades. Because of his close and extended involvement, Sand's disciplinary training in sexual biology and surgery, and his specific views, hypotheses, and approaches came to have a crucial influence on the understanding of cases and decision-making regarding various aspects of change in gendersex status processed by the Medico-Legal Council. How this turned out in practice will be made clear in the analyses of the four cases following this chapter. One of the ways in which Sand's position can be said to have significantly influenced the approach of the Medico-Legal Council to persons who were diagnosed as hermaphroditic, genuine transvestites, and, later in the century, as transsexuals, is that it was while he was chair that the council began to use suffering as a central notion in their statements about these cases. As outlined above, Sand argued in his research publications from the 1920s onwards, that sexually abnormal conditions, mental suffering, and social issues were closely connected. The Danish word *lidelser*, which was central in relation to Sand's research, also became a key term in the articulation of the Medico-Legal Council's statements about persons who were considered likely to benefit from as well as be fit for, firstly, being permitted to have their gonads removed as part of the body

modifications aimed at changing their gendersexed corporealities, and, secondly, having a change of name and legal (and social) gendersex status. The term has a dual meaning as it may refer both to a pathological condition and to physical and/or mental suffering. In the cases analysed in this thesis, it was often used in both senses at once. In the Council's formulations, to have *sjælelige lidelser* – literally meaning *suffering of the soul* or *spiritual suffering* – because of a hermaphroditic somatic and/or psychological condition, came to be the most frequent reason for recommending the interventions and changes outlined above during the first three-quarters of the 20th century.¹⁰¹ The dual meaning of pathology and suffering present in the quote from Sand's doctoral thesis in the expression *lidelsesfulde tilstande* – excruciating conditions that are at once pathological and causing suffering – makes the aim of Sand's research, which was to cure and provide a more liveable existence for an individual who was suffering greatly in physical, mental, and social terms, appear to be a logical and desirable trajectory. In both international research milieus and the Danish medico-legal bureaucracy, it thus came to work as a powerful rhetorical tool that gave meaning to both Sand's scientific goals and his approach to assessing the gendersex status of individuals who were diagnosed as hermaphroditic in that it appeared to be rational, humanistic, and modern in the contemporary context.

The context of Danish eugenics politics

Another aspect of the historical context of this thesis, which had both direct and indirect consequences for the evaluation of cases, was the theories and practices of eugenic ideas common to most Western countries at the beginning of the 1900s. Knud Sand's and the Medico-Legal Council's approach to applications for changes to various aspects of gendersex status was influenced by these ideas, and especially by Sand's involvement in the work to implement population eugenic measures in the Danish medico-legal system from the 1930s onwards. From 1924 to 1929, he was one of the members of a commission appointed by the Danish prime minister K. K. Steincke with the brief to

¹⁰¹ There is an important difference between this concept and the concept of *psykiske lidelser* – that is, mental illness – and, at the same time, there are strong associations between the two. Mental suffering was thus understood as a suffering of the mind or soul caused by living under extremely difficult circumstances, while mental illness was understood as caused by such things as genetic defects, physical diseases, and sometimes psychological stress and trauma.

suggest “preventive measures and interventions in the personal freedom with or without the consent of the person in question on the basis of societal welfare, including eugenic considerations (...) towards persons who are degeneratively determined” (quoted in Graugaard 1997, 119; see also Koch 57–74). The background for this was that, since the beginning of the 1920s, there had been an increased focus on the genetic quality of the Danish population, as well as those of other countries, both scientifically and politically. As the Danish historians Birgit Kirkebæk and Lene Koch have shown in their research, there was a widespread concern among politicians and (medical) scientists that persons with genetic defects would procreate without unrestrain and bear physically and mentally defective children. They were concerned that this would constitute a threat to the nation’s social order, economy, and opportunities for asserting itself intellectually and in terms of production in relation to other countries (Koch 1996; 2000; Kirkebæk 1993; 1997; 2004).

Explicitly eugenic laws and regulations were implemented in Denmark during the late 1920s and early 1930s, with the aim of controlling who should be allowed to marry and procreate with whom. In order to protect the nation from their procreation, thousands of Danish citizens, especially from the working class, who were medically diagnosed as feeble-minded, promiscuous, criminal, sexually dangerous, psychopathic, or morally insane were confined indefinitely in closed institutions. A common way to be released from such an institution became to apply to be sterilised or castrated. Additionally, 11,000 persons, especially those born with a uterus, were subjected to forced sterilisation on the basis of eugenic indications during the period from 1929 to 1967 (Kirkebæk 1993; 1997; 2004; Koch 1996, 2000; Graugaard 1997). The Danish disability historian Birgit Kirkebæk has shown that many of the persons who were interned in open or closed institutions for retards and psychopaths had not committed major criminal offences or been diagnosed as severely mentally ill. Small thefts, of such things as a bicycle, begging, committing economic fraud, and in the case of persons categorised as women, the combination of having many sexual partners and being argumentative with an employer, or, in the case of persons categorised as men, drinking and being violent, could result in a diagnosis of being morally insane, mildly retarded, or a psychopath and internment between the 1910s and the beginning of the 1950s (Kirkebæk 1993; 1997; 2004). To a great extent, it was the members of the Medico-Legal Council and their

closest colleagues and collaborators, who were positioned as the finest experts on these subjects, who generated the definitions of physical and mental normality and abnormality and they decided who posed a danger to society. Thus, it was they who came to determine how individuals were diagnosed and whether they were sterilised, or castrated or oophorectomised (Koch 1996, 2000).

The law that formed the basis for these surgical interventions being performed was first introduced in 1929 in order to gain better control over sexual offenders who had repeatedly severely violated others, especially children. At the beginning of the 1920s, such persons were the specific focus for a number of interest groups and political parties, which argued that they caused great anxiety in the Danish population. They demanded that better and more stringent controls should be enacted over such people, and suggested that forced sterilisation and castration could be used effectively as a means to this end (Koch 1996, 55–56; Graugaard 1997, Chapter 6). Over the following years, a commission that had been established to revise the Danish Criminal Code rejected the introduction of castration as a penalty because its members and many medical experts regarded such an intervention to be a gross mutilation of a person. However, the commission approved it in cases in which a person wished to undergo it voluntarily to ease or reduce an abnormal or excessive sex drive (Graugaard 1997, 108, 118 & 121).¹⁰² The commission regarding degeneratively determined individuals, of which Sand was part, made the same argument in their recommendation of a preliminary law that would permit voluntary castration of sexual offenders, which was passed by the Danish Parliament in 1929 (Koch 1996, Chapter 2 & 288–289; Graugaard 1997, 120–123 & 126–127).¹⁰³ Over the following years, although formally it was the Ministry of Justice that permitted or rejected castrations and sterilisations, in practice the decisions in cases where applications had been made were in accordance with the recommendations or opposition of the Medico-Legal Council. As the new chair of the council, Knud Sand filed these cases and initiated annual follow-up examinations of persons who had had their testicles removed. He was

¹⁰² In such cases, castration was regarded as offering a preferable alternative to life-long internment as well as potentially having a prophylactic effect that would benefit society, as well as the criminals who were driven to their actions by an innate physical constitution (Graugaard 1997, Chapter 6).

¹⁰³ Confusingly, this law was called the *Law regarding Access to Sterilisation*, while being specifically used as a legal basis for performing castrations.

also employed to evaluate the effects of these interventions as part of a collective evaluation of sterilisation and castration practices when the preliminary law came up for amendment in 1934.¹⁰⁴ In his statement, Sand recommended that the law should remain in place against the background of extremely positive results. Furthermore, the Medico-Legal Council recommended that it be extended so that it might also be used in cases with a social-humanitarian or eugenic indication for castration or sterilisation. All of these recommendations were implemented in the amended law of 1935 (Koch 1996, 96–99, 109–113 & 293–295; Graugaard 1997, 130–132 & 135).

It was this formulation which came to enable the first (official and legally approved) surgical removals of the gonads of persons who had not been diagnosed as hermaphrodites with ambiguously developed genitals. However, it did not affect only such persons, but in effect any person, including those diagnosed as pseudo- or true hermaphrodites, who wished to have their bodies modified in a way that changed their gendersexed social position and enabled a change of legal gendersex status. In the following analyses, I explore how the criteria that gradually became established for permitting and enabling such official gendersexed transitions were shaped by, as well as being part of, the general positive eugenic population politics of the period, which continued until after the Second World War. Later, it was transformed into the still-existing negative eugenics politics of prenatal screening and access to abortion (Koch 1996; Nexø 2005).

¹⁰⁴ When the law was revised in 1935, this consisted of 59 persons categorised as men, most of whom were interned in closed institutions as sexual offenders and diagnosed as psychopaths, feeble-minded, or retards. After the revision, the number of castrations increased dramatically, and in 1959, 30 years after the law's introduction, 900 persons had their gonads surgically removed on the basis of it. 80% of these had committed sexual offences, while 18% had the intervention because of mental suffering (Graugaard 1997, 130 & 136–137). Five of the registered interventions were on persons categorised as women, who were among the first persons permitted to have a change of gendersex status to men (RR: Ka-Kv 1-5).

Abbreviations used for referencing archival material¹⁰⁵

Institutions

MJ: The Danish Ministry of Justice

MLC: The Danish Medico-Legal Council

Types of documents

Ac: Account [initials of person] [year]

Acc: Account of current circumstances [initials of person] [year]

Au: Autobiography [initials of person] [year]

Bc: Birth certificate [initials of person] [year]

Co: Cut-out article from newspaper or magazine [source] [year]

Ex: Explanation [initials of person] - [Initials of receiving institution] [year]

Idp: Internal discussion papers [initials of institution]

In: Interview [interviewee] - [interviewer] [year]

Le: Letter [initials of writer] - [initials of receiver] [month]¹⁰⁶ [year]

Mc: Medical certificate [initials of person] - [initials of physician] [year]

Mrec: Medical records [initials of person] - [initials of institution] [year]

Mrep: Medical report [initials of person] - [initials of physician or institution] [year]

Per: Permission [initials of person] - [initials of institution] [year]

Prec: Psychiatric records [initials of person] - [initials of institution] [year]

Pst: Psychiatric statement [initials of person] - [initials of physician] [year]

Prep: Police report [initials of person] [year]

Ref: Referral [initials of person] [year]

Rej: Rejection [initials of person] - [initials of institution] [year]

St: Statement [initials of person] [initials of writer or institution] - [the initials of receiving institution]¹⁰⁷ [year]

Su: Summary of case [initials of person] - [initials of writer] [year]

¹⁰⁵ For references to individual case files and the citation system for these, see *Unpublished archival sources* p. 405.

¹⁰⁶ Only given when it is necessary for distinguishing between more letters written during the same month.

¹⁰⁷ Only given when there is a receiving institution.

The case of Vigga Heidi – Viggo Klausen

6.1

Autobiography

A story about hesitating over a difficult choice

"I readily admit that it is my own fault that my case has dragged on for many years." With these words, Vigga Klausen ends **hes** account of **hes** current circumstances at the end of 1953.¹⁰⁸ Klausen had already written **hes** life story in an autobiographical account in October 1938, and in December 1938 and November 1953 **she** gave two more accounts of **hes** current circumstances.¹⁰⁹ The texts were all written at the request of Knud Sand, with the purpose of being included as appendices to Klausen's application for an official change of name from Vigga Heidi to Viggo, and, thereby, a concurrent change of legal gendersex status from woman to man.¹¹⁰

Taken together, I propose, these texts can be read as a story about hesitating over a life-changing decision; a decision which, in Klausen's own words, was "to be transformed to the male sex, which indeed would be more in accordance with my nature."¹¹¹ The background to this decision was that, by the age of 20, Klausen's physician had already suggested that such a transformation was a possibility for **hem**, but **her** final decision to apply to the Ministry of Justice for an official name change was not made until more than 20 years later.¹¹² During this time, **she** did, however, seriously consider making such an application, and was supported in this by Knud Sand. By 1939, Sand had been quite far along in the process of counselling Klausen about

¹⁰⁸ RR: MSITA 1208/53: Acc VK 1953.

¹⁰⁹ *Ibid.*: Au VHK 1938; Acc VHK 1938; Acc VK 1953.

¹¹⁰ During this period, Danish first names were required to be either for males or females only, and names which were non-specifically gendersexed were illegal. A change from a woman's to a man's name thus automatically implied a change of legal gendersex status until the Danish Central Person Register system (Cpr) was introduced in 1968, and gendersex status was often not indicated separately on official documents, for example a driver's licence (see, for example, JM: JM1 N384/64). On birth certificates and in birth registers both name and gendersex status were noted (see, for example, JM: JM1 O2972/13; JM1 L5867/36; 1953/30).

¹¹¹ RR: MSITA 1208/53: Acc VK 1953. As there was no concept of gender at the time when Klausen was writing, I have translated the term *køn* as *sex* in **hes** accounts; note, however, that at this time the term includes a notion of a psychological or mental sex as well, which is usually regarded as emanating from the sex of the body.

¹¹² *Ibid.*: Au VHK 1938; Acc VK 1953; Idp MLC, Su VHK-KS 1953, 5-6; St VHK MLC-MJ.

the procedure and was working to make the deputy chair of the Medico-Legal Council sympathetic to **hes** case, when Klausen pulled out and had the process stopped.¹¹³ In retrospect, both **she** and Sand explained this by the fact that Klausen wanted to avoid being called up for military service at a time when Second World War was on the verge of breaking out.¹¹⁴ However, information in the documents of **hes** case suggest that having to serve in the military after a change of gendersex status was not a realistic scenario in Klausen's case as, according to Sand, **she** would most likely have been rejected on medical grounds.¹¹⁵

What other reasons for hesitating to apply for a change in **hes** name and legal gendersex status might there have been for Klausen, apart from the one which was emphasised in retrospect? In 1953, when Klausen took full responsibility for **hes** case dragging on, **she** declared to Sand and the Medico-Legal Council that the reason for **hes** hesitation was that **she** had "always lacked strength and courage" to realise this plan.¹¹⁶ However, **hes** autobiographical writings suggest that a number of issues had been significant in **hes** reluctance throughout this process. Thus, although Klausen found living as a woman difficult and painful, **she** had fundamental doubts about whether or not such a change might bring more, and perhaps worse, problems for **hem**. In the following analysis of Klausen's accounts, I focus on the different circumstances that were stated as reasons for **hes** doubt and hesitation, and how these were connected to the way **she** experienced **hes** bodyself, as well as **hes** relations to others.

The mother's story about Klausen's corporeality

Klausen's autobiography of 1938 begins with a story about **hes** birth and infant years. As this is a part of **hes** life which **she** does not remember, in order to speak about it, **she** draws on another account written by **hes** mother, Heidi Klausen.¹¹⁷ In Klausen's autobiographical account, **hes** mother's account functions as a story on which **she** has

¹¹³ Ibid.: Le KS-VK Jun 1939; Acc VK 1953; Idp MLC, St VHK-HH 1954.

¹¹⁴ Ibid.: Le KS-VHK Oct 1953; Acc VK 1953; Idp MLC, Su VHK-KS 1953, 6.

¹¹⁵ Ibid.: Idp MLC: St VHK-HH 1954. Although there is no direct evidence of Sand informing Klausen about the probability of **hem** being rejected for military service, it seems unlikely that **he** would not have told Klausen this when they discussed the matter during their meetings at the end of the 1930s.

¹¹⁶ Ibid.: Acc VK 1953.

¹¹⁷ RR: MSITA 1208/53; Ibid.: Au VHK 1938. Heidi Klausen's own articulation of this story is among the documents in Klausen's case file (Ibid.: Ac HK 1938).

grown up and which has interpellated **hem** in a specific way; or, to put it in Arthur Frank's terms, this story can be said to have first hailed Klausen to be a particular sort of self and to embody a certain social position. It thus came to to emplot **hes** childhood and adolescence (Frank 2010, 7ff. & 49–54).¹¹⁸ Due to the importance of this story, before moving on to Klausen's own account, I will present **hes** mother's articulation of it first.

In Heidi Klausen's account about **hes** early years, which she tells directly to Klausen in a letter in 1938, **hes** early life is presented as a dramatic story in which the infant is a heroic protagonist on a dangerous journey through various physical trials. First of all, she tells Klausen, "when you were born you had no opening for the water at all, You were completely closed and didn't pee for the first two days"; secondly, the child had a painful tumour or hernia between its legs which prevented it from urinating and moving around; and thirdly, it suffered from rickets, causing further difficulties in learning to walk.¹¹⁹ Klausen's mother's account is about how **her** child gets through these critical physical states with the help of skilful physicians, the gentle care of **their** mother and a distant, but supportive father, and some good luck. During **her** telling, Heidi Klausen describes and emphasises intense physical and emotional states during the process: the pain which **her** baby is in, and the happiness of **herself** and **their** father when, in the end, all the medical treatments turn out well and their child is in good health and able to walk.

From the beginning, the focus in Heidi Klausen's account is primarily on **her** baby's health issues and how to overcome them, and only secondly on the question of which gendersex it should be assigned. **Her** baby's corporeality at birth, then, is presented as a matter of a life-threatening condition related to its inability to urinate, for which the family physician has to perform an operation. Gendersex is only indirectly mentioned in relation to the fact that the physician does not find the mouth of the urethra in the place where "the male sex" usually urinates, but in the place where "the female sex" does.¹²⁰ This

¹¹⁸ Whether Heidi Klausen told **her** child directly about **hes** birth and infancy when **she** was growing up is unknown; however, as will be clear below, even if **she** did not, Klausen presents this basic narrative as significant for **hes** understanding of **hemself** until the age of 20.

¹¹⁹ Ibid.: Ac HK 1938, 1.

¹²⁰ Ibid.: Ac HK 1938, 1.

physical fact seems to have served as the indication from which a preliminary gendersexing of the child was made, as, the day after the operation, a birth certificate stating that a daughter had been born to Heidi Klausen and her husband was issued.¹²¹ Likewise, when the account goes on to tell about the hospitalisation of their child at the age of one, Heidi Klausen first focuses on the surgical removal of the tumour or hernia, and only secondly mentions that, when the operation is successfully concluded, the parents asked the surgeon “if it was a girl or a boy”.¹²² A bit uncertain of her own memory, she quotes the surgeon as answering that “on the one side was the female sex, and on the other side was the male sex”.¹²³ She adds that, when the parents asked about returning to the hospital with Klausen at the age of 14–15, he replied, in Heidi Klausen’s words: “[N]o, now what can be done has been done, and now we should be happy that you are able to walk.”¹²⁴

Klausen’s mother’s account of a medical expert encouraging her and her husband to focus on being happy about the successful treatment of their child’s serious health issues and not on an unchangeable corporeal fact, as well as her experiential account of their baby’s fragile and sickly state, presents issues of physical pain and impairment as far more serious threats to a liveable life for their child than the physicians’ inability to clearly determine its gendersex. Writing this account at a time when her, now adult, child had expressed a wish to officially change gendersex from woman to man, also gives the story the function of being an explanation for why she did not take Klausen to a physician or advise them to seek medical examination when they began to develop physical characteristics gendersexed as male, such as a deep voice and beard growth. Since, according to Heidi Klausen, her child’s corporeality from infancy had been determined as bisexed – male as well as female – such a development did not come as a surprise; and because the local medical expert had stated that it could not be medically altered, there seemed no reason to take action.

This account by Heidi Klausen of her child’s bisexed corporeality can be associated with a discursive tradition on hermaphroditism which the Swedish historian of ideas Maja Bondestam has found to be dominant in Swedish medical, legal, and clerical historical sources from

¹²¹ Ibid.: Bc VHK 1926.

¹²² Ibid.: Ac HK 1938, 3.

¹²³ Ibid.: Ac HK 1938, 3.

¹²⁴ Ibid.: Ac HK 1938, 3–4.

the 17th century to the mid-19th century (Bondestam 2010).¹²⁵ She has shown that the idea that some persons could be born physically bisexed was common in the Swedish population at large among people of all classes and regardless of education or lack thereof. Especially during this period, but also during the 20th century, the term hermaphrodite was well-known and commonly used alongside the idea that each person had a true sex and that hermaphroditism or bisexedness was therefore only apparent.¹²⁶ Bondestam's sources show that categorisation of a person, whether official or unofficial, as a hermaphrodite in local milieus could provide a basis for the acceptance of their transition from living as one gendersex to the other, something which in other circumstances was illegal and considered socially unacceptable (Bondestam 2010, Chapter 3). The fact that Heidi Klausen mentions the question of potentially reconsidering their child's gendersex status at puberty suggests that she and her husband were familiar with cases in which persons whose sex was doubted at birth had later been re-categorised; for instance, due to their physical

¹²⁵ No corresponding extensive study about the views and practices around hermaphroditism in a Danish context has yet been made, and the link I make here between Swedish popular, medical, and legal understandings and the Klausen family's context is therefore tentative until such a study has been made. However, Denmark and Sweden have a long common history, and a comparison of Graugaard's and Bondestam's studies shows that the research on sexual development and the discussions in medical milieus in the two neighbouring countries had many similarities during the first decades of the 20th century (Graugaard 1997; Bondestam 2010 Chapter 5; see also Rydström 2003; Rydström & Mustola 2007). The existing Danish studies of individuals who were diagnosed as hermaphrodites are difficult to compare with a study such as Bondestam's because they are limited to very few cases, whereas Bondestam's is more comprehensive, and also because of the differences in the Danish studies' focus and approach from Bondestam's (Rosenbeck 1990, 99–104; 2014; Lützen 1998, 368–90; Vallgård 2005).

¹²⁶ In formal English, the term bisexuality is normally used in contemporary English texts. As this term is nowadays strongly associated with sexual behaviour rather than the biology or physiology of the body, I use the term *bisexual* in this thesis in order to clearly distinguish the two concepts. This is also historically more precise because, from the 1910s to the end of the 1940s, the term bisexuality was specifically used within sexual biology and sexology to refer to a stable constant sexual attraction to persons who were categorised as either male or female. In a number of languages, including Danish, Swedish, and German, two different terms have historically been and still are used for what is considered either a physical state of being doubly sexed (Danish: *Tvekønnet*; Swedish: *Tvåkönad*; German: *zweigeschlechtig*) and being sexually attracted to and having sex with persons categorised as either men or women (Danish: *Biseksuel*; Swedish: *Bisexuell*; German: *Bisexuell*).

development at puberty. However, when advised by the local medical expert to accept that their child's corporeal state was bisexed and unchangeable, the parents assented to his authoritative claim.¹²⁷

Heidi Klausen's articulation of Klausen's corporeality at birth and the negotiations around how to interpret it in relation to gendersexing **hem** can be understood as drawing on what might be called the narrative of bisexedness as presented in Bondestam's research. This suggests that some people may be both female and male at once and that the gendersexed position they are assigned at birth can never fully match their corporeal state. No matter how they may be gendersexed, they will remain bisexed in essence and physically develop bisexed characteristics, although they may live as either a man or a woman. The narrative of bisexedness can thus be characterised as a teleological narrative that fixes its characters in specific positions, predetermined by their biology to develop into particular bodyselves.

The articulation that Heidi Klausen makes in her account of Klausen's early years resonates with this understanding as its central point. Presented through the citing of the hospital surgeon's advice, this is that one's innate corporeality is one's fate and predetermines what kind of life one will have, and that, rather than striving to change this, it is better to accept and live with this fact as best one can. As will be clear below, this particular story and the narrative it reiterates powerfully emplots much of Klausen's life; or, in Arthur Frank's words, **she** "gets caught up in" this teleological first story (Frank 2010, 4ff.). Together, Klausen's three accounts map out a process of questioning, revising, and possibly leaving behind the perspective of this story in order to imagine a different kind of future, one that seemed impossible within the perspective of **hes** mother's story about **hes** corporeality. They may thus be understood as a reconfiguration of this story through the use of a different narrative model, one which suggests that it may be possible to change gendersex status when one's body spontaneously develops in a way that changes one's gendersexed position. I come back to this below, but first I will consider Klausen's

¹²⁷ Neither the term hermaphrodite nor the term intersex is used by Heidi Klausen or Klausen **hemself** in the case file documents, although it is likely that the medical experts they consulted at different points in time may have mentioned them. Perhaps these terms were not common in their local context, or other terms for bisexedness may have been used, for example *hverken* [neither] or *toetulle* [hermaphrodite], which were more popular (and derogatory) Danish terms for a person perceived as both male and female at once (Rosenbeck 2014).

articulation of **hes** experience of **hes** bodyself before this alternative narrative is introduced.

Living a different, changing, and fragile body

In Klausen's rearticulation of the story of **hes** early years, the nature of **hes** corporeality is quite a faithful rendering of **hes** mother's account, but in **hes** own words and writing style. The similarity between the two accounts suggests that Klausen has been responsive to Heidi Klausen's story and has accepted its hailing of **hem** in order to understand **hes** bodyself from the perspective it offers. However, the narrative style of the rearticulation that Klausen makes for Sand differs from that of **hes** mother. In contrast to **her** dramatic story-telling, Klausen uses a neutral narrative tone in all **hes** accounts and letters, mostly noting events as facts, and either omitting descriptions of **hes** emotions in relation to them or writing in a concise and understated manner about them, with only a few exceptions.¹²⁸ While Heidi Klausen's way of writing draws stylistically upon an oral storytelling tradition and in terms of content describes **her** caring for **her** child, who is positioned as the heroic protagonist, Klausen adopts a "neutral" and factual tone for Sand's benefit. This may be a way of responding to Sand's own formal writing style as well as a way of acknowledging the class difference and power relations between them by not wanting to bother the authorities with **hes** personal problems and emotions or to appear demanding. At the same time, Klausen's narrative style may be seen as performing the kind of acceptance or resignation in the face of the corporeal and social facts of **hes** life situation that were demanded by the medical expert in **hes** mother's account and emphasised by Heidi Klausen herself.

In **hes** autobiographical account, Klausen gives an experiential description of the development of the structure and states of **hes** body from infancy to adulthood. As in Heidi Klausen's account, the physical fragility and gendersexed difference of **hes** body compared to those of others are two central themes, and these are woven closely together in the text. Klausen's account opens with **hes** experience of being corporeally different by being very small in stature compared to **hes** siblings, whom **she** describes as being normal and shapely men and women, followed by an account of **hes** health issues as a small child.¹²⁹

¹²⁸ For example, Klausen omits **hes** mother's description of the pain **she** experienced from the tumour or hernia and the parents' worries about **hem** learning to walk.

¹²⁹ RR: MSITA 1208/53: Au VHK 1938, 2.

There is no mention of Klausen's sense of own gendersex before puberty, and experiences of growing up as a girl are simply omitted from the text, which jumps directly to the age of 14. At that time Klausen, in his own words, "began to realise the sexual relations between man and woman and additionally the normal cycle which a woman has each month, but that I have never had", and the year after, their voice breaks and becomes deeper than (other) women's.¹³⁰

The description of this gradual realisation gives the impression that Klausen's difference from others in terms of gendersex was not talked about in the family or noticed by others before puberty. In spite of this, Klausen does not mention any surprise at the physical changes, but, in retrospect, presents them as a source of insight into the nature of his body: "During the transition from my childhood to the adult age, I then became aware that I couldn't conventionally be characterised as a woman, however, I have always had to pretend that I was a woman."¹³¹ The earlier realisation of being different from other girls is thus, in the same sentence, connected with a later, and especially present, experience of having to play a role which is not suitable. Klausen describes how the unexpected physical development at puberty and into their late teens, which does not bring the menstruation associated with being a woman, but instead a very deep voice and later also beard growth, makes their assignment as a woman uneasy for themselves as well as their peers, who make "small remarks" about them to Klausen, over which they feel deeply unhappy and hurt.¹³² This is the first mention of intense emotions in Klausen's texts, marking their first painful experience of others' problematisation of their specific corporeality. The adolescent Klausen attempts to adopt a strategy of resignation and self-acceptance of their body in accordance with the perspective offered by their mother's account: "[I] hid it as best I could, and comforted myself with [the thought] that anyway I had to be as nature had made me."¹³³ In this context, the teleological narrative of embodiment serves as a protection against shame, because being ashamed of the natural fact of one's corporeality, which one

¹³⁰ Ibid.: Au VHK 1938, 2.

¹³¹ Ibid.: Acc VHK 1938, 1. In the Danish text, Klausen uses the word *normalt* which I have here translated as *conventionally* as this is closer to the meaning of the sentence, while also entailing the sense of normalcy.

¹³² Ibid.: Acc VHK 1938, 1.

¹³³ Ibid.: Acc VHK 1938, 1.

cannot change, is articulated as being unreasonable and not constructive.¹³⁴

Klausen's physical development can be characterised as becoming a body that pushes and in some ways exceeds their own as well as their peers' definition and understanding of what a woman is. The above quote shows that, although this leads the adolescent Klausen to conclude that they are not a normal woman, it does not lead them to conclude that their body is male and/or that they are a man, but rather to a bisexing of themselves and a withdrawal from their peers.¹³⁵ Klausen reports that, when she is working as a maid, she avoids sleeping in the same room as colleagues, stay away from social events, claiming that she are not interested in these, and never have friends or lovers, but is very shy and hesitant in relation to her peers.¹³⁶ She seems to be particularly reluctant in relation to showing erotic interest in others, and despite Klausen's statement that, from the age of 17, she felt more interested in women than in men, she recounts in the autobiography to have never had "an excessive erotic craving".¹³⁷ Consequently, during her youth, Klausen does not make any approaches to flirt or court a woman and is neither courted by persons of either gendersex. Her closest relationship is thus with her mother, who does not seem to have opposed her strategy of avoiding close contact with others outside of the family, and who lets her live at home at an age when many other

¹³⁴ This reiterates the contemporary discourse in Western medicine that was introduced at the beginning of the 19th century with the emergence of embryological research. Before this time, having a child whose body was perceived as malformed in some way was often strongly associated with shame. This was because a widespread medical and popular understanding was that such children were the result of either impressions on the pregnant mother's senses which then manifested in the body of the infant, or of parents' sinful sexual activities during consummation which God punished by revealing them in their child's corporeality (Braidotti 1996; Shildrick 2002, Chapter 2). Embryology introduced the idea that nature, not God, shaped the morphology of a child's body, and that this was not determined at consummation, but developed gradually during pregnancy. The body was regarded as a self-organising entity developing through various stages in which new organs were formed out of unformed matter guided by innate hereditary material. During this process, the development might go wrong or the hereditary material might not be realised. According to the developmental theory, this would result in a body and/or mind which was arrested in its development and/or had various kinds of malformation (Bondestam 2010, 169–171).

¹³⁵ In *RR*: MSITA 1208/53: Acc VHK 1938, 1.

¹³⁶ *Ibid.*: Au VHK 1938, 1–2.

¹³⁷ *Ibid.*, 2.

young working-class people have lived at their workplaces for several years.¹³⁸

When writing in 1938, the explanation Klausen give for **hes** limited engagement in social life and lack of close relations with people outside of **hes** closest relatives is somewhat ambivalent. On the one hand, **she** describes this circumstance as voluntary because of **hes** shyness and lack of interest in the activities in which other young people engage. On the other hand, **she** states that **hes** withdrawal was in order to “hide my circumstances” from **hes** colleagues, a statement which is directly connected in the text with **hes** experiences of being teased because of **hes** voice and beard. This indicates that such teasing may also have contributed to **hes** choice, as **she** might experience more if **she** engaged socially more often.¹³⁹ The way in which Klausen writes about **hes** sexual feelings and the erotic relations in the local milieu of which **she** is part further indicates that **hes** lack of connection with other young people and vice versa might have been a way of managing a taboo around same-sex sexual relations and transgressions of conventional ways of embodying femininity and masculinity.¹⁴⁰ Various statements in Klausen’s accounts may be read as indicating that such taboos exist in **hes** local context; for example, **hes** own statement that sexual relations are between men and women; the fact that **she** does not mention same-sex attraction as a possibility; and **hes** shying away from the thought of trying to establish a sexual relationship with a woman when positioned as one **hemself**.¹⁴¹

¹³⁸ In Denmark during the 1920s and ‘30s, the children of farmers and working-class people often moved to the places where they were employed as unskilled workers after their Christian confirmation, that is, at the age of 13–14 (see, for example, Rosenbeck 1990).

¹³⁹ RR: MSITA 1208/53: Acc VHK 1938, 1.

¹⁴⁰ A central point in six of the historical studies of hermaphroditism and intersex is that a politics of trying to prevent same-sex, inverted, or homosexual relations has been one of the most central motivations for attempting to regulate the sexual behaviour of persons diagnosed as hermaphrodites or with an intersex condition (see Dreger 1998; Sharpe 2002; Cleminson & García 2009; Reis 2009; Edenheim 2005; Alm 2006). Bondestam also uncovers the same sexual politics of trying to prevent same-sex relations in Sweden, but with the difference that, until the beginning of the 19th century, she has not found indications of concerns among Swedish medico-legal experts about a risk of same-sex or homosexual relations, but rather of normal or heterosexual relations between members of single-sex institutions who turned out to not be of the same sex (Bondestam 2010, Chapter 3).

¹⁴¹ These statements can furthermore be understood as managing the same taboo in relation to Knud Sand and, by extension, the Medico-Legal Council as the receivers of

Furthermore, the remarks of **hes** peers about **hes** voice and beard growth and the fact that none of them shows any sexual interest in Klausen may also point in this direction. Such a distancing may be understood as implying that **hes** corporeality is not only unusual, but also perceived by members of **hes** social group as disturbing and potentially threatening to its order and norms. In such a milieu, there are strong norms and expectations for its members to be sexually attracted to persons categorised as belonging to the other binary sex, who are furthermore expected to embody conventional notions of masculinity when categorised as men and femininity when categorised as women and not to display characteristics which are associated with the other sex. Thus, a body like Klausen's would not only misfit the notions of what may be considered sexually attractive, but others' potential sexual attraction to Klausen may be regarded as threatening to their positions as sexually normal. On the one hand, **hes** body may be regarded as too closely associated with (other) men's bodies for young men to display attraction without being perceived as potentially homosexual; and, on the other hand, for young women to display attraction towards Klausen when **she** is positioned as a woman, even if attracted to **hes** masculine appearance, would be to position themselves as homosexual as well.¹⁴²

Klausen's texts. In relation to many other aspects of Klausen's life, **she** indicates in **hes** accounts a perception of **hemself** as physically bisexed and psychologically having a preference, but not an urgent desire or need, to engage in activities which are associated with being a man, while being able to function socially and in the workplace as a woman. In contrast, in relation to the question of erotic feelings, which **she** is specifically asked by Sand to write about, Klausen repeatedly declares these to be stable and only oriented towards the female sex, but not to being "an excessive erotic craving" (RR: MSITA 1208/53: Acc VHK 1938, 1; Acc VK 1953). As the Danish term *sygelig* literally means "sickly" or "pathological", this statement both positions Klausen's erotic attraction as that of a normal man, and at the same time counters contemporary popular and medical discourses, which associated sexual abnormality, especially homosexuality, with abnormal embodiment. As I will discuss in the following sub-section of the analysis of Klausen's case, the information **she** gives about not having any sexual experiences with others and the views **she** expresses on what are legitimate sexual relations positions **hem** as a person who is not to be considered a threat to the social order, but is on the contrary oriented towards supporting it. These statements came to significantly contribute to the decision by the medico-legal authorities to grant **hem** a change of gendersex status.

¹⁴² Some of the other cases from the Danish National Archive show that, in other social contexts, having a corporeality which differed from the expectations for how a woman or a man would be embodied was neither a hindrance to establishing romantic or sexual relations with single persons, nor necessarily precluded being

If such normative dynamics were indeed at play in the local milieu to which Klausen belonged, adopting a strategy of not approaching others in a flirtatious or very friendly way and instead waiting for them to eventually court or make friends with one seems to be a positioning that would reduce the risk of conflicts with others. Klausen's own accounts indicate that, in the local context in which *she* lived, this strategy of keeping a distance from others and refraining from participating in activities providing situations where friendly, romantic, and erotic relations are frequently established might have allowed *hes* peers to more easily accept *hes* presence in different workplaces and *hes* limited participation in social gatherings. It might also have protected *hem* from negative approaches from others, except for the teasing remarks, which can be understood as a form of moderate policing reminding *hem* of the social and sexual norms, by signalling erotic self-discipline and compliance with these norms. On the other hand, it also prevented Klausen from forming close relationships, be they friendships or romantic and sexual relations. In

perceived as sexually attractive by many persons in a local social context. Two cases of persons who were diagnosed with pseudo- and true hermaphroditism from periods close to that of Klausen's may be mentioned: The cook Valborg Rosa Hansen, whose case I discuss below, had been assigned female gendersex status from birth and identified as a woman but was described by medical experts as a man with an underdeveloped phallus and a short vagina (RR: MSITA 2921/46). While *she* and *her* male partner had found that they could not have penile-vaginal intercourse, they still remained engaged and had sexual relations for one and a half years (ibid.: Mrec VRH-SH 1953, 1). The unskilled worker Asger Petersen, who grew up as a girl until age ten and was then granted a name change by the Ministry of Justice because of what was described as a physical development in a male direction, was extremely popular among the local girls as an adolescent. They considered *him* to be especially good-looking, and *he* was going out with and having sexual relations, not including penile-vaginal intercourse, with many of them (RR: MSITA 261/35). *He* was twice engaged to be married to women with whom *he* had sexual relations, including intercourse, before marrying a third with whom *he* lived happily for at least seven years. At the age of 30, medical experts determined *him* to be a woman (a conclusion that was not communicated to Petersen) from a test made with the new technology of the Barr-body test which showed a person's number of X-chromosomes, and *he* was found to have a uterus and a hypertrophied clitoris (which had previously been determined to be a small penis). Furthermore, many of the other historical studies which focus on different periods than that of this thesis mention numerous examples of other persons with corporealities which medical experts perceived as clearly incongruous with their assigned gendersex status who had sexual relationships and/or were married to persons of the sex to which the physician thought they should rightfully be assigned (see, for example, Dreger 1998; Cleminson & García 2009; Reis 2009; Bondestam 2010; Mak 2012).

Klausen's accounts, social situations and exchanges outside of **hes** home are thus depicted as risky for **hem**. Meanwhile, **hes** mother's home is presented as the place where Klausen fits best, because here **hes** mother provides **hem** with a space where **hes** bodyself is fully known and accepted and expectations of **hem** are adjusted to **hes** corporeality and abilities.

The various physical developments from puberty through adolescence, and Klausen's experience of some erotic interest in women and not in men from the age of 17, sparked more concrete thoughts about the possibility of changing gendersex status. However, in her autobiographical account of 1938 **she** states that, at this point in time, **she** considers **hemself** inadequate to embody the position of a man for two reasons: firstly, **she** doubts that **she** would ever be able to make a woman pregnant, and, secondly, **she** doubts that **she** will have the physical strenght for performing men's work.¹⁴³ By way of the first statement, Klausen signals that if **she** cannot fit the sexual norms in **hes** local milieu and engage in a normal(ised) sexual relationship with a woman which can lead to the founding of a family, **she** would rather give up any claims to having erotic connections with others. Apart from Klausen's concern over whether the non-normative shape and function of **hes** genitals would be inadequate for reproductive purposes, which **she** presents as crucial for having a lasting relationship with a partner, the theme of the physical fragility and lack of strength caused by **hes** childhood rickets returns here in the form of an extra challenge to imagine **hes** body as adequate to perform unskilled men's work. While in Klausen's class and social context, women are not expected to engage in manual labour as hard as that of men, the inability to perform work requiring great physical strength and stamina is presented as a serious obstacle to a liveable future as a man. In this way, Klausen's disability can be regarded as contributing significantly to the intersexing of **hem** – here first by **hemself**, but later also by others.

Viewed from the perspective offered by Rosemarie Garland-Thomson's theorising of how specifically embodied persons may fit or misfit various contexts, the physical characteristics that Klausen develops can be said to render **hem** a misfit in relation to **hes** milieu in both a social and a material sense (Garland-Thomson 2011). On the one hand, after puberty Klausen's corporeality increasingly positions **hem**

¹⁴³ RR: MSITA 1208/53: Au VHK 1938, 2.

as misfitting the contemporary local definition of a woman as well as the expectations and notions among both **hes** male and female colleagues for what and who can be attractive as a possible partner.¹⁴⁴ On the other hand, in the working-class context of which **she** is part, **hes** relatively short, delicate, and fragile bodily form, and the fact that **she** is easily exhausted by physical labour, has the effect that **she** also misfits the understanding of and demands for being a male worker. This double misfitting of both of the gendersexed positions that Klausen sees as available to **hem** in **hes** current social milieu, creates a dilemma in relation to the question of whether **she** should try to have **hes** status changed. Even though Klausen declares that **she** is more interested in performing men's than women's work and would eventually like to have a love relationship with a woman, **she** does not express a strong desire or need to be in this position because of an inner feeling of being masculine or a man. At this point in time, **she** is rather thinking more pragmatically about the advantages and disadvantages that different ways of being positioned and living may have for **hem**. In relation to this, **she** considers practical, social, and economic aspects to be as important as **hes** emotions and sense of **hemself** as misfitting the category of woman.

The introduction of the narrative of erroneous sex

In Klausen's autobiography, this notion of not being able to function as a man in a reproductive and professional sense serves as an explanation for why **she** does not contact a local authority regarding a change of gendersex, even when **she** is becoming increasingly convinced that **she** is physically more male than female, feels attracted to women, and is more interested in farming than in housekeeping. It is thus not Klausen, but **their** physician who, when **they** are around the age of 20, "thought that I should travel to Copenhagen" to be physically examined by Professor Knud Sand, the expert in sexual development, in order to determine whether **she** could be surgically transformed into the male sex and be granted a change of name and legal gendersex status.¹⁴⁵ This suggestion introduces an alternative narrative model to Klausen, which **she** seems either not to have encountered or not paid attention to before, which in medical contexts was known as *erreur de sexe*, or erroneous sex.

¹⁴⁴ Ibid.: Acc VHK 1938, 1.

¹⁴⁵ Ibid.: Au VHK 1938, 3.

The narrative of erroneous sex, as Geertje Mak has shown, became established within European medicine from the end of the 19th century, and promoted the idea, based upon new practices of determining sex from gonadal tissue, that bisexedness was only apparent (Mak 2012, Chapter 8).¹⁴⁶ However, the concept of an error of sex was also used more broadly within medicine and popular culture between the end of the 19th century and the 1930s to refer to instances in which a person was assigned one sex at birth, but later developed physical characteristics which led to a medical redetermination – sometimes, but not always, supported by gonadal biopsy – that they belonged to the other sex (Dreger 1998; Cleminson & García 2009, Chapters 3 & 4; Klöppel 2010, Chapter 3.4ff.; Mak 2012, Chapters 8 & 9). The narrative of erroneous sex was first popularised after Alexina Barbin’s memoirs were published in 1874 by the French medico-legal expert Auguste Tardieu (Foucault 1980; Dreger 1998, 76).¹⁴⁷ In his interpretation of the text, Tardieu introduced the notion that living an apparently bisexed

¹⁴⁶ Previously, in cases of doubtful sex, a person would have been determined as bisexed or hermaphroditic and a medical expert’s task was to determine which sex was predominant. From the late 19th century, the prescribed procedure would instead be to determine a person’s true sex from a biopsy of their gonadal tissue. This would lead to a categorisation of individuals as either male or female pseudo-hermaphrodites, or, in the rare cases when mixed gonadal tissue was found, a true hermaphrodite (Dreger 1998; Cleminson & García 2009, 15–16 & Chapter 3; Reis 2009, Chapters 3 & 4; Bondestam 2010, Chapter 5; Klöppel 2010, 299–300; Mak 2012, Chapters 7 & 8). *Erreur de sexe* might thus entail cases in which a person was and always had been considered as belonging to one gendersex category but the gonadal tissue suggested another gendersex category to physicians (Mak 2012, 152). In her early study, Dreger has argued that sex determination from gonadal tissue was a more or less uncontested practice in France and England from the 1860s to 1915. Later studies have shown, firstly, that the time of introduction and period of dominance of this procedure varied in different countries – in Sweden, for example, it was not used before 1900 (Bondestam 2010, 178); and, secondly, that many physicians resisted the practice, because they found it controversial, especially if persons positioned as patients were forced to change gendersex legally and socially on the basis of gonadal structure alone (Cleminson & García 2009, Chapter 3; Bondestam 2010, 176–188; Klöppel 2010, Chapter 3.4, 300–301 & 589; Mak 2012, 159, Chapters 7 & 8 & 230–232).

¹⁴⁷ Auguste Ambroise Tardieu (1818–1879) was a French medical doctor and forensic medical scientist who was professor of legal medicine at the University of Paris from 1861, dean of the Faculty of Medicine from 1864, and president of the French Académie de Médecine from 1867. He specialised in forensic medicine and toxicology and participated as a legal expert in over 5200 court cases. His many published forensic analyses cover a diverse area including child abuse, rape, abortion, homosexuality, insanity, drowning, hanging suffocation, and tattoos.

body in which the sex had been erroneously determined at birth endangered both the person themselves and the social order. According to him, Barbin's story demonstrated that the true nature of such an individual would invariably manifest later in life, especially in their sexual desire, and this might lead to social scandal if, as in Barbin's case, the person engaged in a sexual relationship with a person of the other sex, with whom they had been forced to live closely together. Furthermore, Tardieu argued from Barbin's story that having a body with genitals which are 'malformed' is an unbearable state that disables a person not only physically, but also emotionally and psychologically, and may ultimately lead to suicide (Foucault 1980: 122–123). During the decades following Tardieu's publication, there was an international discussion among medico-legal experts on the importance of finding ways to avoid errors of sex, as well as how physicians ought to deal with such cases when they were discovered later in a person's life (for these discussions in specific national contexts, see Dreger 1998; Cleminson & García 2009, Chapter 3; Reis 2009, Chapters 2 & 3; Bondestam 2010, Chapter 5; Klöppel 2010, Chapter 3; Mak 2012).

A further part of the background for this narrative was the autobiographical account of Martha/Max Baer, published by Magnus Hirschfeld in 1907 (Body 1907/2006).¹⁴⁸ This autobiography was

¹⁴⁸ N. O. Body's book was written after Max Baer had had his gendersex status changed from female to male and it was published with both a foreword by the contemporary German author Rudolf Presber and an epilogue by Magnus Hirschfeld. In the 1990s, it was republished with a companion text by Hermann Simon, in which he traced the historical Martha - Max Baer before and after their shift in social gendersexed position. The story told in N. O. Body's autobiography, which has been translated as *Memoirs of a Man's Maiden Years*, can be summarised as follows: The protagonist, Nora, is assigned female sex at birth and raised as a girl. However, as she grows up, she senses that something is not right with regard to her sex assignment. She realises this from a multitude of different facts: Already as a small child, Nora feels like a boy and is recognised, negatively, by others as a boy, and excluded by girls for her boyishness. She also notices certain differences between her body and those of other girls. At puberty, she does not develop breasts or begin to menstruate like they do, but instead her voice breaks, and she experiences beard growth, all of which she attempts to hide from others. Furthermore, her interests and aversions differ from those of other girls, and she finds that she is strongly erotically attracted to girls. Later on, young women also feel strongly attracted to her, which leads to feelings of confusion, and thus Nora begins to doubt her assignment as female. Over time, this sexual tension grows into a grave inner conflict between Nora's appearance as a woman and her masculine being. Finally, she engages in a passionate love affair with her girlfriend, Hanna, but, feeling that their situation is hopeless, they decide to commit suicide together. Nora buys poison and waits for Hanna to come to Berlin to

written under the pseudonym N. O. Body and in some ways reconfigured the narrative of erroneous sex, although Barbin's and Body's stories also share many similarities: Their protagonists were both assigned the female sex at birth and later declared to be male; they were both described as coming to a gradual realisation of a marked physical difference between themselves and (other) girls and women; and they both engaged in a secret passionate love affair with a(nother) woman.

In an analysis of the two memoirs, Mak shows that the most significant difference between Barbin's and Baer's stories is the depiction of the effects of the declaration that their sex has been erroneously determined. In Barbin's text this leads to public scandal for Alexina and their lover, to Barbin's exile after a legally determined change of name and gendersex, to unbearable isolation, and ultimately to suicide. In contrast, for Body the revelation of the mistake is the beginning of a new life in which **he** and **his** lover can get married and live together, and where Body can finally begin to live his life as the man whom **his** bodily instincts have always told **him** that **he** was (Mak 2012, Chapter 9). Connecting Body's autobiography to contemporary (auto)biographical literature as well as Hirschfeld's and other sexologists' publications and interpretations of homosexual men's autobiographies, Mak argues that Body's account articulates the emerging idea of an inner sense of a sexed self which, from the beginning of the 20th century, gradually became more dominant than the previous notion, whereby the sex of the body prescribed a person's natural place in society (Mak 2012, Chapter 9 & Conclusion). This idea was intertwined with a discourse on the right to manifest this inner sexed self, presented as innate and unchangeable, as being the way to a harmonious, happy, and productive life, which was promoted by Hirschfeld and homosexual rights movements across Europe, especially in capital cities like Berlin (Mak 2012, Chapter 9).

In Baer's memoirs, true sex is thus an inner sense of what and who **he** is rather than the morphology of the body; and in Magnus Hirschfeld's and other sexologists' theories propounded during the first decades of the 20th century it is argued that, in cases of doubt, the

carry out their plan. However, before they get to realise it, Nora seriously injures **her** foot, and when visited by a physician, she breaks down and tells **him** **her** whole life story. When the physician examines **her** body and genitals and declares **her** to be male, the protagonist finally discovers the truth about **his** body and self, realises that **he** will be able to marry Hanna, and envisions a bright future for them together.

decision on which status a person should be allowed to have should be decided at least as much on the basis of an examination of what they terms the sex of **their** mind or psychological sex as from an examination of **their** gonadal tissue (which might be dysfunctional or non-functional) along with other physical characteristics and functions (Mak 2012, Chapter 8; see also Reis 2009, Chapter 3; Klöppel 2010, 300–301). Furthermore, after the First World War, it became standard procedure in many countries that, once it had been decided which gendersexed position was the most convenient for a person to continue **their** life, surgeons would perform operations that would bring the person's body to appear and function as closely to a male or female body as possible (Cleminson & García 2009, Chapter 4; Reis 2009, Chapter 4; Klöppel 2010, 332; Mak 2012, 232).

The suggestion that **she** might go to Copenhagen to be examined by Professor Knud Sand, made by Klausen's physician at the beginning of the 1930s, thus introduces for the first time in the account an alternative way of perceiving and relating to **hes** corporeality and possibilities for living in the future. According to this narrative, firstly, Klausen should not be perceived as naturally bisexed but as actually male, and, secondly, it suggests the possibility that **his** corporeality might be changed to appear unequivocally gendersexed as the male **he** really is. It thus provides an alternative to the narrative on which Klausen has grown up, which represented one's innate corporeality as unchangeable and one's gendersexual development as determined by nature, by suggesting the possibility for re-evaluating as well as changing Klausen's gendersex status in both a physical and a social sense. In retrospect, Klausen writes of **hes** reaction to this suggestion, that when **she** was first presented with it, **she** "did not really have the courage for" taking the first step towards being "transformed into the male sex" by getting a referral to Sand.¹⁴⁹

This articulation indicates both that **she** does not from the outset perceive **hemself**, as **hes** physician suggests, as being male already, but believes that some kind of transformation is needed to become male, and also that Klausen is tempted by this thought, but hesitates to take the suggested step to try to realise it. Being presented with a narrative of changeability and encouraged to act on it to change **hes** life does not immediately lead to Klausen adopting this perspective for understanding **hes** bodyself and **hes** possibilities for choosing to live a

¹⁴⁹ Ibid.: Au VHK 1938, 3; Acc VHK 1938, 1.

different life as a man in the future. **She** continues **hes** life as before, working as a maid and living with **hes** mother for another six years.¹⁵⁰ Still, having been introduced to the narrative of erroneous sex does make a difference. As Arthur Frank has stated, no matter whether a person gets caught up in a story or rejects it, once heard, a story will work on them, and **they** “cannot claim not to have heard it” (Frank 2010, 35). One of the ways in which a story can work is by making real something that was not previously acknowledged because it has made it narratable (Frank 2010, 92). In Klausen’s case, once **she** has heard the narrative of erroneous sex, it begins to emplot **hes** life by stimulating **hem** to imagine how **she** would feel, and what **hes** life would be like if **she** began living as a man.¹⁵¹

Imagined futures in Klausen’s accounts

In 1938, when Klausen is in **hes** mid-20s, **she** moves away from **hes** mother for the first time when **she** secures a position as a maid in Northern Zealand. Here, **she** starts living with **hes** younger brother, whose home is in the area of **hes** new workplace.¹⁵² At the same time, **she** decides to ask for a referral to Knud Sand to be physically examined and obtain advice on **hes** situation.¹⁵³ Sand’s accounts of both 1938 and 1953 show that, in **his** view, Klausen’s case is clear: at both the examination and interview, **he** has found indications for proceeding along the lines of the established medical and legal procedures for determining whether Klausen is (predominantly) male or female, and if Klausen is male, as **she** **himself**, **hes** local physician, and Sand already strongly suspect, surgery should be performed and Klausen’s gendersex status should be officially changed.¹⁵⁴ As a first step in preparing an application from Klausen to the Ministry of Justice for a change of name and legal gendersex status, Sand first examines **hem**, then asks **hem** to write an autobiography and account of **hes** current circumstances. In addition, **he** arranges for Klausen to undergo a range of more specific medical examinations and tests at the State Hospital.¹⁵⁵

¹⁵⁰ Ibid.: Au VHK 1938, 3; Idp MLC, Su VHK-KS 1953, 9-10.

¹⁵¹ Ibid.: Au VHK 1938, 2; Acc VHK 1938, 1-2.

¹⁵² Ibid.: Au VHK 1938, 1 & 3; Idp MLC, Su VHK-KS 1953, 5.

¹⁵³ Ibid.: Ref VHK 1938. Klausen obtains a referral from both **hes** physician and the physician at **hes** local health insurance fund; see Idp MLC, Su VHK-KS 1953, 5.

¹⁵⁴ Ibid.: Idp MLC, Su VHK-KS 1953, 1-6.

¹⁵⁵ Ibid.: Idp MLC, Su VHK-KS 1953, 6.

Klausen's own two accounts from 1938 do not communicate the same certainty about what should happen after Sand's examination, and there is no explicit indication in them that **she** has taken an unambiguous decision to try to have **hes** official gendersex status changed. Instead, **hes** account of **hes** current circumstances during this year contains reflections on how **she** imagines **hes** situation might turn out socially and legally if **she** went through such a change. These reflections are written as two different scenarios, one from a realistic perspective related to Klausen's past and current experiences, and one from a utopian perspective related to **hes** wishes and dreams.

In the first scenario, Klausen imagines **hemself** returning to **hes** home area in Southern Jutland wearing men's clothes among the people who know **hem**, and remarks that "perhaps I would be a bit embarrassed about [it]".¹⁵⁶ Considering not returning, but creating a new life somewhere else, Klausen writes that only **hes** family binds **hem** to Southern Jutland, but that, still, **she** feels that **she** cannot leave **hes** home.¹⁵⁷ Klausen thus expresses an ambivalent attachment to **hes** home area: On the one hand, **she** is socially isolated in the countryside and in the small provincial towns where **she** grew up and has worked, and after the transition to a position as a man, it might seem easier to begin a different kind of life in a new place where only a few people or no-one knows **hem**, such as Northern Zealand where **she** now lives and works. On the other hand, the only place where Klausen has so far experienced a loving and affirming relationship with a person who knows **hes** bodyself intimately is in **hes** childhood home with **hes** mother. Furthermore, although Klausen is not socially popular, **she** still has a number of local connections who are willing to help **hem** get a job, and colleagues that **she** knows and who know **hem** and with whom **she** is used to working.¹⁵⁸ All this seems difficult for Klausen to give up for an unknown life in an unfamiliar place together with strangers, perhaps especially when so far **she** has experienced social interaction as awkward and has generally withdrawn from it outside of work situations.

However, imagining returning as a man among people who have mocked **hem** for **hes** masculine physical appearance also evokes feelings of shame in Klausen. Although **she** doesn't elaborate much on

¹⁵⁶ Ibid.: Acc VHK 1938, 1.

¹⁵⁷ Ibid.: Acc VHK 1938, 1-2.

¹⁵⁸ Ibid.: Le VK-KS Mar 1954; Le VHK-MJ Apr 1954.

these feelings in **hes** articulation, it is the first reservation about changing gendersex status that **she** mentions, which suggests that they are important to **hem**. Klausen does not elaborate more precisely upon what this embarrassment in relation to being faced with **hes** peers in a differently gendersexed position entails, but it would seem likely that **she** would attract a lot of attention in the local milieu and be asked about what kind of corporeality **she** has which could have qualified **hem** for an official change of gendersex category. This might lead to a situation in which Klausen would be publicly positioned as a bisexed person with genitalia that do not fully live up to the contemporary local medical or popular notion of either a woman or a man. In Klausen's accounts, sexual and intimate bodily matters are presented as not being talked about openly, and as something which **she** has not been told about directly but has had to guess or find out about along the way. This may make it shameful for **hem** if others should learn about the specific differences in **hes** body compared to others'.¹⁵⁹ Furthermore, others might regard such a corporeality as malformed, which might significantly limit Klausen's chances of finding a female partner within the local milieu in the future.

In addition, in Klausen's historical national context it is illegal for a man to live as a woman, and **she** depicts this as a social taboo in **hes** local milieu, where no sexual relations can be imagined except those between "man and woman", and a woman with a masculine appearance is ridiculed.¹⁶⁰ Accordingly, in this context, even if **hes** peers position **hem** as having always been more male than female and **hes** life so far as a girl and woman as having been a pretence (as **she** **hemself** has described it) – or, worse, a deception which **hes** peers have previously suspected and which has now come to light – such a form of acceptance may still be regarded as shameful, as **she** would then be perceived to have been a man who was forced to live as a woman.¹⁶¹

¹⁵⁹ Ibid.: Au VHK 1938, 2.

¹⁶⁰ RR: MSITA 1208/53: Au VHK 1938, 2.

¹⁶¹ Several of the historical studies of hermaphroditism and intersex have shown how, in different places and historical periods, persons who were perceived as bisexed, hermaphroditic, or in other ways intersexed, were suspected or accused of deception and fraud because they were thought to be impersonating a gendersex to which they did not belong and were legally prosecuted and/or socially persecuted for this. See Dreger 1998, Chapter 3; Reis 2009, Chapter 2; Bondestam 2010, 186–188; Eckert 2010; Mak 2012, Chapters 5, 7 & 8.

The two other reservations that Klausen mentions in **hes** first scenario are related to worries about future employment and earning a living: **she** states that “nowadays, young men don’t find a job as easily as young women”, and that, in addition to this, it will be a special challenge for **hem** to find a job **she** can perform because of **hes** physical fragility and lack of stamina.¹⁶² Furthermore, in the medical report from 1938, describing **his** conversation with Klausen at **his** first two consultations with **hem**, Sand states that Klausen has given **him** two additional reasons for hesitating to take any steps towards having an official change of name and gendersex: “[P]artly, that he is very poor and has speculated much about [how he will be able to buy] an eventual expensive wardrobe of men’s clothes, partly the question of whether he [...] would have to go on military service and could risk becoming a soldier.”¹⁶³ Klausen’s account of 1953 confirms this information, and **she** states that it was not until 1951 that **she** succeeded in saving enough money to buy **hes** first full set of men’s clothes. This statement enhances the impression that the question of being able to find work and earn a living is indeed a very serious issue for Klausen, and one that has to be prioritised before all others.¹⁶⁴ To succeed in this, it is crucial for Klausen to have connections with people who will either re-employ **hem** in previous unskilled positions or recommend **hem** to new workplaces. Furthermore, the availability of jobs based on physical labour, yet still light enough for **hem** to perform, is important, and during the late 1930s, in these terms, Klausen considers **himself** to be better off in the position of a woman than of a man.

Regarding Klausen’s fear of having to serve as a soldier, this was something Sand regarded as implausible as **he** stated that Klausen would have been rejected for military service on the basis of **hes** physical state.¹⁶⁵ However, even if unlikely to occur, it was still a reason that Klausen gave repeatedly. In **hes** accounts and letters, there is no

¹⁶² Ibid.: Acc VHK 1938, 2. In Denmark, from 1913, the police regulations made it possible to arrest persons categorised as male if they were wearing women’s clothes in public because this was considered to disturb the public order or be contravening decency. From 1938–1967, an addition was made to the regulations which made it illegal for persons of the male gendersex to wear women’s clothes in public. Violations of the law could be punished with fines and, ultimately, imprisonment (Thranesen 2015).

¹⁶³ Ibid.: Idp MLC, Su VHK-KS 1953, 5.

¹⁶⁴ Ibid.: Acc VK 1953.

¹⁶⁵ Ibid.: Idp MLC, St VHK-HH 1954.

specific reason given for this fear, but, from what **she** communicated in these about **hes** preferences for working alone and not being dependent on others and **hes** concerns about being in situations where **she** might be physically exposed to the gaze of others, **she** might have been keen to avoid having to go through extremely demanding physical training in an all-male milieu which lacks privacy. Whatever the reason for Klausen's concern about possible military service, **hes** choice of not applying for a change of name and gendersex until after the age of 40 when **she** was no longer eligible to be called up speaks volumes about its importance to **hem**.¹⁶⁶

At the same time, the fact that, in Klausen's account of 1953, a wish to avoid military service is emphasised as the main reason why **she** had not applied before then, and that other reasons mentioned in **hes** previous accounts are either omitted or only indirectly referred to, might be because, in retrospect, this reason works as a strong argument against becoming positioned as a man between the late 1930s and mid-1940s. Although in many other national contexts Klausen's avoidance of participating in war would have been perceived as cowardice, this would not necessarily be the expected reaction in the contemporary Danish context. Klausen's articulation of adopting a strategy of protecting **hes** fragile body from harm by refraining from engaging in direct military conflict reiterates on a micro-level the official Danish discourse during and after the Second World War on the relation between the small and fragile nation of Denmark against the overwhelmingly large and strong German nation. When Denmark was occupied by German troops on 9 April 1940, the Danish government, which was taken almost completely by surprise, decided to put up no official resistance and, during the following years, to a great extent played along with the role offered by the occupying force of being a neutral "model protectorate" of Germany (Shirer 1959/1998, 629). First the Danish government and then, from the end of 1943, the Secretary Cabinet engaged in a politics of negotiation and, some would claim, cooperation with their occupiers until the German capitulation and the

¹⁶⁶ In 1953, Both Sand and Helweg emphasise Klausen's being beyond the age of being called for military service as a factor which speaks for granting **hem** permission to have a change of name and legal gendersex, stating that the elimination of the possibility of having to serve has solved what they perceive to be one of the major obstacles to Klausen's living as man, although they believe this to be more a psychological issue than a practical one (ibid.: Idp MLC, Su KS-MLC 1953, 11 & St HH 1954).

end of the occupation on 5 May 1945 (Shirer 1959/1998, Chapter 20; Giltner 2001). After the end of the war, there remained a widespread, though contested, national discourse that this political choice had served Denmark better than risking the material and structural destruction of Danish society in an open war with Germany, which the nation would inevitably have lost almost immediately (Giltner 2001; Bryld 2007). In this discourse, as well as in the general international political, legal, and medical discourses on populations during the first half of the 20th century, the nation was often metaphorically depicted as a body or organism consisting of and defined by its citizens and their physical qualities (Koch 1996; Schroll-Fleischer 1987/1996).¹⁶⁷ In Klausen's account, this metaphor is used in the opposite way, as it is **hes** bodyself that is depicted as being in accordance with the larger Danish national body as **she** adopts its official strategy of protecting **hes** small and fragile body from harm by avoiding military conflict.

In the 1950s, such an articulation seems to have made Klausen's choice of refraining from applying for a change of name and gendersex status during the occupation years understandable and acceptable to both **hemself** and **hes** peers, while the more personal reasons for **hes** hesitation were either downplayed or not mentioned. In 1953, Klausen highlighted it as the main reason for deferral in **hes** new account. Sand and other members of the Medico-Legal Council did likewise in the evaluation of **hes** case and their correspondence with the Ministry of Justice. It was also stated in two articles about Klausen's transition published in a national newspaper and a popular magazine in 1954.¹⁶⁸

¹⁶⁷ This idea was popularised from the end of the 19th century onwards through the work of English philosopher Herbert Spencer (1820–1903) and was central to Social Darwinism (see, for example, Simon 1960). In the inauguration speech for **his** doctorate at the Forensic Institute of the University of Copenhagen, Sand **himself** used this metaphor of “the societal organism”, which forensic medicine must keep clean from “diseases” detectable through the symptoms of “antisocial manifestations” and “social evils” (Sand 1926, 238).

¹⁶⁸ RR: MSITA 1208/53: Co Pol 1954; Co Bil 1954. In case files from the archive of the Medico-Legal Council, there are a number of cut-out articles from newspapers and magazines about persons who have transitioned. These take the form of short features summarising the main facts of a case, or longer portrait articles, which often contain interviews with a person. A whole project could be made out of analysing the depiction and participation of intersexed and trans people in the Danish media. As an analysis of the media reception of hermaphroditism, intersex, transsexualism, social and legal transitions, gendersexed body modifications etc. is outside the scope of this project, I do not make separate extensive analyses of these articles. However, the two articles about Klausen are interesting examples of interactions between the media and

The fact that the journalists who wrote both articles mention it as a reason that needs no explanation or comment, and generally depict Klausen in a positive way, indicates that such a strategy, at least in a case like Klausen's, was not regarded as shameful or controversial. At the same time, in both the articles and **hes** accounts for the Medico-Legal Council, focusing on such an explanation for the perceived delay in **hes** transition allowed Klausen to remain silent about **hes** other, more personal, reasons involving fear of exclusion and unemployment which would publicly expose **hes** specific physical difference and fragility and **hes** precarious economic and social situation.¹⁶⁹

The second, more utopian scenario in Klausen's account of **hes** current circumstances from 1938 represents a rare moment in **hes** texts of imagining a liveable and personally fulfilling future. "[M]y interest," Klausen writes, "has always been in cultivation and farming, but as I cannot handle performing the rough and heavy work which some parts

people who have transitioned medically, legally, and socially. Generally, they can be characterised as framing **hes** case within the contemporary debate on perceived sex change through surgical body modifications following the international publication of the Christine Jorgensen case, but they also draw on another, more well-established narrative about spontaneous physical sex change (see Oram 2007). In this sense, the articles make no clear distinction between a notion of hermaphroditism/intersex and one of genuine transvestism (neither of which terms are mentioned) since both spontaneous physical development and a man-made development through hormone distribution and surgery, or a combination of both, are considered to be changing a person's gendersex. The article in *Billedbladet* focuses in particular on the problems that people who have changed gendersex may encounter in finding a job, citing Klausen as an example, while presenting the physical and legal aspects of transitioning as unproblematic given that several medico-legal experts are willing and able to help with these. The fact that the content and perspective of the article are close to Klausen's articulation in **hes** account of **hes** current circumstances in 1953, and includes several photographs from **hes** life from childhood to adulthood, and before and after the transition, makes it probable that it was based on a personal interview with **hem**. **Hes** case is presented in a normalising and sympathetic way, and the article opens with the words: "It has become possible to change sex without attracting attention. Chris Jorgensen's case is not unique, one just does not hear so much about the many others who through an operation are helped to experience life in a new and better way" (RR: MSITA 1208/53: Co Bil 1954). For extensive historical studies of media representations of persons presented as women who lived as men and of persons who were perceived to spontaneously change sex as adults, see Oram 2007 and Tebbutt 2014.

¹⁶⁹ Klausen did not know of Sand's reporting to the Medico-Legal Council of these in more detail than **she** had given, especially regarding **hes** economic situation, about which **she** **hemself** remained silent in **hes** official accounts until **hes** period of involuntary unemployment.

of farming demands, my wish has always been to apply for an easier and permanent position in some profession where I would not be dependent on others.”¹⁷⁰ This scenario thus begins with an imagined scene of having a corporeality that would not restrain Klausen in any way and in which *she* would follow in *hes* late father’s footsteps either by taking over the job on the family farm or having *hes* own farm. This is immediately modified in the same sentence to a more realistic imaginary of having a job that suits *hes* actual corporeality better and in which *she* would feel comfortable with *hes* specific bodyself. This includes being economically secure in a permanent position and not being dependent on others. The independence that Klausen desires might refer to working by *hemself* and feeling comfortable and competent in not comparing *hemself* to other men or women as *she* does in *hes* current situation. Or it might refer to having a man’s job together with other men in which Klausen does not appear to be different from *hes* colleagues because it is in a space where being regarded as a man and a valued employee does not depend upon physical strength.

In comparison with the previous scenario, this second one is rather vague: Klausen neither states any concrete ideas of what sort of job might offer the conditions *she* would like, nor any plans of how to obtain such a permanent position in an occupation other than farming. Perhaps Klausen’s working-class milieu did not provide *hem* with access to information and knowledge about how to make such an educational and social advancement, and, additionally, it might have seemed impossible to realise such a dream considering the international economic crisis and high unemployment rates of the late 1930s. It seems easier for Klausen to imagine concrete social and economic problems after a change of legal gendersex status and name than a situation in which *she* would find a social space which would fit *hem* and in which *hes* bodyself would fit well. While Sand was preparing to present Klausen’s case to the Medico-Legal Council, collecting information from *hes* previous physicians, Klausen still hesitated over making a final decision about whether to apply or not.¹⁷¹

¹⁷⁰ *RR*: MSITA 1208/53: Acc VHK 1938, 2.

¹⁷¹ *Ibid.*: Idp MLC, Su VHK-KS 1953, 6.

6.2

Negotiations and decisions

Sand's determination of Klausen's gendersex

In November 1938, Klausen underwent a series of examinations by Sand and other specialists at the Danish National Hospital. Sand described *hes* psyche and women's attire briefly and the proportions and structure of *hes* head, body, and genitals in detail, and made a longer report on Klausen's psycho-sexual development, mostly drawing on *hes* two autobiographical accounts. Furthermore, a hormonal analysis of Klausen's urine and an X-ray examination of *hes* inner gendersexed organs were made.¹⁷² The results of these examinations and tests were used as the basis for describing the physical, mental, and behavioural aspects of Klausen's gendersex. Finally, Sand diagnosed Klausen as "an intersexual person, misidentified as female from birth and throughout their development until now", whose "physical and psychological development has [...] shifted more and more in an undoubtedly male direction."¹⁷³ This conclusion was neither affected by Sand's assessment on the basis of the X-ray report that Klausen had "a rudimentary vagina and a small rudimentary uterus", nor that of the hormonal expert that "there was no strong gonadal function".¹⁷⁴ Although Sand noted that none of the tests could show anything about the structure of Klausen's gonads, *he* deduced from Klausen's own description of *hes* corporeality and interests as a child, in Sand's description non-gender specific, and later physical development, that Klausen's gonads must be of a predominantly androgen character, and that Klausen was therefore a predominantly male person.¹⁷⁵

¹⁷² RR: MSITA 1208/53: Mrep VHK-KS 1938; Mrep VHK-SH 1938) Idp MLC, Su VHK-KS 1953, 1-6.

¹⁷³ *Ibid.*: Idp MLC, Su VHK-KS 1953, 6.

¹⁷⁴ *Ibid.*: Idp MLC, Su VHK-KS 1953, 3-4.

¹⁷⁵ *Ibid.* The description of Klausen as neither being interested in "girlish activities and play" nor being "very boy-like, but a silent, shy child, who preferred holding back without participating in fights or other boy-like actions" is Sand's own (*ibid.*: Idp MLC, Su KS-MLC 1953, 4). Klausen does not describe *hes* childhood behaviour or relations at school in any of *hes* accounts, but may of course have discussed this with Sand during a meeting. Furthermore, Sand had tried to obtain a report of Klausen's infant surgeries from the hospital where they had been performed, but it turned out that none had been made at the time; only a note that Klausen had been diagnosed

Sand's determination of Klausen's gendersex can be characterised as being in accordance with late 1930s international trends for procedures but also as differing from these in some respects. At this time in many national contexts, psychiatric testing of a person's sense of their gendersex had become more central than the results of physical examinations and tests when it came to determining a person's (predominant) gendersex (Reis 2009, Chapters 4 & 5; Klöppel 2010, 589; Mak 2012, Part III). Sand followed this principle in his evaluation; as he wrote in relation to a later case, his view was that: "In contrast to days of old where the anatomical habitus was absolutely the most important factor, nowadays it ought to be the psycho-social which at least medically determines the fate of these unhappy intersexual persons. [...] I - and many others - have had and defended this general view for decades (from approx. 1920)" [Sand's emphasis].¹⁷⁶ Being trained as a sexual biologist, Sand did not apply a detailed psychiatric test or interpretative discussion of Klausen's psyche, erotic inclinations and (lack of) sexual experiences, as a person trained in psychiatry or psychoanalysis might have done. Based on his expert knowledge of gendersex hormones and their possible effects, he instead used Klausen's accounts and his interviews with him to form a hypothesis about the changes in his hormonal production and its influence on his physical and mental development. He thus suggested that Klausen was to be regarded as a gendersexually intermediate person who had

with a hernia and hermaphroditism was found. See *ibid.*: Mc VHK-Hos 1938; Le KS-VK Jan 1939; Le KS-Hos Jan 1939; Le Hos-KS Feb 1939.

¹⁷⁶ RR: Retslægerådet: Ka-Kv-sager (1935–1956), file no. 5 from the year 1955 (Ka-Kv 5/55), Idp MLC, Su AR-KS 1955, 3–4. One of the many other medical experts to whom Sand refers was British physician William Blair Bell (1871–1936), who as early as 1915 was arguing that the gonads should not be considered the sole determiner of a person's sex because they might be dysfunctional or non-functional. Instead, an intersexed patient's body morphology, sense of their own sex, and sexual inclination should be taken into consideration, alongside the risk of disturbing the social order if female-looking persons were declared to be men from the nature of their gonadal tissue and vice versa (Bell 1915; see also Dreger 1998, 158–166). Another was the gynaecologist Emil Novak (1884–1957), who stated in 1940: "The sociological factor must be the guiding one in the management of these cases [of intersex persons] and much less attention should be given to the sex of the gonad than to such considerations as the patient's psychology, and the sex in which she has been brought up. It would be a cruel and unjustifiable procedure to try to convert into the opposite sex an individual who has lived as a female for many years, merely because she happened to have a male type of gonad" (Novak quoted in Pratt 1941, 211; see also Reis 2009, Chapter 4).

mixed bodily characteristics and behaviour as a child and then developed in a more male direction during puberty due to increased androgen production, which then declined during his 20s.

Interestingly, this articulation of Klausen as a fundamentally intersexual individual in Sand's medical report is quite close to Klausen's own way of articulating his bodyself, but it differs from the dominant contemporary international perception and definition of intersexuality. At the time, a majority of international medical experts would commonly argue that perceived intermediacy was only apparent, and that almost all such individuals were pseudohermaphrodites whose sexual development had been disturbed, and that they could be medically determined as in fact being either male or female (see, for example, Cleminson & García 2009, Chapter 5; Reis 2009, Chapter 4). However, from the recently established sexual biological perspective through which Sand perceived Klausen, a person's current hormonal production would be the determining factor for their present gendersex status, rather than their innate genes or gonadal tissue in themselves. In this way, physical as well as mental and behavioural gendersex was perceived as unstable, changeable, and to a certain extent preliminary. Sand argued in his thesis that this was exactly what held out the promise of therapeutic possibilities for such conditions.

As described above, Sand's research between the mid-1910s and the end of the 1930s aimed to find ways to control and guide gendersexual development so that, in the future, what he perceived as the development of gendersexual pathological abnormalities could be prevented or cured (Sand 1918; see also Holm & Bülow 2013, Chapter 6). As a researcher whose views on science were inspired by positivist ideas and ideals, Sand believed that this would someday be possible, and would benefit both individuals and society. However, he argued throughout his career with the Medico-Legal Council as well as in his publications that, until this happened, the duty of medical experts must be to familiarise themselves with an individual's current life situation and, on the basis of this, to guide and assist them in obtaining the best possible future and to offer the best available medical treatment, when possible and within the limits of the law (Sand 1922).

This was also Sand's approach in relation to Klausen's case, and, as with many other persons who came to the Forensic Institute in Copenhagen to have Sand re-evaluate their gendersexed status, he spent a considerable amount of time and energy on interviewing

Klausen, answering **hes** questions, listening to and discussing **hes** wishes for and worries about the future, and counselling **hem** about medical and legal options for changing **hes** gendersexed status.¹⁷⁷ In the summer of 1939, Klausen returned once more to Copenhagen to be examined by Sand and to discuss the possibility of applying to the Ministry of Justice for a change of gendersex status. In relation to the latter, **she** had a meeting with the deputy chair of the Medico-Legal Council, Hjalmar Helweg, arranged by Sand.¹⁷⁸ Three months later, the Second World War broke out, on 1 September 1939, and Klausen returned to **hes** mother's home as soon as **she** was able to, informing Sand that **she** could not come to the Forensic Institute.¹⁷⁹ The fact that **she** signed the letter Vigga Klausen, instead of the V. Klausen **she** had used in letters to Sand since the end of 1938, might indicate that, at this point, **she** had decided to withdraw from the application process and was preparing **hemself** mentally to live on as a woman for at least some time. After this, there was no contact between Klausen and Sand for a whole year, and in the meantime, Denmark was occupied by the German forces.

The transformation of Klausen's gendersex

In November 1940, Sand wrote Klausen a friendly letter, encouraging **hem** to let **him** know how **she** was and what **hes** plans were for the future, and assuring **hem** that **he** was willing to help if Klausen needed advice in any way.¹⁸⁰ Klausen replied that there was no change in **hes** living conditions, but that "my Plans for the future are, that I possibly want to be transformed to the male Sex, and then perhaps I could be

¹⁷⁷ RR: MSITA 1208/53: Idp MLC, Su VHK-KS 1953, 6 & Ex VHK-KS 1953.

¹⁷⁸ RR: MSITA 1208/53: Le KS-VK Jun 1939; Idp MLC, St VHK-HH 1954. Hjalmar Helweg (1886–1960) was chief physician at the Mental Hospital in Vordingborg 1919–37. From 1937–51, **he** was professor of psychiatry at the University of Copenhagen and chief physician at the Danish National Hospital's Psychiatric Unit as well as deputy chair of the Medico-Legal Council. He was described by colleagues as being less interested in research on the biological basis for mental illnesses and more in the psychological aspects of these, and especially preoccupied with the question and practice of how to relate, on the basis of humanist principles, to persons diagnosed as insane (Dansk Biografisk Leksikon 2016). During **his** lifetime, **he** wrote several books on various aspects of the history of psychiatry in Denmark, the mental issues of specific well-known Danish writers and philosophers, and various psychological 'types' of persons.

¹⁷⁹ *Ibid.*: Le VK-KS Nov 1939.

¹⁸⁰ *Ibid.*: Le KS-VK Nov 1940.

allowed to firstly go on a small test prior to having a Correction of the Name in the Church Register etc.”¹⁸¹ She adds that “I am well aware that it is a very serious Matter for me, during the current times”, and that she has not yet been able to save up enough money to buy a set of men’s clothes.¹⁸² This was the last contact between Klausen and Sand for almost 13 years. In the following year, Klausen was employed as a carriage washer at the Danish Railway in a nearby town, and during the next ten years saved up money to buy different pieces of men’s clothes, which she gradually started wearing, until she had changed fully to men’s attire by 1951.¹⁸³ According to his account of his current circumstances in 1953, she “felt happier doing this”, and apparently she experienced no specific social problems while making this change.¹⁸⁴ In his contemporary summary of Klausen’s case, Sand reports that “he gets along well with his comrades at the workplace, and they have, at least during recent years, become aware of his abnormality, which they now relate to in an understanding way, and this generally goes for the whole population of the village down there, which has even taken his gradual and now complete change to exclusively wearing men’s attire without any marked reactions.”¹⁸⁵ Thus, both Klausen’s and Sand’s accounts describe Klausen’s transition from being positioned socially as (predominantly) a woman to (predominantly) a man as primarily happening through his gradual, years-long change of gendersexed attire. This change is articulated as something that silently communicates Klausen’s specific corporeality to the local population, which in turn silently accepts him in the new gendersexed position.

Klausen had lived in this way for two years, when, at the beginning of 1953, she decided to initiate an official change of gendersex status. Klausen did not state any reason for why she did so at exactly this time in any of his writings during the 1950s; however, as Sand notes in his summary, when the news of Christine Jorgensen’s medical transition was announced in the international press on 1 December 1952, this motivated a large number of persons who wished to undergo a similar

¹⁸¹ Ibid.: Le VK-KS Dec 1940.

¹⁸² Ibid.

¹⁸³ RR: MSITA 1208/53: Acc VK 1953; see also Mrec VHK-SH 1953; Idp MLC, Su VHK-KS 1953.

¹⁸⁴ Ibid.: Acc VK 1953.

¹⁸⁵ Ibid.: Idp MLC, Su VHK-KS 1953, 10.

transition to contact the medical experts who had been involved in Jorgensen's medical interventions, as well as Sand.¹⁸⁶ Since Klausen had already made the social transition and was feeling more comfortable living as a man, the publication of Jorgensen's story might have functioned as the final nudge *she* needed to contact *his* physician and get a referral for expert examination in order to be permitted an official change of name and gendersex status.¹⁸⁷

This time, Klausen was not referred to Sand, but to the surgical clinic at the State Hospital where the surgeon Erling Dahl-Iversen, who had operated on Christine Jorgensen, was employed.¹⁸⁸ Here, it was largely the first reserve surgeon, Poul Fogh-Andersen, who oversaw

¹⁸⁶ Ibid.: Idp MLC, Ex VHK-KS 1953, 1. Sand writes: "Some of my former [intersexual] patients now reappear, mobilised through the sensational press fanfare which swept through the countries on the occasion of the heterostratically famous colour photographer and veteran of the World War, Chris Jorgensen. These activated patients then seek or are referred by their physicians to those colleagues who have dealt with the case just mentioned" (RR: MSITA 1208/53: Idp MLC, Ex VHK-KS 1953, 1). These colleagues were the Danish physician and hormonal expert Christian Hamburger (1904–1998), the Danish psychiatrist Georg Stürup (1905–1988), and the Danish surgeon Erling Dahl-Iversen. Sand was only involved in the evaluation of Jorgensen's application for castration, even though, according to Sand, *she* contacted *him* in 1950 and 1952, but at these points in time, *he* was travelling for a long period. Sand's mention of Jorgensen in the internal discussion papers of the Medico-Legal Council is rather sarcastic, expressing gratitude for not having been involved in *her* medical transition. Refusing to call *her she* and thus to acknowledge *her* new status as a woman, *he* describes *her* as "an unfortunate person who is said to later have capitalised on their 'transformation' at vaudeville and bar performances in America for giant fees" (ibid.). This statement reflects Sand's and other members of the Medico-Legal Council's views on the kinds of persons who ought to be allowed access to a change of gendersex status and who should be rejected. In the 1950s, as well as later, one of the key provisions of the council was that persons who wished to make such a transition should not be associated with or involved in any kind of sex work.

¹⁸⁷ Ibid.: Mrec VHK-SH 1953, 1.

¹⁸⁸ Erling Dahl-Iversen (1892–1978) worked as a reserve surgeon at the Municipal Hospital in Copenhagen, a clinical assistant in the State Hospital's maternity ward, and a teacher of surgery 1925–35. From 1935–63, *he* was professor of surgery at the University of Copenhagen as well as head of the State Hospital's Surgical Polyclinic, where *he* was chief surgeon from 1941–63. Furthermore, *he* was the deputy head of the Medico-Legal Council from 1953–65. His on-going research and publications on sex hormones, the pathology of the breast, war surgery, urology, and medical history, among other things, were internationally renowned.

the case, although Dahl-Iversen also examined Klausen.¹⁸⁹ Both agreed that Klausen's diagnosis was cryptorchidism (undescended testicles) and hypospadias (the urethra not being placed at the tip of the phallus) and that **she** was most probably hermaphroditic with male predominance, as **she** **hem**self claimed that Sand had previously diagnosed **hem** to be. Klausen's medical records state that **she** "in all senses feels like a man, [and] [...] [is] bothered by the confusions caused by **his** first name", and that "**he** wishes a name change to a man's name [...] [and] [d]oes not want any surgical interventions."¹⁹⁰ In spite of the latter statement, and the fact that Fogh-Andersen noted that Klausen reported no physical problems with urination or anything else, the medical team at the clinic recommended a surgical normalisation of the genitals so that Klausen, as a male, would be able to pee standing up and would have a longer and straighter penis.¹⁹¹ There is no information in the documents about the negotiations between **hem** and the medical experts in relation to this question, but Klausen apparently changed **hes** mind about the matter and, nine days after **hes** hospitalisation, the suggested operation was performed.¹⁹²

About two weeks later, Dahl-Iversen performed an explorative laparotomy on Klausen (a surgical opening of the abdomen to examine the inner organs), and a biopsy was taken of the single gonad that was found there.¹⁹³ There is no statement in the medical records or

¹⁸⁹ Poul Fogh-Andersen (1913–1999) worked as second reserve surgeon at the Municipal Hospital 1946–49, and first reserve surgeon at the State Hospital's Surgical Clinic 1950–53. From 1953, he was employed as a surgeon at various institutions for adults and children, among others as chief surgeon at the Deaconess Hospital in Copenhagen. During the 1940s, **he** specialised in cleft lip and palate, and **his** dissertation on this subject, published in 1942, was internationally acknowledged, as well as **his** expertise in gynaecology and plastic surgery.

¹⁹⁰ RR: MSITA 1208/53: Mrec VHK-SH 1953, 1.

¹⁹¹ Ibid: Mrec VHK-SH 1953, 1–2.

¹⁹² Ibid: Mrec VHK-SH 1953, 2; see also Idp MLC, Su VHK-KS 1953, 6.

¹⁹³ Ibid: Mrec VHK-SH 1953, 2; Mc VHK-PFA 1953; see also Idp MLC, Su VHK-KS 1953, 6–7. Both interventions had been used as methods to determine sex from the beginning of the 20th century and became international standard practice from the 1920s onwards, although they were debated among physicians (Mak 2012, 175). Some physicians considered laparotomies to be too dangerous to carry out just to establish a person's sex and recommended surgery only for therapeutic reasons, while others claimed that it was crucial for the determination of sex (Dreger 1998, 86, 92–93 & 149–150; Mak 2012, 175 & 258–259, notes 31–34). Sand seems to have generally avoided performing laparotomies (in the cases IM: JM1 K966/35; RR: MSITA 3145/47), although **he** did do so sometimes on request (in the case RR: JS 76/21). Some of his

elsewhere of why this was carried out, but it is most likely that it was because the results of a previous hormonal test, which was performed just before Klausen's first surgery to determine whether she was intersexual, had shown values so low that his hormone production could not be determined as clearly being either male or female.¹⁹⁴ The findings of the laparotomy were a small atrophied uterus, but no vagina, and an ovarian-like organ on the right side, while on the left there was only a string-like structure. The biopsy of the gonad showed testicular tissue.¹⁹⁵ On the basis of these results, Fogh-Andersen stated that Klausen, "all considered, was to be regarded as a man", and a final

colleagues seem to have been less hesitant about it, even after the introduction in the early 1950s of the Barr-body test, which could detect whether a person had (at least) two X-chromosomes, to determine chromosomal sex (see, for example, RR: MSITA 1450/54; also Holm & Bülow, 2013, Chapter 8). In the collected cases, I have found instances of laparotomies performed on children as young as 21 months between 1954 and '56, and an article from 1955 reporting more such cases. In one of these, the child died the day after the intervention (RR: MSITA 1450/54; MSITA 1681/56; Hansted, Smith & Thamdrup 1955). In 1938, in relation to Klausen's case, Sand found the above-mentioned examinations and tests to be adequate for a sufficiently secure determination of his sex. About the laparotomy and biopsy performed by Dahl-Iversen in 1953, Sand wrote that they simply confirmed what the previous physical and X-ray examinations and hormonal tests had shown (RR: MSITA 1208/53; Idp MLC, Su VHK-KS 1953, 7). He sharply criticised the personnel at the surgical clinic for omitting to contact him when Klausen was referred to them, although they knew that she was a former patient of his, as they could have obtained valuable information from his previous medical records and discussed Klausen's diagnosis with him as an expert (ibid.: Idp MLC, Ex VHK-KS 1953).

¹⁹⁴ RR: MSITA 1208/53; Mrec VHK-SH 1953, 2. It should be noted that each individual's hormone production oscillates during the day as well as during different periods, and that it additionally changes quite radically during a lifetime. Furthermore, although statistically an average difference in androgen levels is found between persons categorised as males and females, there is a significant normal range within each gendersexed group as well as a significant overlap between the normal ranges of the two groups. In other words, within a given age group, the androgen levels measured in the urine of some women are similar to or higher than those of some men. In the 1950s, as well as today, a hormone test alone was and is therefore not regarded as sufficient evidence of a person's sex, but only as providing an indication, which must be combined with other test results. For a discussion of the historical use of hormone tests as part of the determination of gendersex in a Danish context, see Holm & Bülow 2013, especially Chapter 8.

¹⁹⁵ Ibid: Mrec VHK-SH 1953, 2; Mrep VHK-VE 1953; see also Mc VHK-PFA 1953; Idp MLC, Su VHK-KS 1953.

surgery for the hypospadias was planned and carried out during the summer of 1953.¹⁹⁶

As Sand later stated to the Medico-Legal Council, the formal procedure of first receiving an indication from the Ministry of Justice that they would probably grant a person a change of legal gendersex status before any operations were performed was not followed in Klausen's case. Still, the recommendation of the experts at the surgical clinic to proceed with such interventions indicates the general approach taken by the contemporary Danish medico-legal establishment towards persons who wished to change gendersex status.¹⁹⁷ After the First World War, plastic surgery techniques for reconstructing or constructing prosthetic body parts were rapidly developed due to the demand from soldiers who had been wounded or who had lost parts of their bodies in battle. At the same time, a discourse emerged in international medical and psychiatric milieus about the psychological benefit of plastic surgery for persons who had bodies or faces that were described as being malformed or disfigured, either congenitally or acquired through injury or disease. Such an embodiment was articulated as causing social isolation and personal psychological problems that might lead to antisocial behaviour, but it was believed that individuals could rid themselves of such traits through normalising plastic surgery (Hausman 1995, 52–58; Klöppel 2010, 331–333; Mak 2012, Chapter 7 & Conclusion).

During the first few decades of the 20th century, persons diagnosed with hermaphroditism whose cases figure in the archive of the Ministry of Justice and the Medico-Legal Council were rarely operated upon in order to achieve a change of legal gendersex status. However, after the First World War this became more common in relation to adults and children post-puberty.¹⁹⁸ Furthermore, before the 1950s, the

¹⁹⁶ Ibid.: Mc VHK-PFA 1953; Mrec VHK-SH 1953, 2-3; see also Idp MLC, Su VHK-KS 1953, 8.

¹⁹⁷ Ibid.: Idp MLC, Ex VHK-KS 1953.

¹⁹⁸ See JM: JM1 K8268/09; JM1 O2972/13; JM1 K966/35; JM1 L5867/36; JM1 Y2686/48; RR: JS 339/13; MSITA 261/35; MSITA 3145/47; JS 2476/48. Alice Oram's and Clare Tebbutt's studies document reports in the British press of cases from the mid-1920s and onwards of persons who either apparently had begun to change sex spontaneously or who wished to change gendersexed social position. In these reports, persons were often hospitalised by some famous medical expert, and underwent unknown operations which either restored them to their first gendersexed position or completed their transformation so they could live on in the gendersexed position they preferred (Oram 2007, Chapter 5; Tebbutt 2014).

official change of a person's legal gendersex status was mainly dependent on a medical determination of their predominant sex and only granted if that person was diagnosed as a true or pseudo-hermaphrodite or intersexual person. Persons without this diagnosis who applied for permission to live in another gendersexed position than the one they had been assigned at birth might be allowed to do so if they could obtain support from a psychiatric expert, but such persons were never offered gender-affirmative surgery and were not legally recognised in the gendersex position they wanted to inhabit.¹⁹⁹ As will become clear in the analysis of the following cases, after Christine Jorgensen's medical transition, surgical interventions and hormone replacement became increasingly regarded as important procedures and processes through which individuals' gendersex status was corrected or changed, to the extent that these interventions ended up becoming a prerequisite for legal recognition.

In the 1950s, however, while procedures for changing the legal gendersex status of persons diagnosed as true and pseudo-hermaphrodites or intersexuals had been established for some decades, they were still being negotiated and decided in relation to people without these diagnoses. With the increase in applications from the latter, the procedures that became established for this group also had consequences for cases like Klausen's. Surgery and hormone replacement began to be considered crucial for the transition of trans persons categorised as physical hermaphrodites and those categorised as genuine transvestites. While some persons belonging to the first group did express a wish to have such interventions, Klausen's case shows that not all of them did (see also Reis 2009, Chapter 4; Mak 2012, Chapter 7). Klausen's initial statement, in which *she* did not consent to surgery, noted in the surgical clinic's records, thus contrasts with the view articulated by the medical experts at the State Hospital's surgical clinic that a surgical normalisation of Klausen's genitals should be performed. As such, the first statement articulated an alternative idea of what a transformation to the male sex might be: becoming legally recognised in the position of a man, in which Klausen had already lived for some years; not as having *hes* body surgically modified.

Regardless of the initial discrepancy between the views of the medical experts and Klausen, *she* subsequently underwent two genital operations and a laparotomy within four months. As already

¹⁹⁹ See [JM](#): JM1: C447/02; JM1: P931/14; JM1: 1953/30; JM1 A170³⁶⁴/52.

mentioned, the case file contains no information about how the negotiations between Klausen and the staff at the clinic arrived at this conclusion, but various motivations for performing such surgery can be found. Regarding the genital surgery, a medical certificate by Fogh-Andersen written to the Ministry of Justice in April 1954, states that “[a]s the patient by all accounts is to be regarded as a man, it has been decided to operate in accordance with his own wish [...] so that his outer genitals, as far as this is possible, may take on a male character.”²⁰⁰ While Fogh-Andersen and the Medico-Legal Council emphasised to the Ministry of Justice that the purpose of a cosmetic masculinisation was the normalisation of Klausen, Sand states in the internal discussion papers of the Medico-Legal Council that he and the personnel at the surgical clinic had emphasised to Klausen that the interventions would enable him to pee in a standing position.²⁰¹ This prospect did not seem to have been a motivation for Klausen, however, as Sand states that afterwards she did not change his habit of sitting down and had to be reminded to practise standing.²⁰² In any case, Fogh-Andersen’s official statement of Klausen’s desire to undergo surgery, and not his initial resistance to this, became the information included in Klausen’s application for a name change from Vigga Heidi to Viggo that was handed in to the Ministry of Justice shortly after the first operation and laparotomy had been performed.

Positive indications for permitting a change in Klausen’s legal gendersex status

Against the background of Klausen’s previous accounts and negotiations with Sand, the presentation of his sense of his gendersex and corporeality in his application to the Ministry of Justice on 17 March 1953 is strikingly certain and unambiguous: “Since adolescence, I have felt like a man, my genitals have the appearance of a man’s, my

²⁰⁰ Ibid.: Mc VHK-PFA 1953.

²⁰¹ JM: JM1 B170³⁶⁰/53: Idp MJ, note April 8th 1953; RR: MSITA 1208/53: Mc VHK-PFA 1953; Idp MLC, Su VHK-KS 1953, 12; St VHK MLC-MJ 1954, 2-3. Fogh-Andersen’s statement might have been made in answer to the criticism Sand raised in December 1953 of the surgery having being performed prior to Klausen’s application and the Ministry of Justice indicating that she would probably be permitted a change of legal gendersex.

²⁰² RR: MSITA 1208/53: Idp MLC, Su VHK-KS 1953, 12. Klausen later reports in a letter to Sand of now being able to do this and being “very happy about” it (Le VK-KS Feb 1954).

voice is deep, and I must shave daily and prefer men's work."²⁰³ Additionally, Klausen emphasises **hes** other motive to apply for a change of legal gendersex status as being what in Butlerian terms could be called the continuous gender trouble that **she** regularly experiences in social situations due to what other people perceive as a discrepancy between **hes** name, corporeality, and dress (Butler 1990): "I have many troubles in my daily life and in relation to my workplace because I have a woman's name and must wear women's clothes in spite of my male appearance and characteristics."²⁰⁴ The few sentences of Klausen's short application thus reiterate the narrative of erroneous sex in a sketchy, condensed form, by presenting **hem** as an undoubtedly male masculine man whose sex was erroneously determined at birth and who has suffered for it. There is no trace here of experiences of being bisexed or of the doubts and hesitations that filled Klausen's previous accounts. Considering that this application falls within the genre of application-writing, it is not surprising that the doubts and hesitations are not stated. However, the complete shift in narrative form from Klausen's previous formulations, and the fact that the application is on the letterhead of the National Hospital's Surgical Clinic and typewritten, not handwritten as all **hes** other letters were, makes it probable that Klausen was assisted in its formulation by one of the clinic's experts. The reliance on the narrative of erroneous sex in this first contact with the Ministry of Justice regarding Klausen's situation also gives the first clear hint that this model for articulating an intersexed person's life story and situation might work as an effective gate-opener to changing legal gendersex status in the Danish medico-legal system.

Having received the application, the Ministry of Justice sent a request to the Medico-Legal Council for a statement on Klausen's case; however, because of the council's preoccupation with other applications for changes of gendersexed status, ten months passed before its members assessed it. In October 1953, Sand once again began to prepare the case by contacting Klausen by letter, followed by daily meetings between the two during the first week of November, in which Sand re-examined Klausen and asked **hem** to write a new account of **hes** current circumstances, focusing in particular on information about

²⁰³ JM: JM1 B170³⁶⁰/53: Ap VHK-MJ 1953.

²⁰⁴ JM: JM1 B170³⁶⁰/53: Ap VHK-MJ 1953.

hes sexual inclinations and experiences, which had been requested by the council.

This new account articulates a feeling, which had built up and become reinforced over time, that living in the position of a woman had become painful and unliveable for **hem**: "As I grew older, life became more and more unbearable for me, I could no longer hide my male appearance in women's clothes. Gradually, I became more withdrawn and had a feeling of loneliness, and nothing is so terrible for a human being as not belonging anywhere; I almost never went [out with others], [...] neither could I find any friends, male or female."²⁰⁵ Apart from summarising important events in Klausen's life since the previous accounts were written (change of workplace and attire), this short new account does not add any information to what is given in these. The most marked difference between them is thus the emotional intensity of the writing style of the new account. It articulates an existential sense of being in a sort of gendersex no-man's land where Klausen suffers terribly from loneliness, because this position makes **hem** unable to connect socially with persons positioned as either men or women whose appearances do not depart from the gendersexed norms. Compared to the previous accounts, this version thus describes a more pronounced and painful experience of being excluded, as well as withdrawing from social life because others perceive Klausen as having a male appearance which **she** is unable to hide. At the end of the account, Klausen briefly states, as **she** has previously done, that **she** has only ever been sexually attracted to women, but does not connect **hes** lack of sexual experiences or relationships to the intense feeling of loneliness. Thus, the statement of a longing for any kind of close relationship with other people, apart from **hes** mother, stands as the most central feature of Klausen's accounts.

This new account fitted well with the criteria that rapidly emerging during the years following the Medico-Legal Council's processing of the Jorgensen case, which to a greater extent than previously emphasised the mental suffering of an individual as a reason for granting a change of legal gendersex status. In the Medico-Legal Council's statement to the Ministry of Justice, the suffering which Klausen articulated in **hes** account of 1953 is presented as caused by, on the one hand, Klausen's gendersexually ambiguous corporeality, and, on the other hand, the fact that **he** has been forced to live against **his**

²⁰⁵ RR: MSITA 1208/53: Acc VK 1953.

natural inclinations as a male.²⁰⁶ Sand was mainly responsible for formulating this statement, which was approved by the other members of the council. However, in the council's internal discussion papers, Sand's depiction of Klausen is more complex. Here, **he** presents Klausen as an intersexual individual and accounts for **hes** various reasons for hesitating to apply for a change of name and legal gendersex status over the many previous years. At the same time, **he** argues in favour of recommending Klausen's application by emphasising that **she** has now made up **hes** mind to realise this change, a decision which, according to Sand, is evident from **hes** shift from wearing women's to men's clothes: "In contrast to **his** female apparel of 1938, this time, as a demonstrative evidence for **his** decision, **he** appeared in brand new well-fitting men's dress, overcoat as well as the rest of **his** attire, and gave a quite good illusion of being a man."²⁰⁷ As additional circumstances leading **him** to favour a recommendation, Sand states that all Klausen's dilemmas that previously held **hem** back from applying for a change of legal gendersex status have been solved: **she** is past the age of military service; has been accepted in the position of a man in **hes** local milieu; and has an understanding employer at the National Railway who, according to Klausen, has promised to re-employ **hem** after a change of legal gendersex status in a man's job that is not too physically demanding. At the same time, Sand describes how Klausen's social transition has not significantly changed **hes** way of life and has not led to new relationships, either friendships or sexual or romantic ones, but that **hes** primary relationship is still with **hes** mother, together with whom **she** has been living throughout the years.²⁰⁸

Both the Medico-Legal Council and the Ministry of Justice give Klausen's sexual inclinations and experiences special attention. In relation to these, Sand stresses in his statement to the council that Klausen's sexual inclinations are exclusively heterosexual, but that **hes** sex drive has always been low, and that **she** is now more or less sexually "neutral".²⁰⁹ **He** states that Klausen's motivation for

²⁰⁶ Ibid.: St VHK MLC-MJ 1954.

²⁰⁷ Ibid.: Idp MLC, Su VHK-KS 1953, 9. Although Sand describes Klausen's appearance as a man as an illusion or performance, **he** nevertheless refers to **hem** with the pronoun 'he', in contrast to referring to Klausen as 'she' in the report of **his** first examination of **hem** (Ibid.: Mrep VHK-KS 1938).

²⁰⁸ Ibid.: 10-11.

²⁰⁹ Ibid.: 10.

undergoing genital surgery has thus not been motivated by a hope of establishing future sexual relations, as **she** has “given up this aspect of life” and will probably not engage in this or attempt to marry a woman “unless[, as he states,] he should meet a clever girl of his own age who would be able to completely understand his situation.”²¹⁰ By providing this information, Sand indicates to the other members of the council that there is no reason to worry about an issue that is one of the most problematised aspects by himself, the council, and other political, medical and legal authorities, who strongly prioritise its prevention: namely, that Klausen might engage in so-called abnormal sexual activities and/or beget degenerate children (Koch 1996; 2000).

On the basis of their recent conversations, Sand instead presents and re-articulates Klausen’s motivation for changing legal gendersex status as being that “he thinks that, after the many years of living in a continuous chain of mental suffering and social difficulties and inhibitions, it is now about time to be freed of these and freely, relieved and on an absolutely legal basis (something he particularly emphasises) to be able, so to speak, to have a new, quiet, and safe life in society.”²¹¹ In the context of the assessment of Klausen’s case, this presentation of **hes** motivation is an eloquent argument that draws partly on the well-established narrative of erroneous sex and partly on the new understanding of an inner gendersexed self which the medical experts can assist in fleshing out. Within a single sentence, Sand obtains to make a double call for the support of the council members: **he** position Klausen as an intersexual person who has suffered for many years, but, as the law-abiding citizen **she** is, has waited patiently for the authorities to allow **hem** to live the quiet and ordinary life as a man which **she** longs for; and, simultaneously, Sand implicitly appeals to the members of the Medico-Legal Council as the authorities who have the power to right this wrong by normalising Klausen’s life. As Klausen **hemself** did in **hes** three accounts, Sand thus presents **hem** as a morally good citizen, who, apart from **hes** undeserved disabilities, is not in any way mentally abnormal or sexually deviant. Therefore, without societal risk, and in **hes** own best interests, **she** can be allowed to officially change gendersexed position.

²¹⁰ Ibid.

²¹¹ Ibid.: 11. Klausen **hemself** does not write anything in **hes** account of 1953 about **hes** hopes or wishes for the future after a change of gendersex status.

Sand's articulation of the possible consequences that the granting of a change of name and legal gendersex status may have for Klausen's life situation – and thus the good which the medico-legal authorities can do for **hem** – is optimistic and dramatic: **he** predicts that it will immediately end Klausen's mental suffering and social difficulties and enable **hes** inclusion in society, which **she** has never before experienced. This imagining of Klausen's future is thus a reiteration of the contemporary autobiographical trope of being liberated through having one's true gendersexed nature recognised by society and being able to live on in accordance with it. Since the beginning of the 20th century, this had been connected with the concept of erroneous sex (and homosexuality) within sexology (Mak 2012, Chapter 9). The members of the council with a training in psychiatry and psychology, such as Helweg, would most probably have been familiar with this trope through the work of Magnus Hirschfeld and the extensive collection of homosexual biographies published within the fields since the end of the 19th century (Gilman 2005). Furthermore, this trope had already been extensively drawn upon in the presentation of other cases previously assessed by the council which had been articulated as instances of erroneous sex-determination, and where the members of the council had been in favour of granting a change of legal gendersex status.²¹²

In the medico-legal context, these previous cases were used to establish a precedent for deciding future similar cases. This resulted, initially, in a homogenisation of how to process them, based on negotiations and decisions about which principles should be central to their assessment, and then over time these became established as procedures whose underlying principles were rarely questioned. In narratological terms, previous cases can also be regarded as part of what Arthur Frank, drawing on Pierre Bayard, poetically calls the inner library of the medico-legal authorities (Bayard 2007; Frank 2010, 54–56). Frank uses the concept of narrative habitus to explain why some stories appeal strongly to a person, while other stories are rejected or simply do not appear as intelligible to them. **He** argues that, when presented with various stories throughout their life, each person mentally

²¹² The Medico-Legal Council had previously assessed four other cases, apart from Klausen's, that were described as being about erroneous sex determination (RR: JS 338/13; MSITA 2921/46; MSITA 3145/47; JS 2476/48). These cases were routinely consulted again by the Ministry of Justice in relation to the evaluation of new cases in order to consider previous decisions (JM: JM1 Æ170⁵⁸⁸/50).

connects and collects them into clusters of similar stories in an inner library. This categorisation prepares the person for how to receive and understand other stories in the future. When hearing a new story, the contents of a listener's/reader's inner library thus shapes their sense of what a fitting way for a story to progress is. It also acts as a guide to what Frank calls their predictable plot completions; that is, expectations of what will happen next in a story or in a person's life, and what the consequences are likely to be (Frank 2010, 52–54).

During the years 1946–48, four of the five members of the Medico-Legal Council had collectively evaluated the three most recent applications for a change of legal gendersex status on the ground of erroneous sex-determination. Hence, they had already discussed and established a certain collective understanding of this kind of case by the time Klausen's application was assessed.²¹³ Understood in Frankian terms, through these discussions and negotiations they might thus have established a common narrative habitus in relation to their collective reception of such cases. Thus, these previous cases form an important medico-legal and narrative context for the assessment of Klausen's case, which offers an opportunity to gain further insight into the criteria used by the members for assessing and deciding the cases. Furthermore, it shows how the narrative of erroneous sex worked in this context to make intersexed persons' bodyselves intelligible or strange, depending on whether their statements and behaviour resonated or jarred with this narrative model. In the following, I present and discuss two of these cases in relation to these two aspects, before returning to the assessment of Klausen's case.²¹⁴

²¹³ These were Sand; Helweg, who was chief physician at the mental institution Ebberødgaard; neurologist and psychiatrist Per Andreas Scwalbe-Hansen (1904–1978); chief physician at Østifternes Home for the Retarded, the psychiatrist Johannes Nørvig (1890–1964); and chief physician at the Psychopath Institutions in Herstedvester, psychiatrist Georg K. Stürup (1905–1988).

²¹⁴ These two cases are of adults who themselves applied for a change of legal gendersex status. The third case is of a person in their mid-teens whose parents applied for them, and where it is not clear from the documents how the person identified, or if they themselves had a wish to have their gendersexed status changed (RR: JS 2476/48).

The narrative of erroneous sex as gate-opener to a change of legal gendersex status

In the most recent of these cases, which is from 1947, Kirsten Schmidt, who had recently come of age and was working as an educated textile worker at a small family-owned factory in Northern Zealand, had applied for a change of name to Kresten Karl Schmidt. In a medical report made at the Finsen Institute and Radium Station in Copenhagen, **he** was described as “a person of the male sex with a slight congenital malformation of the genitals”, on the basis of which **his** sex had been erroneously determined as female at birth.²¹⁵ According to the report, Schmidt had stated that this assignment was questioned shortly afterwards and then regularly throughout **his** up-bringing. However, as in Klausen’s case, the family physician had repeatedly stated that there was no use reconsidering Schmidt’s gendersexed position “because nothing could be done about her, and it was equally wrong whether she was man or woman.”²¹⁶ About 15 years after Klausen’s birth, this local physician was thus still drawing on the understanding that a person’s physical constitution could be bisexed, and included hypospadias in this notion. Schmidt’s and Klausen’s cases thus illustrate how, during the 1910s and ‘20s, hypospadias might be understood as a symptom of a bisexed condition in some local Danish contexts, and that whether a person with hypospadias was considered intersexed or gendersexed as a male with a malformed penis depended on the diagnostic criteria applied by the physician.²¹⁷

According to Sand, who examined Schmidt at the request of the Medico-Legal Council, the assignment as female based on **his** hypospadias was an error that should have been corrected in infancy.²¹⁸ In **his** medical report, Sand thus described Schmidt as unequivocally male with a masculine psyche and a strong sexual inclination and drive towards women, and **he** reported from **his** interview with Schmidt that

²¹⁵ RR: MSITA 3145/47: Mc KiS-FIR 1947.

²¹⁶ *Ibid.*: Mc KiS-KS 1947.

²¹⁷ As Cleminson & García and Dreger have documented, hypospadias was often regarded as a form of hermaphroditism between 1870 and 1905 in Spain, France, and Britain. Barbin, who was diagnosed as a hermaphrodite in their local context, has been assessed from their medical records by other contemporary and present medical experts to have been a male person with hypospadias (Cleminson & García 2009, Chapter 3; Dreger 1998; for Barbin’s case, see Dreger 1998, 151 & 213, note 3).

²¹⁸ RR: MSITA 3145/47: Mc KiS-KS 1947, 2.

he had suffered mentally and to some extent physically by growing up in the position of a girl and woman:

Already at puberty, she had realised the matter herself, and has, especially during the past 6–7 years, been through very significant mental sufferings. Life has been pure hell for her, all the more so as, from an early age, she had an incipient and very strong sex drive. [...] For example, she describes the anguish she suffered during life at boarding school as a girl on social occasions, dancing etc. with other adolescents and, very particularly, the appalling situation of sharing a room with a normal girl. She had to fight with an almost permanent state of excitement.²¹⁹

Sand further stated that, after obtaining a name change, Schmidt wished to be operated upon for the hypospadias and then to move to Jutland and possibly emigrate.²²⁰

The intense articulation here of Schmidt's suffering by being placed in a misfitting gendersexed position is echoed by Sand's own expression. The description of a person who is forced to live as a girl but is really a boy with a normal, strong sex drive oriented towards women, and who has to live in the same room as a normal girl as an "appalling situation" might indicate Sand's identification with Schmidt as a (normal) man and his horror at the thought of finding oneself in such a situation. Perhaps these sentiments were also shared by others among the medico-legal experts, because, after reading this description as well as Sand's characterisation of Schmidt's corporeality, the members of the Medico-Legal Council and the employees at the Ministry of Justice all agreed on speeding up the processing of the case, and correcting the erroneous gendersex determination. This was achieved within three months of the application first being received by the ministry.²²¹

Considering the average time for processing all kinds of cases involving a change of legal gendersex status during the first three-quarters of the 20th century, the processing of this case was remarkably fast. In other instances, it took much longer, sometimes up to several years, especially for cases in which a person was categorised as not

²¹⁹ Ibid.: 1–2.

²²⁰ RR: MSITA 3145/47: Idp MLC, St KiS KS-MLC 1947, 2.

²²¹ RR: MSITA 3145/47: Mc KiS-KS 1947, 2; JM: JM1 X3704/47: St LF MLC-MJ 1948; Idp MJ, note 7 February 1948.

being genitally hermaphroditic.²²² A major reason for the speedy processing of Schmidt's case seems to be that the results of the physical examinations had led to the conclusion that he was undoubtedly male, not an intersexual as in Klausen's and other cases. In their medical records, Schmidt's and Klausen's bodies are in many ways described as being structured and having developed in similar ways (except that Schmidt's corporeality was not impacted by rickets): Both are noted to have had beard growth and a deep voice since puberty, and both are diagnosed with hypospadias. However, the differences that led to their different diagnoses are that Schmidt's gonads are reported to be in the scrotum while Klausen's are inside of his body, and that Schmidt has no traces of a vagina or uterus, while Klausen is found to have a small, underdeveloped uterus. The difference between the processing times between these two and other similar cases suggests that, in spite of the shift towards emphasising a person's sense of their own gendersex since the beginning of the 20th century, differences in bodily morphology were still considered to be highly important. The less doubt the members of the Medico-Legal Council and the Ministry of Justice perceived there to be about how a person's corporeality should be sexed, the less they also doubted what would be the most fitting gendersex assignment to apply and to permit, or refuse, a person to have. As will be clear in the analysis of the following cases, a request for change of gendersex status would sometimes be made regardless of whether a painful experience similar to Schmidt's was articulated, if a person's corporeality was perceived not to fit well enough the gendersex category they desired to be placed in.

In Schmidt's and Klausen's cases, their experiential accounts articulate that having a body that is perceived to be incongruent with the gendersex status one has been assigned is connected to difficulties, uneasiness, and pain, and suggest that finding oneself in such a situation makes changing gendersex status desirable. However, another case of erroneous sex suggests that different ways of relating to similar unexpected physical development was possible. In autumn 1946, the Ministry of Justice received an application from Valborg Rosa Hansen, an approximately 30-year-old maid working in Northern Zealand, who intended "to live as a man in the future" and who

²²² For example, RR: Ka-S 789/55; Ka-S 823/57; Ka-S 827/57.

therefore wished to have a change of name to Valdemar Hansen.²²³ Attached was a medical certificate by Professor Tage Kemp, declaring that in 1943, Hansen had been examined for a hernia and had been diagnosed with *pseudo-hermaphroditismus masculinus* when a descended gonad containing testicular tissue had been found.²²⁴ This diagnosis had now been confirmed after a laparotomy performed by Dahl-Iversen, and Kemp declared that Hansen was “to some degree intersexual, but must, however, rather be perceived as a man with a malformation of the outer genitals.”²²⁵ He reported that Hansen’s body structure was male; at puberty she had developed body hair and a deep voice; during the examinations testicles had been found in her labia; and that she had a very short vagina, but no uterus, and a large clitoris or underdeveloped phallus. On the basis of this, Kemp recommended that she be permitted to live as a man, and suggested that she could eventually be further masculinised through genital surgery.²²⁶ The officials at the Ministry of Justice noted that “[i]f the physicians think that it will be healthiest for the person to live as a man, we probably ought to provide help for this [by granting a name change]”, and the case was sent for hearing by the Medico-Legal Council.²²⁷

When Sand, as the chair of the Medico-Legal Council, wrote to Hansen shortly thereafter, requesting her to come to the Forensic Institute for a physical examination together with one of her sisters, who was suspected to have the same condition, she wrote back that if

²²³ RR: MSITA 2921/46: Application from Valborg Rosa Hansen to the Ministry of Justice for a change of name to Valdemar Hansen, 2 September 1946 (Ap VRH-MJ 1946).

²²⁴ Tage Kemp (1896–1964), who became a medical doctor in 1927, was head of the Institute for Human Hereditary Biology at the University of Copenhagen from 1938 and professor of human hereditary biology and eugenics there from 1948–63. At the institute, Kemp was one of the first in the world to establish counselling of so-called hereditarily burdened persons in connection with a hereditary hygiene register, which was later developed into the present Danish disease registry. He was a central and acknowledged figure in the international eugenics movement who warmly supported eugenic measures in the Danish welfare state, while strongly criticising the form of eugenics practised in Germany during Adolph Hitler’s national-socialist rule.

²²⁵ Ibid.: Medical certificate for Valborg Rosa Hansen by Tage Kemp at the University of Copenhagen’s Institute for Hereditary Biology, 2 September 1946, 3 (Mc VRH-TK 1946).

²²⁶ Ibid.: 1–3.

²²⁷ JM: JM1 V4173/46: ldp JM, note 28 September 1946.

the authorities found it necessary, she would agree to come, but that she had decided to withdraw her application. Her stated motivation was that, after she had returned from the hospital to her parents' home in Northern Jutland, she "has come to think about how it will be an upheaval in life to have to switch from woman to man, now that I have become so old, and since my family seems to be very much against it, I have decided to continue life as before I was hospitalised."²²⁸ The following day, Sand also received a letter from Hansen's father, asking if he thought that anything could be done about his daughter's condition, and whether an operation of Valborg might be life-threatening. He explained that he and his wife were afraid of surgery, because they had "terrible" and "bitter experiences" with these because, previously, they had lost one of their nine daughters, who had been unable to walk. She had been placed in a home for cripples by the authorities and had then died during surgery, at the age of 14.²²⁹ Furthermore, he stated that at their birth, the midwife had not noticed anything unusual about his children, and that it was only now that they had grown older that the family members had noticed that they had developed deep voices and beards, "but otherwise they are like women".²³⁰ At the end of the letter he wrote: "Why must Valborg go over there [to Copenhagen] again? It is not as though you can change [...] [her and her sister] into men, now that they have been christened [with] girls' names [and] have been taught girls' work and [they] also don't have the strength for men's work. Furthermore, they do not have anything that could provide a risk connected to their being among women."²³¹

The view presented in these letters from both Hansen and her father articulates an alternative to Kemp's and some other physicians' view that the medically determined sex of the body should determine a person's gendersexed position. Both argued that, once a person had been assigned a gendersexed position and had grown up in it so that their mentality, knowledge, and skills had been shaped accordingly, they could not simply be re-gendersexed. Attempting to do so would destabilise their life. Hansen's father also emphasised what, in his

²²⁸ RR: MSITA 2921/46: Le VRH-MLC Nov 1946.

²²⁹ *Ibid.*: Le fVRH-KS Nov 1946. The institution referred to is called a "vanførehjem" in Danish.

²³⁰ *Ibid.*

²³¹ *Ibid.*

experience, were serious health risks associated with trying to surgically alter the bodies of **his** daughters, and the futility of this when their corporealities could not be fundamentally changed into becoming male anyway. For these reasons, both **he** and Hansen argued, it might be better to choose not to do anything, but instead, as Hansen expressed it, “to continue life as before”.²³² There would be no societal risk in allowing this, Hansen’s father asserted, as without a penis **his** children could not constitute a risk to the women they lived among. This statement shows the potential concerns of the authorities that males who had erroneously been assigned female gendersex might become sexually involved with and impregnate women with whom they were working or living closely together.

In these various ways, the articulations of Hansen and **her** father both resisted and related to the logics of the narrative of erroneous sex and its interpellation of Valborg and **her** sister, as well as providing answers and counter-arguments. By doing this, they articulated an alternative story about how to view and deal with the situation of an unforeseen bodily gendersexual development. This was based on the older narrative of bisexedness and the notion of gendersex as a social position, which opened up a choice of gendersexed positions for hermaphroditic persons, as well as to the newer idea of the primary importance of a person’s sense of their own gendersex over corporeal form. Aspects of both Hansen and **her** father’s formulations in their letters suggest that they were uncertain whether medical examinations and maintaining their gendersex status were voluntary for Valborg and **her** sister or not. In **her** letter answering the Medico-Legal Council’s request for an examination of **her** by Sand, Valborg writes that **her** sister “has been ordered for an examination by Professor Dr. med. Knud Sand” by the family physician, and in the same letter repeats twice that she herself “will probably be willing to go through such an examination if it is of necessity” in the eyes of the authorities.²³³ This uncertainty might have been a motivation for them to enter into a dialogue with the Medico-Legal Council, Sand, and other medical authorities, about why they were against further examinations and possible medical interventions, instead of simply rejecting the Medico-Legal Council’s request.

²³² RR: MSITA 2921/46: Le VRH-MLC Nov 1946.

²³³ *Ibid.*

Hansen did go to Copenhagen and was examined by Knud Sand and a number of other physicians, and in **her** medical records from her hospitalisation other reasons for **her** resistance to changing gendersex position are stated. It was noted that Hansen said that she would be “very reluctant to change name and dress” because she “[f]eels she is a woman”, that she had “[n]o sexual interest in her own sex” and had previously been engaged to a man for 18 months, and that she had “never wanted to [wear men’s clothes], and (...) never dressed as a man at home”.²³⁴ According to the medical records, Hansen thus articulated **herself** as being a woman in every psychological, sexual, and behavioural sense, and the diagnosis that physically she was not female did not change this for **her**. The records also state that the application to the Ministry of Justice for a change of name and to wear men’s clothes was made “through Tage Kemp”, despite the fact that she had “never herself wanted” to appear as a man, and it also stated that Hansen had now stated that she did not want these changes made.²³⁵ These notes indicate that Hansen, at least to some degree, might have felt, or even been, pressured by Kemp to apply for a change of gendersexed position. The fact that she had already been diagnosed with pseudo-hermaphroditism three years prior to **his** examination without any initiative to change **her** gendersex status by **her** or other medical authorities also adds to the impression that she had no interest in such a procedure.

In the end, the case was given up after Hansen had discussed the matter with Sand and, according to the records, had declared that “she was fully aware of her condition so that she would be able to avoid erotic conflicts” in the future, and it had been decided that she should have assistance from a social worker to secure a new position as a matron at a boarding school.²³⁶ Still, Sand kept the case open after this for a whole year, even though there seems to have been no further contact between **him** and Hansen. The Ministry of Justice sent regular reminders to the Medico-Legal Council about making a statement in the case until the council at last informed officials there that Hansen

²³⁴ RR: MSITA 2921/46: Mrec VRH-SH 1953.

²³⁵ *Ibid.*: 1.

²³⁶ *Ibid.*: 2.

had withdrawn her application.²³⁷ This procedure was unusual and rarely used in other cases and might be due to an expectation that Hansen would change her mind and wish to have her legal gendersex status changed to male anyway. However, the case was never reopened, and Hansen thus never completed the plot of the narrative of erroneous sex in the expected way.

The aligning of Klausen's gendersexed body, mind, and sexual inclinations

In the processing of Klausen's case, references were made to Schmidt's and other cases in which the applicants' articulations fitted the narrative of erroneous sex, but not to Hansen's case, which provided an alternative story, thereby implicitly questioning the logic that all such cases had a singular and similar course. By associatively linking Klausen's case with the biographical trope reiterated in cases like Schmidt's, which by then was well established, Sand could expect that the members of the Medico-Legal Council would find it logical and sensible to support a recommendation for a change of name and legal gendersex status for Klausen. Ending his narration of Klausen's story at the point where the erroneous assignment had been discovered, his genitals surgically normalised, and with Klausen ready for a new and better life, Sand indicated that it was now up to the members of the council to enable the last steps so that the expected happy ending would be realised and the gendersexed medical and social order would be restored, to the benefit of everyone.

All the members of the council agreed to this recommendation without further discussion, and Sand made a statement to the Ministry of Justice on its behalf. While retaining the characterisation and positions of the agents outlined above, this statement is more exclusively based on the narrative of erroneous sex, although it contains some elements that contradict it. Klausen is initially presented as an individual with malformed genitals, which meant "that his sex has been erroneously determined as being the female sex", and as one who has been brought up and lived and worked as a woman until the present.²³⁸ The statement continues:

²³⁷ JM: JM1 V4173/46: Idp MJ, notes 1 April, 28 May, 30 July, 3 September, 8 October, 12 & 14 November, and 18 December 1947; RR: MSITA 2921/46: Idp MLC, Ex VRH-MLC 1947.

²³⁸ RR: MSITA 1208/53: St VHK MLC-MJ 1954, 1.

He himself realised the erroneous sex determination during puberty, when the psychosexual character awoke and took firmer and firmer shape as exclusively masculine with an inclination towards the female sex, and a masculine mentality and sphere of interest, during his growing up. [...] The growing disharmony between his masculine habitus, including his corresponding psychosexual character and his erroneous social positioning since his christening until today, has resulted in very significant mental suffering and social misunderstandings and difficulties for him.²³⁹

As in Klausen's application, **he** is presented here as unambiguously a male masculine man whose only difference from other boys and men is a malformation of the genitals. Furthermore, Klausen is described as having an innate psychosexual character which from puberty has asserted and manifested itself clearly as masculine in **hes** desire for female bodies, a masculine way of thinking, and men's interests, without defining or describing these. To be forced to live in the position of a girl and woman while being so masculine and male in character and corporeality is described as having been a paradoxical and unbearably painful mental situation for Klausen, as well as a challenge to **hes** inclusion and participation in social life. In contrast to the complex descriptions of Klausen's sense of **hes** own gendersex in **hes** accounts and the more ambiguous descriptions by Sand in **his** medical reports and summary to the Medico-Legal Council, this articulation presents gendersex as innate and emanating from the body, social gendersexed positions as binary and antagonistic, and a person's sense of **their** own gendersex as an innate entity, independent of social relations, which is firm, clear-cut, and stable.

This picture is somewhat disturbed by the following description of the background of the case. The diagnosis by Sand in 1938 is of Klausen as an intersexual individual "with a quite dominant male predominance in a physical as well as a psychological sense" whose rudimentary uterus, oviducts, and vagina nevertheless introduce aspects of possible physical femaleness and psychological femininity which partly destabilise the prior positioning of Klausen as exclusively masculine. However, a fundamental maleness is re-established in the next sentence when it is claimed that "[i]t could be assumed with certainty that he possessed strongly functioning male gonadal tissue", and the later finding during the laparotomy in 1953 of a "male gonad"

²³⁹ Ibid.: 1–2.

is claimed to “further verify” that Klausen belongs to the male sex.²⁴⁰ Here, gonadal tissue is highlighted as the final evidence of a person’s true sex, even though, as is clear in the above analysis, Sand’s and Helweg’s positions were that it should be secondary to a person’s psychosexual character and most convenient social position when deciding which gendersexed position they ought to be allowed to live in. Finally, the Ministry of Justice is informed that a plastic surgical “adjustment” of Klausen’s outer genitals has been performed, and the statement ends with this conclusion:

His application for a legal name change [...], by which he can be freed from the mental suffering of his warped life through many years and transferred to a social position conventional for his sex, has through the observations and examinations mentioned above been completely supported by an affirmed anatomical and biological basis, wherefore the Council recommends that the application is granted.²⁴¹

In this extract, scientific test results are presented as absolutely reliable in determining a person’s sex, which is either male or female, while the gonadal sex is the guarantee of a stable and certain sex determination. In addition, being forced to live in disharmony with one’s true sex is mentally disabling and leads to a warped life. On the basis of this, Klausen’s future is presented as bound to be happy and normal if he is allowed to obtain the social position of a man, which he would have had if only he had been assigned the correct sex from birth.

As a whole, the final application can be characterised as speaking to much more stereotypical and popular notions of gendersex, sexuality, and the relation between body, selfhood, and social position than the accounts, reports, and discussions upon which it is based. In addition, it relies on criteria for determining and managing gendersex which Sand and other members of the council explicitly argue in other documents should be considered outdated within international research as well as in their own personal views. The fact that the argument for permitting Klausen to change legal gendersex status is

²⁴⁰ Ibid.: 2 & 3.

²⁴¹ Ibid.: 3. The term *affirmed* is a translation of the Danish word *sikkert*, which has several connotations that may mean “secure”, “certain”, “sure”, “unambiguous”, “safe”, and “not connected with risk”, among other things. It thus indicates both that the scientific results are reliable, and that there is no risk that Klausen could later turn out not to be male.

articulated in this way may suggest that, from their experience of collaborating with the Ministry of Justice, the members of the Medico-Legal Council must have considered it to be the most effective rhetorical strategy, and perhaps a necessary one to convince the employees of the ministry as well as its minister.

The Ministry of Justice's perception of reproductive risk

In the assessment of Klausen's case by the Ministry of Justice, the information about **hes** lack of sexual experiences and low sex drive was, on the one hand, perceived as fitting the established criteria of so-called sexual neutrality, which was perceived as a positive indication for granting intersexed and trans persons a change of legal gendersex status. On the other hand, the simultaneous emergence of another, older case of such a change made the ministerial employees hesitate when faced with the information that **she** had a uterus, however atrophied, and an initial lack of information about Klausen's sexual activity.²⁴²

Only a few days after the Medico-Legal Council had recommended Klausen's application, the Ministry of Justice received a phone call from a physician in the Copenhagen area about a pregnant person who was living as a man.²⁴³ In 1950, this person had applied to the Danish king for a name change from Jo Sophie to Joe as **he** was about to get married. The application included a recommendation from the vicar who was to conduct the wedding ceremony.²⁴⁴ At an interrogation by the local police in relation to this, **he** had explained that everyone was calling **him** Joe, and that "he thinks it is silly that his girlfriend will be wedded to a man by the name of Sophie, which is a girl's name."²⁴⁵ The police officer further noted: "He originally got these strange names because his parents were unsure if he was a boy or a girl. However, he has always been a boy, but is, however, not able to have children as there is something abnormal about him with regards to his sex."²⁴⁶ As none of the local authorities protested the application or questioned the explanations in the police report, the Ministry of Justice had granted the change of name and legal gendersex status in the autumn of 1950.

²⁴² *JM*: JM1 Æ170⁵⁸⁸/50.

²⁴³ *Ibid.*: Idp MJ, note 1, 29 January 1953.

²⁴⁴ *Ibid.*: Ap JSC-MJ 1950.

²⁴⁵ *Ibid.*: Prep JSC 1950.

²⁴⁶ *Ibid.*

According to their internal notes, Joe Clemmensen had then married a widow, from whom **he** was now separated, perhaps because **he** was said “to be living in a (homosexual?) relationship with a man, by whom ‘it’ is said to be pregnant.”²⁴⁷ **He** was now in the process of applying to the Ministry of Justice for a legal abortion, and the physician who had called the Ministry of Justice claimed that Clemmensen was “in reality [...] a woman and had always been one.”²⁴⁸

The employees of the Ministry of Justice immediately investigated whether the change of name and marriage could be annulled, but found that, according to Danish law, they could not.²⁴⁹ Before granting a change of name, legal authorities could request a medical evaluation of a person’s gendersex, but in the past this had not always been done if the application contained a medical certificate that was believed to be sufficiently reliable, and such an evaluation was not a prerequisite for the validity of a person’s legal gendersex status in cases where this had been changed.²⁵⁰ However, in no cases previous to Clemmensen’s had a change of legal gendersex status been made solely on the basis of an individual’s own declaration of their corporeal and psychosexual state. The physician informed the ministry employees on the phone that Clemmensen wanted to apply for a sterilisation, but first wanted to make sure that, if **he** did this, the Ministry of Justice would not question **his** name change or the validity of **his** marriage. The ministry employees decided to ask the physician to assure Clemmensen that this

²⁴⁷ JM: JM1 Æ170⁵⁸⁸/50: Idp MJ, note 1, 29 January 1953. The employees of the Ministry of Justice did not commonly refer to intersexed persons with the pronoun *it*, but by their names or the pronoun associated with the gendersex they had been assigned at birth. Its use here probably reflects the writer’s perception that the person in question was transgressing conventional gendersexed ways of behaving, both socially and sexually, as well as to signal a distancing and irritation as the employee also notes that the name change has been granted “under false pretences”, meaning that the person has committed fraud (*ibid.*: Idp MJ, note 1, 29 January 1953).

²⁴⁸ *Ibid.* In Denmark, abortion could not be obtained legally before 1973, but, from 1937, it could be granted if the pregnancy endangered a person’s life (medical indication), if the pregnancy was due to rape (ethical indication), or if the foetus was perceived as having a genetic predisposition to be physically or mentally defective (eugenic indication). In 1956, the law was amended so that a person who was determined to be suffering from physical or mental defects could have an abortion legally. Finally, in 1970, a social indication was added which considered a person’s social and economic circumstances (Kvinfo 2016).

²⁴⁹ JM: JM1 Æ170⁵⁸⁸/50: Idp MJ, notes 1 & 2, 29 January 1953.

²⁵⁰ See JM: JM1 O2972/13; JM1 1953/30; RR: JS 338/13; JS 408/30.

would not happen, and to leave the matter at that as there seemed to be nothing else to do.²⁵¹

An immediate and long-term effect of the emergence of this case was that the employees of the Ministry of Justice became more cautious, and were reluctant to grant persons who had been assigned the female gendersex at birth a change of legal gendersex status to male if there was any indication that they might be able to conceive and bear children. In applications where a person categorised as a woman and living as a man had previously been pregnant, this was therefore regarded as an indication against granting a change of legal gendersex status.²⁵² In Klausen's case, in spite of the Medico-Legal Council's statement that **his** sex was undoubtedly male, a ministerial employee underlined the information on the application letter that **she** had rudimentary inner female reproductive organs as an indication that this should be considered and discussed further. Consequently, there was an internal discussion among the ministerial officials, summarised in note form in the file, about what sufficient documentation of a person's gendersex would be. These notes mentioned various previous cases in which permission for a change of name and legal gendersex status had been either rejected because documentation was assessed as insufficient, or granted on the basis of an assessment that a person was most probably or predominantly male.²⁵³ The ministerial officials considered requesting Klausen's case file from the Medico-Legal Council in order to assess the case in detail for themselves, but finally decided to settle for granting Klausen the application on the basis of the council's "rather categorical" statement, and because they believed that "[i]t is unlikely that there would be a risk of pregnancy" if Klausen's male phenotype was as dominant as described by the

²⁵¹ JM: JM1 Æ170⁵⁸⁸/50: Idp MJ, note 2, 29 January 1953. During my search at the archive, I have not found such an application for sterilisation of the person.

²⁵² See JM: JM1 C170⁹⁵⁰/54; RR: MSITA 3209/55. It should be noted that, in the two cases mentioned, the applications were not rejected because of the pregnancies, but in one case because the person refused to have an oophorectomy which **his** girlfriend strongly opposed because **she** was convinced that this would terminate **his** libido, and in the other because the person refused to have a detailed psychiatric assessment made.

²⁵³ JM: JM1 B170³⁶⁰/53: Idp MJ, notes 4, 8 & 12 February 1954; for the first cases, see JM: JM1 K8268/09; JM1 Æ2482/24; RR: JS 645/24; for the latter, see JM: JM1 O2972/13; JM1 L5867/36; RR: JS 338/13; JS 645/24; JS 1480/36.

Medico-Legal Council.²⁵⁴ The final granting of permission did not seem to rest on the officials' conviction that Klausen was physically unable to get pregnant (although this seems to be the case from the medical reports). Instead, in relation to this question, the officials stressed that the masculinisation of Klausen's body through **hes** development since puberty and the surgery that had been performed made a pregnancy unlikely.²⁵⁵ It is not clear from the notes exactly what is meant by this, but a possible interpretation could be that the ministerial employee was indicating that the male appearance of Klausen's body made it unlikely that **she** would attract a partner with a penis with whom to have sex and get pregnant – in spite of the fact that Clemmensen's case had just demonstrated that this was indeed possible. In any case, Klausen was officially granted a change of name and legal gendersex status at the beginning of April 1954.²⁵⁶

Re-positioning Klausen's social gendersex status and the issue of employment

While these procedures, negotiations, and assessments were going on, Klausen's situation in Southern Jutland was becoming more and more desperate. A year after **she** had handed in **hes** application to the Medico-Legal Council, **she** started writing, first to Sand, explaining **hes** situation, and two weeks later to the Ministry of Justice, officially requesting an expedition of the application processing because of **hes** economic situation. At the time of **hes** hospitalisation in February 1953, **hes** former job as a cleaning woman had been terminated by **hes** employer, and **she** had been out of work since then. In the letters, Klausen explained that without a new birth certificate **she** could not become a member of the Male Worker's Trade Union or get insurance, both of which **she** needed in order to apply for and be employed in a man's job.²⁵⁷

The performance of Klausen's first surgery had thus thrown **hem** into a gendersexed limbo in which **hes** official legal status was still female, but where, in **hes** local social context, **she** was now considered to be male by **hes** former employer. Although Klausen had previously earned a living performing a woman's job at the National Railway,

²⁵⁴ JM: JM1 B170³⁶⁰/53: Idp MJ, note 4 February 1954.

²⁵⁵ *Ibid.*

²⁵⁶ JM: JM1 B170³⁶⁰/53: Per VHK-MJ 1954.

²⁵⁷ RR: MSITA 1208/53: Le VK-KS Feb 1954; JM: JM1 B170³⁶⁰/53: Le VHK-MJ Mar 1954.

while increasingly being regarded by **hemself** and others as a man, it seemed unthinkable and unfeasible to both **hemself** and **hes** previous employer to continue such an arrangement. While Klausen's hospitalisation and the surgeries performed thus functioned socially to make a final transition and re-categorisation from woman to man, the lack of legal recognition of this status left **hem** in the situation which **she** had recorded as fearing in **hes** previous accounts, so much so that it had contributed to deferring **hes** decision to apply for a name change for 12 years. **She** was not able to get a job, and from previously having only a small income and being poor, **she** now had no income at all and was forced to live on **hes** limited savings.²⁵⁸

It took a little over a month after Klausen had written to the Ministry of Justice before **he** finally received a letter back, informing **him** that **his** name had now been officially changed in the parish register, and including a new birth certificate. In the meantime, Klausen had written to Sand again, begging **him** to help **him** get another job at the railway, and once more to the ministry about expediting the processing. The second of these was forwarded to the ministry by a member of the local parish council, who asked them to speed up Klausen's case because "not only economically, but also mentally, [this] is a very difficult period for Vigga Heidi Klausen, why the honourable ministry is requested by us to bring this case to an end as soon as possible, as, otherwise, it might have consequences for [...] [Klausen] for which no one will be able to bear the responsibility."²⁵⁹ This way of phrasing a person's situation was often used by officials in cases where a person was considered to be suicidal; a circumstance that often led to a speeding up of the processing of cases in the Medico-Legal Council and Ministry of Justice.²⁶⁰ By this time, however, the change of name for Klausen had almost been completed, and the permission letter was on its way to **him**.

Still, Klausen's problems were not solved. Two more letters from Klausen to Sand show that, first of all, his former employer at the National Railway claimed that the new identity papers were not sufficient, and later that **he** was "very reluctant to re-employ me as I am too small and slender to, for example, work with ranking where

²⁵⁸ RR: MSITA 1208/53; Le VK-KS Feb 1954.

²⁵⁹ Ibid.: Le VHK-MJ Apr 1954.

²⁶⁰ See, for example, RR: Ka-S 699/53; Ka-Kv 5/55; Ka-S 789/55; Ka-S 823/57.

heavy couplings have to be lifted.”²⁶¹ According to Klausen, his previous worry that his small stature and lack of strength due to his childhood rickets would turn out to be a barrier to being employed in a male worker’s position had thus turned out to be true. Although the station master did not question his status as a man after the surgeries had been performed and the official change of name had been executed, he assessed Klausen’s physical state as unfit for the men’s work performed at the railway, whereas Klausen’s ability to perform women’s work had not previously been questioned. Klausen was thus still left in an in-between position where, in terms of being an unskilled worker, he was categorised as falling physically between a male and a female gendersex, or between an adult and an adolescent. After about a month, Klausen informed Sand in the second letter that another local company had employed him as a messenger; a job which, it is clear from others of the case files, was normally handled by young boys aged between 14 and 17.²⁶² In this job, he earned a much lower wage than he was used to, and he therefore still wanted Sand to help him become re-employed at the railway, if possible.²⁶³

Sand’s answer to Klausen, which was sent a month after he had received the first letter, implies a discrepancy between their respective ways of articulating Klausen’s life story and the process of his transition from being positioned as a woman to being positioned as a man. “[I] had thought that you would have expressed greater happiness, now that we have succeeded in bringing this difficult case to a happy ending”, Sand wrote.²⁶⁴ He added that he had been under the impression that Klausen had been promised employment at the National Railway, and that, if he was to contribute to eventual employment, he needed exact information on what the station master

²⁶¹ RR: MSITA 1208/53: Le VK-KS Apr 1954; Le VK-KS May 1954.

²⁶² See, for example, RR: MSITA 261/35. This employment seems to have been offered after the article focusing on the problem of unemployment of persons who had changed sex appeared in *Billedbladet* on 29 April 1954 previously mentioned (RR: MSITA 1208/53: Co Bil 1954). Whether Klausen was helped in getting this job by some other authorities than Sand, for example, the parish council, is unknown. However, the employment shows that persons in Klausen’s local milieu were aware of his difficult situation and willing to help him, and thus were taking social responsibility for local inhabitants in a precarious position in a way which had been common practice during the time before the welfare system was established during the 1920s and ‘30s (see Lützen 1998).

²⁶³ RR: MSITA 1208/53: Le VK-KS May 1954.

²⁶⁴ *Ibid.*: Le KS-VK May 1954.

would need to receive from the Medico-Legal Council.²⁶⁵ From these formulations, it seems that Klausen's continued communication with him about his situation was unexpected to Sand. His complaint about Klausen not expressing happiness may be understood as an expression of disappointment by Sand, in the sense that Klausen's continued troubles and appeals for help were challenging his expectation that the case was now closed, with a happy ending, as he had presented it to the Medico-Legal Council in his imagining of Klausen's future after an official change of gendersex status. Calling Klausen's case difficult and suggesting that he could only eventually contribute to his client's re-employment further indicates that Sand felt he had worked hard to get Klausen's application accepted, and that any further help in relation to getting a job was limited or outside of his responsibility.

Klausen's response to this was that he hoped "that the Professor has not misunderstood me, after the many difficult years which my previous unhappy life has caused me, I am very grateful to the Professor for the joy and unspeakable happiness which I am now in, and am happy that my case has ended in such a good direction."²⁶⁶ In this way, Klausen confirmed the validity of Sand's way of telling his life story. At the same time, he continued the letter with a report about his continued problems at the railway, asking for Sand's help, and thus held onto his own version of his story, in which his specific corporeality continued to pose a challenge to fitting into the expectations of being an adult male in the working-class milieu of which he was part, and that he was in need of support and assistance. As these letters are the last in Klausen's case files, it is not possible to know whether Sand decided to provide this help (if he was able to do so), and there is no more information in the Medico-Legal Council's archive about how his life continued.

²⁶⁵ Ibid.

²⁶⁶ RR: MSITA 1208/53: Le VK-KS May 1954.

The case of Peter Ole – Petra Oda Fischer

7.1

Autobiography

A story about finding ways to realise the dream of one's life

P. O. Fischer was almost 50 years old when, in December 1958, she wrote to Knud Sand that “basically, it is just a matter of the state facing the facts, like others have done, and accepting the arrangement, by giving me the desired name change as soon as possible – it now seems to me that I have waited a lifetime for this.”²⁶⁷ Eighteen months earlier, Fischer had first applied to the Ministry of Justice for a name change from **her** given names Peter Ole to **her** chosen names Petra Oda. In the letter to Sand, she articulated such a name change as the final stabilisation and official recognition of a gendersexed position as a woman in which she had lived, to as great an extent as possible, for the past 20 years.

Sand and Fischer had known each other for this entire period, and during this period, Fischer had regularly told Sand **her** life story and reported the important events of **her** life in letters and accounts to **him**. **Her** autobiographical writing thus spans many years and in some instances contains several versions of the same event; for example, the first written shortly after it took place about how she experienced it, and later **her** reflections on its long-term significance or adding more information about the event.²⁶⁸ The following analysis of Fischer's autobiography is largely based on a selection of texts from **her** case files: two autobiographies dating from 1941 and 1948, the latter of which also contained an account of **her** current circumstances;²⁶⁹ two

²⁶⁷ RR: Ka-S 699/53: Le POF-KS Dec 1958.

²⁶⁸ It should be noted that, even though this case is one of the more extensive of those that I collected at the Danish National Archive, the information available in the documents of P. O. Fischer's case file is in many respects incomplete and at times contradictory, ambiguous, or unclear. This applies to both the information provided by Fischer **herself** and that provided by various medico-legal authorities. Furthermore, it is not always clear from the formulations who has provided which data, or exactly when an event took place.

²⁶⁹ *Ibid.*: Au POF 1941; Au & Acc PF 1948. It cannot be determined with certainty why Fischer's autobiographical account of 1941 was written, or for whom. Dated March 1941, it includes neither an addressee nor the name of the writer. Yet, as it is clear from other documents that Fischer first contacted Sand around this time, it is likely that she either wrote this short autobiography in order to give it to **him** before or at their first meeting or that Sand might have asked for such an account at this meeting (Le 1 POF-KS Apr 1941; Le POF-KS Dec 1941). The second autobiographical account,

detailed accounts, one from 1941 about her studies of medical literature and experiments with self-medication, and the other from 1954 about her experience of being hospitalised in relation to undergoing reconstructive genital surgery for the second time;²⁷⁰ three annual reports in the form of letters to Sand from 1954, 1956, and 1957, which were part of mandatory follow-up examinations after castration, about her health and the events in her life during the previous year;²⁷¹ and an overview account from 1957 of her life since the reconstructive surgery and about her current life situation.²⁷² While the first of these autobiographical accounts might have been written on her own accord just before she met Sand for the first time, all the other documents were written at the request of Sand, either for his own records or with the intention of including them in applications for castration and change of name.

The main theme that I see running through these numerous documents is a story about searching for ways to realise one's lifelong dream. In her first autobiographical account to Sand, Fischer formulated this dream in the following way:

My greatest wish during the past ten years has constantly been that, one day, I myself would be turned into a woman through a natural development. [M]y greatest wish is [...] to be loved and embraced by a real man and to become a mother myself someday so as to obtain life's greatest happiness. If I do not obtain this, I simply wish for my fate to be so generous that it will at least let me have the shape of a woman so that through this I can obtain the inner peace and balance which I have searched for during all these wasted years.²⁷³

Thus, in her very first accounts to Sand, Fischer already had a very definite idea of what she wanted and, as will become clear in the following, many ideas about how this could be obtained.

dated 1948, was written at Sand's request with the purpose of attaching it to an application for castration which was, however, never written.

²⁷⁰ Ibid.: Le POF-KS Dec 1941, Le POF-KS Mar 1954. Both of these accounts were written at Sand's request and seem to have been intended for his records on Fischer, not for inclusion in applications.

²⁷¹ Ibid.: Le POF-KS Dec 1954; Le POF-KS Nov 1956; Le POF-KS, 16 Jan 1957.

²⁷² Ibid.: Ac & Acc POF 1957. This account was written at Sand's request and was intended to be part of the material for an application for a change of name, although it was never used as such.

²⁷³ Ibid.: Au POF 1941, 1-2 & 5.

While, in the previous case, Klausen was encouraged by others to try to change **hes** social and legal gendersexed position and was told that to do so was a rational and feasible procedure, in this case it was Fischer **herself** who took the initiative to contact Sand and other medico-legal experts. Although, for a long time, these met **her** with a sympathetic attitude, many of them also rejected her appeals or hesitated to assist **her** in realising **her** desire to be embodied and to live as a woman. This was because Fischer's corporeality was articulated by the medico-legal experts as a specific challenge to the realisation of **her** dream. **She** **herself** also sometimes presented it as such, but at the same time she also emphasised how it already did or might in the future enable **her** to live in the way she wanted. **Her** autobiographical accounts written during these 37 years thus tell a story of how Fischer imagines, considers, negotiates, and reconsiders in what contexts and the means by which she might achieve various intermediate goals that will get **her** as close to living **her** dream as possible. She also records how, in **her** own view, she succeeds in this to a great extent with the help of the medico-legal authorities and by settling for feasible alternatives to **her** dream scenario.

In the following analysis, I focus on Fischer's articulation of how, in various local milieus, the definitions, norms, and practices related to gendersex and sexuality enabled **her** to live, experience **herself** socially, and be recognised as a woman. They also, in **her** own words, "compelled me to tell [...] untruths", outlined the limits of such experiences, and posed risks of being rejected and excluded by others who inhabited more stable gendersexed positions.²⁷⁴

Growing up with different feelings, desires, and interests

In Fischer's account of 1957, she cites Sand as saying that **his** impression is that to **her** writing and expressing **herself** comes easily.²⁷⁵ According to Fischer **herself**, this is not always the case when writing to **him** about **her** intimate private life, but in **her** accounts she still does so in great detail in an eloquent and flowing writing style that reflects **her** education and middle-class background. Her letters to Sand are generally written in a confidential and informal tone and, to a greater extent than Klausen, she addresses **him** like an equal with whom she can discuss **her** situation and make joint decisions about **her** future,

²⁷⁴ Ibid.: Au & Acc PF 1948, 5.

²⁷⁵ Ibid.: Ac & Acc POF 1957, 1.

and she does not hold back from directly expressing her impressions, ideas, and wishes. In the letters, she frequently sets out such discussions about her situation between an imaginary Sand and herself by citing remarks that she recalls him making during their most recent encounter (although Sand does not always agree that these are accurate). She then states her reflections and standpoints in relation to these discussions and imagines his possible responses to them. Fischer's writing style is thus both dialogical and assertive and positions the writer as an active subject who self-evidently has the right to have opinions, to be heard, and to have a say about the medical and legal decisions in her case.

Like Klausen's autobiographical account, Fischer's account of her childhood and adolescence is told as the story of a process of gradually becoming conscious of how she is positioned in relation to social understandings of gendersex. However, differently from Klausen's account, these realisations are not initiated by the experience of a difference in bodily functions from those of others who have been assigned the same gendersex as Fischer. "As a child, as far back as I can remember, I have always felt a particular inner joy and satisfaction when people took me for being, or jokingly remarked that I was, a girl dressed up as a boy", Fischer's first autobiography begins.²⁷⁶ In her account, the discovery of her gendersexed position thus begins with other people's verbal responses to and evaluations of the corporeality and behaviour of the child Fischer in relation to notions of gendersex and Fischer's own affective responses of pleasure at being gendersexed as feminine.²⁷⁷ She connects these unconscious and conscious evaluations of her by other people with the fact that "my facial features and characteristics" were "always feminine, perhaps particularly as a child".²⁷⁸ This recognition of Fischer as a girl is articulated as continuing into her later life, as she recounts that, among her family and social circle, it is a saying that she and her younger sister must have been "mixed up", because, according to their interests and competences, Fischer ought to "have become a woman" and the sister a

²⁷⁶ RR: Ka-S 699/53: Au POF 1941, 1.

²⁷⁷ This is especially the case in the first autobiography, written in 1941, which is more anecdotal and generalised in its narration of Fischer's childhood than the one from 1948.

²⁷⁸ RR: Ka-S 699/53: Au POF 1941, 1.

man.²⁷⁹ Furthermore, unconventional gendersexed characteristics and behaviour are presented by Fischer as a family trait. She describes her nephew as resembling her, and her own daughter as resembling her sister, and Fischer's wife and sister as having similar interests and talents.²⁸⁰ Her statement about the jokes of family members, other adults, and her current social circle gives the impression that those who have been closest to Fischer, both past and present, have not related negatively to her own or other family members' non-conformity with dominant gendersexed expectations. In any case, whatever the intention of the joking remarks might have been, Fischer takes them as recognitions of her femininity rather than as criticisms for not being masculine.

The opening lines quoted above are an example of how Fischer's autobiographical accounts are modelled on and closely follow autobiographical narratives in her contemporary cultural and medical context, while at the same time narrating a story about highly personal experiences, impressions, and affects that simultaneously resonate with and diverge from these narratives. This narrative style, and the fact that the texts often contain layers of meta-reflections, both draw attention to the possibilities of these narratives and invite multiple different interpretations of them. Fischer's statement: "as far back as I can remember" thus rearticulates the contemporary sexological narrative, as formulated by Magnus Hirschfeld in his ground-breaking work *Transvestites* (1910), of transvestites having an innate, biologically determined femininity that shows up in childhood preferences and behaviour (Hirschfeld 1910; Hirschfeld 1910/1991).²⁸¹ At the beginning of the 1940s, this narrative had become an established trope in trans persons' autobiographies, and over the next few decades it was reiterated and coalesced into an even stronger version. During the 1950s, after Christine Jorgensen had become famous and ten or more years after Fischer's account, in approximately half of the autobiographies by persons categorised as male and identifying as women who applied to the Ministry of Justice for a change of gendersex status, the formulation used was that, since childhood, they had felt that they were girls. In other words, in these accounts, the writers' gendersexed positions were clearly articulated as being innate,

²⁷⁹ Ibid.

²⁸⁰ Ibid.

²⁸¹ Ibid.

stable, and unambiguously feminine.²⁸² In Fischer's autobiography of 1941, a similar articulation of **her** position as having been feminine since birth is made at the very beginning of **her** account through **her** recounting of others' recognition of **her** as (looking and being like) a girl in childhood and like a woman in adulthood. Yet, a different articulation appears in the description of how **she** thinks about **her** various gendersexed positionings during childhood and later, and especially in **her** many reflections on how these are dependent on **her** relations with other people, and are thus not solely a question of an inner feeling of **her** own gendersex.

Therefore, Fischer does not tell an unambiguous story about growing up thinking or knowing since **her** earliest childhood that **she** was a girl. Instead, she tells about sharing certain preferences, pleasures, and aversions with (other) girls, such as wearing dresses, wishing to be neat and clean, liking to sew, preferring to play with girls, wanting to behave and perform well in school, and not getting along with boys and refusing to take part in their pranks. In this account, some adults verbally connect these inclinations with femininity or with being positioned as a girl, but the boys in Fischer's school class rather articulate Fischer's position as un-boyish and call **him** a "sissy" or "doll boy", while the majority of **his** teachers position **him** as a well-behaved and clever boy.²⁸³ For Fischer's part, the use of expressions such as "one of my dearest pleasures was to dress up as a girl", "my own boys' clothes", and "take part in the pranks and contrivances of other boys" indicates an acceptance of the assignment as a boy and thinking of **himself** in these terms during childhood and

²⁸² These formulations were, for example: "Since childhood, I have felt that I was a girl" (RR: Ka-S 823/57: Le KJJ-IE Apr 1954, 1); "As a child, [...] I felt I was a girl" (Ibid.: Au KJ 1955/56, 1); "Already by the age of six or seven, I felt like a girl [...] [M]y whole childhood was dominated by the feeling of being a girl" (RR: Ka-S 944/62: Pst ONF-VZ 1959, 2); "The patient himself informs us, as stated in his autobiography, that since his earliest childhood years he has felt and acted like a girl" (RR: Ka-S 798/55: Prec DJ-SHPU 1954, 2); "In the earliest childhood years, the problems were not really that big, I thought that I was a girl" (JM: JM1 J170⁶⁵/60: Pst OM-EHG 1958, 2). In the other half of the cases from the same period, in autobiographical interviews with psychiatrists, the interviewees state, similarly to Fischer, that their feelings of femininity or of being a girl/woman developed gradually or became stronger later in life, and that, as children, they either did not have these feelings, or that they were not prominent (RR: Ka-S 774/54 (interview); Ka-S 790/55 (letters and interviews); Ka-S 827/57 (interview); Ka-S 884/58 (interview)).

²⁸³ RR: Ka-S 699/53: Au & Acc PF 1948, 1.

puberty, in spite of disidentifying with the boys in his class and their preferred activities.

In this way, Fischer articulates a realisation as she grew up of verbal processes of associating specific behaviours, looks, and preferences with being a girl or a boy, but also that there is a flexibility in how these might be gendersexed, or evaluated in relation to a gendersex category as fitting or misfitting. On the whole, problematisations of Fischer's gendersexed inclinations are mainly depicted as being made by the boys of his own age and, as mentioned above, not by his family or teachers (except the gym teacher), or by the girls in his class. As Fischer does not wish to be part of the boys' group, he is not "bothered" by their views about him, and neither their name-calling nor their occasional violence towards him make Fischer change his behaviour because he understands these acts as a childish revenge for his popularity with the teachers.²⁸⁴ At the same time, the adult Fischer describes the (other) boys as "more plucky and natural" and states that they had an "intention" in calling him a sissy and a doll boy which he did not grasp as a child.²⁸⁵ Fischer's description of the boys thus, to some extent, positions himself as a less natural boy in a behavioural sense, and perhaps also in a constitutional one in line with the medical discourse that Sand (but not Hirschfeld) was using.²⁸⁶ What exactly Fischer thinks might have been the boys' intention with their name-calling is not clear in the text, but one possibility might be a suggestion that they were aiming to point out that his behaviour was unfitting for a boy, while he on his part considered their behaviour unfitting in the sense of being inexpedient in relation to the teachers and an expression of childishness.

When Fischer acknowledges the (other) boys' behaviour as natural and plucky, she signals to Sand, as the receiver of the text, that her present perspective on and interpretation of the recollected situation

²⁸⁴ Ibid.

²⁸⁵ Ibid. The adverbs used, "mere raske og naturlige", have a double meaning in Danish which, in the context of this text, would be most commonly understood as being "plucky" and behaving "naturally", but they may also mean "healthy" and "natural" as opposed to unnatural.

²⁸⁶ In other accounts and letters to Sand and the Ministry of Justice, Fischer describes herself as having a condition or suffering from a disease when referring to her desire to wear women's clothes and live as a woman. See, for example, RR: Ka-S 699/53: Le 2 POF-KS Apr 1941, 1; Le POF-KS Dec 1941, 1; Le POF-KS Oct 1947, 2; Ap POF-MJ 1953.

differs from the one she held as a child, and that she has realised that it was the boy Fischer's behaviour that was unfitting and unnatural while the (other) boys were normal. In this way, she signals that she has taken on the perspective on non-conforming gendersexed behaviour offered in publications such as Sand's, while, at the same time, she allows and offers an alternative perspective in the presentation of her childhood experiences. In this way, the question of how to understand and relate to the narrated situation is simultaneously settled in accordance with (what she imagines to be) her reader's perspective and implicitly questioned and kept open through the articulation of past alternative understandings. This is a way of positioning herself that Fischer frequently uses in her accounts and letters to Sand. In one and the same sentence, she simultaneously demonstrates that she is knowledgeable about and relies on both scientific theories and social understandings and conventions in her understanding of herself, and presents other ways of viewing and relating to her situation which are clearly articulated as less normal or natural. These latter are also presented as alternatives that may allow her a space to act, be, and become in ways that she prefers and desires.

In Fischer's account, during childhood and puberty, her difference from (other) boys and greater similarity to girls in terms of looks, feelings, desires, and interests is described as predominantly unproblematic for himself and in a majority of his relations to others; however, the situation changes during adolescence. Again Fischer's feelings are different from those of his peers in that he neither falls in love nor engages in love affairs. Furthermore, his corporeality also diverges from theirs when he does not develop bodily characteristics which are gendersexed as male as fast as the (other) boys and develops some characteristics which are gendersexed as female.²⁸⁷ In her autobiographies, Fischer does not specify what these bodily characteristics are, but other documents indicate that they may be breast development, a fat distribution which is considered more typical for females, slow beard growth, and sparse body hair.²⁸⁸ Because of this difference, which Fischer describes as a "sexual and erotic development [...] going quite slowly", his "Relations with the girls cooled" when he was around 16 or 17: "I didn't understand their awakening feelings [...] and didn't [...] hug and treat the girls in the way they now wished to

²⁸⁷ RR: Ka-S 699/53: Au POF 1941, 1; Au & Acc PF 1948, 1.

²⁸⁸ Ibid.: Le POF-KS Dec 1941, 1; Pst POF-GS 1953, 3-4.

be[,] [...] [and] [c]onsequently, I slipped out of their [social] circle, and they quickly stopped inviting me to the youth parties.”²⁸⁹ Fischer thus articulates his girlfriends as developing an erotic attraction to boys during adolescence and, during this process, they cease to regard him as a playmate with shared interests and instead begin to relate to him as a heterosexual young man by expecting him on his part to develop an erotic attraction to them. However, as he does not feel any erotic attraction at all at this point and lacks an understanding of the changed feelings of his girlfriends, a distance develops between them. According to Fischer, these girls, and later normal women in general, still regard him as a faithful friend, but “not [as] a real Man, neither brutal nor exciting, only an always helpful ‘dry stick’”.²⁹⁰

Fischer’s asexuality and physical development in adolescence is here articulated as constituting a misfit in relation to expected adolescent behaviour and corporeality, because it is out of sync with the erotic and sexual development of his peers (Garland-Thomson 2011). This asynchronicity results in Fischer’s disidentification with both boys and girls and they in turn exclude him from social events and push him to the periphery of the group of girls which he used to inhabit on equal terms. Phrased in Garland-Thomson’s terms, Fischer’s emotional and physical misfitting thus renders him a misfit in the social milieu of which he is part.

In Fischer’s autobiographical account, this movement from being inside and part of the girls’ circle to the social periphery marks the beginning of an experience of not having any close relationships and a resulting feeling of isolation that lasted more than two decades.²⁹¹ In various other documents in the case file, psychiatrists have noted that, during the first seven of these years, various events occur which they consider to be important in Fischer’s life: After high school, he completes a business-school education; in 1932, he gets married; and two years later, he becomes a parent.²⁹² In her autobiographical accounts, these events are missing, and even though Fischer’s family

²⁸⁹ Ibid.: Au & Acc PF 1948, 1.

²⁹⁰ Ibid.

²⁹¹ RR: Ka-S 699/53: Au POF 1941; Au & Acc PF 1948.

²⁹² Ibid.: Pst POF-HR 1947, 1; St POF MLC-MJ 1953. In H. Reistrup’s psychiatric statement of 1947, it is stated that Fischer and her wife have two children of 3 and 13 years of age, the eldest of whom must be the mentioned daughter; however, this second child is not referred to in any other document in the case file.

and work are mentioned a few times, there is no story told about meeting and marrying her wife, having her child, or becoming involved in her profession. What she recounts instead about these years is an inner affective story of an existential search for answers to how she should understand and define herself, and about a violent inner struggle with her desire to be embodied and experience herself as a gendersexed person in a specific way.

The reconfiguration of the narrative of erroneous sex

“As time went by, I realised that I wasn’t like others”, Fischer writes in her autobiographical account of 1948, “and in my despair, I sought all the information I could find through scientific literature about psychology and sexual questions – on abnormalities and deviations – heritage and development – hormones etc.”²⁹³ Her accounts written in 1941 suggest that it was the reading of a specific book, *Man into Woman*, at the beginning of the 1930s that spurred this search for knowledge about what kind of person she might be, and why.²⁹⁴

In Denmark and internationally, this book had quickly become a bestseller and was famous as a first-hand account of the mental, social, and physical transition of a person who had been assigned the male sex at birth, but who increasingly felt that the position of a man did not fit them.²⁹⁵ The preface by the editor Niels Hoyer states that they were

²⁹³ Ibid.: Au & Acc PF 1948, 2.

²⁹⁴ In the account of her experiments with self-medication recorded in 1941, Fischer writes that “I have regarded my life as a parallel counterpart to the Wegener Affair which was much discussed a few years ago (described in “Lili Elbe’s Confessions” *Man into Woman*). In order to get as much insight as possible, I have then begun to study everything which I could get my hands on which touched upon such cases or influenced them” (RR: Ka-S 699/53: Le POF-KS Dec 1941, 1). In her autobiographical account from the same year, Fischer states that “my greatest wish during the past 10 years has constantly been that, one day, I myself would be turned into a woman through a natural development” (ibid.: Au POF 1941, 2). Fischer does not directly mention *Man into Woman* in relation to this, but as its year of publication is identical to the beginning of the period referred to, and as Lili Elbe is described as a person categorised as a male who spontaneously develops female physical characteristics, it is probable that Fischer’s idea of developing characteristics that would re-categorise her as a woman originated from her reading of this book.

²⁹⁵ This text was first published in Danish in 1931 as *Fra Mand til Kvinde: Lili Elbe Bekendelser* [From Man to Woman: Lili Elbe’s Confessions, then in German in 1932 as *Ein Mensch wechselt sein Geschlecht: Eine Lebensbeichte* [A Human Being Changes their Sex: A Life Story], and finally in English in 1933 as *Man into Woman - An Authentic Record of a Change of Sex: The True Story of the Miraculous Transformation of the Danish Painter Einar*

helped by a “physician, whose bold operations made it possible for the [...] despairing Einar Wegener to continue their life in full accordance with their real nature” as the woman Lili Elbe. According to Hoyer, the book contains her own records documenting her experiences of this, telling a true story in which the names of others have been replaced by

Wegener (Andreas Sparre), with a preface by the sexologist Norman Haire. While the book was promoted as “the confessions of Lili Elbe” on its publication in 1931, it was in fact co-authored by at least three different people: Lili Ilse Elvenes, the German author Ernst Ludwig Harthern Jakobson under the pseudonym of Niels Hoyer, and the German gynaecologist Kurt Warnekros, who performed the majority of the operations on Elvenes (Meyer 2015, 35–38). The plot of the book can be summarised as follows: The protagonist, who is called Andreas Sparre, which is a pseudonym for Einar Wegener, is first persuaded by his wife Grete (a pseudonym for Gerda Wegener), who like himself is a painter, to act as a stand-in for a female model in her clothes. He discovers that he enjoys this, so together, Andreas and Grete develop the persona of Lili as Grete’s model. Lili then gradually starts to live her own life in public in Copenhagen and Paris, where they live for a number of years. After some time, the protagonist begins to experience himself as two persons in one body, and, simultaneously, their body begins to change, developing in such a way that Andreas is perceived by others as a woman impersonating a man, while Lili’s status as a woman is never questioned in public. Additionally, they begin to suffer monthly nose-bleeds, haemorrhages, and severe depression. As their physician cannot find any cause for their physical symptoms, the protagonist studies the scientific literature on sexual problems and forms a theory that they are both a man and a woman in one body, who are fighting each other, and the woman seems to be winning. After a long inner fight, Andreas/Lili realises that he/she cannot continue living as both and that either he/she must find a way for Lili to live fully while Andreas must die, or both must die. He/she decides that, unless he/she can find a physician who can separate the two persons inside him/her within the next year, he/she will commit suicide. Andreas contacts a number of medical experts, but most dismiss him as mentally disordered or possibly homosexual. A few state that his physical condition is very unusual, but that there is no treatment for him. Finally, the protagonist meets a German professor, Werner Kreutz, who diagnoses him/her as possessing both male and female gonads, while his/her pronounced feminine feelings and physical development over the previous few years indicate the possibility of transforming him/her into a woman through surgically removing the male sexual organs and testicular tissue, performing an ovarian transplant, and surgically creating female sexual organs. With the full and loving support of both Grete and their mutual friends, the protagonist then has a series of operations through which Andreas disappears for good and Lili manifests fully. For a couple of years, while still undergoing this process, she lives as Lili, has a friendly divorce from Grete, and becomes engaged to be married to an old friend. Wishing to become able to bear children, she has a final operation, which goes well; however, while recovering from this, a kidney disorder from which she had previously suffered breaks out again, causing a heart attack from which she dies.

pseudonyms.²⁹⁶ In *Man into Woman*, this real nature of the protagonist is presented as physical as well as mental. At first, Andreas Sparre starts to wear women's clothes in private, modelling for his wife Grete and acting the role of Lili as a sort of mutual game, and then begins to go out in public as a woman and to live partly as one, feeling increasingly more comfortable in this position. Over a number of years, the protagonist then develops what is in one place described as "a female conformation" which has the effect that other people's perception of them gradually shifts so that they are no longer gendersexed as a man, but as a woman. This is especially true of strangers, but also of their close relations (Hoyer 2004, Chapters VI-IX & 115).

This account can be characterised as contributing to the story-telling about spontaneous sex changes which the British historians Alice Oram and Clare Tebbutt have documented in popular culture and the British press during the 1920s and '30s and which I have shown, in relation to Klausen's case, to have also existed in the Danish and Norwegian media, at least to some extent (Oram 2007; Tebbutt 2014). In both *Man into Woman* and these other popular accounts, the protagonist is helped by medical experts who are knowledgeable about the newest theories positing a connection between hormonal production and sexual development, and who are able to determine the real nature of their sex, through a combination of hormonal and psychological tests and physical examination. Furthermore, thanks to developments in body modifying technologies since the First World War, skilled specialists are now able to surgically guide the bodies of their patients in their development through gonadal transplants and by removing already developed sexual characteristics which are at odds with their psychological and hormonal sex (Oram 2007, Chapter 5; Tebbutt 2014, 29-30, Chapters 2 & 3; Hoyer 2004; see also Mak 2012, 230-232).

The accounts given by Fischer and other persons assigned male at birth who experienced themselves as predominantly female or feminine, as well as the narrative presented in *Man into Woman*, show how, before the case of Christine Jorgensen became famous in 1951 and to some extent afterwards as well, a specific narrative model became central both for understanding their own experiences and as a point of

²⁹⁶ Hoyer 1931,5.

reference when communicating these to others.²⁹⁷ A variation of this narrative of erroneous sex presented hermaphroditism as a phenomenon that might manifest in ways other than in a development of genital bisexedness, in accordance with theories such as Steinach's, Sand's, and Hirschfeld's. Within this narrative, persons who apparently had normal male bodies might in fact have ovaries within the abdomen and a feminine psyche, both of which might manifest later in their lives. This kind of account offered a way of understanding persons categorised as men who were extremely feminine and wished to wear women's clothes and live as women as not necessarily being inverters or homosexuals, as was assumed by many physicians and people in general.²⁹⁸ Instead, such persons might be physical hermaphrodites whose true female sex was showing through in their feelings, interests, and sexual desires which, although appearing homosexual, were in fact normal, that is, heterosexual.²⁹⁹ Such an

²⁹⁷ RR: MSITA "Transvestite"/20; Ka-S 798/55: Mc DJ-VL/CB 1955, 10-11; Ka-S 884/58: Pst TF SHPP-MJ, 9. It seems as though *Man into Woman* is thus drawing on a narrative that was already well established at the beginning of the 1930s. The story of Lili Elbe, in turn, became over time claimed by the transgender movement as "the first story of a sex change", emphasising medical procedures as being central to transitioning rather than the story of Andreas'/Lili's pseudo-hermaphroditism. This can be seen from the foreword to the 2004 edition of *Man into Woman*, in which a trans woman called Helen Parker of Hampshire, whose identity is otherwise not revealed, passionately claims Lili Elbe's experiences and her story as a model for persons who are in or have already been through a transition, ending her text with these words: "Lili - your story is our story" (Hoyer 2004, 7).

²⁹⁸ During the first few decades of the 20th century, the terms invert and homosexual were often used simultaneously or interchangeably by sexologists.

²⁹⁹ As the Danish literary scholar Dag Heede, among others, has pointed out, the heterosexuality of the two aspects of the protagonist, Andreas Sparre and Lili, is strongly emphasised in *Man into Woman* (Heede 2012). Lili is presented as very attracted to men and herself attractive to them, while Andreas is furious at one physician's diagnosis of him as a homosexual and declares to his male friend that he has always only been attracted to women (Hoyer 2004, 29, 56-57, 67-69, 109, 157, 247-250). On this point, the account is also in accordance with other early 20th century medical experts' views on the sexuality of pseudo-hermaphrodites, who were described as more or less normally developed males with ovaries and more or less normally developed females with testicles. Dreger has shown that, according to such authorities as the French surgeon Samuel Pozzi and the French psychiatrist Valentin Magnan in 1911, the classification of the sexuality of hermaphrodites (as well as non-hermaphrodites) should be made according to a comparison of their gonadal sex to that of their partners: If similar, they should be categorised as homosexed or inverted, and if dissimilar as heterosexed or normal (Dreger 1998, 128-130).

account thus positioned such persons as intersexed by connecting them with Hirschfeld's spectrum of sexual intermediaries and Steinach's and Sand's theories of combined gonadal tissue as causing hermaphroditic physical and mental conditions. Simultaneously, it naturalised and heterosexualised their preferences and behaviour by describing these as being in accordance with their true inner natures as determined by their hormonal sex. These, when uninhibited by male hormone production, made them genuinely feminine and heterosexual, just like (other) normal women.³⁰⁰

It is this variation of the narrative of erroneous sex, where the signs of bisexedness show in an adult's sense of their gendersex and a spontaneous change of physical sex, that is an implicit basis for the structuring of her life story in Fischer's accounts, rather than the actual life story told in *Man into Woman*. In Klausen's account, when his physician presents him with the narrative of erroneous sex, this changes his way of perceiving himself and begins to emplot his life in a different way. Similarly, the reading of *Man into Woman* represents a turning point in Fischer's account by making the experience of her own difference from others narratable and enabling her to articulate it as an innate femininity. Simultaneously, the story in this book also interpellates her as a member of a certain group of persons which has been named within sexology, who, due to advances in medical science, might be able to materialise embodied lives as women if they can find the right specialist willing to help them (Frank 2010, 49–54 & 92).

In Fischer's account, this is the first time she has encountered a story that resonates with her experiences, suggests a specific way of

³⁰⁰ In *Man into Woman*, Lili's feminine personality is described as developing rapidly and being perceived as more genuine and natural after she has had a transplant of ovaries from a younger woman who is 26 years old. At the time of the operation, Andreas' /Lili's original gonads have been damaged and have degenerated due to a previous experimental exposure to X-rays as part of the attempt to treat Andreas for his desire to wear women's clothes by one of the physicians he consults. Incidentally, the book describes the protagonist as having testicles in the scrotum as well as ovaries in the abdomen, something which several scholars have pointed out is a physiological impossibility. On account of this, they have rejected the quite explicit claim of the text and the foreword of the English edition by Norman Haire that Lili Elbe/Elvenes should be classed as a true hermaphrodite (Hoyer 1931, 16–17; Hoyer 2004, 11–17 & 27–28; Meyer 2015, 261–262). As I shall discuss a bit later, the documents in Lili Elvenes' case file at the Danish State Archive show that the German physician who operated on Einar Wegener declared that his patient was a pseudo-hermaphrodite with ovaries whose female development had been disturbed (JM: JM1 1953/30: Mc EW-KW April 1930; Mc EW-KW July 1930).

understanding **her** difference from others that makes sense to **her**, and points to a possible future way of living and being embodied, which **she** begins to desire urgently. As mentioned in relation to Klausen's case, hearing about Christine Jorgensen's medical and social transition at the beginning of the 1950s had a similar effect on a large number of trans people, both in Denmark and internationally. However, in the 1930s, *Man into Woman* was the first autobiographical account published widely and outside of a sexological context (although closely connected to its discourses) that articulated an extensive life story and gendersexed position from a first-person perspective and in a way that was perceived as understandable and possible to sympathise with. Since Christine Jorgensen's autobiography was not published until 1967, for a long time this book was the only autobiography circulating in Western popular cultural contexts that told the life story of a person who was more psychologically than genitally hermaphroditic, but not homosexual. As such, for several decades it was read and referred to, in particular by persons who wished to transition to living and being recognised as women who could not be diagnosed as true or pseudo-hermaphrodites.

In Fischer's own autobiographical account, the realisation of **her** difference and the clue provided by *Man into Woman* as to what might be the cause of this difference – that **her** feminine preferences might be due to a female constitution – fills **her** with a feeling of despair. It is not specified in the text to which thoughts this despair is specifically connected, but from the textual context they might, for example, be: that if **her** development had not been disturbed, **her** body would now be completely female; that the possibility that, in the future, **she** could become a woman and live openly as one fills **her** with a desperate longing; or a realisation that, because of **her** difference from others, **she** cannot be content with the life **she** is expected to live. In any case, Fischer recounts that **her** despair works as a powerful force and motivation pushing **her**, firstly, to search for answers about **her** specific difference and, secondly, to consider the possibilities for changing **her** body in order to become able to live in a way that is more in accordance with **her** preferences and sense of **herself**. The storyline of *Man into Woman* becomes the narrative model for this project. From this point in **her** account, and during the following years, Fischer begins to follow a path of actions towards a similar goal as Andreas/Lili: to obtain a corporeality and to live a life as close (in **her** own and **her** contemporaries' notions) to a woman's as possible. **Her** first step is to

study the published results of scientific research into the condition that Lili Elbe is presented in the book as having. Her motive is to determine whether her presumption that she has the same condition can be confirmed, and what might cause such a constitution.³⁰¹

Hormonal and sexological theories as an explanatory framework for Fischer's experiences

In a letter dated December 1941, Fischer writes to Sand about how, during these intensive studies, she became familiar with the research and theories about hormones and began to form her own hypothesis about her physical constitution:

I reviewed the results of various researchers and their explanations about which areas or specific body parts the various kinds of hormones worked upon. Comparing these with my own case, I came to the conclusion that I myself was in possession of, if not a complete feminine hormone-producing glandular system, then at least so great a part of it, that this had an influence on the rest of the organism, as I sometimes (most of the time) felt that I was more woman than man, but simultaneously felt like something was fighting this, or suppressing it, and preventing my own self from developing physically as a woman. At times, the breast area felt sore and the breasts more swollen and darker and more sore than at other times. Furthermore, it seemed to me that the thigh area changed at times, the gap between the thighs sometimes disappeared, while, simultaneously, a soreness was produced in the groin or behind in the rectum, exactly where I cannot say.³⁰²

Here, Fischer is describing to Sand a long and careful process of acquiring knowledge, making self-observations, comparing information in the scientific literature with her own experiences of her psychological and bodily processes, and reflecting upon the kinds of biological processes that might be the causes of the mental and physical states she experiences herself as going through during different periods. The medical terms she uses, and the listing of physical symptoms, all demonstrate that she is, indeed, knowledgeable about the contemporary sexual biological research literature, including Sand's publications. In the above quotation, although not citing these

³⁰¹ RR: Ka-S 699/53: Le POF-KS Dec 1941, 1; Au & Acc PF 1948, 2.

³⁰² RR: Ka-S 699/53: Le POF-KS Dec 1941, 1.

directly, it seems most likely that Fischer is referring to the work of researchers such as the British biologist Walter Heape, the British gynaecologist William Blair Bell, and Eugen Steinach, and more specifically to the theory of sex hormone antagonism.

During the 1910s, Heape and Bell had argued that male and female sex hormones created antagonistic masculine or feminine interests and behaviours in men and women respectively, and Steinach extended this hypothesis by arguing that the two hormones were themselves antagonistic in a biological sense. On the basis of his experiments with gonadal transplants between animals during the 1910s and '20s, Steinach theorised that all mammals had rudimentary structures for both sexes, and that during puberty glandular secretions promoted the development of either testes or ovaries. The secretions of the testes then promoted the growth of masculine secondary sexual characteristics as well as inhibiting the rudimentary feminine structures from developing, while ovarian secretions promoted growth of feminine characteristics and inhibited the development of masculine ones (Oudshoorn 1994, 23–24; Fausto-Sterling 2000a, 156–161; Sengoopta 2006, 63 & 119–124). In instances where the gonads of an individual were not clearly differentiated and came to contain a combination of ovarian and testicular tissue, Steinach had observed processes during his experiments which he described as: “a battle raged between the two tissues” for dominance to determine the growth of organs, and that an individual with such a gonadal constitution would develop combinations of masculine and feminine characteristics (Steinach 1913 cited in Fausto-Sterling 2000a, 161–162; Holm & Bülow 2013, 85).³⁰³

From the perspective offered by the theory of sex hormone antagonism, Fischer’s articulation can be understood as indicating a supposition that her gonads must predominantly consist of ovarian tissue in combination with some testicular. She thus suggests that the

³⁰³ Sand refuted the theory of sex hormone antagonism in his doctoral thesis (Sand 1918). Furthermore, from the beginning of the 1930s, the theory was seriously challenged by the new discovery of the plurality of so-called male and female sex hormones and their co-existence in the bodies of individuals who were defined as clearly male or female, as well as the demonstration of the feedback mechanism between the gonads and the pituitary gland (Laqueur, Dingemanse, Hart & De Jongh 1927; Loewe, Voss, Lange & Wähner 1928; Moore & Price 1932; Zondek, 1934; see also Fausto-Sterling 2000a, 182; Sengoopta 2006, 127–128 & 137–139). However, some researchers continued to support and reconfigure this earlier theory during the following decades (Fausto-Sterling 2000a, 169).

physical changes she has experienced are probably the result of an inner struggle between the two types of hormones produced by these tissues, in which the masculine hormones inhibit the full growth of female sexual characteristics such as fuller breasts and thighs and (perhaps) the development of a uterus.³⁰⁴ Also her predominant, but not constant, feeling of being a woman, and her attraction to “healthy and natural” men and aversion to having sexual contact with “homosexual men” would, from this perspective, point towards a predominant, but not exclusive, feminine hormone production.³⁰⁵

This account of a supposed inner battle between sex hormones is supplemented by an account of a parallel struggle in Fischer’s psyche, which she gave in her first autobiographical account, written in the same year as the letter.³⁰⁶ She recounts how her reading ten years previously about Andreas’/Lili’s physical transformation and the development of the hypothesis about her constitution were accompanied by an urgent wish and hope that her “feminine glands [...] will some day come victoriously into function”, and that she will be “turned into a woman through a natural development”.³⁰⁷ This formulation both resonates and contrasts with sexual biological theories such as Steinach’s and Sand’s, because it presents Fischer’s learning of the possibility of transformation as enhancing her desire to manifest her feminine preferences and feelings, at the same time as these inclinations have already been presented as being caused by the feminine hormone production of her glands. In other words, Fischer’s acquired knowledge of the possibility that, in the future, she could live

³⁰⁴ It is not clear from the quote what exactly Fischer is referring to in her description of soreness in the groin and rectal areas, but, considering her described corporeality, I find it most likely to be indicating either the transformation of the prostate into a uterus, the probable existence of a rudimentary uterus, and/or perhaps a menstrual cycle. The non-specificity is probably not coincidental, as Fischer is generally careful about not making strong claims about her corporeal state and functions, but rather suggests to Sand what she herself from her own knowledge finds possible and probable, but leaving it to him as an expert to establish a medical determination of these.

³⁰⁵ RR: Ka-S 699/53: Le POF-KS Dec 1941, 1; Au & Acc PF 1948, 2. The experience of the protagonist in *Man into Woman* of being the double persona Andreas and Lili, and the description of the deadly fight between them, may also be understood within the perspective of the theory of sex hormone antagonism. Fischer seems to have first encountered the idea in this book and to have read the scientific theories later.

³⁰⁶ *Ibid.*: Au POF 1941; Le POF-KS Dec 1941.

³⁰⁷ *Ibid.*: Au POF 1941, 1; Au & Acc PF 1948, 3.

her life embodied as a woman is depicted to be at least as much a cause of the intensification of her desire for this to occur as her hormone production might be.

This desire is described by Fischer as a powerful and almost uncontrollable force, which determines her moods, thoughts, and actions. To Sand, she states that her “desire to [...] be a woman sometimes increases so much that it has been impossible to fight, it has been the one and only thing around which my whole life has revolved”, and describes how she has found relief for this desire during the past ten years.³⁰⁸

[I] have dressed up as a woman and spent countless nights calming my mind, which has been at the bursting point with excitement and self-hypnosis, by wandering the streets of Copenhagen and its suburbs as a woman. I have never been discovered, even though my height perhaps in some rare instances has caused surprise, but my only thought was always that everything was a bad dream, and when I woke up again, I would be turned into a woman, and I have even felt the transformation progressing – only to wake up disappointed again – I have fought with myself to resist all this – it is impossible, I have to obey, I have begged my creator to make me a woman of body, as I have always been of soul. It has tormented and nagged me like a nightmare during all these years, and, simultaneously, I have had to hide my thoughts from my associates.³⁰⁹

The nightly walks in women’s clothes in this account represent a social space that is connected to both feelings of relief and recognition and to isolation and risk.³¹⁰ When her desire to be a woman becomes almost unbearable, the anonymous encounters with strangers in the dusky night streets provide her with a space in which she can recognise herself and where the people she meets along her way also recognise her as a woman. This both fills her with feelings of the greatest excitement and calms her mind. In this anonymous public space, she

³⁰⁸ Ibid.: Au POF 1941, 2.

³⁰⁹ Ibid.: 2–3.

³¹⁰ It is not clear from Fischer’s texts of 1941 whether she sometimes wore women’s clothes at home or whether her wife knew that she did, but at the end of the year, she writes in a letter to Sand that, “because of less Space, economic Reasons, and the like, I am no longer able to give in to my Desires” to wear women’s clothes” (RR: Ka-S 699/53: Le POF-KS Dec 1941, 1–2). If she wished to hide this from her wife, being outside of their home might have felt safer for her in this regard.

can experience **her**self as a woman, and explore, usually without any direct interaction, how others react to **her** in women's clothes, and this leads **her** to the realisation that, also as an adult, others may perceive and gendersex **her** as a female person, although she registers that to some people **her** height seems to be a cause for wonder.³¹¹ Fischer's ability to fit the position of a woman in this social context is, however, connected with risks, not only of, as she phrases it, being "discovered" as a man on the basis of **her** corporeality, but also of sexual assault by men who take **her** for a sex worker or a woman seeking anonymous sexual partners.³¹²

Even though the latter situations are specifically dangerous for Fischer in multiple ways, she states that they are also a source of "special happiness" to **her**, as these encounters in particular make **her** feel like a woman, probably because to **her** they indicate that she is perceived by the men who assault **her** as a sexually attractive woman.³¹³ These encounters are the first descriptions in Fischer's accounts of experiences of sexual attraction, which she emphasises that she only feels towards "real" and not homosexual men, and thereby **her** night walks are depicted as an experimental space for **her** to explore **her**self and **her** relations to others in terms of both gendersex and sexuality.³¹⁴ Furthermore, it is in relation to these experiences that Fischer formulates **her** dream of what would be **her** ideal future life: To have **her** body transformed to be completely female, which would enable **her** to be loved by a normal man and bear children. To Fischer, as to many other women of **her** own time, such a life is associated with the highest attainable happiness, and, it may be added, with notions of complete normality in terms of women's sexual desire, romantic and passionate relationships, and family life.³¹⁵ For Fischer specifically, it is

³¹¹ Within transgender studies, such an experience is often called *passing*, while to be called out by others as trans – that is, named as a man or a woman in disguise – is called *being read*. Even though these terms are useful as tools to speak of the differences between the conditions that trans people with various corporealities experience in social relations, and the higher levels of risk of discrimination against persons who pass less often than others, I find problematic the implicit indication of these terms that a person's actual sex is concealed in the first instance and revealed in the second. This is one reason why I prefer to use the concepts of fitting and misfitting as analytical terms in relation to such issues in this thesis.

³¹² RR: Ka-S 699/53: Au POF 1941, 2–4.

³¹³ Ibid.: 3–5.

³¹⁴ Ibid.: 4 & 5.

³¹⁵ Ibid.: 3–4 & 5.

also connected with a wish to experience closeness and a feeling of unity and harmony with another person who will recognise **her** in such a way that **she** will recognise **herself** and will make **her** feel, in an existential way, that **she** is being seen: “[I would] be willing at any time to subject myself to such a genuinely 100% healthy and natural man if I knew that he cared for me and would be kind and good to me and could love me as a woman.”³¹⁶

Attempting to enhance the possibilities of negotiating one’s future

In the above quotes, Fischer primarily describes **her** reality from an experiential perspective by reporting **her** feelings, thoughts, and sensory experiences in relation to **her** urgent desire to embody the position of a woman. However, **she** also applies another perspective, one that draws upon contemporary sexological and psychiatric discourses. By using expressions such as: **she** performed self-hypnosis, was never discovered, sometimes woke up, and has fought with **herself** to resist **her** desire to be a woman, Fischer articulates **her** ideas, experiences, and wishes as a kind of illusion that dominates **her** perceptions most of the time, interrupted by shorter periods of clear-sightedness during which **she** is painfully conscious of the fact that **her** corporeality is not a woman’s.³¹⁷ In the contemporary sexological and psychiatric clinic, such experiences might be understood as Fischer fantasising about being something which **he** is not, and may be connected to one of two different abnormal psychosomatic states: a compulsion neurosis, or a psychotic delusion.³¹⁸

During the early years of sexology, Richard von Krafft-Ebing, whose classificatory studies of the late 19th century became an authority within the discipline for almost a century, defined individuals’ experiences of being a woman despite having a corporeality that was regarded as

³¹⁶ RR: Ka-S 699/53: Au & Acc PF 1948, 2.

³¹⁷ Stürup reports from **his** interview with **her** in 1972, that **she** “thinks that it was a period of insanity [mener det var en sindssygdomsperiode]” (Ibid.: In POF- GS 1972, 2).

³¹⁸ In two previous cases, persons who were categorised as men who applied to the Ministry of Justice to wear women’s clothes had been suspected to be or diagnosed as insane (JM: JM1 G1251/06; JM3: 359/1921; RR: MSITA “Transvestite”/20; MSITA 76/21; see also Hoyer 2004, 100 & 108-109). However, the mere wish to wear women’s clothes or feeling oneself to be a woman was not considered reason enough to declare a person delusionary and have them committed to a mental hospital (see JM: JM3: 359/1921; RR: MSITA “Transvestite”/20; MSITA 76/21).

male (and vice versa) as a “stage of transition to change of sex delusion”, while he categorised as a “delusion of sex change” a person’s physical experience and conviction of being female while being regarded by others as male (Krafft-Ebing 1965/2011; Prosser 1998, 143; Sharpe 2002, 47).³¹⁹ Feelings and experiences of being a woman or a man when a person was not categorised socially and medically as such was thus associated with mental illness. Taking this into account, it might seem risky for Fischer to describe such experiences and her urge to be a woman in the forceful terms used in her accounts. On the other hand, it might also have seemed necessary to take this risk considering the existing classificatory system for transvestism and Fischer’s wish to obtain Sand’s assistance to perform an attempt, which was still very unusual in the 1940s, to surgically and hormonally transform her body in what she describes as a more feminine direction.

A few decades after the publication of Krafft-Ebing’s principal work, Hirschfeld also emphasised the importance of distinguishing between transvestites who imagined having a feminised corporeality and persons who were suffering from the delusion that they had undergone a sexual metamorphosis (Hirschfeld 1910/1991).³²⁰ The first were

³¹⁹ Krafft-Ebing regarded these as sub-categories of eight classes of homosexuality, four inborn and four acquired, of which the two mentioned here were classified as the latter. In itself, homosexuality was regarded by Krafft-Ebing as a form of inversion. Prosser and other trans researchers have argued that, in contrast to what has been frequently argued within gay and lesbian as well as sexuality studies, transgender, and not homosexuality, was the main characteristic phenomenon emphasised by Krafft-Ebing as central to inversion (Prosser 1998, Chapter 4; Sharpe 2002, Chapter 2). Incidentally, both the protagonist’s account in *Man into Woman* and Fischer’s autobiographical accounts have many features in common with the case histories in the category of stage of transition to change of sex delusion in Krafft-Ebing’s principal work *Psychopathy Sexualis*, published in 1886 (Krafft-Ebing 1965/2011, 392–419).

³²⁰ Hirschfeld wrote: “No matter how much transvestite men feel like women when dressed in women’s clothing and women feel like men when dressed in men’s clothing, they still remain aware that in reality it is not so. To be sure, some do imagine – and if so, the wish is the originator of the thought – that their skin is softer, their forms rounder, and their movements more gracious than are usual for men, but they know full well, and often are depressed by the fact that they do not physically belong to the desired sex they love. If they did consider themselves actually to be women, whether cross-dressed or not, [...] then it would be an illusionary idea, and the condition would have to be addressed as mental illness, as being insane, as paranoia. Such cases of the illusion of sexual metamorphosis [...] also do occur, even if only rarely in relation to other delusions.” (Hirschfeld 1991, 182)

classified by Hirschfeld as the most extreme form of transvestism, and to these belonged a number of persons positioned as patients who, at the beginning of the 1920s, had been offered and had undergone surgical modifications at his Sexual Institute in Berlin. Reports about what was at that time an experimental procedure were published in the early 1930s, and the motivation given for performing such surgery was to prevent these individuals from attempting to surgically remove their penis and testicles themselves, to relieve deep depression and prevent suicide, and to better allow them to experience themselves as women and to live as such (Meyerowitz 2002, 19–20).³²¹

If approached from the perspective offered by Hirschfeld's research and theorising, Fischer's articulation of her urge to be a woman and her report of experiencing developing feminine bodily characteristics could be regarded as indicating that she should probably be classified as a specific kind of transvestite; namely, one who is not content with wearing women's clothes, but who wishes to live and be recognised as a woman in every sense. This articulation once again positions Fischer differently from the authors of the above-mentioned autobiographical accounts, in which the writers described themselves as always feeling that they were girls and women. In addition to reporting having feminine preferences and feeling like a woman, Fischer adds various self-reflections on her own sense of her gendersex and implicitly raises questions about whether this might be an effect of a biological constitution, and thus of an inner nature; a result of a mental illness, and thus an illusion; or a mental state which was not delusional, but not changeable either. In relation to the sexological discussions referred to above, on whether and when persons categorised as male who experienced themselves as women were to be regarded as delusional, Fischer's complex articulation demonstrated to Sand (and other colleagues he might consult about her case) her ability to question and reflect upon her own feelings, and thus that her way of thinking was, at least partly, rational. This removed her from the notion of delusion.

Fischer's texts can be characterised as presenting an account of how the communication with the public of contemporary (though not the most recent) results within medical research on the development of

³²¹ In the medical literature, attempts at self-surgery are called auto-castration. This term is not used, however, by the persons themselves, whose personal accounts I have read. Instead they phrase the action similarly to how Fischer does in her accounts as attempts to remove their male genitals (RR: Ka-S 699/53: Au POF 1941, 2; Au & Acc PF 1948, 3; Ka-S 823/57: Le KJJ-KS 1956, 1–2).

configurations of gendersex and sexuality conveys meaning to her physical and psychological experiences, and those of other trans women. It demonstrates how the authority of scientific theories in her well-educated, middle-class milieu and her socialisation to acquire information and knowledge about herself by engaging in systematic studies and applying a quasi-scientific mode of reflecting on her bodyself come to significantly influence her identity formation and that of others in a similar situation. At the same time, her references to medical and sexological theories come to function as (potentially) powerfully legitimising frameworks in her writings, which make her gendersexed and sexual position and her behaviour intelligible to others, albeit they are an expression of an abnormal condition or disease, and move her and other trans women away from other potential positionings as either sexually perverted or insane.³²² At the same time, although she draws extensively on scientific discourses that significantly shape her articulation of her bodyself, Fischer's approach to such discourses is reflexive and critical. Her way of addressing Sand and constructing arguments in her texts indicates an expectation of a shared belief that science provides the most accurate knowledge on sexual and psychological gendersexed phenomena, but also that it does not provide true knowledge or reflect phenomena as they are. Rather, different disciplines suggest different hypotheses from which they might be understood, but without providing certainty.

In relation to Sand, a further motivation for Fischer to refer to medical, but not to other, theories, might be an expectation that, as he is inspired by these in his own work he will appreciate her medical approach. This may make it more probable that he will agree with her hypothesis about herself and be willing to "help her in the right direction [...] towards which [...] [her] whole system itself has worked during the past ten years", just as Dr. Werner Kreuz did for

³²² A previous case from the 1920s shows that some trans women, especially those who were perceived as masculine, were sometimes suspected on the basis of their cross-dressing alone to be potential child molesters and insane by various legal and medical authorities as well as the local population in the Copenhagen area (RR: Ka-S 699/53: File no. 76/21). From the 1940s onwards, cross-dressing was also commonly associated with homosexuality in the public mind, while this association had been made in the sexological establishment since the late 19th century, as is clear from the above (see, for example, Krafft-Ebing 1965/2011; Prosser 1998, Chapter 4; Sharpe 2002, Chapter 2; Oram 2007, Chapter 6).

Andreas/Lili in *Man into Woman*.³²³ In contrast to Klausen, who, once she has decided to change gendersex status, leaves all questions about determining her corporeal status to the medical authorities and quickly complies with their recommendations, Fischer early on in her acquaintance with Sand begins to clearly, strongly, and persistently express her own opinions, ideas, and wishes and presents well-formulated arguments in support of them. Through applying a perspective similar to that which Sand has used in his research, Fischer suggests to him a specific understanding of her bodyself and behaviour, thereby positioning herself in a way which she might expect will enhance her possibilities for directly negotiating with him about the medical procedures that should be undertaken.

Experiments with self-medication

Regardless of which theoretical perspective Fischer draws upon in the discussion of her experiences and the development of her bodyself, the conclusion she draws in relation to her current situation is the same: she emphasises that, after ten years of attempting to fight her desire or disease, she has had to face the fact that it cannot be made to disappear. She has repeatedly had the experience that not allowing herself to live out her desire to be a woman results in great physical and mental discomfort, such as migraines, tension, nervousness, insomnia, restlessness, and distress, while giving in to her desire calms her down and makes her feel natural and comfortable. Fischer thus prioritises the experiential perspective when it comes to deciding upon her options for action in relation to her state, and formulating arguments in favour of these: she has tried and failed to adjust to the gendersexed position she has been assigned, and she now sees only one solution left to ease her suffering, which is to materialise her desire as far as possible. Phrased differently, she argues that, no matter what might be the cause of her desire to be a woman, being positioned and living as a man is not a liveable life for her.

Even though she prioritises experience, Fischer also implicitly and sometimes explicitly argues that choosing to feminise her body further would be consistent with contemporary biological, sexological, and psychiatric theories about transvestism. If Fischer has combined gonadal tissue, such a course would be regarded from a sexual biological perspective as a normalisation of a body that appears male,

³²³ RR; Ka-S 699/53: Le 1 POF-KS Apr 1941, 2.

but is in fact more female. If, on the other hand, Fischer is not physically as much of a female as she believes and hopes, from a sexological perspective, it could be regarded as an adjustment of a male physical constitution to obtain an appearance that matches Fischer's innate female psyche, thus relieving her mental suffering. The only indication for not feminising Fischer and trying to make her accept herself as being and living in the position of a man would be if she was psychiatrically assessed to be suffering from a delusionary psychosis. As she herself demonstrates in her writing that this is not the case (without completely rejecting the possibility and thus leaving it up to the experts to determine), and she would happily consent to the procedure, from Fischer's point of view there is no reason not to immediately apply the available medical technologies to feminise her body as much as possible.

In her accounts, Fischer draws on multiple discourses and theoretical perspectives. However, she emphasises that she has found the explanation offered by Sand's and Steinach's sexual biological theories for her condition to be the most convincing. She believes that, in her case, "masculine hormones [...] are the reason for all the misery [...] and that it can only be stopped by removing the masculine glands or suppressing them so powerfully that they do not have any significant influence, so that [my hormones] will be in balance [...] and life will become meaningful".³²⁴ Regarded from the perspective offered by Arthur Frank, she can be said to be caught up in one of the scientific theories whose narrative storyline to a great extent determinates the possibilities for action she can imagine, while she generally rejects other possibilities or imagines them to be less effective. Furthermore, Fischer is experiencing that her own body is developing in a feminine direction by itself, and so for years she eagerly works to find methods in accordance with the hormone theory that she herself might use to stimulate and aid it in this process. By the time Fischer contacts Sand, she has already tried to obtain the desired hormonal balance and to "make the masculine sexual characteristics disappear and [...] in turn to develop the feminine" through various forms of self-medication and experiments. "[I] have been capable of sacrificing anything at all, committing any deed to obtain this happiness" and to become a woman, Fischer wrote in relation to these.³²⁵

³²⁴ Ibid.: Au & Acc PF 1948, 5.

³²⁵ Ibid.: Au POF 1941, 2.

The first and most radical of these experiments, which Fischer mentions to Sand and later to Georg Stürup, was an “attempt to myself make a surgical intervention” by “cutting off my genitals with a razor blade, but as it hurt quite a lot and was bleeding enormously, I gave up this thought.”³²⁶ As previously mentioned, a number of persons positioned as transvestite patients at the Sexual Institute in Berlin had made similar attempts, and such actions make evident their desperate desire to change their life situation and, at least in Fischer’s case, the intensity of their belief in the hormonal theory.³²⁷ Such actions were commonly described by medical experts as self-mutilation due to patients’ loathing of their genitals and as an affective reaction during depression, and some trans women articulated it in a similar way.³²⁸

³²⁶ Ibid.: Au POF 1941, 2; Au & Acc PF 1948, 3.

³²⁷ It is not clear when Fischer performed this attempt at self-surgery. To Sand, she states that she did it “as a young man”, and Stürup’s psychiatric certificate indicates that it was after 1932 (ibid.: Au POF 1941, 2; Pst POF-GS 1953, 2). From this, it seems most probable that the attempt was made between 1933 and 1941; that is, between the age of 24 (which was a year after Fischer got married, and two years after having read *Man into Woman*) and some time before meeting Sand at the age of 31. In 1946, at a time when Fischer was in economic trouble after having had to declare herself bankrupt, she made another attempt which also failed (ibid.: Pst POF-HR 1947, 2). Among the collected cases, there is one other example of a person categorised as male identifying as a woman who, in 1956, during a severe depression attempted to surgically remove her genitals herself while waiting for a chief physician to issue a medical certificate that would enable her to apply to the Ministry of Justice for castration, something which at that time she had been wishing to do for three years (RR: Ka-S 823/57: Mrec KJ- 1956; Le KS-VZ 1956).

³²⁸ Kirstine Juul Jakobsen describes it in this way in a letter to Sand shortly before attempting self-surgery (ibid.: Le KJJ-KS 1956, 1-2; see also Stürup 1976, 56 & 61). In the evaluation of her case by the Medico-Legal Council and Ministry of Justice, Jakobsen’s attempt to remove her genitals and the perceived risk of future attempts were considered weighty arguments for permitting her to have a castration and to provide her with additional genital reconstructive surgery, change of name, and permission to wear women’s clothes (ibid.: Idp MLC, 2-7; St KJ MLC-MJ 1956). During the 1950s, the experts involved in Christine Jorgensen’s medical transition reported that genuine transvestites often felt disgust at or hatred of their genitals, and that attempts at auto-castration were frequent among them (Hamburger, Stürup & Dahl-Iversen 1953a, 844; 1953b, 392). When in the mid-1960s the diagnostic category of transsexualism was established, hatred of their genitals became a criterion for distinguishing transvestites from transsexuals and, consequently, a prerequisite for trans women to obtain this diagnosis, which could then give them access to the surgical construction of a neo-vagina (Benjamin 1966, 12-14 & 18-19; Green & Money 1969; Stürup 1976, 52). As has been pointed out by Sandy Stone, among others, this led to a situation in which, for many decades, trans women felt compelled to claim

Fischer's articulation diverges from this by describing it as self-surgery, and explaining that she had studied the techniques and prepared for it beforehand. Furthermore, although expressing a strong desire to have her male genitals surgically removed and to have a vulva and neo-vagina established, she does not directly write about hating or feeling disgust about her genitals. For example, in her correspondence with Sand during the 1940s, she states that, if necessary, she could live on with them if their production of male hormones could be suppressed or extinguished by other means than removal.³²⁹

Secondly, at the beginning of 1941, after having studied the most recent literature on synthetic hormones and their medical use, Fischer experimented with the self-injection of large doses of oestrogens, bought illegally and expensively.³³⁰ The fact that she was able to do this indicates that a black market for sex hormone medication existed at this time, although, as Fischer states, they were difficult to obtain.³³¹ This is not surprising because, even though the research about these substances was still quite limited, the scientific and popular ideas and hopes for the effects that sex hormones might have were many and high. Female and male hormones had first been isolated from women's and men's urine in 1929 and 1931 respectively and, during the following years, chemists were able to study their structure and produce similar substances, which could be consumed in the form of pills or injections (Oudshoorn 1994, 76–78; Fausto-Sterling 2000a, 179–

that they hated their genitals and were asexual, regardless of whether this was the case or not. This in turn reinforced sexological experts' notion that genuine transsexual males were body dysphoric, uninterested in sexual activity and incapable of feeling sexual pleasure, and the rejection of access to surgery for trans women who did not express such experiences (Stone 1992, 161 & 166–167; Lev 2009, 33).

³²⁹ RR: Ka-S 699/53: Au & Acc PF 1948, 3 & 5–6; Pst POF-GS 1953, 2–3.

³³⁰ Ibid.: Le POF-KS Dec 1941, 1. Fischer mentions the books *Den danske Medicinalindustri* [*The Danish Medical Industry*] by Danish political scientist and editor A. C. Kaarsen, published in 1939, and *Hormonerne* [*The Hormones*] by the Danish pharmacologist and biochemist Erik Jacobsen, published at the beginning of 1941. The latter was an extremely well-written popular scientific book, which in a comprehensible yet nuanced and precise manner, summarised historical and state-of-the-art hormone research. Jacobsen, who himself was an authority within biochemical hormone research, stressed that science could not deliver absolute facts or truths, and that notions of hormones had changed and would probably continue to change in the future. He stressed that his book therefore represented nothing more than a snapshot taken from a certain perspective and should be read as such (Jacobsen 1941, 261).

³³¹ Ibid.: Au & Acc PF 1948, 3.

190; Sengoopta 2006, Chapter 5). This enabled medical researchers and physicians to study the effects of chemical approximations to these hormones in the clinic. There were now known to be not just one male and one female hormone, but multiple related substances, which were named androgens and oestrogens.³³² As various feminist studies have shown, even though all of these hormones were now known to be present in the bodies of all mammals regardless of sex and were gradually being found to have various functions in the body that could not all be connected to reproduction, the expectations for them were highly gendersexed, and this was reflected in their experimental use. Androgens were thus expected to masculinise and virilise as well as possibly rejuvenate a person, while oestrogens were expected to feminise a person and calm down hypersexual activity (Oudshoorn 1994; Fausto-Sterling 2000a; Sengoopta 2006; Holm & Bülow 2013; see also Hoberman 2005).

In other words, oestrogens and androgens were seen as the essences of femininity and masculinity. They were therefore regarded as promising for inducing the development of specifically gendersexed bodily characteristics as well as for controlling the direction of sexual attraction by both medical experts and persons positioned as patients or self-paying users, including Sand and Fischer. Fischer reported in **her** letter to Sand that **her** self-medication with synthetic oestrogens made **her** feel psychologically more balanced and at ease in her body, although, during the month that she was using them, she did not experience any of the physical developments she desired. Furthermore, although she was keen to continue, Fischer could not afford to buy more oestrogen products on the black market.³³³ Because of this, and due to her hope “that [Sand] [...] with the aid of sharper measures would be able to complete the desired transformation”, she decided to contact **him** in late March 1941.³³⁴

³³² From the 1930s to the 1950s, synthetic sex hormones were used experimentally to treat persons who had been diagnosed with infantilism, sterility, male infertility, missing ovulation, menstrual disorders, menstrual pains, frigidity, impotence, hypersexuality, a tendency to abortion, cryptorchidism, depression, faint heart, climacteric deficiency phenomena, abnormally early testicular involution, eunuchoidism, hypogenitalism, hypertrophic prostate, prostate cancer, breast cancer, and transvestism (Holm & Bülow 2013, 129).

³³³ RR: Ka-S 699/53: Le POF-KS Dec 1941, 1; Au & Acc PF 1948, 3.

³³⁴ *Ibid.*: Le POF-KS Dec 1941, 1.

7.2

Negotiations

Sand's views on the possibilities and politics of medical transformation

At Fischer's first consultation with **him**, Sand suggested injections with androgens. In the available documents, this recommendation is the clearest indication that **he** must have rejected Fischer's hypothesis that **she** had a fundamental female constitution and that **he** determined **her** sex to be male.³³⁵ During the late 1930s and '40s, hormone researchers attempted to treat persons categorised as men diagnosed with transvestism with synthetic androgens in the hope that this might rid them of their desire to wear women's clothes (Hamburger, Stürup & Dahl-Iversen 1953a, 845; 1953b, 393; Benjamin 1953).³³⁶ However, in a letter from the beginning of April 1941, Fischer informs Sand that the past two weeks' treatment has in fact had the opposite effect and has only intensified these feelings: "[I]t still seems as though my whole body and nervous system are fighting against the treatment – just as my own inner self says that it is hopeless."³³⁷ In Fischer's case, as in those of many other persons diagnosed as male transvestites or invert/homosexuals, Sand and other hormone researchers had to face the fact that increasing androgen levels in the body of the patient altered neither **his** sense of **his** gendersexed self nor the direction of **his** erotic inclinations in a more masculine and normal direction, like they

³³⁵ During the 1940s, only accounts and letters by **herself** to Sand are included in Fischer's case file, while there are no medical records from Sand on his examinations of **her** or the interviews **he** conducted with **her**. This is unusual, considering Sand's otherwise systematic filing of his medical records and certificates and copies of **his** letters to persons positioned as **his** patients. One possible reason that no such documents are included may be that they were filed in a different archive, of **his** private patients, and were not included in this case file. Statements made by Sand during the 1950s, which make it clear that **he** refused to contribute to the processing of Fischer's case with material from **his** consultations with **her**, support this supposition. However, in **her** texts Fisher rearticulates many of **his** responses to the wishes, hypotheses, and arguments that **she** presented to **him**, and I build the following analysis on the basis of this information.

³³⁶ The procedure was also attempted by Christian Hamburger with Merethe Ekstrand Henriksen in 1953, without any positive result (RR: Ka-S 789/55: Mc MEH-CH 1955, 1).

³³⁷ *Ibid.*: Le 1 POF-KS Apr 1941, 1.

had previously hypothesised they would (Sand 1918; 1920; Oudshoorn 1994, 57–59; Sengoopta 2006, 186–192).

Like many other persons positioned as sexually abnormal patients who had contacted a medical expert, not to be cured of their specific inclination, but to be assisted to live better in the gendersexed position they had moved towards, Fischer refused to continue such treatment. She stated that she could not bear it and did not wish to have her feelings or corporeal constitution altered (Hamburger, Stürup & Dahl-Iversen 1953a, 845–846; 1953b, 391–392 & 394).³³⁸ In one of her first letters to him, Fischer begs Sand to help “bring me out of this hell – let it happen by knife & scissors, by transplantation – hormone injections. Regardless of any means or whatever temporary pains it might bring me, let me become a woman, even if this would only be in form, even though my hope had been to become one fully.”³³⁹ Here, Fischer articulates an expectation that if her corporeality was altered in such a way that she herself and others would perceive her as more feminine, she would feel more comfortable, both physically and mentally. This is because, even though she might not be definable as a woman in a medical or biological sense, she would better fit her own and others’ notions of what a woman is.³⁴⁰ Although she is aware that undergoing surgery and hormone substitution will be painful, troublesome, and potentially dangerous, she thus sees such interventions as entailing a possibility – which, at this point, is the only one imaginable to her – to make her life more liveable.

In the 1910s and ‘20s, both Steinach and Sand had described in their publications how test animals, which after the removal of their own gonads had had gonads transplanted from an animal of the other sex, would in some cases incorporate these into their bodies as fully functioning organs. Furthermore, animals with testicular hormone production would then develop physically in a completely male direction and those with ovarian hormone production would develop in a completely female direction (Steinach 1910; Sand 1918). The letters from Fischer to Sand written during the first year of their acquaintance show that, on the basis of learning about these experiments, Fischer

³³⁸ RR: Ka-S 699/53: Le 1 POF-KS Apr 1941, 1.

³³⁹ RR: Ka-S 699/53: Le POF-KS Jun 1941, 1–2; Pst POF-HR 1947, 2; Au & Acc PF 1948, 3–4.

³⁴⁰ Ibid.: Le 2 POF-KS Apr 1941; Le POF-KS Jun 1941; Le POF-KS Jul 1941; Au & Acc PF 1948.

was at first convinced that it was technologically possible to change a person's sexed corporeality.³⁴¹ She referenced one of the statements upon which she built this belief from the newly published popular scientific book on hormones by Erik Jacobsen, who wrote of Sand's and Steinach's gonadal transplantations in animals:

It would definitely be possible to make a similar experiment [of modifying the sex of] [...] normal humans, but such a one has never been performed and, furthermore, never will be. It would be absolutely pointless to transform a normal woman into a man or a normal man into a woman as long as the transformation can only include the accidental sex characteristics which, biologically speaking, are to be regarded as secondary features, because one cannot enable individuals who have "changed sex" to reproduce through this procedure. (Jacobsen 1941, 228)³⁴²

Fischer's early letters speak of the hope that was aroused by such reports about the hypothetical use of Sand's and Steinach's research, and about the experimental surgeries performed at the Sexual Institute in Berlin, in persons who were regarded as being genitally normal men and women who urgently wished to become women or men and live as such in a physical as well as a social sense (Meyerowich 2002, 19–20). It is clear that, right from the beginning, research on experimental hermaphroditism had spurred the idea that a complete sexual bodily transformation of humans was possible. This is indicated by the information in the case file of the first case processed by the Medico-Legal Council of a person categorised as a man who was living as a woman and who wished to be officially recognised as such, ten years prior to the case of Lili Elvenes.³⁴³

In 1921, Marie Eva Quist, who was in her early 30s, was examined and had an exploratory laparotomy performed by Knud Sand in order

³⁴¹ RR: Ka-S 699/53: Le 2 POF-KS Apr 1941; Le POF-KS Jun 1941; Le POF-KS Jul 1941; Le POF-KS Dec 1941.

³⁴² In *ibid.*: Le POF-KS Jul 1941, 2.

³⁴³ RR: MSITA "Transvestite"/20: Mrec MEQ-HCC 1921. On the front cover of the case file it is noted that her case was of "the oldest [i.e. first] transvestite in [the history of] the Medico-Legal Council". Graugaard was the first to present this case, in his PhD thesis (Graugaard 1997, 45–46). Note that, even though all the material in the case shows that Quist during most of her lifetime experienced herself as a woman and presented a persistent desire to be recognised as such, Graugaard omits mentioning this fact and consistently refers to her as a man or a transvestite.

to determine **her** sex.³⁴⁴ This was done as part of an assessment on the basis of which the Ministry of Justice wished to decide whether Quist might be permitted to continue wearing women's clothes. This question had been brought up by the police after she had been arrested for disturbing the social order by wearing women's clothes in public. In the report of Quist's questioning in relation to the arrest, a local police officer noted that she **herself** had stated about **her** physical constitution that

outwardly, he seems in every way to be of the male sex, and he therefore assumes that he must possess inner female organs, as he nonetheless in every way feels and thinks like a woman; especially erotically, he is only attracted to men and not to women[.] [...] Regardless of whether he has inner female organs or not, he is anxious to undergo an operation of such a kind that the public will permit him to act as a woman afterwards.³⁴⁵

In relation to the laparotomy of Quist, Sand noted that she:

constantly uttered [...] [an] urgent desire to possibly obtain an official recognition of his female sex through an operation, preferably through a complete physical feminisation, about the feasibility of which he has fantastic ideas, which we eventually succeed in removing. [...] [In relation to the laparotomy], we must solemnly swear not to remove any female elements, in spite of explaining to him in detail that this would be the only right thing to do and a very fortunate, but unfortunately very unlikely, solution to the question. But he will absolutely not hear of it. All that is female is in accordance with his innermost being, [and] therefore holy and inviolable; all that is masculine is antagonistic to him and nothing would give him greater pleasure than if it was removed quickly and ruthlessly.³⁴⁶

From the documents in Quist's case file, it is not possible to determine with certainty whether she was familiar with Sand's and Steinach's research and animal experiments. However, **her** ideas, reported by Sand, of having ovaries which caused **her** feelings and experiences of being a woman, and **her** notion that she could obtain a complete feminisation through an operation, were probably at the very least

³⁴⁴ Ibid., 2-3.

³⁴⁵ JM: JM3 359/1921: Prep MEQ 1921, 3-4.

³⁴⁶ RR: MSITA "Transvestite"/20: Mrec MEQ-HCC 1921, 2-3.

reiterating socially circulating popular ideas drawing on reports of their own and their colleagues' research results and theorising.³⁴⁷

From the laparotomy he performed on Quist, Sand concluded that her gonads contained testicular tissue only and that her physiology was clearly male. After the operation, Quist continued to have contact with Sand and repeatedly asked him to perform surgery on her so that she could be recognised as a woman and engage in a sexual relationship with a man and bear his children. At the very least, she wanted him to remove her testicles.³⁴⁸ However, Sand at first refused to make any attempt and, according to Quist, stated that he could not do the latter as contemporary clinical experiences indicated that such an intervention might entail the risk of making a person lethargic. Furthermore, it would be illegal for him to remove her gonads without permission from the Ministry of Justice.³⁴⁹ In 1928, when Sand asked if Quist would be willing to perform the role of a living specimen at a talk about transvestism that he planned to give to his medico-legal colleagues, she was enraged by his suggestion and broke off contact with him. Throughout the rest of her life, Quist contacted various medical experts and tried to negotiate body modifying surgeries. During the 1940s, Tage Kemp agreed to let her have high doses of oestrogens as an experiment. However, she never obtained the desired surgeries and was never officially recognised as a woman.³⁵⁰

Twenty years after Quist first presented her wish for a complete physical feminisation to Sand, Fischer too declared that she was eager

³⁴⁷ Graugaard has documented how Sand's research and theories about hormonal influences on sexual development were popularised in the press and in popular scientific publications after the publication of his doctoral thesis in 1918 (Graugaard 1997, 54–57). As the first surgeries at Magnus Hirschfeld's Sexual Institute were performed at the beginning of the 1920s, and reports of these were not published until ten years later, it is unlikely that Quist would know about and be referring to these.

³⁴⁸ Ibid.: Le MEQ-KS 1922; Le 1 MEQ-KS 1923; Le 2 MEQ-KS July 1923; Le MEQ-KS 1926; Le MEQ-KS 1928. In the letter dated 1926, Quist states that Sand's teacher in surgery, Thorkild Rovsing, had previously offered to perform the latter operation on her. During the 1920s, Rovsing was publicly known for performing sex-change operations (Meyer 2015, 244). However, such activities have not yet been documented in a historical study, and I have not found any further references in the collected cases to Rovsing performing such interventions.

³⁴⁹ Ibid.: Le MEQ-KS 1926; Le MEQ-KS 1928; see also Graugaard 1997, 106.

³⁵⁰ See for example ibid.: Le MEQ-LSF 1942; Mrec MEQ-EB 1948; Le KS-EB 1951.

to offer **herself** as a test subject in this regard. She wrote to Sand in June 1941:

[I] beg you, even if you yourself do not believe in a good result – let us try – on a human being, similarly to all your animal experiments – Professor I believe in you, I trust you, and I know that you are able to perform the experiment – I am willing for everything – to run any kind of risk even with a minimal chance – and should it not turn out a complete success, I will still be grateful to you for any step through which you can bring me closer to my ideal, and I am fully aware that the responsibility is mine and mine alone.³⁵¹

According to Fischer **herself**, Sand's response to this was that to make **her** a woman in this or any other way was "impossible for science".³⁵² We may better understand what might have motivated **him** to make such a statement if we consider Sand's experiences as an experimental researcher as well as **his** knowledge about the newest developments within hormone research. As Sand regarded hormonal sex as plastic and changeable, in contrast to genetic sex, such an articulation should probably not be understood as implying that it was impossible to develop Fischer's gendersexed body in other directions, or to eventually change **his** sexual attraction to men through gonadal transplants. In spite of the fact that Sand's own previous experiments with the latter on persons categorised as homosexual men had only indicated a positive result in one instance, **he** had stated in an article two years earlier that such experiments had been given up too soon and ought to have a renaissance (Sand 1939, 648; see also Gaugaard 1997, 43–45). It thus seems that Sand had not given up the hypothesis on which **his** research had been based. **His** rejection of Fischer's suggestion to transplant ovaries into **her** body after the removal of **her** original gonads might therefore rather be understood as based on a divergence in their evaluations of how Fischer's bodily constitution should be sexed and ought to develop rather than a resistance to performing such transplantations.³⁵³

³⁵¹ RR: Ka-S 699/53: Le POF-KS Jun 1941, 2–3.

³⁵² Ibid.: Le 1 POF-KS Apr 1941, 2; Le POF-KS Jul 1941, 1–2.

³⁵³ However, Sand's own and other surgeons' experiences with all kinds of gonadal transplantations on adult animals and humans showed that not only were the changes produced by a successful operation small, but the functioning of the new organ had so far only been temporary as transplants had degenerated and were

Furthermore, there was a significant difference between the results Sand achieved in his animal experiments performed during the 1920s and '30s and those he would expect if the same procedure was performed on Fischer. The experiments had been performed on infant mammals and birds which had not yet developed any sexual characteristics, while Fischer was a fully grown adult in his 30s, and all contemporary research results indicated that the age of an individual was critical for the possibility of a sexual transformation (see, for example, Jacobsen 1941, 166–174 & 185–186). Sand regarded Fischer as a male person and, in his opinion, following Fischer's suggestion of removing his testicles and implanting ovaries could – eventually, if the surgery was successful – at his age only enable development in a more hermaphroditic direction. This was because he already had fully developed masculine inner and outer genitals and other masculine bodily characteristics and functions. As Sand perceived hermaphroditic states to be pathological, imposing this on a patient would be to deliberately make them physically sexually abnormal – no matter how much the patient himself desired this – which would be the opposite of what his aim had been since the beginning of his career.

Sand thus refused to perform any surgery on Fischer, unless she was prepared to apply and obtain permission for castration from the Ministry of Justice. In her letters, Fischer quickly signalled that she accepted his professional opinion that it was impossible to completely alter her gendersexed corporeality. In only her second letter to Sand, she wrote:

You say that a consequent transformation is impossible – I do not doubt your words, even though my subconscious and whole conviction contradicts you to the highest degree. Why should it not be as possible to do on humans as on animals[?], my conviction tells me that if you would only disregard all social and monetary prejudices and conditions you would actually be fully able to perform the experiment. Anyway, I implore you to try to go as far as it is in your power to go [...] And if there is but a small chance, I will be satisfied, even if the goal can never be fully realised. [...] [P]lease help me as far as you can and are able to, then nature and my own constitution will probably complete the work[.]³⁵⁴

absorbed by the body, at the latest one year after the operation (Sand 1939, 648; Graugaard 1997, 44).

³⁵⁴ RR; Ka-S 699/53: Le 2 POF-KS Apr 1941, 1–2.

Such a statement indicates that Fischer remained convinced that physically she was primarily female, but that she accepted the opinion that the possibilities for a biological transformation of her body to become exclusively female were more limited than she had imagined.³⁵⁵ At the same time, she hung on to her argument that the medical approach that would bring her greater physical and mental balance was surgical removal of her gonads along with hormone replacement, either through ovarian transplantation (which she thought would permanently sustain the production of oestrogen) or continuous distribution of synthetic oestrogens. In addition to this, she wished to have her genitals surgically reconstructed to resemble other women's and to be able to satisfy a man erotically.³⁵⁶

It turned out that Sand was not willing to go very far in this direction. On one point he did, for a period, agree to indulge Fisher's wishes: at her urgent appeal, he exchanged the androgen for oestrogen injections, which he continued to give her regularly for a year. This made her feel happier and more balanced.³⁵⁷ This strategy of treatment seems to have been an exception in Sand's career in relation to trans persons who were not regarded to be genitally hermaphroditic.³⁵⁸ During the 1950s, he would call such a procedure "misguided experiments" and strongly criticise Christian Hamburger, among others, for applying it to various persons, including Christine Jorgensen, who had contacted him with pleas similar to Fischer's.³⁵⁹

³⁵⁵ Fischer seems to have retained this conviction until at least the beginning of the 1960s. In her account of 1948, she repeated that she was fully convinced she had latent feminine glands, which were fighting the masculine tissue (ibid.: Au & Acc PF 1948, 3). In an interview in 1972, according to Stürup, she stated that she currently thought her wish to have the masculine genitals removed might have been due to a period of insanity, which might indicate a later change of opinion (ibid.: In POF-GS 1972, 1). However, as I discuss later, the accuracy of Stürup's reports can be questioned.

³⁵⁶ Ibid.: Le 1 POF-KS Apr 1941; Le 2 POF-KS Apr 1941; Le POF-KS Jun 1941; Le POF-KS Jul 1941; Au & Acc PF 1948, 2.

³⁵⁷ Ibid.: Le POF-KS Jun 1941; Le POF-KS Jul 1941; JM: JM1 F170736/57: Prep POF Jun 1957, note p. 2 by detective inspector.

³⁵⁸ RR: Ka-S 789/55: Su MEH-KS 1955, 1. When synthetic hormones became available, Sand treated many persons whom he had diagnosed as sexually abnormal with these, but his policy seems generally to have been to distribute androgens only to persons whose sex he determined as (predominantly) male and oestrogens to persons whose sex he determined as (predominantly) female (Graugaard 1997, 68–70).

³⁵⁹ Christian Hamburger (1904–1992) became a medical doctor in 1928. After some years working as an assistant at the Pathological Institute at the University of Copenhagen,

However, at the beginning of the 1940s, such experiments were not unusual among hormone researchers, who were interested in learning about the possible effects of administering various doses of synthetic sex hormones to differently gendersexed bodies.³⁶⁰ Consequently, persons positioned as patients diagnosed with genuine transvestism were welcome test subjects to many such researchers because they themselves urgently wished to gain access to the hormones that were regarded as dominant in the kinds of gendersexed corporealities they desired to develop. However, whether Sand's motivation to administer oestrogens to Fischer was similar remains unknown because his medical reports and notes on her case are missing, and I have not found any information in other documents that might give an indication of it.

In relation to Fischer's request to have her male gonads surgically removed by Sand, which she regarded as primary for her normalisation, his response was that it would be illegal for him to do this unless Fischer first obtained permission from the Ministry of Justice.³⁶¹ As mentioned earlier, from the year 1929, the conditions for performing this intervention had changed with the introduction of the new law regarding permission for castration (Koch 1996, Chapter 2; Graugaard 1997, Chapter 6). This meant that, if a Danish citizen was not medically assessed as having a serious pathological condition of the gonads, such as a tumour, surgeons were not allowed to remove their gonads without state permission given according to the law; that is, either to prevent serious sexual crimes or on social-humanitarian or eugenic indications (Koch 1996, Chapter 3 & 293–295; Graugaard 1997,

he became head of the State's Serum Institute's hormone unit, which worked closely together with researchers at the university. Here he developed his career as a researcher and practitioner in hormone administration, and published widely in international journals.

³⁶⁰ The information in the case files show that this was done by Poul Fogh-Andersen and Christian Hamburger of their own accord or on the recommendation of Georg Stürup, and by personnel at the Hereditary Institute on the recommendation of Tage Kemp (see, for example, RR: MSITA "Transvestite"/20; Ka-Kv 5/55; Ka-S 641/51; Ka-S 789/55; JM: JM3 108⁵/51). Three decades later, Christian Hamburger summarised the results of such experiments and gave recommendations as how to use the substances to treat transsexualism in his chapter in an anthology discussing international research on sex reassignment (Hamburger 1969).

³⁶¹ RR: Ka-S 699/53: Le 1 POF-KS Apr 1941, 2; Le POF-KS Jul 1941, 1–2.

Chapter 6).³⁶² Fischer herself stated that she could see no reason why it would be necessary to apply to a state authority for the removal of her gonads, which she regarded as severely malfunctioning. However, as Sand insisted on the procedure, she asked him to inquire into the possibilities for getting permission to have a complete removal of her male genitals “under some kind of pretext”.³⁶³ Fischer’s formulation indicates that she was aware – or might have been told by Sand – that the provisions of the new law were not directed at a case like hers, and that a well-thought-through argument for why her application should be relevant would have to be constructed. There is no further information in the case file on what she and Sand discussed in this regard, or whether Sand brought up the question with the other members of the Medico-Legal Council at this point in time. However, this issue was taken up again later in Fischer’s case as well as in those of other trans women.

Breaking the isolation and enabling oneself to live partly as a woman

For unknown reasons, from the late spring of 1941 until the autumn of 1947, Fischer had no contact with Sand. Neither does she seem to have been the patient of other physicians during this period, but rather to have explored other ways of making her situation more liveable than

³⁶² From the collected case files and from contemporary publications, it is clear that one of the conditions regarded as pathological and not in need of legal permission was the removal of the gonads of true and pseudo-hermaphrodites. Jacobsen writes: “It is natural that [...] intersexuals often feel very unhappy and rootless, they themselves hardly know if they are man or woman, and it is no less natural that today one tries to help them as best one can. Usually the gonad is surgically removed as well as the more prominent parts of the sexual characteristics which one wants to get rid of, simultaneously as performance of plastic operations aim to give the outer sexual characteristics the desired appearance. Furthermore, it will eventually be possible to influence the remaining sexual characteristics to some degree through injections of sex hormones” (Jacobsen 1941, 235–236). A case from 1956 of four siblings categorised as girls who were all diagnosed with *pseudo-hermaphroditismus masculinus* and had their testicular gonads surgically removed from their wombs at the ages of 14, eleven, eight, and six shows how this practice continued during the following decade. In this case, the application processed by the Medico-Legal Council was for a sterilisation of the children’s father, not the surgical interventions made on the children (RR: MSITA 1681/56). It seems that medico-legal experts tacitly agreed that, especially in the case of children, it was crucial to perform what was considered to be surgical normalisation as early as possible and this needed only the consent of the parents in order to be carried out.

³⁶³ RR: Ka-S 699/53: Le POF-KS Jul 1941, 1.

trying to obtain access to body modifications. The documents in **her** case file show that in 1942, at the latest, she began to participate in social events organised by various homosexual groups and societies in Copenhagen.³⁶⁴ While at first she seems to have gone to parties for homosexual men where she could dress in women's clothes, after a while she started to spend much of **her** free time in a society for homosexual women, referred to in the documents as the December Society, of which she became one of the approximately 150 members.³⁶⁵ In **her** account of 1948, Fischer emphasised that becoming involved in this social context was extremely important to **her** because, for the first time since her early years at school, she no longer felt isolated from others: "[Here I have] found a small sympathetic group of friends among the homosexual women [...] and this is actually the only place among people where I feel at home, here in this circle I am understood and no-one notices my half feminine & half masculine behaviour and appearance."³⁶⁶

For a long time, in the milieus with which Fischer had previously associated, which can be characterised as generally cis-normative and heterosexualised, although not all entailing a strong policing of gender non-conforming appearances and behaviour, she had experienced **herself** as frequently misfitting the expectations for gendersexed appearance and behaviour. In contrast, here she tells about experiencing **her** bodyself as in many ways fitting the milieu of a homosexual women's society. **Her** way of moving and speaking, and **her** interests and skills, which in other contexts might be regarded as abnormal or transgressive gendersexed features and behaviour, were not perceived as unusual by others in this social milieu. On the contrary, they were greatly appreciated and shared by many. With regard to Fischer's corporeality, it was quite common in the December Society for persons categorised as women to have gendersexed appearances which in popular culture were frequently negatively described as androgynous or mannish, but here were met with affirmation. Fischer found that she was far from the most masculine

³⁶⁴ Ibid.: Preg POF 1957, 2.

³⁶⁵ Ibid.: Au & Acc PF 1948, 2–4; Pst POF-GS 1953, 2; Mrec POF-SH 1953, note 7 Oct. It is impossible to decide from the documents when this happened, but it seems most likely that Fischer came into contact with the members of this society sometime between 1942 and at the latest 1947.

³⁶⁶ Ibid.: Au & Acc PF 1948, 2.

woman in this context, and obviously many of the other women found **her** sexually very attractive because of **her** appearance, in contrast to the men to whom Fischer felt most attracted and whom **she** **herself** expected to find **her** too masculine.³⁶⁷ In conclusion, Fisher's corporeality and behaviour were to a great extent in accordance with the shared cultural ideas among the December Society's members of how to recognise a homosexual woman and with their ideals of sexual attractiveness in a female partner.

For **her** part, Fischer found that **she** also felt strongly attracted to some of the women in the society: "On several occasions, I myself have become very interested in the particularly pronounced, perhaps a bit brutal, masculine types."³⁶⁸ During the years **she** had repeatedly told Sand and Stürup that **her** greatest wish would be to realise a life as the partner of a normal man, and that having a relationship with a person categorised as a woman was, from the outset, second-best in **her** view. However, **she** also emphasised that **she** was first and foremost sexually attracted to pronounced masculinity. If in **her** view a person embodied this, **she** did not articulate **their** genital structure as being important for **her** interest in erotic contact. However, as in heterosexualised contexts, in this milieu as well, the way in which Fischer preferred to be positioned in an erotic relationship and **her** sense of self were somewhat at odds with the general social expectations. To Sand, **she** recounted that, on the basis of **her** appearance, **she** was expected by many of the other women to exhibit an active and aggressive sexual approach towards them which did not appeal to **her**, and that the women to whom **she** **herself** felt attracted were rarely interested in **her**, but seemed to prefer "the pronounced feminine type".³⁶⁹

According to **herself**, in the December Society, Fischer was commonly known to be a woman whose sexual development had been slightly abnormal, and that this showed in **her** appearance being "a bit unfortunate".³⁷⁰ To **her** friends and potential lovers **she** thus presented **herself** as a "woman [...] who has turned out to be in an intermediate state a bit outside of the normal".³⁷¹ According to Fischer, people in the

³⁶⁷ Ibid.: Au & Acc PF 1948, 2; Le POF-KS Mar 1954; Le POF-KS Dec 1954; Le POF-KS Nov 1956.

³⁶⁸ Ibid.: Au & Acc PF 1948, 2.

³⁶⁹ Ibid.

³⁷⁰ Ibid.: Au & Acc PF 1948, 2; Ac & Acc POF 1957, 4.

³⁷¹ Ac & Acc POF 1957, 4.

society fully recognised **her** as a woman, and she supported this claim during the years when she was part of the homosexual women's culture by giving detailed accounts to Sand and Stürup of the social and intimate relations between the members of the December Society, including her own. Furthermore, as Fischer pointed out to Sand, if she had been perceived as a man or **her** status as female had been questioned, she would not have been able to become and remain a member of the society.³⁷²

While, as I have argued, Fischer articulated a conviction that she had a fundamental physical gonadal constitution that was primarily female, she also recognised that many people might ultimately perceive **her** corporeality as male. Because of this, presenting **herself** to the other members of the society as a sexual intermediate may be understood as a way for Fischer to negotiate the cis norms that were (also) prevalent among homosexual women. While she expressed a fear that she would be rejected and excluded from the milieu if she was gendersexed by these women as male, positioning **herself** to them as intersexed both offered a response to possible questions they might ask when faced with **her** corporeality and contributed to their acceptance and recognition of **her** as a woman.³⁷³ This helped in enabling **her** to participate on equal terms with the other women, and to establish friendships as well as, later on, romantic and erotic relationships with some of them. However, during **her** early years in the society, Fischer experienced that homosexually identified women's reactions to **her** genital morphology constituted a limit to **her** inclusion in sexual encounters and exchanges with them. While **her** looks and the information about **her** intersexuality did not discourage other women from trying to establish sexual contact with **her**, she reported that when they came to the point of direct genital contact with **her**, they "immediately lost interest".³⁷⁴ Still, even though **her** cis partners found that Fischer's genital morphology transgressed their notion of female normalcy by too much, it seems that they neither fundamentally questioned that she was a woman nor disclosed **her** intimate physical constitution to others in their common milieu. However, Fischer states

³⁷² RR: Ka-S 699/53: Au & Acc PF 1948, 4; Ac & Acc POF 1957, 4, see also Pst POF-GS 1953, 2.

³⁷³ Ka-S 699/53: Au & Acc PF 1948, 2; Ac & Acc POF 1957, 4; Le POF-KS Mar 1957.

³⁷⁴ RR: Ka-S 699/53: Au & Acc PF 1948, 2.

that in order to avoid these kinds of rejections, she soon decided to avoid sexual intimacy with any more of the women.³⁷⁵

Around 1944, Fischer took another step that significantly improved her feeling of well-being when she bought a complete women's wardrobe and began wearing it in her everyday life, including at her workplace. In her account of 1948, she described how she would usually wear slacks, feminine jumpers, and a woman's trench-coat in public and at her workplace, while she only wore women's suits and dresses at the December Society and in private at home.³⁷⁶ Fischer stated that this way of dressing helped to make her "life a bit more peaceful" by making her feel natural and normal and relaxing her nervous system as it "convinced me that I am a woman – and that there is nothing more to strive towards."³⁷⁷ At the same time, she articulated her attire as a way of bridging the heterosexualised and homosexualised social spheres of which she was part: when wearing these clothes in the company of her wife and their social circle and at her workplace, she would still be perceived as a somewhat feminised man, while in the December Society, at the hairdresser's, and in Jutland where she had a small cottage, she would be perceived as a somewhat masculine woman.³⁷⁸

Fischer's choice to most of the time wear rather gender-neutral clothing with a strong twist to the feminine side struck a balance that prevented direct interventions from others against her wearing women's clothes. However, she stated that, at first, people who had known her for a long time frequently commented on her clothing and asked her about it:

Of course, my family and rather small social circle of naturally healthy people are a little baffled by me, and many times I have been compelled to tell untruths in order to satisfy their curiosity about my attire and strange behaviour, which at the beginning caused both astonishment and offence, but now no one notices anything anymore – or at least they pretend not to notice anything[;] the same is the case at my workplace where I work together with half a dozen women.³⁷⁹

³⁷⁵ Ibid.

³⁷⁶ RR: Ka-S 699/53: Au & Acc PF 1948, 3–4.

³⁷⁷ Ibid.

³⁷⁸ Other trans women used a similar strategy of dressing, see RR: Ka-S 789/55: Pst MEH-GS 1955.

³⁷⁹ RR: Ka-S 699/53: Au & Acc PF 1948, 5.

In this way, Fischer articulated how, during the 1940s, without any permission from state authorities or direct interference from her family, social circle, employers, or the police, she succeeded in making a space for herself where she could experience herself as a woman and be recognised and live as such to quite a large extent in a number of social contexts.

Turbulent years and renewed negotiations

The late 1940s became a turbulent time for Fischer. In order to become independent of an employer, Fischer had attempted to change profession, and at the beginning of the decade, she became involved with two business partners who had founded a shoe-selling company, investing a large part of her own and her wife's assets in the enterprise. However, the production was not adequate to supply customers' orders, which resulted in a series of demands for refunds and, after some years, Fischer had to declare herself bankrupt. A year later, she and her partners were charged with fraud, and Fischer was first held in custody for seven months and then sentenced to 18 months' imprisonment.³⁸⁰ From the prison she wrote to Sand, describing how she had had several nervous breakdowns, had been suicidal, and was still deeply depressed, but had nevertheless been declared suitable for punishment under normal conditions.³⁸¹ A psychiatric certificate from the prison shows that she was declared to be "neither [...] insane nor retarded, but a person with a psychopathic character who suffers from sexual perversion", which was described as being sexually attracted to homosexual women, and that "[h]is sexual abnormality is not regarded as having any connection to the motive for his criminal action."³⁸² Some months later, Fischer was transferred to a psychiatric unit and, after she had served eighth months of her sentence, she was paroled.³⁸³

It seems that once Fischer was out of prison, she did not move back in with her wife and daughter, but instead found herself a small flat where she could live alone, and that she began to frequent the

³⁸⁰ RR: Ka-S 699/53: Pst POF-HR 1947; Le POF-KS Oct 1947; JM: JM1 F170⁷³⁶/57: Preg POF 1957, 1-2.

³⁸¹ Le POF-KS Oct 1947.

³⁸² Pst POF-HR 1947, 3.

³⁸³ JM: JM1 F170⁷³⁶/57: Preg POF 1957, 1.

December Society again.³⁸⁴ As she was educated as a specialist in constructing and maintaining security systems, she was able to return to the insurance company where she had been employed before her imprisonment and earn a living. However, she had difficulties concentrating on her work because she often became overwhelmed by the urge to live fully as a woman and distracted by thoughts about how to do so, which gave her violent migraines and made her deeply depressed. To find relief from this stress, she would spontaneously leave her workplace and spend weeks in her cottage in Jutland, where she lived as a woman. Consequently, she was frequently dismissed from her workplace and then re-employed again in different units of the same company.³⁸⁵

Soon Fischer contacted Sand again and tried to negotiate surgical interventions. Her second account of 1948, which I have already discussed, is from this period, and was written at Sand's request as a combined autobiography and account of her current circumstances as part of the preparations for making an application to the Ministry of Justice for castration. Its opening words stressed her severe mental suffering over several decades:

Thanking you for your kind and understanding approach to my case which has gradually caused my health to deteriorate and pushed me to the brink of despair, I shall here, as we agreed, try to give you an overview of my life which, together with my former letters, hopefully will give you a relatively clear and depressing picture of the hell I have lived through during the past 25 years, now being at [the end of my 30s].³⁸⁶

These introductory words indicate that Sand had recommended that an application to the Ministry of Justice should aim to get permission for castration on a social-humanitarian indication. This meant that it should make an argument that fitted the law's provision that Fischer's "sex drive [...] causes him severe mental suffering or social deterioration" (Law on Access to Sterilisation and Castration of 1935, in Koch 1996, 293).

³⁸⁴ RR: Ka-S 699/53: Au & Acc PF 1948, 5; Pst POF-GS 1953, 3. Information about Fischer's residence(s) during this time is fragmented and imprecise. It is clear that she owned her own flat from the beginning of the 1950s, but she also seems to have lived by herself from the late 1940s until then.

³⁸⁵ Au & Acc PF 1948, 3; Pst POF-GS 1953, 2-3.

³⁸⁶ Ibid.: Au & Acc PF 1948, 1.

The strategy recommended here illustrates the wider range of cases to which the new law could be applied, apart from the sexual offenders for whom it had originally been designed. The use of this law for sterilising and castrating persons who were diagnosed as mentally and morally deficient has already been mentioned as the largest target group; in addition, Christian Graugaard has documented that some of the permissions given from the mid-1930s to the mid-1950s were for persons categorised as non-criminal homosexual men who were either presented as possibly at risk of committing sexual crimes in the future, or who themselves declared that they were so disgusted and ashamed of their sexual inclination that they experienced severe mental suffering and therefore wished to be rid of their sex drive through castration (Graugaard 1997, Chapter 7). Although Fischer's circumstances were quite different from these cases, it is probable that Sand thought that it might either be presented as another case of a homosexual man, as Fischer had described his attraction to men in detail, or that his transvestism could be presented as another kind of sexually abnormal condition that caused severe mental suffering.³⁸⁷

However, the application was never made, and the following passage in Fischer's account may be a clue as to why. At the end of her text, she declared that:

for many different reasons, especially religious ones, I cannot agree to an ordinary castration where I am made sexless and the masculine organs are only partly removed, [...] but will ask you to remove, or rather consequentially amputate all masculine genital organs and change the urination to be like women's and then transplant ovarian tissue for maintenance of the hormonal production and actually produce artificial feminine glands and appearance[.]³⁸⁸

Such a statement, as well as the general articulation of Fischer's account, might have led Sand to decline to proceed with preparing an application to the ministry. Her account, which might have to be circulated within the Medico-Legal Council and eventually the

³⁸⁷ It is possible that the idea that an application could be based on one of these arguments had already suggested itself to Sand in 1941, when, according to Fischer's letters, he first stated that she might be able to obtain permission for castration.

³⁸⁸ Ibid.: Au & Acc PF 1948, 5. Fischer's statement of religious reasons for rejecting a simple castration probably refers to the prohibition within the Christian Church of making a person sexless by such an intervention (Jacobsen 1941, 171).

Ministry of Justice, made it quite clear that she did not regard herself as a homosexual man who suffered because of her sexual drive and inclinations, but – even though she did not use this term – rather a female pseudo-hermaphrodite whose sex had been erroneously determined. As Sand was of a different opinion regarding Fischer's physical constitution, he would not have supported an application on the basis of such an argument. Furthermore, he might also have been reluctant to present Fischer's wishes for genital modifications to the Ministry of Justice because the aim of the law on sterilisation and castration aimed to neutralise specific kinds of persons sexually, and Fischer was clearly speaking against this aim, suggesting instead a re-sexualisation in a new gendersexed position, and indicating a hope that these interventions would enable her to have sexual relations. In any case, Sand would not have been able to guarantee to Fischer that she would be able to have the surgery she desired. Since he had become a professor in 1925, he did not have time to perform surgery himself or, it seems, access to a surgical unit, but rather referred persons positioned as his patients to colleagues.³⁸⁹ He was not specialised in performing reconstructive genital surgery, and, as I have discussed above, even if he had been, it is unlikely that he would have agreed to it. He – as well as the majority of contemporary medical experts – regarded the application of such a procedure in cases of persons who were not determined to be genitally hermaphroditic to be experimental and medically and ethically questionable (see also Hamburger, Stürup & Dahl-Iversen 1953, 393). Without such a guarantee, Fischer, on her part, would not agree to proceed with the application; therefore, both she and Sand had reasons to abandon this plan.

During the following three years, Fischer had no contact with medical experts, and there is no information about this period of her life in the case file. In the late summer of 1952, now under the name of Peter Ole Ludvigsen, she once more contacted two physicians, one of whom was Poul Fogh-Andersen. Having been presented with her wish for a medical transition, each agreed to inject her with high doses of synthetic oestrogens during a total of three months, and in December, Fogh-Andersen referred Fischer to Chief Physician Georg Stürup, who had been one of the three medical experts assisting Christine Jorgensen

³⁸⁹ RR: MSITA 1208/53: Idp MLC, Ex VHK-KS 1953, 1; see also Graugaard 1997, 44.

in her medical transition the year before.³⁹⁰ Fischer had already met and possibly been examined by Stürup while she was in custody in 1947, and according to her, he was the person who had initiated her transfer from prison to a psychiatric unit.³⁹¹ When they met again in 1952, Stürup agreed to make a psychiatric evaluation of Fischer (who also presented herself as Ludvigsen to him) to determine whether there was any basis for applying for permission for castration to the Ministry of Justice. During the following four months, he interviewed and examined her physically during several consultations and initiated a hormone analysis, which showed normal production of all hormones apart for very low androgen levels.³⁹² In April 1953, he made a psychiatric statement on the basis of these examinations in support of an application, which Fischer handed in to the Ministry of Justice at the end of March 1953.³⁹³

³⁹⁰ Georg K. Stürup (1905–1988) became a specialist in neurology in 1936, in psychiatry in 1940, and a medical doctor in 1940 with a thesis on visceral pain. From 1940 to 1942, he was employed at the mental institution Sankt Hans, before becoming chief physician at the Psychopath Institutions in Herstedvester, where he worked until his retirement in 1972. Under Stürup's management, these institutions became an internationally renowned centre for the treatment of criminals. He had a special interest in finding ways to approach persons diagnosed as psychopaths who had previously been regarded as inaccessible to treatment. He viewed social context as significant with regard to a person's possibilities for development. During his career, Stürup was consulted by many different national institutions in questions about criminality, and he was a member of the Medico-Legal Council from 1954 to 1975.

³⁹¹ RR: Ka-S 699/53: Mrec POF-SH 1953, note by F. Schulsinger 20 October.

³⁹² Ibid.: Pst POF-GS 1953, 2 & 4.

³⁹³ Ibid.: Ap POF-MJ 1953.

7.3

Decisions

Reconfiguring arguments for permitting the surgical removal of the gonads

Fischer's application was short, simply asking for "the Ministry of Justice's permission for double-sided castration because of abnormal sexual mentality which through many years has caused great psychological pain with depressive states", and declaring that he had been informed by Stürup about the effects of such an intervention and had consented.³⁹⁴ Stürup had probably recommended such a formulation, which fitted the provisions of the law on sterilisation and castration for a social-humanitarian indication, according to which Christine Jorgensen's permission had been granted. However, his psychiatric statement and argument for recommending castration in Fischer's case differed from those he had made for Jorgensen. In order to better understand the kind of reconfiguration of rhetoric and practices that occurred in moving from one case to another, it is helpful to briefly sum up the differences between the arguments made in the two applications and the attached psychiatric statements.

The motivation given by Jorgensen herself in her application was that she suffered "severely from a homosexual inclination which is against my moral views", but that she had found peace during the past year by receiving hormone treatment; however, as this could not be continued indefinitely, she asked for castration.³⁹⁵ In the accompanying statement, Stürup made no final categorisation or diagnosis of Jorgensen, but simply described George Jorgensen as being

³⁹⁴ Ibid.

³⁹⁵ RR: Ka-S 641/51: Ap GWJ-MJ 1951. The administration of oestrogens was only performed for nine months by Christian Hamburger; however, before coming to Denmark, Jorgensen had herself experimented with self-administration and had also been given oestrogen pills by an American physician during the course of some months (Jorgensen 1967, 76–84). The motivation that Jorgensen gives in her autobiography for having oestrogen injections was to be feminised, and Hamburger and her other physicians knew this. However, she states, and a letter from Hamburger to Sand confirms, that his motivation was to study the long-term effects of oestrogen administration on a male body (Le CH-KS 1951, 2; Jorgensen 1967, 93). The reason Hamburger gave for the necessity of terminating the administration was that a prolongation entailed a risk that Jorgensen might develop prostate hypertrophy and eventually a malign tumour (RR: Ka-S 641/51: No Sec-KS 1951; see also Hamburger, Stürup & Dahl-Iversen 1953, 395).

homosexually attracted to men, and further mentioned that, during his youth, he had “realised his urge to change his life more thoroughly in a female direction”, and that he was wearing women’s clothes at home in private.³⁹⁶ He recommended castration on the grounds that this would probably end Jorgensen’s mental suffering, make him more psychologically balanced, and enable him to work and function better socially.³⁹⁷ On the basis of this, the Medico-Legal Council had concluded that Jorgensen was “homosexual, probably of congenital type” and recommended castration to end his severe mental suffering, just as they had done in the cases of other persons categorised as homosexual men. Following this, permission was given by the Ministry of Justice.³⁹⁸

³⁹⁶ Ibid.: Pst GWJ-GS 1951, 2.

³⁹⁷ Ibid.: 4.

³⁹⁸ RR: Ka-S 641/51: St GWJ MLC-MJ 1951. I have only found two previous studies of Jorgensen’s case in which this has been mentioned. One is an article from 1980 by Preben Hertoft and Thorkil Sørensen, in which they sum up the practices and procedures in relation to sex-modifying operations in Denmark from 1950 to 1977. On the basis of studying the same cases that form the material for this thesis, they conclude: “Abroad, the treatment [of Jorgensen] was presented as the result of a liberal, unprejudiced treatment system prepared to help transsexuals via sex-modifying surgery. From the available documents it appears unmistakable, however, that in 1951 [...] [the medico-legal authorities] were not aware of any independent nosological unity, but the patient was considered a suffering homosexual who, because of mental scruples over his own sexual inclinations, was not capable of living out his sexuality[,] [...] [and] Chris Jorgensen was permitted castration, as he fulfilled the claim of the law for access to castration” (Sørensen & Hertoft 1980, 62). The other publication is a biography of Jorgensen published in 2008 by the Californian psychologist and gender researcher Richard F. Docter. In this, he quotes a letter from Jorgensen to Stürup in which, at his request, she accounts for her motivation to apply for castration as being “intense homosexual urges[,] while partially ignoring his history of strong gender dysphoric feelings” (Docker 2008, 87). Docker notes that Jorgensen knew that “homosexuality was one of the few conditions for which the Ministry of Justice would allow castration”, and that this was most likely why Jorgensen described herself as a homosexual in this account, while not doing so in her other writings (ibid.). Furthermore, it has not been mentioned before, but is clear from Jorgensen’s case file that the permission for castration was only reluctantly given by the Ministry of Justice “against the principles of the Ministry [...] because the physicians have subjected this person to long-term treatment without informing him of the fact that he could not expect to get permission for castration” (RR: Ka-S 641/51: Le MPS-JF 1951). The principle referred to was that Jorgensen was not a Danish citizen and had not lived in Denmark for long enough to be granted such permission (JM: JM3 108⁵/51: Idp MJ; Re GWJ-MJ 1951). It seems, however, that the Danish medico-legal authorities feared that, if permission was not granted, this

In contrast, Stürup diagnosed Fischer with “genuine transvestism, eonism” in his psychiatric statement, and thus her application became the first time the Ministry of Justice and the Medico-Legal Council were asked to decide whether a person categorised in this way could be permitted to have their gonads surgically removed according to the law on sterilisation and castration. However, because the aftermath of Jorgensen’s case had made it known to the ministry and council – as well as to trans persons and the public worldwide – that they had already done this once, such a request, which Sand had hesitated to make five years earlier, no longer seemed as unusual as it would previously have done. Furthermore, during Jorgensen’s case, Stürup, Hamburger and Dahl-Iversen had together developed a way of describing the new type of applicant through the example of Christine Jorgensen and a procedure “to improve the stress and inconvenience of the patient in order to make his life as tolerable as possible, having, naturally, due regard to the interests of society” (Hamburger, Stürup & Dahl-Iversen 1953b, 393). In February 1953, they had presented these definitions and recommendations at a joint meeting of the Danish Society for Endocrinology, the Danish Surgical Society, and the Danish Psychiatric Society. Additionally, they had been published in identical articles in Danish and English in a Nordic and an international journal in May (Hamburger, Stürup & Dahl-Iversen 1953a; 1953b). The articles state that the purpose of the presentation at the meeting for Danish medical experts was to try to convince them to change their policies in relation to eonists/genuine transvestites in a more liberal direction. The authors thus argued that this patient group had “been let down by the medical profession and [...] [i]n loneliness and misery have had to struggle against their own tragic fate”, but that they could be helped in many ways that need not compromise the interests of society (ibid., 396).³⁹⁹

would endanger Jorgensen’s mental welfare. This possibility was suggested by a (female) lawyer whom Stürup asked to present Jorgensen’s case to the (also female) Minister of Justice, Helga Pedersen. She decided on the basis of this argument that permission should be granted and, simultaneously, that the Danish medical profession should be informed that in future no non-citizens would be granted permission for castration or sterilisation in Denmark (RR: Ka-S 641/51: Le JH-MJ 1951; IM: JM3 108⁵/51: Idp MJ, note 9 September 1951, 2; Hertoft & Ritzau 1984, 112 & 114).

³⁹⁹ Stürup’s, Hamburger’s, and Dahl-Iversen’s experience after the publication of Jorgensen’s case of receiving hundreds of letters from “patients seeking their help in their sexual difficulties” from all over the world, which they described as

In these articles, Stürup, Hamburger and Dahl-Iversen draw on various studies from the international medical literature, but none of them had performed larger research projects on the patient group they were now describing and defining. Their approach can therefore be characterised as clinical, rather than strictly scientific. It was primarily based on observations and an interest in the possibilities for improving the social conditions of persons positioned as their patients.⁴⁰⁰ At the beginning of the article, they outline the “characteristic features of eonism (or genuine transvestism)” by describing the “symptoms” of persons who should be given this diagnosis (ibid.: 391).⁴⁰¹ These were all aspects that were well-known from existing studies, but the specific selection and articulation of features became significant for the future evaluation of cases like Fischer’s in a Danish medico-legal context. The relevant symptoms were “a fundamental feeling of being victims of a cruel mistake – a consequence of the female personality in a male body”; an extremely pronounced desire to wear women’s clothes as a means to identify oneself and be identified by others as a woman, and to engage in activities and work associated with women; in contrast, an aversion towards wearing men’s clothes, to be seen as a man and having to do men’s work, which is experienced as against one’s nature and self, and severe mental distress when being forced to do so; an experience of relief from this mental pressure and “relaxation, balance, [...] inspiration, and the enjoyment of life” when appearing as a woman in women’s clothes (ibid.: 391–392). Furthermore, it is emphasised that “the sexual life generally plays but a minor part” for eonists/genuine transvestites, and that their wearing of women’s clothes “does not aim at, and does not involve, any sexual satisfaction, and it is a characteristic feature that the dress is respectable and in no way

“exceedingly depressing”, had motivated the medical experts to appeal to “the medical profession and the authorities concerned” to show “a more positive attitude toward the effort of easing and facilitating the daily life of the victims of genuine transvestism” (Hamburger, Stürup & Dahl-Iversen 1953, 395–396).

⁴⁰⁰ For example, the authors use the diagnostic categories developed by Hirschfeld of genuine transvestism and by Havelock Ellis of eonism interchangeably without considering the differences between their theories, but pragmatically stating that “there may be reason to reserve the term eonism” for “transvestite men in whom the desire [to cross-dress] is [extremely] [...] dominant” (Hamburger, Stürup & Dahl-Iversen 1953b, 391).

⁴⁰¹ The authors explicitly state that they do not deal with “transvestism in women” in their report (Hamburger, Stürup & Dahl-Iversen 391).

provocative" (ibid., 392). According to these authors, any sexual attraction is frequently towards "normal, heterosexual men", while the idea of relationships with "homosexual men" disgusts genuine transvestites, and attraction to women is "only rarely, and possibly never, [...] of a directly erotic nature" (ibid.). Finally, they mention that eonists/genuine transvestites often dislike, feel disgusted by, or hate their genitals. As a logical consequence, they wish to have them removed and sometimes attempt to do this themselves (ibid.).

Apart from giving this descriptive definition, Stürup, Hamburger and Dahl-Iversen list and discuss the various measures which had already been taken in some cases abroad, as well as in Denmark, in order to improve the quality of life of eonists/genuine transvestites. They first mention that permission to wear women's clothes in public can be given, which, they argue, can be done on condition of "the patient's not outraging public decency".⁴⁰² Secondly, a person can be legally recognised as a woman, including having an official change of name, which allows them to "appear as a woman [...] without others knowing the true sex".⁴⁰³ Thirdly, oestrogenic substances can be administered to them during a short period to inhibit testicular function and develop feminine features. Fourthly, castration can be performed if the presence of testicles "is felt [by the patient] to be an intolerable burden". This should be done after at least a six-month period of hormonal castration with oestrogenic substances in order to see how a patient reacts to this.⁴⁰⁴ Fifthly, "demasculinisation" may be

⁴⁰² According to the authors, this had been a widespread practice in Germany during the 1920s and '30s.

⁴⁰³ This had been done in Jorgensen's and in some other cases internationally, but in a Danish context only in relation to Lili Elvenes' case (*JM*: JM1 1953/30; Stürup 1969, 458).

⁴⁰⁴ In relation to this, the authors argued against a paternalist politics of not trusting transvestite patients to choose for themselves, as was done with persons categorised in other ways: "It might be feared that the patients would later regret the operation. This is a weighty consideration, but an adult man of sound mind, after having been told the risks of the operation and after careful consideration, himself accepts the responsibility and persists in his wish, it is unreasonable that society should act as a guardian endowed with a superior wisdom" (ibid.: 395). The authors furthermore reject the possibility that there should be a risk that some homosexual men and other sexually abnormal persons might apply for castration, pretending to be transvestites, as most men, homosexual as well as heterosexual, "regard castration as a definitely undesirable measure" (Hamburger, Stürup & Dahl-Iversen 1953, 395). They continue: "At any rate, from a eugenic point of view it would do no harm [to society] if a number of sexually abnormal men were castrated and thus deprived of their sexual

performed, that is “amputation of the penis and plastic surgery of the scrotum in order that the patient’s external genital region may appear to be purely feminine”, which, they state, in many cases is “a natural and logical wish on the part of the patient”. Sixthly, “an artificial vagina” can be established. However, the authors do not encourage this because they consider it to be a difficult surgical intervention, “sex is usually of very minor importance” to genuine transvestites, and also “such operations may be undesirable from an ethical point of view” (ibid., 395). Finally, the authors state that:

[t]hese measures [...] must not be applied as hard and fast rules, since in this affection there can never be any standard or routine treatment. Each step must be very carefully considered by a team of medical specialists, and it may not always be possible to comply with the patient’s wishes. One of the major points to be considered is the patient’s habitus. The chances that a man with pronounced masculine proportions, strong and dark growth of beard, considerable growth of body hair, etc., should be able to appear as and resemble a woman are slight; in such cases it is far more difficult to attain the object of treatment – to create a harmonious balance between soma and psyche – than in persons who already have pronounced feminine habitus. (ibid.)

In assessing Fischer’s case and formulating his psychiatric statement about her to the Medico-Legal Council, Stürup was drawing on the diagnostic definition and possible measures outlined above, which he knew that most of the council members were familiar with after the presentation at the February meeting.⁴⁰⁵ Since notes from Stürup’s

libido” (ibid.). This statement exemplifies a view common in international medico-legal milieus that even though homosexual sex could not lead to procreation and thus did not entail the perceived risk of spreading defective genes in the population, it might still entail the risk of spreading venereal diseases, which were perceived as a serious threat to public health. Like other groups of people who were medically defined as sexually abnormal, homosexual men were regarded as generally extremely sexually active and promiscuous, and the prevention of (homosexual) prostitution was a political and medico-legal priority (Geill 1924a; Stürup 1969, 457; 1976; Graugaard 1997, 146; Koch 1997, 34, 97 & 103; 2000, 44, 52–53). This perspective may also have been the implicit basis for the problematisation of permitting male transvestites to have a neo-vagina.

⁴⁰⁵ Although Sand was invited, along with the other members of the Medico-Legal Council, he could not attend because he was travelling at the time. In a letter answering the invitation from chief physician Poul Dickmeiss, he expresses regret over this “as I [...] have also worked with this topic, which is within my sexual biological areas, during the past 30–40 years, and if we had communicated about this

interviews with Fischer and her letters to him during the four-month observation period are not included in the case file, it is not possible to analyse whether Fischer articulated her bodyself and life story to him in a way resembling how she had done so to Sand, or exactly how Stürup's rearticulation in his statement differs from this account. However, Fischer may have presented herself to him under a different name than she had to Sand in order to avoid the authorities recollecting her previous articulations. This would make her more free to rearticulate her life story differently, and in a way better fitting the reconfiguration of the understanding of genuine transvestism/eonism in the Danish medico-legal milieu after Christine Jorgensen's case. In any case, the way in which Stürup presented Fischer and her life story differed in some ways quite considerably from what she herself had written and what she and Sand had discussed during the past 20-plus years. In his psychiatric statement, the life story functions as a basis from which Stürup accounts for his diagnosis of Fischer as a genuine transvestite/eonist as well as making an argument that Fischer has been and is suffering severely because of her corporeality, and that she would benefit from undergoing castration.

Stürup generally articulates Fischer's family relations and social life during his childhood and adolescence as problematic, emphasising that his mother and two sisters were often seriously ill, and that he was therefore often alone with his father or grandparents as a child, and that "[s]ince early childhood, he preferred to be solitary"; something which Fischer herself has not mentioned in her previous accounts.⁴⁰⁶ Fischer is repeatedly described as isolated and marginalised, "never close to anyone, neither especially to father or mother", and Stürup mentions that he was bullied by the boys in his class "because he was fat", while there is no mention of Fischer's close relations with the girls

earlier, I might have been able to collect a good deal of quite interesting material [on the subject]; by the way, it is supposedly the Medico-Legal Council which is able to teach others, and not the other way round" (Le KS-PD 1953). Sand finally states in an ironic tone that he has heard that the basis for the meeting is supposed to be a presentation of the "much-advertised case of Mr./Miss J.", but that he cannot believe this is the case (ibid.). His formulations point to a certain rivalry with the younger medical experts, in relation to which Sand insinuates that they lack competence and experience and are becoming famous as experts in the area of sexology on the basis of a doubtful case (see also RR: Ka-S 641/51: Le CH-KS 1951). I have already discussed how other statements by Sand suggest that he believed Jorgensen should not have been granted permission for castration.

⁴⁰⁶ RR: Ka-S 699/53: Pst POF-GS 1953, 1.

that was recounted previously.⁴⁰⁷ His wearing of girls' clothes as a child is presented as a secret activity, in contrast to Fischer's own previous accounts of playing with other children while dressing up and adults' friendly jokes that he must be a girl. Furthermore, Stürup presents Fischer's sense of his gendersex as congenital and constant, stating that "[h]e cannot remember a time when he did not want to be a girl."⁴⁰⁸ These descriptions are very similar to those of Christine Jorgensen's childhood and the general characterisation of the experiences of genuine transvestites/eonists as growing up "separated from [their] [...] friends, [...] rootless, divided, and lonely" in the above-mentioned article (Hamburger, Stürup & Dahl-Iversen 1953, 392).

Fischer is also described by Stürup as fitting the diagnosis of genuine transvestite, eonist in terms of sexual development and feelings. His late puberty and slow sexual development are emphasised, and he is depicted as inexperienced and almost asexual: "He has never been in love with a girl and also always felt repelled by homosexual men", while the strong attraction to masculine heterosexual men and masculine homosexual women that Fischer has previously articulated is not mentioned here.⁴⁰⁹ There is no mention of Fischer's marriage or the fact that she has a child, but her socialising in the December Society is. Again, sexual interest or activities are denied or downplayed in this description when Stürup states that Fischer does not desire to have sexual relations with the women here, even though he also mentions that Fischer has, unsuccessfully, tried to have sexual intercourse with some of them. Instead, according to Stürup, he is on "very friendly terms" with the other members of the society, in whose company he feels "fairly comfortable", because he is then less isolated.⁴¹⁰

There is no mention that in this social milieu, or in any other, Fischer is accepted and related to as a woman, while Stürup states that at home in private in his small flat he always wears women's clothes and lives as a woman, and that when he is in his cottage in Jutland, he also does this outside on the deserted heath, but never in such a way that others realise he is cross-dressing.⁴¹¹ In this way, once again Fischer's wearing of women's clothes is presented as a secret activity, which further

⁴⁰⁷ Ibid.

⁴⁰⁸ Ibid.

⁴⁰⁹ Ibid., 1-2.

⁴¹⁰ Ibid., 2.

⁴¹¹ Ibid.

positions him as abiding by the law prohibiting doing so in public (Thranesen 2015). At the same time, Stürup recounts Fischer stating that he “cannot help dressing in a conspicuous way so that life is at least tolerable” in his everyday life, and describes in detail his clothes at the consultations, concluding it to be “almost a rather masculine woman’s attire”.⁴¹² Furthermore, he characterises Fischer’s “general appearance as rather that of a middle-aged woman” when sitting down, and that he only appears masculine when standing because of his height and weight.⁴¹³ Still, the general characterisation of Fischer is that in public, at work, and in all social situations, he appears and lives as a man, and that this causes him great difficulty and suffering.⁴¹⁴

Generally, Stürup’s account of Fischer can be characterised as almost entirely negative, and as finalising in Frank’s terms. In terms of genre, her life story is told as a form of tragedy in which Fischer repeatedly fails as a boy and a man and has been utterly isolated and lonely at every stage, as well as unable to relate to other people. Only in terms of work is he described as having some resources and abilities as he has “managed in a satisfactory way”.⁴¹⁵ However, his capacity for work is described as severely threatened by his transvestism because of his problems with concentration, and his periodic absences when he goes away to live fully as a woman, which has led to frequent terminations and new employments. A quote from a letter by Fischer suggests that at least part of Stürup’s tragic depiction of her life may have been on the basis of her own way of articulating it in interviews and letters to him. In comparison to the last account that Fischer gave to Sand of her life situation, which stressed her difficulties and suffering, this one articulates her present state as being even more desperate:

[This life is] an eternal balancing on the verge of breakdown and only with a colossal effort of will one avoids a total nervous breakdown, and countless times one wishes that one could say goodbye to this whole hell and just sleep, sleep, rest and peace! – Thus my time has passed through almost 25 long years, hope, only hope, and soon I cannot endure any more – I do not want to beg for the right to live any more, what has it brought me except an infinite number of sufferings – a long

⁴¹² Ibid., 4.

⁴¹³ Ibid.

⁴¹⁴ Ibid.

⁴¹⁵ Ibid, 2.

hell without a second of peace – what have I done, since I must be tortured so much, why have I not received help long ago?⁴¹⁶

While Fischer's letter voices her frustration, feelings of hopelessness, impatience, and anger over being unjustly treated, in Stürup's statement it further serves as an exemplification to the experts of the Medico-Legal Council of the authenticity of her mental suffering. This is amplified by the pleas to the medical community for help in the letters of the hundreds of other genuine transvestites/eonists from all over the world which Stürup has presented to them.

The next question was then how Fischer could and should be helped. Stürup recommended permission for castration, because Fischer's "genital organs have been a source of perpetual grief and annoyance to him", and emphasises that he has uttered a consistent desire for castration throughout many years to Sand and others, and has made several attempts at self-castration.⁴¹⁷ As Fischer suffers from being externally masculine, but feeling wholly like a woman, and is suicidal, but cannot be hospitalised or otherwise institutionalised because he is not insane, Stürup argues, it is better "that his outer genitals [...] [are] adjusted to his psychological structure".⁴¹⁸ According to Stürup, such an intervention will be enough to relieve his depressive state, and he is not interested in others of the possible measures which Stürup and his colleagues have mentioned:

He does not wish now to change either name or social status, since he is fully aware that his height will make it odd if he is allowed to walk in public places as a woman. Likewise, he is not interested in changing at his workplaces and be paid as a woman, which would mean a significant decrease in his monthly salary, even though he would actually be able to keep his job.⁴¹⁹

⁴¹⁶ Ibid., 3.

⁴¹⁷ Ibid., 2–3 & 5. Stürup claims that, in 1945, Fischer "for religious reasons" had rejected a suggestion by Sand that she should be castrated, as she "at the time was preoccupied with a belief that she could make it all go away by praying vigorously enough" (ibid., 3). This seems like a misinterpretation of Fischer's statement in her letter to Sand of 1948 that she would not agree to having a castration without accompanying reconstructive genital surgery (RR: Ka-S 699/53:: Au & Acc PF 1948, 5.).

⁴¹⁸ Ibid., 2 & 5.

⁴¹⁹ Ibid., 5.

Whether Fischer had indeed declared to Stürup that she was not interested in changing legal and social gendersex status is impossible to determine from the available material. However, there is a discrepancy between this statement made by Stürup on behalf of Fischer and her own previous statements about her enjoyment and urgent need to be recognised by others as a woman, and her suffering when she was not, which makes a definitive rejection by her of a suggestion for a change of name seem unlikely. So what might have been the reason for Fischer to make such a statement, or for Stürup to present it, with or without her knowledge?⁴²⁰

Fischer's many previous accounts of how well she passed in various social situations and was fully accepted as a woman in the December Society makes it seem unlikely that she should have articulated the argument that she could not pass in public because of her height. However, the second part of the argument about the potential change in economic situation seems more in line with the information she had given in the available material. More importantly, perhaps, it may be that, as with some of the other trans women who were trying to negotiate a medical and legal transition at this point in time, a change of name might not have been her first priority. She is more likely to have focused on securing access to the surgical modifications which she had desired to have for over 20 years. Furthermore, she might have already been told by Sand or Stürup that the Danish Ministry of Justice had never before granted a change of name and/or legal gender status to a person who had not been diagnosed as genitally hermaphroditic, and therefore considered it less likely that she would achieve this than permission for castration. Stürup may also have recommended that, since her case was the first application to the Ministry of Justice for the castration of a person diagnosed as a genuine transvestite, it was better for her to proceed slowly and gradually with them and not apply for a change of legal gender status before she had first obtained such permission and undergone additional feminising genital surgery.

Stürup may also have had good reasons to wish to proceed in this way and declare to the ministry and the Medico-Legal Council that Fischer did not intend to live publicly as a woman or request recognition of such a status. As previously mentioned, the Minister of

⁴²⁰ It should be noted that Stürup handed in the psychiatric certificate to the Medico-Legal Council himself, and consequently Fischer did not know what he stated in it regarding herself or her utterances.

Justice and the employees at the ministry, as well as Sand, had spoken out quite strongly about **his**, Hamburger's and Dahl-Iversen's procedures in relation to the treatment of Jorgensen and were very discontented about the current situation, in which trans women from all over the world were making contact to get permission to transition medically and socially in the same way as **her**. While Stürup was responsible for making the majority of the psychiatric statements included in the applications from such persons, **he** simultaneously communicated to the ministry and council that **he** was actively attempting to prevent or slow down the increase in the number of these applications. In a letter to Sand regarding one of the Danish trans women who wished to apply, **he** wrote that **he** was trying to "put off" **her** and others of this group "as best he could". In the statement which accompanied this trans woman's application for castration and permission to wear women's clothes, **he** noted that **he** had tried to persuade **her** to only apply for the latter, and that **she** had wanted to also apply for a change of name, but had withdrawn this request.⁴²¹

On the other hand, Stürup's joint article with Hamburger and Dahl-Iversen and the discussion they attempted to raise in the Danish and international medical establishment about the approach of medico-legal experts to genuine transvestites/eonists indicates a wish to help such persons to transition. Taking this into account, Stürup may have been strategic in his inclusion of the statement about Fischer not wishing to request a change of legal gendersex status. It is possible that **he** may have regarded **her** application to have better a chance of being accepted if it was made for a castration only and made an argument that resembled those which had been used in the cases of homosexual men, while reassuring the ministry and council that granting it was not connected to a request for official recognition of a new gendersex status. Stürup may also have been following the procedure of proceeding gradually in relation to treating genuine transvestites that **he** and **his** colleagues recommended in their articles, and therefore **he** may not have been willing to support a request by Fischer for a change of legal gendersex status; or, taking into account that **he** described **her** height and weight as making **her** appear masculine when standing, **he** might not have perceived **her** as feminine enough to pass and be accepted socially as a woman.

⁴²¹ RR: Ka- S 734/53: Le GS-KS 1953, 1; Pst JDM-GS 1953, 8-9; see also Pst OAD-GS 1951, 4; ; see also RR: Ka-S 789/55: Pst MEH-GS 1955, 9.

In conclusion, Fischer's application, including Stürup's statement, resonated with previous applications from persons positioned as homosexual men in arguing that Fischer was suffering because he had testicles. At the same time, it was different from these in arguing that this suffering was not caused by an abnormal strength of the sexual drive created by the production of androgens, or by the direction of Fischer's sexual attraction, which was claimed to be non-existent. Fischer's own previous argument that she was suffering due to abnormal hormone production which could only be improved by the removal of her gonads and replacement with ovaries was not presented either. Instead, it was the fact that having organs which signified maleness to Fischer himself made him so depressed that he became self-injuring and suicidal which was presented by Stürup to the Ministry of Justice and the Medico-Legal Council as the incentive for permitting castration to relieve his suffering.

The Medico-Legal Council's criteria for who should be recognised as a woman

Four months passed from the handing in of Fischer's application in April 1953 until it was discussed by the Medico-Legal Council, during which time Sand prepared the case. At the beginning of June, he was informed by the ministry that the applicant Peter Ole Ludvigsen's official surname had been Fischer since 1928, realised that he was one of his previous patients, and contacted Fischer to have a new series of consultations and negotiations with him.⁴²² Checking up on the information in registers and his own files, Sand found that the information given in Stürup's statement was in various ways neither precise nor correct. For example, there was no information that the applicant was married or that he had a previous conviction, and the information that Fischer was asexual was contradicted by the information that he had had sexual contact with homosexual women.⁴²³

Information about the internal discussions and negotiations on Fischer's application by the Medico-Legal Council and the Ministry of Justice is sparse, since many of these happened face-to-face between Sand and Fischer and at a meeting between the members of the Medico-Legal Council and Stürup, which might also have included the

⁴²² JM: JM3 File no. 108¹⁵/1953; RR: Ka-S 699/53: Su POL-KS 1953, introductory note 14 July.

⁴²³ RR: Ka-S 699/53: Su POL-KS 1953, introductory note 14 July.

entire staff of the State Hospital's Psychiatric Polyclinic. However, a proposal for discussion written by Helweg in late April indicates at least the initial starting point of these.⁴²⁴ Helweg expresses reluctance about recommending castration for Fischer, even though her case is in many ways similar to that of Christine Jorgensen, which he declares that, after reading the draft manuscript of Stürup's, Hamburger's and Dahl-Iversen's article, he would not have been concerned about recommending. This statement is interesting when taking into account that, in 1951, Stürup applied for Jorgensen's castration as a homosexual and not a genuine transvestite, and that Sand considered doing the same for Fischer a few years previously, because they both thought that the ministry and council would not have granted such an application otherwise. This implies that, over a very short period of time, Jorgensen's case and the resulting arguments given by the three medical experts involved in it changed or extended the views of at least some key figures in medico-legal decision-making about whether genuine transvestites should be permitted to transition medically and legally. At the same time, it outlines Helweg's ideas about the kind of gendersexed bodyself a person should have in order to benefit from it and not disturb the social order.

Even though the application is for castration only, by associating Fischer's case with Jorgensen's Helweg includes in his remarks various reflections on other possible aspects of a transition from man to woman, and on how he imagines Fischer may fit or misfit socially in relation to these. The first aspect that Helweg articulates as problematic about Fischer's case is that his corporeality is not as womanly as Jorgensen's. Helweg describes Jorgensen as "in all regards (that is both dressed and undressed) [able to] create the illusion of being a woman", while Fischer is described as "tall and looking like a man, [and] has to shave twice a week" (in spite of Stürup's statement that he mostly

⁴²⁴ After the increase in the number of so-called transvestite cases, Sand soon delegated the task of making the majority of proposals for discussion and draft statements in cases of genuine transvestites to Helweg, claiming that he was too busy with other tasks to deal with this (RR: Ka-S 789/55; Su MEH-KS 1955, 3). However, he still took time to make the summary and draft statement in cases that he regarded to be of persons who had a hermaphroditic constitution, whether genital or not, such as Klausen's case, and also some of the persons whom he himself had diagnosed as genuine transvestites (see, for example, *ibid.*: MSITA 1208/53; Ka-Kv 5/55; Ka-S 789/55; Ka-S 823/57).

looks like a middle-aged woman).⁴²⁵ By making these statements, Helweg implies that Fischer's corporeality makes it doubtful that he would ever be accepted as a woman by others and thus be able to function as such socially. A genital and general feminisation, of which a castration would be the first step as Stürup's statement makes clear, will in Helweg's view not alter this fact. This makes him reluctant to recommend that any step be taken towards allowing a materialisation of Fischer's body in a more female direction or legally recognising him and permitting him to live openly as a woman, as was done with Jorgensen.

Such a perspective can be characterised as in accordance with policies that had been developed by the Ministry of Justice and the Medico-Legal Council since the beginning of the 20th century in relation to trans women's various applications for permission to live and be recognised as women. During the first half of the century, three trans men who had been determined not to be genitally hermaphroditic, who applied for permission to wear men's clothes and/or have men's names, were answered by the ministry that they could not be recognised legally as men, but that it was not illegal for women to wear men's clothes or for a person to call themselves another name than the one with which they had been christened.⁴²⁶ In contrast, two trans women who were not determined to be genitally hermaphroditic who applied to wear women's clothes and have women's names were given a different answer, although the legal authorities agreed that the law was no different for them.⁴²⁷ The reason for this was that the police director of Copenhagen, employees at the Ministry of Justice, and the members of the Medico-Legal Council were very reluctant to allow

⁴²⁵ RR: Ka-S 699/53: St POF-HH 1953, 1. Jorgensen was reported to have no beard growth, which was extremely rare for persons diagnosed as genuine transvestites, and thus a criterion that such persons could seldom meet (RR: Ka-S 641/51: Mrec CJ-SH 1952, 1). In other cases, when a person categorised as a man was only shaving twice a week, this was regarded as indicating an abnormally low production of androgens and perhaps a hermaphroditic or intersexual condition (see, for example, RR: Ka-S 789/55, 2; Ka-S 884/58: Pst TF SHPP-MJ, 3; also Holm & Bülow 2013, 153). In the 1950s, medical experts reported that oestrogen administration completely stopped beard growth over time, but this was refuted by later research (see, for example, RR: Ka-S 789/55, 2; Pedersen 1947, 117 & 122).

⁴²⁶ JM: JM1 C447/02; JM1 P931/14; JM1 A170³⁶⁴/52.

⁴²⁷ JM: JM1 G1251; JM: JM3 359/21; RR: 76/21; MSITA "Transvestite"/20.

men to appear in public in women's clothes, arguing that it was far more risky than in the case of women.⁴²⁸

The explanations for what this risk entailed were for a long time quite vague. In relation to the first case, from 1906, the ministry's legal experts stated that there was a significant difference between permitting women to wear men's clothes and vice versa, especially if a person was psychologically abnormal or insane, and that permission might eventually enhance their abnormality.⁴²⁹ When Marie Eva Quist applied twice at the beginning of the 1920s for permission to wear women's clothes and a change of name from her given man's name, the police director of Copenhagen argued that, even if there was no explicit legal basis, it seemed to "follow naturally" that a man should be prohibited from "outwardly perform[ing] as a woman", and that there was reason for concern if a man was hiding his real sex in every way and wished be employed as a woman.⁴³⁰ The Medico-Legal Council and the Danish Health Authority also declared that they discouraged permission and that they wanted to avoid creating precedence for permission in future cases.⁴³¹ The Ministry of Justice answered that the decision must depend on whether or not a person was simply sexually abnormal, but otherwise harmless.⁴³² Both the police and the Ministry of Justice expressed particular concern that Quist might engage in indecent exposure or homosexual relations, but agreed that nothing

⁴²⁸ This difference in the authorities' view on trans men and trans women had the effect that, although it was mostly trans women diagnosed as pseudo-hermaphrodites who applied for a change of legal gendersex status during the first half of the 20th century, during the second half, there was a majority of trans women who had been determined not to be genitally hermaphroditic who applied for permission to wear women's clothes, castration, and change of name. That there were not necessarily more trans women than trans men in Danish society can be seen from the fact that some trans men withdrew their applications for a change of name as they did not wish to undergo the mandatory oophorectomy to obtain this (JM: JM1 C170⁹⁵⁰/54; RR: MSITA 3209/55); and, furthermore, when the Danish personal number (Cpr) was issued in 1968, a number of trans men who had lived all their lives as men without any contact with the medico-legal authorities were permitted to have an even number, signalling male gendersex (JM: JM7 JS 1968-324-1; JS 1968-324-6). Consequently, the number of available autobiographical accounts at the Danish National Archive by trans men determined not to be genitally hermaphroditic is smaller than that of trans women.

⁴²⁹ JM: JM1 G1251/06, Idp MJ, note 17 April.

⁴³⁰ JM: JM3 359/1921: Le PDC-JM 1921.

⁴³¹ Ibid., St MEK MLC-MJ 1922; Le DHA-JM 1922.

⁴³² Ibid., Idp JM, note 4 April 1921.

could really be done to prohibit or punish her for continuing to wear women's clothes.⁴³³ As mentioned, this reluctance or anxiety on the part of the authorities in relation to persons categorised as men dressing and living publicly as women resulted in a direct legal prohibition against doing so without permission from the Danish state between 1938 and 1967 (Thranesen 2015). According to Stürup, the main aim of this legislation was to prevent homosexual prostitution (Stürup 1969, 457).

The first instance of permission to wear women's clothes in public being given was to Andrea Nanna Dalgaard in 1952. Such a situation was declared by Stürup and the Medico-Legal Council to be so rare that the Ministry of Justice need not be worried that it might create a precedent (although it eventually did).⁴³⁴ The reason that the permission was granted was that the applicant, in contrast to the two previous ones, was not suspected to be mentally disordered, that Stürup had observed the trans woman as his patient for decades and testified that she was asexual, very anxious not to break the law, but suffering severely from her transvestite urges, and that she was very feminine-looking.⁴³⁵ The Medico-Legal Council recommended the application, and Sand – who had made similar remarks in 1921 in relation to Quist's case – stated that experience had shown that the police and the state would in any case not be able to prevent transvestites from continuing to wear women's clothes. The council's only reservation was that they recommended that the ministry made it a condition of their permission that Dalgaard did not use public restrooms or baths for ladies only, in order to avoid "complications".⁴³⁶ From this, the ministry concluded that since Dalgaard gave "an excellent illusion of being a woman" and was a very timid person who was unlikely to behave in a provocative way, it was very unlikely that she would disturb the public order, and she could therefore be permitted to wear women's clothes.⁴³⁷ Over the following decades, trans women who were not determined to be genitally hermaphroditic who applied for various permissions from the Ministry of Justice thus had a two-fold reason for down-playing or denying sexual feelings and

⁴³³ Ibid., note 12 June 1922.

⁴³⁴ JM: JM5 643/51, note 13 October; Per OAD-MJ 1952.

⁴³⁵ Ibid., Pst OAD-GS 1951.

⁴³⁶ Ibid., St OAD MLC-MJ 1951. Quist had been arrested several times for doing this.

⁴³⁷ Ibid., note 13 October.

inclinations: firstly, in order to distinguish themselves from homosexual men, who might wear women's clothes to make sexual contact with other men and, secondly, in order to assure medical experts that their urge to dress in this way was not related to sexual arousal and thus a fetish. This may have also have been the reason for Fischer's and/or Stürup's downplaying of Fischer's sexual inclinations and activities.

Apart from Helweg's problematisation of Fischer's corporeality, which cannot create the perfect illusion of being a woman, **he** points out another circumstance which is presented as even more troubling. This is the information that, after a genital feminisation, Fischer will "not take the full consequences" as **he** "does not intend to change name and wants to officially keep his gender".⁴³⁸ In relation to this, Helweg states that **he** fears that, if permission is given, this will not help Fischer, but will further complicate **his** life if **he** does not want to change to women's attire and continues to be regarded as a man at **his** workplaces, but in the men's room is discovered to have feminine genitalia.⁴³⁹ This possible objection is related to the prohibition against disturbing the public order described above, but is also different by being connected instead to the discussions in the council of the problems of persons who were diagnosed as hermaphrodites, such as Klausen. Helweg's statement thus resonates with the well-established notion in the Medico-Legal Council, discussed in the analysis of Klausen's case, that a discrepancy between a person's physical appearance and assigned gendersex caused serious gender trouble and led to an unliveable situation for **them**.⁴⁴⁰ In relation to this, Helweg presents it as being of primary importance that other people's gendersexing of Fischer from seeing **his** genitals must be similar to **his** official and social gendersex status in order to avoid both social problems and public scandal. Fischer's own accounts also articulate such a perceived discrepancy as a problem. However, **she** regarded having genital reconstruction as solving **her** social problems because **she** only expected and intended possible lovers to look at and be in

⁴³⁸ RR: Ka-S 699/53: St POF-HH 1953, 1-2.

⁴³⁹ Ibid.

⁴⁴⁰ A week before Helweg wrote the proposal, the council had received Klausen's application for a change of name and legal gendersex status, which **she** supported with a statement that **hes** situation had caused **hem** severe mental suffering through many years, and it is probable that this was fresh in Helweg's mind at the time **he** wrote the proposal (JM: JM1 B170³⁶⁰/53: Ap VHK-MJ 1953).

contact with **her** genitals, while Helweg imagined other spectators in different situations which Fischer had not mentioned.

Once the Medico-Legal Council had its meeting with Stürup on 14 June 1953, things moved quickly. Six days later, the Ministry of Justice received a statement from the council recommending permission for Fischer's castration "as his abnormal sexual mentality (transvestism) through many years has caused him mental suffering, which must be characterised as extremely severe and which can probably only be lessened through this procedure."⁴⁴¹ Sand's knowledge of Fischer was emphasised in the statement, which would further enhance the chances of the ministry accepting the recommendation, and which indicates **his** continuing willingness to support Fischer's request. The same applies to an additional pronouncement that it would be vitally important to the applicant if the ministry could grant permission immediately as **he** could then have the operation during the next few days while he was still on holiday. Furthermore, the council observed that Fischer was married, but discouraged the usual request for the wife's declaration of acceptance of **her** husband's castration since the spouses had not lived together for several years.⁴⁴² The Ministry of Justice granted permission on the very same day and, four days later, Fischer, now in **her** mid-40s, finally had **her** gonads removed at the State Hospital's Surgical Clinic, as **she** had urgently desired since **her** youth.⁴⁴³

In the medical records of the surgical clinic, it is stated that, even though Fischer wished to have more extensive reconstructive genital surgery, it had been decided in consultation with Stürup that other interventions should not be performed before the effects of the castration were clear.⁴⁴⁴ Fischer was noted to be very satisfied and happy about the operation, but also to immediately request further surgery. She continued to contact the psychiatric unit and ask for this, and was reported to be just as depressed and isolated as before, and that continued administration of oestrogens did not alleviate this. The staff at the psychiatric and surgical units were uncertain of what to do. In relation to Jorgensen's case, Stürup had been informed by the Ministry of Justice and the Medico-Legal Council that no genital surgery apart from a removal of the gonads was restricted by law and

⁴⁴¹ RR: Ka-S 699/53: St POF MLC-MJ 1953.

⁴⁴² *Ibid.*

⁴⁴³ RR: Ka-S 699/53: St POF PFA-MJ 1953.

⁴⁴⁴ *Ibid.*, Mrec POF-SH 1953, note 22 July.

it was therefore a matter of agreement between a patient and a surgeon only. On the basis of this, the surgical staff had agreed to perform reconstructive genital surgery on Jorgensen the year before.⁴⁴⁵ Regarding Stürup as the national expert on genuine transvestism, the staff wanted to consult him before making a similar intervention on Fischer, but as he had left for a nine-month research trip to the USA, this was not possible. On his part, the medical records state, Fischer was reported to declare that it was difficult at his age to have to wait any longer for a genital transformation. According to the patient, having this would enable him to have a sexual relationship and move in together with a homosexual woman, thus alleviating his loneliness, and he argued that “if he was ever going to get some joy out of his life and have a home, something would have to be done now.”⁴⁴⁶

In October, three months after the surgery, the staff at the clinic informed Fischer that the time had still been too short to assess its effects, that they did not want to proceed with more surgery without consulting Stürup, and that Fischer’s official medical records did not state that his wish for amputation of the penis was long-standing. Fischer referred them to all the medical experts she had consulted over the years, whom she expected to support her request. Christian Hamburger agreed to discuss the case with the surgical staff and recommended the intervention, and, in addition, a psychiatric assessment was made of Fischer’s present mental state which stated that he seemed to be of normal intelligence, and that there was no reason to believe that his mental state would be aggravated by additional surgery. Neither did it seem probable that Fischer would “extend his perversion outside the narrow limits of the private sphere, that is, change attire at the workplace.”⁴⁴⁷

Notes in Fischer’s medical records indicate that the staff at the surgical and psychiatric clinics used different criteria from the members of the Medico-Legal Council and the Ministry of Justice in their assessment of whether Fischer should be allowed to have reconstructive genital surgery. In contrast to Helweg’s expressed concern over the prospect that Fischer would not adjust his gendersexed attire and way of living in a way that would be perceived as consistent with his reconstructed genital morphology, the staff of the

⁴⁴⁵ RR: Ka-S 641/51: Mrec CJ-SH 1952, 1.

⁴⁴⁶ Ibid., note 7 October 1953.

⁴⁴⁷ Ibid., note 20 October 1953.

two clinics articulated this as a positive indication that removal of the penis could be permitted, more or less implying that what was most important was that Fischer did not cross-dress at work, and perhaps more generally in public. Furthermore, whereas Stürup seems to have made the (well-founded) presumption that claiming Fischer as asexual would enhance her chances of gaining permission, according to the medical records, Fischer actively emphasised in her argument to the surgeons that reconstructive surgery would enable her to have sexual relations, and they made no objections to this. While there is no information shedding more light on possible specific ideas and reasons for the views and decisions of the council and the clinical staff, it can be concluded that various institutions, and to some extent also different members of staff, sometimes held radically different views on what might be seen as positive and negative indications for performing surgical alterations to the genitals of trans women. At least to some extent, these views depended on diverse ideas of what might improve Fischer's mental well-being and what might disturb the social order.

Since Fischer declared that she would accept that the result of the surgery might disappoint her expectations, which she was informed it might, the surgical staff concluded that they had not found any contraindications for performing genital reconstructive surgery and decided to fulfil her urgent desire. In November 1953, she was operated upon for the second time.⁴⁴⁸

Finding love, seeking legal recognition, and being positioned as a swindler

"[I]t was one of the happiest days of my life", Fischer wrote to Sand about waking up after the surgery.⁴⁴⁹ During the following years, he examined her annually at follow-up meetings, which had been made mandatory for persons who had undergone castration in order to scientifically study the long-term effects of the intervention (Koch 2000, 268; Holm 2015).⁴⁵⁰ Sand asked Fischer to write an account each year of

⁴⁴⁸ Ibid.

⁴⁴⁹ RR: Ka-S 699/53: Le POF-KS Mar 1954, 1.

⁴⁵⁰ Some trans people objected to these follow-up examinations, which were usually for sex offenders who had undergone castration. They argued that they could see no reason to have an annual check-up when they were healthy, well, and providing for themselves. Some also stated that the physical examinations and interviews painfully reminded them of the time before their transition. Consequently, over time a number

how she was and about the important events in her life since their previous meeting. One of these recorded that she had found a girlfriend in the December Society with whom she had become “happy and had found [...] a place in the sun and in life. Actually, my only sorrow is that the result of the operation is not as complete as I would have liked.”⁴⁵¹ What she was referring to here was that when she was hospitalised for surgery, she did not know exactly how the surgeons had decided to reconstruct her genitals, and it was not until the bandages came off and she could look at and feel herself that she realised that she now had neo-labia, but still not the vagina she had desired.⁴⁵² Not having this was problematic for her in relation to her sexual and social life, she explained:

[I]t is my heartfelt wish that this circumstance will be corrected so that, at least apparently, I have a vagina - even if this was only to be very short - as over time, it will be hard to hide and it will be unavoidable that as a woman I will be in contact with other women and perhaps be seen by female strangers who, like my present partner [...], will wonder about and not be able to understand that such a thing as a woman with no opening or vagina whatsoever except for the urethral expiration should exist.⁴⁵³

of the trans persons stopped showing up for follow-up examination. See, for example, RR: Ka-Kv 5/55.

⁴⁵¹ RR: Ka-S 699/53: Le POF-KS Mar 1954, 1. There is no information in the documents about when she had met her partner, but her statement to the staff at the surgical clinic in October 1953 may indicate that she was already romantically involved with her at this time.

⁴⁵² *Ibid.*, 1 & 3. For the historical period within medicine, this was not unusual. Although some aspects of what is today defined as informed consent were already being established as required procedures in surgical practice during the 1950s, it was not until the 1970s that it became a provision for medical experts to explain exactly and in a way that was understandable to a person positioned as patient what procedures they intended to carry out and for the person to consent to these beforehand (Murray 1990). Historians of medicine have shown that surgery without the person positioned as patient specifically knowing or consenting to this were performed in special circumstances where it was considered necessary by the medical experts (see, for example, Kirkebæk 1997; 2004; Dreger 1998; Koch 2000; Reis 2009; Kragh 2010). Today, many of these would be considered a gross violation of a patient’s integrity and right to decide over their own body.

⁴⁵³ RR: Ka-S 699/53: Le POF-KS Mar 1954, 3.

As Fischer had previously expected, **her** main issues in terms of others seeing and being in physical contact with **her** genitals was not so much the bathroom problems that Helweg had expected, but rather related to practices in the homosexual women's milieu of which **she** was a part. As **she** had hoped, the reconstructive surgery had resulted in Fischer's fitting the other women's expectations and desires for genital morphology in a partner and had enabled **her** to find a lover almost immediately. Since, according to Fischer, lesbian sexual practices in the community were not centred on penetration, not having a vagina in relation to sexual contact was not a specific problem as such, but rather it led to Fischer's body still misfitting the expectations other women had for genital normalcy.⁴⁵⁴ Once more, **she** could refer to having a hermaphroditic condition in relation to this, but **she** expressed discomfort at being faced with questions about **her** bodily difference and others' wondering about its origins, which might one day turn into a question about **her** bodily history and its previous gendersexed categorisation.

Despite these issues, the surgery represented a turning point in Fischer's accounts towards a much lighter and happier tone. In the same letter, **she** wrote that overall **she** had obtained all that **she** had hoped for and desired from life: "I am happy and satisfied with my life and am deeply grateful towards the physicians who have comforted me over the years and finally helped me reach my goal and a humane life."⁴⁵⁵ The following year, **she** repeats this and adds that **she** feels that **she** has finally found **herself** and **her** balance in life, and has much better contact with other people than ever before, and also that ordinary people outside of the December Society accept **her** as a woman. **She** enjoys every minute of the day when **she** can live fully as a woman – in fact, so much so that **she** would like to change name and legal gendersex status in order to be able to move freely in society without any limitations. If **she** could have the final surgery, leave **her** former life behind, and enter into a relationship with a man, **she** would have nothing more to wish for.⁴⁵⁶

During the next few years, Fischer reports that **her** life does not change much. **She** wears **her** gender-neutral clothes at work, where **she** has become a much more stable employee, and lives fully as a woman

⁴⁵⁴ Ibid, Ac & Acc POF 1957, 5–6.

⁴⁵⁵ Ibid., Le POF-KS Mar 1954, 3.

⁴⁵⁶ Ibid., Le POF-KS Dec 1954.

outside work, has four different short relationships with women, is still happy about the surgery she has had and asks with the same urgency for a final one and a change of name.⁴⁵⁷ However, in 1955, after she gets into a more stable relationship, **her** pleas become more insistent. **Her** description of **her** new partner recalls the dream partner she depicted in **her** first accounts in 1941: tall, sporty, and very masculine and dominant, but loving and very much in love with Fischer, as **she** is with **her**. For the first time, Fischer felt fully accepted and understood by another person, and **she** wrote with enthusiasm about how **her** lover knew emotionally as well as erotically “to perfection how to treat a woman [...] I have never felt so good and actually never guessed of what I had been denied.”⁴⁵⁸ Furthermore, Fischer’s accounts give the impression that **her** partner fully accepted Fischer’s explanation for **her** corporeality, but did not consider **her** less of a woman because of **her** height, physical build, or lack of vagina, while at the same time **she** supported **her** wish to have the latter constructed with the help of Sand, whom Fischer seemed to have told **her** about.⁴⁵⁹ An important circumstance in relation to Fischer’s experience that this relationship suited **her** much better than any other **she** had ever had, seemed to be that, according to Fischer, **her** partner identified as a man and had previously lived as a man for several years, and that Fischer related to **her** as **her** husband and **herself** felt like a wife.⁴⁶⁰ Not surprisingly, Fischer was eager to create a permanent home with **her** beloved, but, as **she** wrote to Sand, this was not possible as long as **she** did not have legal recognition and a change of name. In spite of **her** partner’s trans gendersex identification, Fischer feared and felt certain that “**she** would immediately break off the relationship if **she** came to know the actual circumstances – and I don’t think that I could really get over that.”⁴⁶¹

Fischer began to apply more pressure on Sand to initiate the processing of an application for a change of name and to persuade Fogh-Andersen to agree to perform surgery on **her** again. **She** argued that **she** ought to be entitled to both changes since some years had gone by since the last surgery and **her** desire had been consistent during this time. **She** stated in **her** letters that Sand had promised to do this (and

⁴⁵⁷ Ibid., Le POF-KS Nov 1956; Le POF-KS 16 Jan 1957.

⁴⁵⁸ Ibid., Le POF-KS Nov 1956, 2; Ac & Acc POF 1957, 6–8.

⁴⁵⁹ Ibid., Le POF-KS Jan 16th 1957, 3; Ac & Acc POF 1957, 3–4.

⁴⁶⁰ Ibid., 3 5 & 7.

⁴⁶¹ Ibid., 7–8.

he added marginal notes stating that he had not); she requested a copy of her birth certificate to be sent to Sand; and she sent him photos of herself and her partner together, radiating with happiness, and appealed to him to further her case and secure the couple's continued blissful life together.⁴⁶² In January 1957, she contacted the prefect of Copenhagen, Carl Moltke, asking how she could have her name changed, presenting herself once more as having a hermaphroditic condition, but being predominantly female. After consulting with the legal experts in the Prefect's Office, Moltke let her know that a prerequisite for a name change would be a dissolution of her marriage, but that there was not yet any legal precedent for a case like hers. However, it was clear that she could not have a separation or divorce because her marriage had probably in reality always been null. Therefore, an annulment of her marriage must be made in court instead.⁴⁶³

This advice seems to have been given after consulting the only previous case of the same kind which the Ministry of Justice had processed, namely that of Lili Elvenes from 1930.⁴⁶⁴ In this, Einar Wegener had applied for a name change and an annulment of her marriage to Gerda Wegener on the basis of Kurt Warnekros' medical certificate determining her to have ovaries and therefore to be female, even though her outer physical constitution had in some ways apparently been partly male.⁴⁶⁵ As two persons of the same legal gendersex status could not legally be married, the Ministry of Justice had declared that a resolution of the marriage had to be made before an eventual change of name could be issued. The problem was how this should be done as there was doubt about the sex of the applicant, and the procedure for resolution would depend on this: if they had been predominantly male when married, they would have to have a divorce in court, while if they had been female, the Ministry could simply declare the marriage null.⁴⁶⁶ The Medico-Legal Council was heard and declared in a statement that there was no secure evidence that Wegener

⁴⁶² Ibid., Le POF-KS Nov 1956; Le POF-KS 16 Jan 1957.

⁴⁶³ Ibid., Le POF-KS 29 Jan 1957; Le JB-KS 1957. Moltke contacted Sand about this and was informed that Fischer was rather a sexually neutral individual. Fischer herself informed Sand about the communication some weeks later by letter.

⁴⁶⁴ JM: JM1 1953/30.

⁴⁶⁵ Ibid., Ap EW-MJ 1930; Mc EW-KW April 1930; Mc EW-KW July 1930.

⁴⁶⁶ Ibid., Idp MJ, note 1 & 2, 10 May 1930.

was female, that is, had female gonads, but that it must be assumed that they represented a sexually intermediate state that was so developed in a female direction that the council would recommend a resolution of the marriage.⁴⁶⁷ Given the information that Wegener had had male sexual characteristics which had been surgically removed and an ovary transplanted, the ministry decided that the Wegeners would have to have their marriage dissolved in court. The verdict in the following public trial stated that it was doubtful if Einar Wegener's "physical condition sexually [...] [had] ever met the requirements for entering into marriage with a woman" and that, after the surgeries performed, it was certain that they "could not live in such a marriage".⁴⁶⁸ After this, a change of name was granted by the Ministry of Justice some months later.⁴⁶⁹

Even though Sand thus once more rejected the idea that Fischer's case should be categorised and assessed as that of a pseudo-hermaphroditic person, the procedure which had been tentatively established in Elvenes' case was regarded by the Ministry of Justice and the Medico-Legal Council to be the relevant one to follow. Two years prior to Fischer's request to Sand and Moltke, it had in fact been used again in a case that was very similar to hers.⁴⁷⁰ This was the case of Jane Dorothea Mikkelsen, who was seven years older than Fischer, like her had been consulting Sand since around 1930 and was diagnosed as a genuine male transvestite. Mikkelsen was also married to a woman, who had two children from a previous marriage.⁴⁷¹ Since

⁴⁶⁷ Ibid., St EW MLC-MJ 1930.

⁴⁶⁸ Ibid., Ju EW CCC 1930. The Wegeners had wished to avoid such a public court case, in which Einar Wegener was publicly described as having a hermaphroditic constitution and the surgical procedures performed by Warnekros were described in detail. This might have been a large part of the motivation for having the book *Man into Woman* published in Denmark before Wegener's planned return to Copenhagen as Lili Elvenes. Regarding the verdict, it might be mentioned that in other instances where a husband had his testicles surgically removed, his wife must first approve of the procedure; however, the members of the Ministry of Justice stated at various times that, in many such cases, the spouses continued to live together in a harmonic marriage. That a husband had such an intervention was thus not in itself regarded as reason for him to not be able to live in marriage with a woman; on the other hand, a husband's inability to perform penile-vaginal intercourse was a legitimate reason for a wife to demand divorce.

⁴⁶⁹ Ibid., Per St EW FK-MJ 1930.

⁴⁷⁰ RR: Ka-S 734/53.

⁴⁷¹ Ibid., Pst JM-GS 1953; Idp MLC, Su JM-KS 1954, 1-4.

youth, Mikkelsen had worn women's clothes in private and in public in the evening when together with her wife, who accepted and supported her wish to do so, while at her workplace she had worn what was described as in-between attire.⁴⁷² After many years of marriage, the spouses fell out, and Mikkelsen first applied to the Ministry of Justice for permission to be castrated and to wear women's clothes. This was granted in 1954, and five months later (and two years after Fischer), Mikkelsen had genital reconstructive surgery.⁴⁷³ When she requested to also have a change of name the year after, she was, like Elvenes, required to first resolve her marriage. This was done via a court case in which it was declared that, after having demasculinising surgery, Mikkelsen had become "a sexless, sexually neutral individual" with a female psyche, who could "not live in marriage with a woman".⁴⁷⁴ A few months after this, permission for a change of name was granted by the ministry.⁴⁷⁵ To the surprise of the medico-legal experts, who had described her as homosexually inclined, sexually dysfunctional, almost asexual and quite masculine, she married and became a farmer's wife the year after, in 1956.⁴⁷⁶

This case, which was the first time a trans woman who was determined not to be genitally hermaphroditic had obtained a change of name and remarried under her new legal gendersex status made the ministry and the council more cautious and reluctant about assisting

⁴⁷² Ibid., Pst JM-GS 1953.

⁴⁷³ Ibid., Per JM-MJ 1954; Mrec JM-DF 1954.

⁴⁷⁴ JM: JM1 Ap JM-MJ 1955.

⁴⁷⁵ Ibid., Per JM-MJ 1955.

⁴⁷⁶ RR: Ka-S 734/53: Mrec JM-DF 1954, 3, note 9 September 1956; Pst JM-GS 1953, 5–6. The policy of omitting to surgically establish a neo-vagina as part of the genital reconstructive surgery of trans women thus did not necessarily prevent them from having sexual partners or entering into long-term relationships or marriage. While, from the information in their case files, some trans women themselves reported having no interest or engagement in sexual activities, others were reported to have done so before and/or after (Stürup 1976). Medico-legal experts, whose general experience with persons categorised as castrated men had been that they lost all sexual interest after a removal of the testicles, were often surprised and puzzled by this, but gradually began to argue that such an intervention did not always desexualise an individual (Geill 1924b; Graugaard 1997, Chapter 6). In contrast, the surgical removal of trans men's gonads was regarded as only rarely having any impact on the strength of their sexual desire, although some trans men feared this and therefore refused to have the intervention (JM: JM1 C170⁹⁵⁰/54; RR: Ka-Kv 5/55: St AR MLC-MJ 1956; see also Koch 2000, 51).

and supporting more applications of the same kind as Mikkelsen's in the following years. At the same time, it made them aware that this was the expectation that persons whom they regarded as genuine transvestites would bring in the future.⁴⁷⁷ However, at the beginning of 1957, Sand still began to prepare an application for a change of name for Fischer and, in relation to this, at his request she wrote the final long autobiographical account and report of her current circumstances.⁴⁷⁸ In March, Fischer sent Sand a draft of the application, which he read through in order to adjust the text so that it would fit the requirements for obtaining permission, and furthermore to check that Fischer had provided the required official documents which should accompany it. From his notes, it is clear that he found that several of these were missing, but also that some which Fischer claimed to have sent were non-existent or, worse, fabricated. Among these was a claim that Fischer had been divorced by royal grant, which Sand found not to be the case.⁴⁷⁹

After this, Sand completely changed his approach to Fischer. He might have stopped answering Fischer's inquiries by letter and phone. In any case, Fischer decided to hand in an application for a change of name to the Ministry of Justice herself in June, stating that she wished to emigrate and begin a new life, and referring to previous documents in her application for castration for reference.⁴⁸⁰ The Ministry of Justice sent the case for a hearing by the Medico-Legal Council, and in return received a phone call with a complaint from Sand that there were no documents attached to the case. The ministry was informed that "[a]s far as is known the applicant is married – he is a swindler of whom we should be wary", and suggested that the case be withdrawn until everything had been investigated in depth before further processing was undertaken.⁴⁸¹ Furthermore, Sand asked that Fischer be requested to provide a medical certificate for the processing of his case and that he was called upon to report to the police.⁴⁸² The ministry followed his advice, and in addition obtained a copy of his previous criminal record,

⁴⁷⁷ Ibid., Idp MLC, Su JM-KS 1955, 2–3.

⁴⁷⁸ RR: Ka-S 699/53: Ac & Acc POF 1957.

⁴⁷⁹ Ibid., Dap POF 1957.

⁴⁸⁰ Ibid., Ap POF-MJ Jun 1957.

⁴⁸¹ IM: JM1 F170⁷³⁶/57: Idp MJ, note 11 July.

⁴⁸² Ibid., note 17 July 1957.

showing that **he** had been convicted of economic fraud, which only strengthened the legal experts' caution.⁴⁸³

During the next 18 months, Fischer was called upon to report to the police about **her** case several times, which **she** refused, giving the reason that **she** would not discuss **her** private life and medical condition with the police, who were not experts in this matter.⁴⁸⁴ Furthermore, the Ministry of Justice repeatedly answered **her** inquiries by stating that **her** case could not be processed without the required documents and a medical certificate.⁴⁸⁵ **She** tried to contact Sand again (and might have done the same with other medical experts, for example Stürup, who had previously worked with **her** case), asking **him** to provide a certificate from the material of their previous consultations.⁴⁸⁶ However, since no medical certificate was handed in to the ministry, it seems that all doors were now closed to **her**. **She** declared to the ministry that **she** was more than willing to undergo any examination by a medical expert and threatened to bring the case to the Ombudsman, but got no reply.⁴⁸⁷ **She** handed in two more applications for a change of name, one appealing to the king, and one arguing that the prerequisites for keeping a man's name were no longer present after her surgery, but got back the same request for missing documents as before.⁴⁸⁸

Why would Fischer choose to forge documents and give incorrect or fabricated information to Sand in relation to **her** application? The available materials in **her** case file include no explicit information about this, either by **herself** or reported by others. The statement in the Ministry of Justice's discussion papers that **she** is a swindler finalises Fischer in a position from which **her** actions come to appear simply as expressions of the psychopathic character that **she** was diagnosed as having when **she** was imprisoned in 1947.⁴⁸⁹ However, I believe that Fischer's story as presented in the documents of **her** case file point towards other, less finalising, ways of articulating possible reasons for

⁴⁸³ Ibid., Preg POF 1957.

⁴⁸⁴ Ibid., Prep POF Jun 1957, 1, Prep POF Nov 1957.

⁴⁸⁵ Ibid., Le JM-POF Sep 1957; Le POF-JM Sep 1957; Le JM-POF Oct 1957.

⁴⁸⁶ RR: Ka-S 699/53: Le POF-KS Sep 1957.

⁴⁸⁷ JM: JM1 F170⁷³⁶/57: Le POF-JM Oct 1957.

⁴⁸⁸ Ibid., Ap POF-MJ Nov 1957; Ap POF-MJ 1958; Idp Mj, notes 17 January & 11 October 1958.

⁴⁸⁹ RR: Ka-S 699/53: Pst POF-HR 1947, 3.

her actions in this regard. When, during the 1940s, Fischer accepted much larger orders for shoes than her company could deliver and assured customers that they would receive goods which were not and could not be made within the agreed timeframe, she was in a pressurised and desperate situation. When, at times, she was questioned by others about her appearance, behaviour, and the morphology of her body, she had to tell and sometimes make up alternative stories to the ones usually accepted and regarded as facts by others and “take refuge in untruths”, as she put it.⁴⁹⁰ She might have experienced the time of the application process as an equally desperate situation and have decided to use the same strategy that she usually employed in pressurised situations. Most of the time, this strategy worked well, and she had much experience of having good powers of persuasion in various situations, including with the medico-legal authorities. However, this time, she might have relied on these powers too much.

Fischer’s main issues in relation to providing the requested documents in order to get a change of name seem to have been, according to herself, a lack of time and the fear of not being able to stabilise her life situation. In her contemporary accounts, she articulates her situation as one in which she has finally found happiness and that, for the first time in her life, she is with a person for whom she cares and who she wants to take into account in her actions, and she wishes to preserve this relationship at any price. What she articulates as her biggest fear in relation to this is that her partner will break off their relationship if she discovers the actual circumstances, which must be assumed to include her bodily history of being gendersexed as male and her assignment as male, with a male name and legal status. It also includes the fact of her previous marital relation and her parenthood, which have not been actualised for almost ten years, but are not legally resolved either. Sand and Stürup asked her about her marital status and several medico-legal experts emphasised that a divorce was a necessary prerequisite for applying for a change of name.⁴⁹¹ However, in order to get a divorce, she would have to be in contact with her wife again, perhaps see her in court, and perhaps be subjected to a public court case like Lili Elvenes and Jane Dorothea Mikkelsen. This would pose an enormous risk to her present life: her

⁴⁹⁰ Ibid., Au & Acc PF 1948, 5.

⁴⁹¹ Ibid., Su POL-KS 1953; Mrec POF-SH 1953, 1; Le POF-KS 29 Jan 1957; Dap POF 1957.

job, her social life in the December Society, and her love relationship. She might have seen no other option than to try to obtain a change of name through an annulment of her marriage by resolution or without being divorced.

In December 1958, Fischer was hospitalised with a perforated ulcer, which she described in a letter to Sand as a very shocking and unpleasant experience. The staff refused to allow her a private room once her condition was no longer critical, and although she explained that she was in the process of having a change of name and legal gendersex status to female, she was offered the option of being in a large communal ward with (other) men or of going home. After this, Fischer wrote, she became terrified of falling ill again and having to be hospitalised and risk similar treatment by the medical staff. She begged Sand "to further the case as much as possible so that we can [...] obtain a stable arrangement in the future so that one does not have to live in fear and terror."⁴⁹² It was in relation to this plea that Fischer stated that the legal recognition of her as a woman was a question of the state acknowledging the social reality that she was already living. At the same time, she also apologised to Sand if a misunderstanding from her side had caused a delay in the processing of her case, which might indicate that Sand or somebody else had recently stated this to her.⁴⁹³ In his answering letter, which is the only part of Sand's correspondence with her that is preserved in the case file, he emphasised that, as he had often explained, Fischer could only obtain a change of name if he got a divorce from his wife, and that the delay in his case was his own responsibility alone.⁴⁹⁴

Stürup's rearticulation of Fischer's life story

These documents are the last in the case file to have been written by the various persons themselves while they were in the middle of events. The final information about what happened in Fischer's life is provided by Stürup in the notes of an interview he conducted with Fischer 12 years later, in 1972, as one of a series with the aim of making a follow-up survey of the long-term effects of the sex reassignment surgery so far performed in Denmark (Stürup 1976).⁴⁹⁵ In an article written on the

⁴⁹² Ibid., Le POF-KS Dec 1958, 2.

⁴⁹³ Ibid.

⁴⁹⁴ RR: Ka-S 699/53: Le KS-POF Mar 1959.

⁴⁹⁵ Ibid., In POF-GS 1972.

basis of this, Stürup presented a rearticulation of Fischer's life story which, among other things, was used to exemplify the lives of persons who fitted one of the three classes of transsexuals that he had categorised: classical transsexuals, "transsexuals" of a different type, and finally what he called "a complicated type"; the latter of which included Fischer.

The short interview notes are in many ways formulated in such a way that it is not clear whether Stürup is quoting statements by Fischer or is interpreting them, or what was asked. The same is the case in the presentation text of Fischer's case published in the article of 1976, which contains additional information that is contained neither in the interview notes nor in other documents in the case file. However, what Stürup articulates about the events in Fischer's life after her last preserved correspondence with Sand is that she eventually let her partner move into her flat and that they were living together, when her wife called on her. In the interview notes, Stürup writes that "a discussion developed about whether both women could live together with him. But the wife objected to this, and this resulted in him being almost literally torn out of the circle [of homosexual women]".⁴⁹⁶ What exactly happened is thus unclear from Stürup's texts, except for the fact that, as she had feared, Fischer's relationship with her partner was broken off, and her contact with the friends they had made together in the December Society ended abruptly. Stürup further recounts that "[a]fter this period [...] he has lived for many years as a man in a matrimonial relationship with his wife under circumstances whereby no-one in their social circle 'knows anything', but without any sexual activity for many years."⁴⁹⁷ In the article, he states that Fischer "describes his relationship with his wife as satisfactory", while in the interview notes, there is no such statement, but instead the information that Fischer's wife was seriously ill and had been for quite some years, and that he seemed to be taking care of her, expecting that she would not live much longer (Stürup 1976, 60).⁴⁹⁸ Meanwhile, Fischer had had a nervous breakdown and been assigned an invalid pension.⁴⁹⁹

⁴⁹⁶ RR: Ka-S 699/53: In POF-GS 1972, 1. The formulation in the article is: "At this time his wife interfered. The wife would not accept a triangle, and rather ruthlessly took him away from his lesbian girlfriend" (Stürup 1976, 60).

⁴⁹⁷ RR: Ka-S 699/53: In POF-GS 1972, 1.

⁴⁹⁸ *Ibid.*

⁴⁹⁹ RR: Ka-S 699/53: In POF-GS 1972, 2.

When reading Stürup's rearticulation of Fischer's life against the background of studying her own various articulations, as analysed above, it appears to be a very compressed account, as it had to be for the article format. It is also filled with factual errors regarding both incorrect time indications and other kinds of information, such as the ones Sand pointed out in Stürup's psychiatric certificate of 1953.⁵⁰⁰ However, what I am specifically interested in taking up here is the way in which Fischer's life story is rearticulated by Stürup and how it functions in relation to the other case stories in his article.

Stürup opens his account of Fischer's life with an evaluation of it, stating that it is very complicated. He continues: "Case K [...] insists that the operation was essential to his survival, even though to me it seems that the treatment has not been successful, and that the operation probably should have been avoided" (Stürup 1976, 59). Thus, before Fischer is even introduced, the case is positioned as different from the others described earlier in the article, and presented as an example of what Stürup would like to question and perhaps exclude from the category and notion of transsexualism. The same is also signalled by the way in which he uses pronouns in Fischer's case. In the rest of the article, Stürup uses the pronoun *he* about all the other trans women until the point in their life stories where they have their gonads surgically removed, after which he shifts to *she*, but in Fischer's story he continues to use *he* throughout.

Stürup first gives a brief outline of Fischer's family background and youth, which is very similar to the description in his psychiatric statement on Fischer from 1953; that is, describing and problematising Fischer's failure to live up to expectations of masculine behaviour and corporeality, and emphasising a continuous wish to be a girl, early cross-dressing and isolation. Furthermore, he reiterates his previous statements that Fischer was "never in love", but "felt at peace in a lesbian organisation without any emotional contact with anyone" (ibid.). Fischer's desire for the removal of his gonads is presented as inconsistent because Stürup claims that, after several attempts at auto-castration, "[a]round 1945, [...] he had a strong religious period, and during this time he declined a suggestion of castration" (ibid.). Another shift is indicated when, five years later, Fischer contacts Stürup and again asks for castration as well as "plastic surgery but no sex

⁵⁰⁰ I have specified several of these in the analysis above. Several of the errors are the same as in the certificate.

reassignment due to his better pay as a man. After a long period of observation I agreed to apply for a permit for the operations he wanted" (Stürup 1976, 60). Compared to the information given to the Ministry of Justice and the Medico-Legal Council, Stürup here stretches the period of observation before his recommendation for castration is given, from the first reported four months to a period of three years. During this time, Stürup states, the authorities had repeated discussions and doubts about whether to agree to Fischer's wish, but in the end permitted castration. In relation to this, Fischer is described as never being satisfied and always wishing for the unobtainable as the first feelings of happiness after the operation were quickly replaced by a depressed longing for a vagina, menstruation, and a relationship with a heterosexual man. After mentioning Fischer's relationship with the masculine lesbian girlfriend, and the wife's breaking up of this, Stürup concludes:

At the follow-up investigation 19 years after the operation, he still lives as a man. But he insists that he has never been in doubt that it was absolutely essential that the operation be carried out, if suicide was to be avoided. He has never regretted being castrated. [...] His own summary at the time of follow-up [...] was that he ought to have been operated upon long before the surgical procedure actually took place. / This may be due to a self-delusion. (ibid.)

Stürup's presentation and the involvement of other medical experts in the processing of Fischer's case is not in accordance with the documents written at the time the events occurred, which Stürup has re-read for the survey he makes. There are no grave doubts or discussions articulated during the time just before Stürup recommends Fischer's castration to the Medico-Legal Council, nor are any such doubts mentioned in relation to Fogh-Andersen, who administers oestrogens to Fischer and refers her to Stürup to help her further medical and legal transition. In the article, Stürup presents himself as more cautious and reluctant than the contemporary historical sources indicate, and the account of the exceptionally fast processing of Fischer's application for castration is reconfigured into a reluctant agreement to perform the operations, which, evaluated in retrospect, in Stürup's professional opinion should not have been carried out. A clue as to why he thus presented a case which at the time he had very actively supported may be found in the status the case attained in the

years after the late 1950s. When processing other cases involving genuine transvestites and transsexuals, Fischer's case was frequently mentioned by Sand and other members of the Medico-Legal Council as an example of what they wanted to avoid: lack of communication between medical experts (especially Stürup's omission to contact Sand); Fischer's success in convincing surgeons to perform genital surgeries on her without consulting a sexological expert (Stürup or Sand); failure to check up on the criminal and psychiatric records of applicants, thereby giving permission to a person who had been convicted of fraud and previously diagnosed as a psychopath. Fischer's was not a case which, according to colleagues like Sand, Stürup had reason to be proud of, which might have motivated his specific way of articulating her person and life story.

In this account, Stürup sets Fischer's life story apart from those he calls classically transsexual by destabilising her character, not in terms of feminine identification, but rather in terms of depicting her as deeply asocial, almost constantly dissatisfied, and unrealistic in her desires for body modifications, desires which are furthermore presented as inconsistent. In comparison with the trans women classified as classical transsexuals, who are described as having a constant feminine identification and a clear movement towards realising their strong desire to live a traditional woman's life as wives and housewives, Fischer's way of life and various experiences give an impression of a lack of direction, inconsistency, and paradoxes. One example is Stürup's statement that Fischer has lived as a man all her life. In comparison with her own articulations, such a statement completely disregards her recounted experience through 20 years of being a woman and the social reality of her living predominantly as a woman, with the exception of not fully doing so at her workplace, for 15.

Against this background, Stürup's claim that at the time of the interview Fisher lives as a man and a husband can be supplemented with another articulation if we consider Fischer's statement, quoted by Stürup, that she now lives "under circumstances, where no-one in their social circle 'knows anything'".⁵⁰¹ This could be interpreted as meaning that other people are not aware of the surgical alterations to Fischer's body and/or that the spouses have no sexual relations. But the statement also echoes parts of Fischer's previous accounts from the

⁵⁰¹ RR: Ka-S 699/53: Le KS-POF Mar 1959, 1.

time when she was first living with her wife and wearing women's clothes in private and on her long night walks. The text thus contains the possibility for some kind of continuation of the life that Fischer herself articulated in her accounts as the one which was for her happier and more liveable, and she insists that she has no regrets about the history of her bodily transformation and reconstruction. I experience Stürup's complete rejection of this statement as a violent finalising of Fischer, which has contributed to the discursive erasure of her articulated perspective within psychiatric research.

Epilogue:
**Medico-legal criteria for granting a change of
 gendersex status after Klausen's and Fischer's cases**

Klausen's and Fischer's cases can be characterised as constituting liminal cases that contain elements of the understandings and ways of articulating embodiment and selfhood that were dominant at different points in time. Because of the long time-span over which they articulated and rearticulated their life stories, these notions stretch, spill over, and are introduced in reconfigured forms at times when they are very rarely, if at all, found in other contemporary autobiographical accounts or medical and psychiatric statements. But they are not only examples of how persons remember their lives by employing the familiar stories upon which they have grown up in ways that fit their current circumstances. They also provide accounts of how new diagnostic terms emerged from previous understandings, and in this way were not really new, but rather different versions of well-established categories and narratives. My rearticulation and analysis of Klausen's and Fischer's life stories and the processing of their applications to the Ministry of Justice have thus provided a history of how, in the Danish context, the category of genuine transvestism (renamed transsexualism in the mid-1960s) emerged at the beginning of the 20th century. The analysis has shown that this happened through a reconfiguration of the narrative of erroneous sex, which had previously been the basis for promoting and legitimising first the social and legal, and later also the medical transitions of persons diagnosed as true and pseudo-hermaphrodites. In addition, considering the development of altered practices of decision-making about applications for changes of various aspects of legal gendersex status and medical transition, Klausen's and Fischer's cases can be said to be liminal.

Klausen's was the last of a number of cases of adult persons diagnosed as pseudo-hermaphrodites who applied for and were permitted to have a change of legal gendersex status from female to male. In the earliest of these, no surgery was considered or performed as part of the transitions of the applicants, but after the First World War it became more common to offer such interventions. When Klausen transitioned during the early to mid-1950s, medico-legal experts had begun to regard the performance of surgical body modifications as an

indispensable part of a gendersex transition. Interventions were viewed as normalising the hermaphroditic body and materialising its structure to be close to that which it would have had if its development had not been disturbed. Simultaneously, body modifications were also regarded as a therapeutic tool to relieve body dysphoria, from which persons with variant bodies were expected to suffer, by fleshing out hermaphroditic persons' sense of their sex as men or women and making it recognisable to others. During the same period, these notions became prominent in theories of genuine transvestism/eonism, and over the following decades bodily transformation came to be regarded as the very epitome of gendersex transition in relation to both intersexed and trans bodyselves within medico-legal contexts.

The cases I have analysed have confirmed the conclusions of other trans and intersex researchers that, even at the beginning of the 20th century, trans persons, with or without variant genital morphologies, who regarded themselves as having and/or were diagnosed with a hermaphroditic condition, repeatedly suggested to medical experts the use of new body modification technologies as a means to enhance their social and legal recognition as men and women. At the same time, I have found that some persons positioned as applicants and patients rejected and/or resisted such interventions, for a certain period or throughout their lives. They articulated alternative notions of the relation between the body and sense of one's sex that did not entail the need for a bodily transformation, but rather a shift in gendersexed social position and legal rights and obligations. For their own part, this consisted of such things as a change in attire, relations to others, and profession.

Furthermore, I have found resistance among some medico-legal experts to the extensive use of body modifications. These experts did not regard such interventions as being relevant to all persons positioned as hermaphroditic patients. One example of this is the case of Asger Petersen, which I have mentioned briefly before, who was diagnosed from birth as having a hermaphroditic genital constitution. The infant Petersen was first assigned female sex, but at the age of ten, on the basis of their development during childhood, their legal gendersex status and name were changed to male. Petersen was reported to be very sociable, well-liked, and fully accepted in the different social milieus of which **he** was part and, as previously mentioned, **he** was courted by many women. With one girlfriend, to whom **he** was engaged to be married, **he** experienced some sexual

problems for which, in the mid-1940s, **he** sought Sand's help. Petersen wished to have surgery to straighten **his** penis, similar to the operation Klausen had undergone, but Sand refused to perform such an intervention. With a new partner, who later became **his** wife, Petersen recounted that **he** did not have the same problem and consequently gave up the plan to have surgery.⁵⁰² During the previous decade, Sand had recommended that Klausen have such a surgical intervention, so why did **he** discourage it in Petersen's case? A possible answer may be that, during the 1940s, Sand had re-evaluated **his** determination of Petersen's sex, finding **his** previous conclusion to be incorrect and Petersen's sex to be predominantly female, as from 1950 onwards, it was determined by other physicians to be. Considering Sand's position on only performing body modifications in line with **his** assessment of a person's sex, which I have discussed in relation to Fischer's case, **he** might have had reservations about performing an operation that would further masculinise Petersen's body. At the same time, Sand fully supported Petersen's living as a man, supported **him** and **his** family in various practical ways during the years, encouraged Petersen's marriage, and never questioned **his** gendersex status as male. This indicates that Sand's policy towards persons positioned as **his** patients was to a great extent oriented towards assisting and supporting them in fitting socially, to a certain degree regardless of what **he** as a medical expert had determined their biological sexual constitutions to be. The various cases with which **he** was involved show that Sand's way of relating to trans and intersexed persons was highly individual. If **he** had become sympathetic to a person and was willing to help them, **he** was attentive to their diverse wishes and expressed needs, although **he** articulated it as **his** duty as an expert in sexual development to make the final decisions and to guide them with **his** advice.

Petersen's and Klausen's cases are the last in the collected archive material of adults diagnosed with pseudo-hermaphroditism who negotiated questions of whether they should have body modifications with medical experts, in order to, respectively, stay within social and personal understandings of being embodied as a man, and legally transitioning to a status as male. However, it is important to emphasise that there seem to be an unknown number of other persons in the same situation who engaged in negotiations with Sand or other medical experts, but without applying for an official change of gendersex status

⁵⁰² RR: MSITA 261/35.

(Graugaard 1997, 68–70). This is a further indication that not all persons who were diagnosed as having a pseudo-hermaphroditic condition wished to transition, as the case of the maid Valborg Rosa Hansen also shows.⁵⁰³

While the number of applications from adults decreased from the mid-1930s to the mid-1950s, the applications for changes of name for infants and young children increased.⁵⁰⁴ This indicates a change in many physicians' approach to the birth of children who were perceived to have hermaphroditic genitals. Many of the accounts in the case files recount that, during the early part of the century, family physicians articulated hermaphroditic corporeality as a bodily state that could not be changed to become either female or male, and that it was therefore best dealt with by accepting the fact and assigning status according to the gendersexed bodily features that were predominant. This approach was gradually replaced by the notion that, even though the genetic sex of a person could not be changed, their physical appearance could be adjusted through body modifications to resemble a normally developed male or female body. Whereas at the beginning of the 1920s, Sand emphasised that no surgical interventions should be made on persons with pseudo-hermaphroditism before they were fully developed in their mid-20s, during the 1940s, other physicians' policy increasingly became to operate at a younger age (Sand 1922). Since surgical interventions and the eventual removal of the gonads of persons diagnosed with a hermaphroditic condition were considered to be a medical, not a legal, matter, they did not require state permission as in other cases. The previously mentioned case of four pre-pubertal siblings diagnosed as male pseudo-hermaphrodites who had their gonads surgically removed in 1956 indicates that physicians felt a greater perceived need for early interventions to enable hermaphroditic individuals to grow up with normalised bodies.⁵⁰⁵ In medico-legal experts' arguments for the necessity and benefit of such interventions, autobiographical accounts such as Klausen's were given prominence, while alternative accounts that did not articulate hermaphroditic corporeality as socially problematic and a cause of suffering were downplayed.

⁵⁰³ RR: MSITA 2921/46.

⁵⁰⁴ JM: JM1 K966/35; JM1 L5867/36; JM1 C170⁴⁶²/54; RR: MSITA 261/35; JS 1480/36; MSITA 1450/54.; MSITA 1681/56.

⁵⁰⁵ RR: MSITA 1681/56.

Fischer's case is liminal in spanning the period of time during which changes in citizens' legal gendersex status, which had previously only been granted to persons who were diagnosed as true or pseudo-hermaphrodites, began to be granted to persons who were diagnosed as genuine transvestites. While Elvenes' and Jorgensen's cases were central to this process, the interpretation by some historians of the permission they obtained for, respectively, a change of name and permission for castration as expressions of the sexually liberal politics of the Danish state is not supported by the information in their case files. Each permission was given on the basis of the authorities supposing their status to be different than other sources articulate them to be. Einar Wegener was thus granted permission by the Ministry of Justice for a change of name to Lili Ilse Elvenes because a medical statement had declared the person to have female gonads, and the Medico-Legal Council had stated that Wegener was probably a female pseudo-hermaphrodite. In this way, Elvenes' case, in the practices of the Danish medico-legal system, was not perceived to differ from other previous or later cases of persons categorised in this way, except for the fact that the medical experts noted that the structure of the person's genitals before surgery could not be verified. Jorgensen's permission was given on the basis of a declaration that he was a homosexual man who was suffering because he could not himself accept his sexual inclinations. Even though Jorgensen's wearing of women's clothes in private and his wish to become more fully female were mentioned in the psychiatric statement, this did not change the Medico-Legal Council's assessment as it was not uncommon for such behaviour and ideas to be mentioned in relation to cases of persons categorised as homosexual.

The main difference between these two cases and previous ones was thus not the decisions made by the medico-legal experts, but rather that their stories were presented, partly by others and partly by themselves, to the public. Thus, trans persons who were not diagnosed as genitally hermaphroditic learned of examples of personal life stories and articulations of recognisable narratives upon which they could draw in order to become socially intelligible. Furthermore, they were provided with a stronger basis for arguing, during the 1930s and '40s, that persons who were non-genitally hermaphroditic should also be permitted access to medical transition and legal recognition, as Elvenes and Jorgensen had been. After the beginning of the 1950s, this argument was also extended to genuine transvestites.

The arguments that Fischer presented to Sand, traces of which can be found in Stürup's and other medical experts' statements and records about her, are concrete examples of this, as are those of Marie Eva Quist. Since they spent most of their lives working to obtain this goal, both Quist and Fischer could in principle have become the first trans women to undergo not only hormonal, but also surgical transitions in Denmark and to be legally recognised as women. However, since both were assessed to have masculine corporealities, medico-legal experts rejected the possibility that they could obtain more liveable lives in this way. In Fischer's case, such an assessment is contradicted by her articulations of how, over many decades, she managed to navigate socially between the positions of a feminine heterosexual man and a masculine homosexual woman, to find a community where she was recognised as a woman, and to find a long-term partner who also had a partly trans identification and experience.

Her accounts, alongside those of a number of other trans and/or intersexed persons and their significant others, thus provide alternatives to the claims of medico-legal experts that living a bodyself which is socially and medically perceived as combining female and male physical and behavioural characteristics is unliveable. Their autobiographical accounts articulate social relations in which, for example, a person can be recognised and accepted as a woman without having a vagina, find love and enjoy sexual relations with others, and eventually be married. This was the case for a number of trans women during the period before the late 1960s, when medical experts usually refused to perform vaginoplasties for various reasons, as I have discussed (Stürup 1976; Docter 2008).⁵⁰⁶ Many trans men also reported having cis women partners who fully recognised them as men and articulated themselves as normal heterosexual women.⁵⁰⁷ In addition, a number of persons who were determined to be genitally hermaphroditic had lovers and spouses, who, according to themselves and medical experts, did not question their gendersex status as men or women.⁵⁰⁸ Some of the persons whose accounts I have read were not interested in having sexual relations with others, or refrained from doing so (Stürup 1976). However, they stated that the ability to be recognised in a gendersexed position they felt comfortable with, to be

⁵⁰⁶ For example, RR: Ka-S 699/53; Ka-S 734/53; Ka-S 798/55; Ka-S 823/57.

⁵⁰⁷ For example, JM: JM1 Æ170⁵⁸⁸/50; C170⁹⁵⁰/54; RR: MSITA 3209/55; Ka-Kv 5/55.

⁵⁰⁸ For example, RR: MSITA 2921/46; MSITA 261/35; Ka-S 699/53.

employed in accordance with this, and to have close relationships with friends and eventually with family members made their lives more liveable.⁵⁰⁹ At the same time, their personal accounts also frequently articulate the challenges that trans and intersexed persons experienced in various social situations due to social expectations which today have been named within trans, intersex, and queer studies as cis-normativity, binary gender norms, and hetero-norms. What most persons described as painful and difficult were experiences of stigmatisation, harassment, and exclusion.

During the 1950s, the Medico-Legal Council and the Ministry of Justice went through a process of negotiating and defining criteria for who should be diagnosed as a genuine transvestite/eonist and who should be permitted access to medical and legal transition. I have rearticulated part of this process in the analyses of Klausen's and Fischer's cases, and here I will briefly outline the remaining decisions.

In my analysis of Fischer, I have shown how the first permissions for castration were obtained in the cases of trans women who were diagnosed as genuine transvestites/eonists, and how they managed to negotiate access to hormonal distribution and surgical interventions that changed their gendersexed corporealities. I have also presented how Andrea Nanna Dalgaard's case was the first in which such a trans woman was permitted to wear women's clothes in public, and how Jane Dorothea Mikkelsen was the first to gain a change of name and legal recognition as a woman.⁵¹⁰ These two cases were among a total of eight that were initiated during the first five years after Jorgensen's case, of trans women diagnosed as genuine transvestites who applied for permission for castration, permission to wear women's clothes, and change of name.⁵¹¹ To begin with, applications for each of these aspects were handed in separately to the Ministry of Justice through medical experts, often Stürup and Hamburger, but after the mid-1950s, all three aspects were often grouped into a single combined application handed in by the applicant herself and afterwards supported by a medical or psychiatric statement. The medico-legal experts' policy of trying to slow down or postpone applications after Jorgensen's case is visible in the pattern of permissions granted during these years: Jane Dorothea

⁵⁰⁹ For example, RR: Ka-S 790/55; Ka-S 789/55.

⁵¹⁰ RR: Ka-S 734/53.

⁵¹¹ The cases in question are: JM: JM5 643/51; RR: Ka-S 699/53; Ka-S 734/53; Ka-S 774/54; Ka-S 789/55; Ka-S 790/55; Ka-S 798/55; Ka-S 823/57; and Ka-S 827/57.

Mikkelsen and another trans woman were subjected to a couple of years of psychiatric observation by Stürup before he agreed to make a psychiatric statement supporting their applications for castration, which they were then granted in July 1954 and September 1955, respectively.⁵¹² Meanwhile, from 1953 to 1956, Hamburger was administering oestrogens for periods of between six months and two years to four trans women whom he considered to be genuine transvestites, all of whom later applied for castration, permission to wear women's clothes, and change of name.⁵¹³ Over time, the Psychiatric Polyclinic at the State Hospital took over the task of observing some trans women for a longer period of time, during which they interviewed them and administered various psychiatric tests, and finally supplied them with long statements for their applications.⁵¹⁴ After the surgical removal of Fischer's and Mikkelsen's gonads, the number of such interventions was approximately two per year during the next few years, followed by genital reconstructive surgery about half a year after, and normally a change of name after the same interval of time. The recommendations that Stürup, Hamburger, and Dahl-Iversen had put forward in their article of 1953 were thus followed quite closely, including the criteria for diagnosing genuine transvestism (Hamburger, Stürup & Dahl-Iversen 1953a; 1953b). Most of the trans women who transitioned in this way were reported to live on their own or with a woman friend and to channel all their energies into their jobs, while a few entered into relationships with cis men. Rebecca Jensen was the first after Mikkelsen to marry a cis man, in 1960, and also the first to be permitted to have a neo-vagina constructed, in 1966.⁵¹⁵

As already mentioned, the medico-legal authorities did not make the same efforts to control trans men living as men as they did with trans women living as women. I have discussed how, during the early decades of the 20th century, some persons categorised as women who applied for permission to wear men's clothes were informed that no

⁵¹² RR: Ka-S 734/53: Per JM-MJ 1954; Ka-S 789/55: Pst MEH-GS 1955; Per MEH-MJ 1955.

⁵¹³ RR: Ka-S 790/55: Pst OAD-GS 1955, 13-14; RR: Ka-S 823/57: Ap KJJ-MJ 1956; RR: Ka-S 774/54: Prec KNH-SHPU 1956; RR: Ka-S 798/55: Prec DJ-SHPU 1954.

⁵¹⁴ One of the first to undergo such an observation process at this clinic was Rebecca Jensen (RR: 798/55: Prec DJ-SHPU 1954).

⁵¹⁵ RR: 798/55: Le HG-MP 1966.

permission was needed and that, as long as they did not behave in an indecent way, no intervention against them would be made, while persons categorised as men were given the answer that permission could not be granted. Furthermore, all the early permissions given for a change of name and legal gendersex status were for persons who were diagnosed as male pseudo-hermaphrodites, while none were given to female pseudo-hermaphrodites. From the processing of the earliest applications for change of name and legal recognition, medico-legal experts stressed that a thorough medical examination of applicants was crucial in order to determine a person's sex as precisely as possible and to prevent permission being given in cases where the biological sex did not match the desired gendersex status. At least one application was rejected on the basis of the medico-legal experts doubting that the applicant was a pseudo-hermaphrodite as she and her German physician claimed (Sørensen & Hertoft 1980a, 62). This policy was tightened up after it was discovered in 1950 that a person categorised as female had managed to have his given name Jo Sophie Clemmensen changed to Joe Clemmensen and had married a woman.⁵¹⁶ What was considered to be a particularly aggravating circumstance in this case was that Clemmensen later became pregnant. After this, the Ministry of Justice would still allow trans men to live socially as men, as can be seen from a case dated 1952 of a person categorised as female, who applied for permission for a change of name, to wear men's clothes, and the right to live as a man. As in previous cases, he was informed that he needed no permission to live on in the position of a man, but that such a position could not be legally recognised.⁵¹⁷ Put differently, since trans men's wearing of men's clothes in public was not articulated as a threat to the public order or criminalised in the same way as trans women's wearing of women's clothes, and since the authorities were less concerned about the possibility that trans men might engage in selling sex, their lives as men were less likely to be subjected to regulation by the state authorities (Stürup 1969, 457).

However, as the analysis of the processing of Klausen's application for a change of name indicated, the stir caused in the Ministry of Justice and the Medico-Legal Council by Clemmensen's behaviour affected the cases of persons categorised as women who applied to have a male name during the following years. In this way, the case of the first such

⁵¹⁶ IM: JM1 Æ170⁵⁸⁸/50.

⁵¹⁷ *Ibid.*, A170³⁶⁴/52.

person to obtain this permission who was not diagnosed as genitally hermaphroditic became central to the establishment of the criteria for trans men's legal and medical transitions for the next 60 years.

With the support of her family physician and Christian Hamburger, Anna Rasmussen, who was in their mid-30s, applied for a change of name to Kurt Kolstrup in September 1954.⁵¹⁸ In the summer of 1953, Hamburger had agreed to administer androgens to Rasmussen, and Stürup had asked for an autobiography in order to assess whether there would be a basis for applying to the Ministry of Justice.⁵¹⁹ However, after reading this, Stürup declared to Rasmussen that she was a congenital homosexual woman who was denying this fact, and that, unfortunately, he could not offer her anything but the advice of accepting her sexuality.⁵²⁰ When Sand contacted Rasmussen after receiving their application, he found that he disagreed with Stürup's assessment. As he argued to the Medico-Legal Council, he found that even though Rasmussen's genitals were those of a normal female, she might still possess ovarioteses, since other features of her body showed that she was an intersexual: she thus had a man's head and a deep male voice, and, in addition, an extreme, constitutional male psycho-sexual character.⁵²¹ He agreed to help Rasmussen by negotiating with the members of the Medico-Legal Council and the legal experts of the Ministry of Justice. Although Helweg expressed doubt to Sand that a change of name and legal gendersex status would benefit Rasmussen or solve her problems, and especially problematised the fact that her genitals could not be reconstructed to become male, he still agreed, as did the rest of the members, to recommend the application in September 1955, because Rasmussen was assessed to be suicidal.⁵²²

⁵¹⁸ RR: Ka-Kv 5/55: Mc AR-SEK 1955; Le CH-KK 1954. I use the pronoun *they*, since Rasmussen did not articulate a sense of self as a man, even though expressing pleasure at being positioned as such and regarded by others to be one. A large part of Rasmussen's autobiography and other accounts reflect on the theme of their desire to live an honest life and be accepted socially as *they* are; that is, as a person assigned a female name and with a specific corporeality who psychologically and socially is positioned in terms of gendersex in a way that is associated with masculinity, maleness, and being a man.

⁵¹⁹ Ibid., Le KK-KS 1954.

⁵²⁰ Ibid., Le GS-AR 1953.

⁵²¹ Ibid., Idp MLC, Su AR-KS 1955.

⁵²² Ibid., Idp MLC, St HH-KS 1955.

Around this time, the legal experts at the Ministry of Justice, along with the members of the Medico-Legal Council, articulated a need to define a set of criteria and guidelines by which the increasing number of applications for change of legal gendersex status and medical transition could be assessed in the present and future. Sand had repeatedly discussed this with his medico-legal colleagues, one of these being the obstetrician Ebbe Brandstrup, who had examined Rasmussen. In January 1955, Brandstrup stated in a letter to Sand that **he** agreed with **him** and Helweg that, for medical-humanitarian reasons, a recommendation for change of name should be made. At the same time, **he** also emphasised that certain measures must be taken first, for the sake of society: "If permission for change of name is given, sterilisation must be a necessary prerequisite for societal reasons. Removal of the ovaries can probably be performed as a necessary therapy considering the psychological state of the patient. The same is the case for removal of the breasts."⁵²³ However, as Brandstrup pointed out, the applicant must **herself** express a desire for such interventions to be permitted and performed.⁵²⁴

This statement seems to have made an impression on Sand. Furthermore, shortly before **his** meeting with the head of department at the Ministry of Justice, Wilhelm Boas, Sand was reminded of the importance of Brandstrup's remark. During the previous year, another applicant who was categorised as a genuine female transvestite was found to have been pregnant at a time when surgeons had surgically removal of **her** breasts.⁵²⁵ At the meeting with Boas, when discussing the possible prerequisites for permitting a change of legal gendersex status from female to male, Sand referred to this case, and possibly also to Clemmensen's, in making the argument that, in all future cases, an oophorectomy of genuine female transvestites must be performed.⁵²⁶ However, as Sand later reported, Boas was hesitant to make this a general criterion. **He** asked Sand to ask the council to consider possible measures that might be taken on which Rasmussen's application might be re-evaluated and to speak to Rasmussen about the possibility of an oophorectomy.⁵²⁷ Sand contacted Rasmussen, who, according to **him**,

⁵²³ Ibid., Le EB-KS 1955.

⁵²⁴ Ibid.

⁵²⁵ JM: JM1 C170⁹⁵⁰/54.

⁵²⁶ Ibid., Le KS-WB 1956.

⁵²⁷ RR: Ka-Kv 5/55: Idp MLC, note by Knud Sand, 26 January 1956.

after having the intervention thoroughly explained, “as expected [...] [expressed a standpoint which] clearly and unambiguously went in the direction of a desire for permission for legal oophorectomy.”⁵²⁸ Soon afterwards, the Ministry of Justice received a supplementary application from Rasmussen for permission for the surgical removal of their gonads. This application contained no specific motivation or argument for such an intervention, but simply referred to the previous application for a change of name to relieve Rasmussen’s severe mental suffering due to their grave social problems with harassment and unemployment.⁵²⁹ Although Helweg remarked in the internal discussion notes that sterilisation could be regarded as sufficient, and that it might be difficult to argue for the necessity of performing an oophorectomy, there were no serious objections from the members of the council to the suggestion.⁵³⁰

Although Brandstrup and Sand stated in their arguments for the necessity of oophorectomy that they expected genuine female transvestites would want this, because it would terminate menstruation, neither Rasmussen nor any of the other persons who applied for a change of name during the 1950s themselves articulated menstruation as problematic or unwanted. As I have mentioned, during the coming years, some would actually withdraw their applications when they were faced with the information that an oophorectomy was a prerequisite for having the changed official status, as they feared that such an intervention might result in many physical and psychological after-effects, among them, symptoms of menopause and loss of sexual desire.

The statement about Rasmussen, in which the Medico-Legal Council recommended permission for oophorectomy, articulates the final argument for oophorectomising persons diagnosed as genuine female transvestites. Furthermore, it also presents a statement of the aim of the surgical removal of the gonads of any person classified as a genuine transvestite before permission for a changed legal status:

In the case of male transvestites who wish to obtain a social position as a woman, it is natural, one might say even self-evident, that the first step

⁵²⁸ Ibid.

⁵²⁹ RR: Ka-Kv 5/55: Ap AR-MJ 1956.

⁵³⁰ Ibid., Idp MLC, note by Helweg, 28 January 1956; notes by other members of the council February 1956.

must be double-sided castration through which the person is relieved of their distinct male sexual characteristics and is placed in a sexually neutral group; something which makes it possible that the later social redeployment (change of name, women's clothes, eventual plastic surgery) become of a more secondary character. However, in cases such as the present one, which regards a female transvestite who wishes to be socially positioned as a man, it is not a given that oophorectomy must be the indispensable first step. Firstly, oophorectomy [...], that is the removal of both ovaries [...] [is a more] major surgical procedure [...] than castration of a man; secondly, the removal of the ovaries does not give the same guarantee for a complete asexualisation as removal of the male gonads do, especially in terms of libido and sexual orgasm. Consequently, the Council has [...] not primarily accepted the idea of castration as a necessary procedure in cases of change of name, since the often complete transformation to a sexual neuter, which is obtainable in the case of men, cannot be predicted with certainty in women. What can, however, be obtained for certain is, of course, that the person cannot get pregnant, and that menstruation is terminated, and that the latter is not obtainable through the usual sterilisation surgery. These two effects must be regarded as so important, that, in a case like the present, it must be regarded as justified to make oophorectomy a natural prerequisite for permission for a change of name, because through this, as far as this is at all possible, one can eliminate the essential female characteristics and make the individual into a sexual neuter.

When one considers the unhappy social situation into which the present applicant's transvestite abnormality has placed her, the threatening, indeed seemingly unavoidable social deterioration to which she is subjected, and the severe mental suffering she is undergoing, and has undergone over many years, [...] it is no surprise that she is willing to subject herself to oophorectomy if she can thus obtain permission to be recognised as a man.⁵³¹

This statement speaks to several (imagined) interests of medical experts, the Ministry of Justice, society, and persons positioned as genuine female transvestites. In arguing that the surgical removal of a person's gonads makes them (close to being) a sexual neuter, they articulate the idea of the possibility of resetting a body in terms of sexual development to a point from which, it is argued, a person may then develop in another gendersexed direction. This is in line with the view on hormonal sex as plastic and changeable that Sand argued

⁵³¹ RR; Ka-Kv 5/55: St AR MLC-MJ 1956.

throughout his career. From this bio-medical perspective, a person can firstly be neutralised and then re-sexed through the removal and redistribution of sexed hormonal substances. Furthermore, the statement plays into a eugenic discourse that emphasises the vital importance of securing a high-quality population, genetically as well as morally, by preventing degenerate individuals from procreating, and, furthermore, a possible moral deterioration of the population, the order of which may be disturbed if such a thing as a pregnant man were found to exist. This policy is in line with many of the contemporary concerns and activities of the council, which I have presented previously, regarding other eugenic measures taken on behalf of the welfare state, towards what was regarded as its necessary protection against threats of degeneration (Koch 1996; 2000). Among these are also sexualities that are considered to be threatening to health and morals, and therefore it is argued that it would be preferable for genuine transvestites to be and/or become asexual. Whereas, in the cases of persons categorised as genuine male transvestites, medical experts sometimes argued strongly against granting castration to persons who were sexually active, since they were expected to lose a source of joy and happiness due to what was seen as a loss of all sexual feeling and experiences, in this statement, this is presented as a desirable goal in itself. Finally, the surgical intervention is articulated as an advantage for the genuine female transvestite since it rids the person of their essential female characteristics and thus may better allow them to experience themselves as a male. However, in spite of this, the final sentences still indicate that Rasmussen, and, implicitly, also many other persons in a similar situation, might only agree to be subjected to such an intervention because they are in a desperate situation from which they can see no other way out, and because they feel that their lives depend on obtaining recognition as a man at any price.

In considering the above statement, we must take into account such things as Helweg's suggestion that the Ministry of Justice needed to be "reassured" by the council's suggestion of oophorectomy.⁵³² I understand such a statement as attempting to give the legal experts a sense that allowing persons diagnosed as genuine transvestites to transition medically and socially would not undermine or be detrimental to the existing social order, which the medico-legal experts of the ministry and the council were employed to protect. It is also

⁵³² Ibid., Idp MLC, note by Helweg, 28 January 1956.

important to take into account all the other kinds of articulations that individual members, as well as the council as a whole, made at other points in time, which signalled engagement in the lives and concern for the well-being of the different individuals who were positioned as their patients and applicants. However, in this statement, the emphasis is clearly on the side of prioritising the preservation of the perceived and imagined interests of the state and the contemporary moral order, at the expense of citizens in a desperately precarious situation. At other times, members of the Medico-Legal Council would remind each other that they must defend the medical perspective in relation to the Ministry of Justice, and that this must be centred on the well-being of the patient. In this instance, neither Sand nor the members of the council pursued such a policy.

With Rasmussen's case, the practice of making oophorectomy a prerequisite for a change of name for trans men – just as removal of the gonads was for trans women – was established in the Danish medico-legal system. This policy endured until September 2014. In trans activists' arguments over the many decades during which they called for a termination of this policy, which has been experienced by many as extremely violent, attention has often been called to the fact that trans people's contemporary conditions for medical and legal transition had emerged alongside and were still defined by eugenics politics and the wording of the Law on Access to Sterilisation and Castration. However, this study is the first time that an analysis has been made of the historical sources containing discursive traces of the process through which this connection was established.

As I discussed in the introduction, the law regarding trans healthcare and procedures for obtaining a change of name and change of legal gendersex status (the Cpr number) was changed in September 2014. The Danish Health Authority's current guidelines determine which professionals in the healthcare system are allowed to assess whether a trans person can have sex hormones administered or undergo various gendersexed reconstructive surgeries. These guidelines have, in many ways, defined these conditions in a way that is significantly more limited than ever before in Danish history. During the 1950s, for example, the Ministry of Justice and the Medico-Legal Council explicitly emphasised that all interventions other than removal of the gonads were a matter to be decided between the physician or surgeon and the person positioned as patient, and therefore also depended on the conscience and responsibility of both. Today, within

the borders of Denmark, all such possibilities for negotiation have been closed down with the new guidelines. Simultaneously, the practice of non-consensual genital surgery on intersexed infants and children has barely begun to be discussed publicly in this context. Among the many ethically complex questions connected to current practices relating to the bodies and selves of persons associated with and categorised as belonging to both of these groups, are questions about how these practices, and the ideas about embodiment and subjecthood that shape them and are reconfigured by them, emerged historically. This thesis contributes to providing answers to some of these questions.

Conclusion:

Lived lives, liveable lives

The present study has provided a reconfiguration of existing knowledge on the relation between cases of persons who were diagnosed as pseudo-hermaphrodites and those who were diagnosed as genuine transvestites, eonists, or transsexuals. While many other studies focusing on either hermaphroditism/intersex or transgender/transsexualism have mentioned that persons who, in a contemporary understanding, would be categorised as transsexual or transgender, articulated themselves as being hermaphroditic, or strategically argued this in medico-legal contexts, I have applied a different focus in this study. By applying a queer theoretical perspective which attends primarily to gendersex as a performative discursive and material doing, and by considering specific historical gendersexed configurations and changing categories, I have not distinguished sharply between intersex and trans, but rather have studied them both as ways of gendersexing and being gendersexed.

I have applied this approach to a historical analysis of the autobiographical articulations, medico-legal disciplinary discussions, and negotiations between medical experts and persons positioned as applicants and patients. Thus, the subjects of my research, whose life stories I have studied, have come to appear to be positioned simultaneously as trans and intersexed in their contemporary historical context. Due to Knud Sand's position as a national expert on sexual development and also as chair of the Medico-Legal Council, the theorising in sexual biological and sexological theories of a wide range of phenomena as hermaphroditic became prominent in the Danish medico-legal context and popular culture. This particular notion allowed the articulation of persons who, during in the later part of the 20th century, were classified as intersex or transsexual, as having developed various degrees and variations of hermaphroditic bodyselves. Persons with variant genitalia were classified differently from those who were considered to have either female or male genitalia; but they were still perceived and articulated as instances of the same pathological developmental phenomenon (together with persons classified as inverts/homosexuals, psychosexual hermaphrodites/bisexuals, gender non-conformant heterosexuals, and

normal/heterosexual persons with variously developed gendersexed corporealities). This enabled a particular articulation of trans subject positions during the early 20th century, which had previously been socially and scientifically unintelligible and thus classified by such authorities as Krafft-Ebing as irrational, a delusion, or a state bordering on psychosis. With the close association of all phenomena described as intermediate states between male and female, the well-established narrative of erroneous sex, which for decades had provided a basis for the socio-legal transitions of persons who were diagnosed as genitally hermaphroditic, could be reconfigured to include persons who articulated themselves as non-genitally hermaphroditic. The account *Man into Woman* was an example of a published (auto)biographical text in which this was done. My study demonstrates that this was one among many such life stories formulated during the early decades of the 20th century.

In medico-legal contexts, applications for a change of legal gendersex status for persons who were classified as both genitally and non-genitally hermaphroditic were assessed partly, but importantly, on the basis of how closely their autobiographical accounts were perceived to reiterate this narrative. In the processing of applications, autobiographies were requested, written by the applicant, read and rearticulated by a medical expert on behalf of the Medico-Legal Council, rearticulated in the council's statement for the Ministry of Justice, and finally assessed and decided upon by its legal experts. My analysis has shown that, during this series of rearticulations, the rich complexity of the applicants' recounting of their experiences and changing gendersexed positions was gradually reformulated. Thus they became simplified in order to fit the definitions of diagnostic categories according to the understanding the medico-legal experts formed of a person. During this process – as part of the necessary preparations for decision-making – complexities were reduced, and elements of accounts that were regarded as paradoxes or ambiguities disappeared. Finally, a story emerged that could be used to draw diagnostic conclusions, give a description of a person's character, and, on the basis of this, a prognosis could be made for a person's future prospects if permission was granted. In narrative terms, articulations moved from open ways of telling a person's life story towards more and more closed and finalising modes.

In the past, only very few trans and intersexed persons made public articulations of their experiences. The majority of biographical accounts

of their lives were written by medico-legal experts, and, for reasons of the privacy and protection of intersexed and trans individuals, access to reading the existing autobiographies is restricted. Since this is the case, one may ask what are the effects of the lack of circulation of intersexed and trans people's own articulations of their life experiences? One important consequence, I would argue, is that it has been difficult to question or provide alternatives to the claims of some medico-legal authorities that past cases have shown that living a body with a congenitally variant or modified morphology differing from that of the majority of men and women is intrinsically unliveable.

The autobiographical accounts I have analysed do not, I believe, provide a picture that living such a gendersexed bodyself is without issues, or that they are not very grave ones. But, compared to the more readily available articulations in the historical medico-legal literature, they offer many more facets and nuances in their presentation of such an existential situation. Accounts like Klausen's, Fischer's, and the many other life stories I have rearticulated and analysed in this thesis, offer experiential perspectives, from both within and outside of bodies, of how gendersexing for them was simultaneously a question of their sense of themselves and how others responded to their corporealities and ways of behaving.

Both Fischer's and Klausen's stories presented the social milieus and available narratives and categories as crucial for how they were able to become as gendersexed persons. Furthermore, these stories highlight the fact that the ability – socially, economically, and discursively – to move between social contexts with different notions and values regarding gendersexed embodiment and relations mattered for this. While questions of how and whether to transform their body to better fit their own desires and others' notions about being a man or a woman are prominent in the accounts of Klausen, Fischer, and other subjects of this research, this is just one out of many aspects of importance. Among these others, some of the central issues were: how to articulate their bodyselves in order to become intelligible to others and themselves, others' perceptions, and relating to their own corporealities, and the consequences this had for their possible positionings and relations. What they articulate in their accounts as making their lives liveable is thus just as much recognition and acknowledging relations as it is to feel comfortable living their bodies. For some, bodily transformation is crucial to obtaining both aspects, while for others this is not articulated as a perceived necessity. In other words, even though the narrators

generally draw upon the same narrative models in recounting their stories, I have found no unity, no single point of agreement about what it is or means to live an intersexed and/or trans body.

Furthermore, Klausen's and Fischer's accounts also challenge ideas of absolute boundaries between phenomena which have conventionally been articulated as separate, opposite, and incompatible in medico-legal discourse. While both narrators articulate clearly that they wish to be recognised as a man and a woman respectively, in recounting the events of their lives, neither of them tells a story about having always experienced themselves as being this in essence. Rather, their accounts are of movements between different gendersexed positions, which are to a great extent dependent on the notions, values, and material conditions of the social situations in which they find themselves. And they are about growing urges to move to material-discursive places and spaces – sometimes through undergoing a bodily transformation – where the narrators may be positioned in ways that feel more comfortable to them, and where they may recognise themselves in the ways in which others relate to them. Many of the life stories considered in this thesis recount such experiences as being dependent, not on congenital or modified corporeality, but rather on individuals' experiences of living their bodies, and of other people's ways of relating to their bodyselves.

Such accounts may make it possible to find a way of perceiving and discussing past and present conditions for manifesting, materialising, and living diverse bodyselves – intersexed and trans as well as cis – that, to a greater extent than previously, resists falling back upon simplistic and predefined notions of embodiment and selfhood, which risk finalising individuals who are associated with specific categories. They make clear the socio-material situatedness and historical changeability of gendersexed positions. In other words, they underline the fact that liveability depends on a person's ability to be socially intelligible, to be accepted by and connect with other people, and the willingness of others to support and assist them in realising their work to create a life which is experienced as liveable. The stories we tell about ourselves and each other, and which are allowed a space in social life, are crucial tools in this work. By pluralising the available stories about intersexed and trans people's lives, I have tried to provide more possibilities for reimagining how people with diverse bodyselves have lived in the past, and for how we may be embodied and live in the future.

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⁵⁵⁰ Interview with Sandy Stone.

⁵⁵¹ Interview with Judith Butler.

Unpublished archival sources

All the sources listed below were found at Rigsarkivet [The Danish National Archive]. Individual case files are cited in accordance with the National Archives' online search engine system Daisy; that is, with the name of the Danish institution from which the material originates (for example, *Retslægerådet*); the name of the kind of case file (for example, *Journalsager*); the period of filing (for example, 1909–1958); and the file number [journalnummer] and the year in which the case was initiated (for example, 338/[19]13). For an explanation of the abbreviations used for referencing specific documents, see *Abbreviations used for referencing archival material* p. 206.

For each case file that I write about in more detail, I specify whether I have used the given and chosen names of a person or pseudonyms; and for each document in a case file, I specify the name under which a person signed it or was referred to by others.

RR: Retslægerådet [The Danish Medico-Legal Council]

JS: Journalsager [Case files]

Archived case files from the period 1909-1958:

File no. 338/13

File no. 76/21: (Pseudonym: Martin Edmund - Marie Eva Quist)

File no. 1480/36

File no. 2476/48

Ka-Kv: Ka[stration]-Kv[inde]-sager [Cases of oophorectomy of women]

Archived case files from the period 1935-1956:

File no. 5/55: (Pseudonym: Anna Rasmussen – Kurt Kolstrup)

Ap AR-MJ 1956: Supplementary application to the Ministry of Justice for oophorectomy by Anna Rasmussen, 18 January 1956.

Idp MLC: Internal discussion papers of the Medico-Legal Council:⁵⁵²

⁵⁵² The Danish term *voteringsark* is translated as *internal discussion papers*.

St HH-KS 1955: Draft for statement by Hjalmar Helweg and Knud Sand for the Medico-Legal Council on Anna Rasmussen's case, 7 August 1955.

Su AR-KS 1955: Knud Sand's summary of the events in Anna Rasmussen's case, 25 August 1955.

Le CH-KK 1954: Letter from Christian Hamburger to Kurt Kolstrup, 11 November 1954.

Le EB-KS 1955: Letter from chief obstetrician Ebbe Brandstrup to Knud Sand, 7 January 1955.

Le GS-AR 1953: Letter from Georg Stürup to Anna Rasmussen, 7 September 1953.

Le KK-KS 1954: Letter from Kurt Kolstrup to Knud Sand, 8 November 1954.

Le KS-WB 1956: Letter from Knud Sand to head of department Wilhelm Boas, 7 March 1956.

Mc AR-SEK 1955: Medical certificate about Anna Rasmussen by Sarah E. Kielberg, 1 February 1955.

St AR MLC-MJ 1956: Statement about Anna Rasmussen's case from the Medico-Legal Council to the Ministry of Justice, 24 February 1956.

Ka-S: Kastrationssager [Cases of castration]

Archived case files from the period of 1929-2958:

File no. 699/53: (Name: George William- Christine Jorgensen)

Ap GWJ-MJ 1951: Application from George William Jorgensen to the Ministry of Justice for castration, 1 April 1950.

Le CH-KS 1951: Letter from Christian Hamburger to Knud Sand, 21 April 1951.

Le KS-PD 1953: Letter from Knud Sand to chief physician Poul Dickmeiss, 6 February 1953.

Le JH-MJ 1951: Letter from lawyer Johanne Hansen on behalf of George William Jorgensen to the Ministry of Justice, 20 August 1951.

Le MPS-JF 1951: Information letter from the Ministerial Permanent Secretary to medical director Johannes Frandsen, 9 September 1951.

Mrec CJ-SH 1952: Medical records for Chris Jorgensen from the University of Copenhagen's Surgical Clinic [Universitetets

Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 11 November to 12 December 1952.

No Sec-KS 1951: Note by the Secretary of the Medico-Legal Council about request from the Ministry of Justice for Knud Sand to contact them regarding George Jorgensen's case, [no date] probably mid-January 1951.

Pst GWJ-GS 1951: Psychiatric statement about George William Jorgensen by Georg Stürup, 1 April 1951.

St GWJ MLC-MJ 1951: Statement about George William Jorgensen's case from the Medico-Legal Council to the Ministry of Justice, 8 May 1951.

File no. 699/53 (Pseudonym: Peter Ole – Petra Oda Fischer)

Ac & Acc POF 1957: Account by Petra Oda Fischer about her life since the performed surgeries and her current circumstances, 8 March 1957.

Ap POF-MJ 1953: Application from Peter Ole Fischer to the Ministry of Justice for castration, 27 March 1953.

Au POF 1941: Autobiographical account by P. O. Fischer [unsigned], [no date] March 1941.

Au & Acc PF 1948: Autobiographical account and account of current circumstances by P. Fischer for Knud Sand, 5 October 1948.

Dap POF 1957: Draft for an application for name change by Peter Ole Fischer with suggestions and comments by Knud Sand, [no date] March 1957.

Idp MLC: Internal discussion papers of the Medico-Legal Council:

St POF-HH 1953: Statement by Hjalmar Helweg, 30 April 1953.

Su POL-KS 1953: Knud Sand's summary of the events in Peter Ole Ludvigsen's (Fischer's) case, 25 August 1955.

In POF-GS 1972: Notes by Georg Stürup from long-term follow-up interview with Fischer, 11 November 1972.

Le JB-KS 1957: Letter from secretary J.B. to Knud Sand, 7 March 1957.

Le KS-POF Mar 1959: Letter from Knud Sand to P. O. Fischer, 12 March 1959.

Le 1 POF-KS Apr 1941: First letter from P. O. Fischer to Knud Sand, 6 April 1941.

Le 2 POF-KS Apr 1941: Second letter from P. O. Fischer to Knud Sand, 6 April 1941.

Le POF-KS Jun 1941: Letter from P. O. Fischer to Knud Sand, 6 June 1941.

Le POF-KS Jul 1941: Letter from P. O. Fischer to Knud Sand, 9 July 1941.

Le POF-KS Dec 1941: Letter from P. O. Fischer to Knud Sand, 19 December 1941.

Le POF-KS Oct 1947: Letter from Peter Fischer to Knud Sand, 23 October 1947.

Le POF-KS Mar 1954: Letter from Petra Oda Fischer to Knud Sand, 15 March 1954.

Le POF-KS Dec 1954: Letter from Petra Oda Fischer to Knud Sand, 4 December 1954.

Le POF-KS Nov 1956: Letter from Petra Oda Fischer to Knud Sand, 26 November 1956.

Le POF-KS Jan 16th 1957: Letter from Petra Oda Fischer to Knud Sand, 16 January 1957.

Le POF-KS Jan 29th 1957: Letter from Petra Oda Fischer to Knud Sand, 29 January 1957.

Le POF-KS Mar 1957: Letter from Petra Oda Fischer to Knud Sand, 8 March 1957.

Le POF-KS Sep 1957: Letter from Petra Oda Fischer to Knud Sand, 12 September 1957.

Le POF-KS Dec 1958: Letter from Petra Oda Fischer to Knud Sand, 18 December 1958.

Mrec POF-SH 1953: Medical records for Peter Ole Fischer from the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 22 July to 18 November 1953.

Per POF-MJ 1954: Permission for castration granted to Peter Ole Fischer by the Ministry of Justice, 20 June 1953.

Pst POF-HR 1947: Psychiatric statement about Peter Ole Fischer by H. Reistrup at the Psychiatric Unit [Psykiatrisk Afdeling] at the Hospital of Copenhagen County [Københavns Kommunehospital], 23 June 1947.

Pst POF-GS 1953: Psychiatric statement about Peter Ole Fischer by Georg Stürup, 9 April 1953.

St POF MLC-MJ 1953: Statement about Peter Ole Fischer's case from the Medico-Legal Council to the Ministry of Justice, 20 July 1953.

St POF PFA-MJ 1953: Statement about castration of Peter Ole Fischer by Poul Fogh-Andersen to the Ministry of Justice, 24 July 19153.

File no. 734/53: (Pseudonym: Jens – Jane Dorothea Mikkelsen)

Idp MLC: Internal discussion papers of the Medico-Legal Council:

Su JM-KS 1954: Knud Sand's summary of the events in Jens Mikkelsen's case, 5 March 1954.

Su JM-KS 1955: Knud Sand's summary of the events in Jens Mikkelsen's case, 15 March 1955.

Le GS-KS 1953: Letter from Georg Stürup to Knud Sand, 27 August 1953.

Mrec JM-DF 1954: Medical records for Jens Mikkelsen from the Surgical Unit [Kirurgiske Afdeling] at the Deaconist Foundation [Diakonissestiftelsen], 28 July 1954 to 14 September 1956.

Per JM-MJ 1954: Permission for castration and to wear women's clothes granted to Jens Mikkelsen by the Ministry of Justice, 3 July 1954.

Pst JM-GS 1953: Psychiatric statement about Jens Mikkelsen by Georg Stürup, 8 August 1953.

File no. 774/54 (Knud Bent – Karen Bente Hansen)

Per KBH-MJ 1955: Permission for castration and to wear women's clothes granted to Knud Bent Hansen by the Ministry of Justice, 2 November 1955.

Per KBH-MJ 1956: Permission for name change from Knud Bent Hansen to Karen Bente Hansen granted to by the Ministry of Justice, 23 January 1956.

Prec KNH-SHPU 1956: Psychiatric records for Knud Bent Hansen from the State Hospital's Psychiatric Unit [Rigshospitalets Psykiatriske Afdeling], 17 July 1956 to 18 May 1957.

Pst KBH-HS 1954: Psychiatric statement about Knud Bent Hansen by H. Stokholm, 18 November 1954.

File no. 789/55 (Pseudonym: Mikkel - Merethe Ekstrand Henriksen)

Mc MEH-CH 1955: Medical certificate about Mikkel Ekstrand Henriksen by Christian Hamburger, 7 January 1955.

Mrec MEH-SH 1958: Medical records for Merethe Ekstrand Henriksen from the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 8-28 April 1958.

Per MEH-MJ 1955: Permission for castration granted to Mikkel Ekstrand Henriksen by the Ministry of Justice, 27 September 1955.

Per MEH-MJ 1956: Permission for wearing women's clothes granted to Mikkel Ekstrand Henriksen by the Ministry of Justice, 29 February 1955.

Per MEH-MJ 1957: Permission for name change from Mikkel Ekstrand Henriksen to Merethe Ekstrand Henriksen granted by the Ministry of Justice, 6 July 1957.

Pst MEH-GS 1955: Psychiatric statement about Mikkel Ekstrand Henriksen by Georg Stürup, 15 January 1955.

Su MEH-KS 1955: Knud Sand's summary of the events in Merethe Ekstrand Henriksen's case, 23 August 1955.

File no. 790/55 (Ole Andreas - Andrea Nanna Dalgaard)

Le KW-OAD 1937: Letter from Kurt Warnekros to Ole Andreas Dalgaard, 10 November 1937.

Le OAD-KS 1944: Letter from Ole Andreas Dalgaard to Knud Sand, 30 September 1944.

Mrec AD-SH 1958: Medical records for Andrea Dalgaard from the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 8-25 April 1958.

Per OAD-MJ 1955: Permission for castration granted to Ole Andreas Dalgaard by the Ministry of Justice, 16 December 1955.

Pst OAD-GS 1955: Psychiatric statement about Ole Andreas Dalgaard by Georg Stürup, 17 January 1955.

File no. 798/55 (Pesudonym: Didrik Jensen - Rebecca Jensen)

Le JR-KS 1956: Letter from surgeon Jakob Raft to Knud Sand, 16 July 1956.

Le HG-MP 1966: Letter from surgeon Michael Pers to Professor H. Gormsen, 14 November 1966.

Mc DJ-VL/CB 1955: Medical certificate about Didrik Jensen by Villars Lund and Christian Baastrup, 3 August 1955.

Per DJ-M 1956: Permission for castration granted to Didrik Jensen by the Ministry of Justice, 22 May 1956.

Per DJ-MJ 1956: Permission for name change from Didrik Jensen to Rebecca Jensen granted to by the Ministry of Justice, 10 August 1956.

Prec DJ-SHPU 1954: Psychiatric records for Didrik Jensen from the State Hospital's Psychiatric Unit [Rigshospitalets Psykiatriske Afdeling], 7 August 1954 to 23 August 1955.

File no. 823/57 (Pseudonym: Kristoffer Jakobsen - Kirstine Juul Jakobsen)

Ap KJJ-MJ 1956: Application from Kristoffer Jakobsen to the Ministry of Justice for castration, permission to wear women's clothes, and a change of name to Kirstine Juul Jakobsen, 30 January 1956.

Au KJ 1955/56: Autobiographical account by Kristoffer Jakobsen/Kirstine Juul Jakobsen, [no date] December 1955 to [no date] January 1956.

Le KJJ-IE Apr 1954: Letter from K. Jakobsen to General Physician I. Erhard, 30 April 1954.

Le KJJ-KS 1956: Letter from Kirstine Juul Jakobsen to Knud Sand, 12 July 1956.

Per KJ-MJ 1957: Permission for castration granted to Kristoffer Jakobsen by the Ministry of Justice, 9 January 1957.

Per KJJ-MJ 1957: Permission for name change from Kristoffer Jakobsen to Kirstine Juul Jakobsen granted to by the Ministry of Justice, 22 August 1957.

File no. 827/57 (Pseudonym: Arne - Annelise Bak Madsen)

Ap ABM-MJ 1956: Application from Arne Bak Madsen to the Ministry of Justice for castration, 14 December 1956.

Mrec ABM-SH 1958: Medical records for Annelise Bak Madsen from the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 28 April to 12 May 1958.

Per ABM-MJ 1957: Permission for castration granted to Arne Bak Madsen by the Ministry of Justice, 15 March 1957.

Per ABM-MJ 1958: Permission for name change from Arne Bak Madsen to Annelise Bak Mikkelsen and permission to wear women's clothes granted by the Ministry of Justice, 29 September 1958.

File no. 884/58 (Torben Frederik – Trine Thomsen)

Pst TF SHPP-MJ: Psychiatric statement from the State Hospital's Psychiatric Polyclinic [Rigshospitalets Psykiatriske Poliklinik] to the Ministry of Justice, 3 January 1958.

File no. 944/62 (Pseudonym: Otto Nilsson Frederiksen – Jette Maria Frederiksen)

Pst ONF-VZ 1959: Psychiatric statement about Otto Nilsson Frederiksen by Assistant Chief Physician Vagn Zahle, 10 October 1959.

MSITA: Manglende sager i tidligere afleveringer [Cases not previously delivered to the National Archive]

Archived case files from the period 1922-1956:

File "Transvestite" /20:⁵⁵³ (Pseudonym: Martin Edmund - Marie Eva Quist)

Le KS-EB 1951: Letter from Knud Sand to Ebbe Brandstrup, 1 January 1951.

Le MEQ-KS 1922: Letter from Marie Eva Quist to Knud Sand, 5 January 1922.

Le 1 MEQ-KS July 1923: Letter from Marie Eva Quist to Knud Sand, 24 July 1923.

Le 2 MEQ-KS July 1923: Letter from Marie Eva Quist to Knud Sand, [no date] July 1923.

Le MEQ-KS 1926: Letter from Marie Eva Quist to Knud Sand, 25 November 1926.

Le MEQ-KS 1928: Letter from Marie Eva Quist to Knud Sand, 2 October 1928.

Le MEQ-LSF 1942: Letter from Marie Eva Quist to L. S. Fredericia, [no date] January 1942.

Mrec MEQ-HCC 1921: Medical records for Martin Edmund Quist from the Hospital of Copenhagen County [Københavns

⁵⁵³ This particular case file is without a number. On its cover is written: "Transvestite, patient 1920-22 etc. with Professor Sand, the oldest transvestite in the Medico-Legal Council".

Kommunehospital], 14-20 October 1921; quoted in statement to Copenhagen Police, 7 March 1922.

Mrec MEQ-EB 1948: Medical records for Marie Eva Quist by Ebbe Brandstrup at the Gynaecological Unit at the Hospital of Copenhagen County [Københavns Kommunehospitals Gynækologiske Afdeling], April 19th 1948.

File no. 261/35 (Pseudonym: Mathilde – Asger Petersen)

File no. 2921/46 (Pseudonym: Valborg Rosa Hansen)

Ap VRH-MJ 1946: Application from Valborg Rosa Hansen to the Ministry of Justice for a change of name to Valdemar Hansen, 2 September 1946.

Idp MLC: Internal discussion papers of the Medico-Legal Council:

Ex VRH-MLC 1947: Explanation by the Medico-Legal Council to the Ministry of Justice for the causes of the long processing time of Valborg Rosa Hansen's case.

Le VRH-MLC Nov 1946: Letter from Valborg Rosa Hansen to the Medico-Legal Council, 15 November 1946.

Le fVRH-KS Nov 1946: Letter from the father of Valborg Rosa Hansen to Knud Sand, 16 November 1946.

Mc VRH-TK 1946: Medical certificate for Valborg Rosa Hansen by Tage Kemp at the University of Copenhagen's Institute for Hereditary Biology [Universitetets Arvebiologiske Institut], 2 September 1946.

Mrec VRH-SH 1953: Medical records for Valborg Rosa Hansen from the State Hospital's Gynaecological Unit [Rigshospitalets Gynækologiske Afdeling], November 30th to 16 December 1946.

File no. 3145/47 (Pseudonym: Kirsten Schmidt – Kresten Karl Schmidt)

Co NTB 1947: Cut-out feature from un-known Norwegian newspaper with report from the Norwegian News Agency [Norsk Telegrambyrå], 29 April 1954.

Idp MLC: Internal discussion papers of the Medico-Legal Council:

St KiS KS-MLC 1947: Statement about Kirsten Schmidt by Knud Sand for the Medico-Legal Council, 12 December 1947.

Mc KiS-FIR 1947: Medical certificate for Kirsten Schmidt from the Finsen Institute and Radium Station [Finseninstitutet og Radiumstationen] in Copenhagen, 3 November 1947.

Mc KiS-KS 1947: Medical certificate for Kirsten Schmidt by Knud Sand at the Forensic Institute [Retsmedicinsk Institut], Copenhagen, 30 December 1947.

File no. 1208/53: (Pseudonym: Vigga Heidi – Viggo Klausen)

Ac HK 1938: Account by Heidi Klausen, mother of V. Klausen, [no date] October 1938.

Acc VHK 1938: Account of Vigga Heidi Klausen's current circumstances for Knud Sand, 7 December 1938.

Acc VK 1953: Account of Viggo Klausen's current circumstances for Knud Sand, 27 November 1953 (the original of this account is not in Klausen's case file, but it contains as a type-written copy).

Au VHK 1938: Autobiographical account by Vigga Heidi Klausen for Knud Sand, 29 October 1938.

Bc VHK 1926: Copy of Klausen's birth certificate, issued 3 June 1926.

Co Pol 1954: Cut-out feature from the Danish national newspaper Politiken, 29 April 1954.

Co Bil 1954: Cut-out article from the Danish popular magazine Billedbladet, 18 May 1954.

Idp MLC: Internal discussion papers of the Medico-Legal Council:

Ex VHK-KS 1953: Explanation by Knud Sand's to the Medico-Legal Council for the causes of the long processing time of Vigga Heidi Klausen's case, 30 December 1953.

St VHK-HH 1954: Statement by Hjalmar Helweg, 20 January 1954.

Su VHK-KS 1953: Knud Sand's summary of the events in Vigga Heidi Klausen's case, November [no date] 1953.

Le KS-Hos Jan 1939: Letter from Knud Sand to the chief physician at the hospital where Vigga Heidi Klausen was operated at age one, 31 January 1939.

Le KS-VK Jan 1939: Letter from Knud Sand to Vigga Klausen, 31 January 1939.

Le Hos-KS Feb 1939: Letter from the chief physician at the hospital where Vigga Heidi Klausen was operated at age one to Knud Sand, 1 February 1939.

Le KS-VK Jun 1939: Letter from Knud Sand to Vigga Klausen, 10 June 1939.

Le KS-VK Nov 1940: Letter from Knud Sand to Vigga Klausen, 15 November 1940.

Le KS-VHK Oct 1953: Letter from Knud Sand to V. H. Klausen, 13 October 1953.

Le KS-VK Nov 1953: Letter from Knud Sand to Viggo Klausen, 24 November 1953.

Le KS-VK May 1954: Letter from Knud Sand to Viggo Klausen, 11 May 1954.

Le MJ-VHK Apr 1954: Copy of letter from the Ministry of Justice to Vigga Heidi Klausen, 6 April 1954.

Le VK-KS Nov 1939: Letter from Vigga Klausen to Knud Sand, 7 November 1939.

Le VK-KS Dec 1940: Letter from Vigga Klausen to Knud Sand, 2 December 1940.

Le VK-KS Feb 1954: Letter from Viggo Klausen to Knud Sand, 18 February 1954.

Le VK-KS Mar 1954: Letter from Viggo Klausen to Knud Sand, 10 March 1954.

Le VK-KS Apr 1954: Letter from Viggo Klausen to Knud Sand, 9 April 1954.

Le VK-KS May 1954: Letter from Viggo Klausen to Knud Sand, 16 May 1954.

Le VHK-MJ Apr 1954: Letter from Vigga Heidi Klausen to the Ministry of Justice, 4 April 1954.

Mc VHK-Hos 1938: Medical certificate for Vigga Heidi Klausen by chief physician at the hospital where she was operated at age one, 27 December 1938.

Mc VHK-PFA 1953: Medical certificate for Vigga Heidi Klausen by first reserve surgeon Poul Fogh-Andersen, 4 April 1953.

Mrec VHK-SH 1953: Medical records for Vigga Heidi (Viggo) Klausen from the University of Copenhagen's Surgical Clinic [Universitetets Kirurgiske Klinik] at the State Hospital [Rigshospitalet], 10 February to 18 March 1953.

Mrep VHK-KS 1938: Medical report about Vigga Heidi Klausen by Knud Sand, the Forensic Institute [Retsmedicinsk Institut], University of Copenhagen, [no date] November 1938.

Mrep VHK-SH 1938: Medical report about Vigga Heidi Klausen from the State Hospital's X-ray Clinic [Rigshospitalets Røntgenklinik], [no date] November 1938.

Mrep VHK-VE 1953: Medical report about microscopy of tissue from Vigga Heidi Klausen by V. Eskelund, the University of Copenhagen's Surgical Clinic at the State Hospital, 10 March 1953.

Ref VHK 1938: Referral from physician at insurance fund, 15 October 1938.

St VHK MLC-MJ 1954: Statement about Vigga Heidi Klausen's case from the Medico-Legal Council to the Ministry of Justice, 3 February 1954. Identical copy in JM: JM1 B170³⁶⁰.

File no. 1450/54

File no. 3209/55

File no. 1681/56

JM: Justitsministeriet [The Danish Ministry of Justice]

JM1: 1. kontor, journalsager [1st office, case files]

Archived case files from the period 1848-1967:

File no. C447/02⁵⁵⁴

File no. G1251/06

Idp MJ: Internal discussion papers of the Ministry of Justice.

File no. K8268/09

File no. O2972/13

File no. P931/14

File no. 1953/30 (Name: Einar Wegener - Lili Elvenes)

Ap EW-MJ 1930: Application from Einar Wegener to the Ministry of Justice, 5 April 1930.

Idp MJ: Internal discussion papers of the Ministry of Justice.

Ju EW CCC 1930: Copy of judgment by the City Court of Copenhagen, 7 October 1930.

⁵⁵⁴ The last number referring to the year the case was initiated is often omitted in the filing system; however, for the reader's convenience, I have decided to keep it in the thesis references.

Mc EW-KW April 1930: Medical certificate for Einar Wegener by Kurt Warnekros at the National Women's Clinic of Dresden-Johannstadt [Staatlichen Frauenklinik zu Dresden-Johannstadt], 10 April 1930.

Mc EW-KW July 1930: Medical certificate for Einar Wegener by Kurt Warnekros at the National Women's Clinic of Dresden-Johannstadt [Staatlichen Frauenklinik zu Dresden-Johannstadt], 18 July 1930.

Per St EW FK-MJ 1930: Draft of permission for name change for barrister Frithjof Kemp on behalf of Einar Wegener from the Ministry of Justice, 26 November 1930.

St EW MLC-MJ 1930: Statement about Einar Wegener's case from the Medico-Legal Council to the Ministry of Justice, 9 August 1930.

File no. K966/35 (Pseudonym: Mathilde – Asger Petersen)

File no. L5867/36

File no. V4173/46 (Pseudonym: Valborg Rosa Hansen)

Idp MJ: Internal discussion papers of the Ministry of Justice.

File no. X3704/47 (Pseudonym: Kirsten Schmidt – Kresten Karl Schmidt)

Idp MJ: Internal discussion papers of the Ministry of Justice.

St LF MLC-MJ 1948: Statement about 'Kirsten Schmidt' case from the Medico-Legal Council to the Ministry of Justice, 9 January 1948.

File no. Y2686/48

File no. Æ170⁵⁸⁸/50 (Pseudonym: Jo Sophie Clemmensen – Joe Clemmensen)

Ap JSC-MJ 1950: Application to the Danish king for a change of name, [no date] July 1950.

Idp MJ: Internal discussion papers of the Ministry of Justice.

Prep JSC 1950: Police report about interview with applicant.

File no. A170³⁶⁴/52

File no. B170360/53: (Pseudonym: Vigga Heidi – Viggo Klausen)

Ap VHK-MJ 1953: Application from Vigga Heidi Klausen to the Ministry of Justice for a change of name to Viggo Klausen, 17 March 1953. Identical copy in RR: MSITA 1208/53.

Idp MJ: Internal discussion papers of the Ministry of Justice.

Le VHK-MJ Mar 1954: Letter from Vigga Heidi Klausen to the Ministry of Justice, 1 March 1954.

Le VHK-MJ Apr 1954: Letter from Vigga Heidi Klausen to the Ministry of Justice, 1 April 1954.

Per VHK-MJ 1954: Draft of permission for name change from Vigga Heidi to Viggo Klausen granted by the Ministry of Justice, 6 April 1954. Copy of permission in RR: MSITA 1208/53.

File no. C170⁴⁶²/54

File no. C170⁹⁵⁰/54

File no. C170⁸³²/54: (Pseudonym: Jens – Jane Dorothea Mikkelsen)

Ap JM-MJ 1955: Application from Jens Mikkelsen to the Ministry of Justice for a change of name to Jane Dorothea Mikkelsen, 4 July 1955.

Per JM-MJ 1955: Permission for name change from Jens Mikkelsen to Jane Dorothea Mikkelsen granted to by the Ministry of Justice, 6 July 1955.

File no. F170⁷³⁶/57: (Pseudonym: Peter Ole – Petra Oda Fischer)

Ap POF-MJ Jun 1957: Application from Peter Ole Fischer to the Ministry of Justice for a change of name to Petra Oda Fischer, 1 June 1957.

Ap POF-MJ Nov 1957: Application from Peter Ole Fischer to the Ministry of Justice for a change of name to Petra Oda Fischer, 11 November 1957.

Ap POF-MJ 1958: Application from Peter Ole Fischer to the Danish King for a change of name to Petra Oda Fischer, [no date] January 1958.

Idp MJ: Internal discussion papers of the Ministry of Justice.

Le JM-POF Sep 1957: Letter from the Ministry of Justice to Peter Ole Fischer, 6 September 1957.

Le JM-POF Oct 1957: Letter from the Ministry of Justice to Peter Ole Fischer, 3 October 1957; identical copy in RR: Ka-S 699/53.

Le POF-CID Jul 1957: Letter from P. Fischer to the Criminal Investigation Department, 27 July 1957.

Le POF-JM Sep 1957: Letter from Peter Ole Fischer to the Ministry of Justice, 21 September 1957.

Le POF-JM Oct 1957: Letter from P. O. Fischer to the Ministry of Justice, 5 October 1957.

Preg POF 1957: Copy of previous police registrations for Peter Ole Fischer, 23 July 1957.

Prep POF Jun 1957: Police report in relation to Peter Ole Fischer's application case of 1-23 June 1957.

Prep POF Nov 1957: Police report in relation to Peter Ole Fischer's application case of June 1st 1957, 11 November 1957.

File no. J170⁶⁵/60: (Ove Meyer – Tina Daisy Meyer)

Pst OM-EHG 1958: Psychiatric statement about Ove Meyer by Psychologist Erik Hoeck-Gradenwitz, 31 December 1958.

JM3: 3. kontor, journalsager [3rd office, case files]

Archived case files from the period 1919-1967:

File no. 359/1921: (Pseudonym: Martin Edmund - Marie Eva Quist)

Idp MJ: Internal discussion papers of the Ministry of Justice.

Le DHA-JM 1922: Letter from the Danish Health Authority to the Ministry of Justice, 8 June 1922.

Le PDC-JM 1921: Letter from the Police Director of Copenhagen to the Ministry of Justice, 31 March 1921.

Prep MEQ 1921: Copy of police report about Martin Edmund Quist, 26 September 1921.

St MEK MLC-MJ 1922: Statement about Martin Edmund Quist's case from the Medico-Legal Council to the Ministry of Justice, 10 May 1922.

File no. 108⁵/51: (Name: George – Christine Jorgensen)

Idp MJ: Internal discussion papers of the Ministry of Justice

Re GWJ-MJ 1951: Rejection for castration to George William Jorgensen by the Ministry of Justice, 9 June 1951.

File no. 108¹⁵/1953: (Pseudonym: Peter Ole – Petra Oda Fischer)

Per POF-MJ 1953: Permission for castration granted to Peter Ole Fischer by the Ministry of Justice, 20 July 1953.

JM5: 5. kontor, journalsager [5th office, case files]

File no. 643/51: (Pseudonym: Ole Andreas - Andrea Nanna Dalgaard)

Idp MJ: Internal discussion papers of the Ministry of Justice

Per OAD-MJ 1952: Permission for wearing women's clothes granted to Ole Andreas Dalgaard by the Ministry of Justice, 19 February 1952.

Pst OAD-GS 1951: Psychiatric statement about Ole Andreas Dalgaard by Georg Stürup, 10 May 1951.

St OAD MLC-MJ 1951: Statement about Ole Andreas Dalgaard's case from the Medico-Legal Council to the Ministry of Justice, 8 October 1951.

JM7: 7. kontor, journalsager [7th office, case files]

File no. 1968-324-1

File no. 1968-324-6

Appendix:

Translation of the terms of permission to see material at the Danish National Archive for which there is restricted access

Permission to see material to which access is restricted

This permission is personal. Only you are allowed to see the material. If others wish to see the material, they must also apply for permission.

The terms of your permission are (cf. the archive law § 23.1):

- 1) That the use of the material is restricted to the purpose that you have described in your application; i.e. used for the production of a presentation about the use and experiences of body modifications in medical contexts in Denmark during the 20th century. If you later wish to use the material for the same purpose, the permission is still valid for this, but if you change your purpose, you must hand in a new application to the State Archive (cf. the archive law § 30.2)
- 2) That you comply with the provision of the archive law about confidentiality. This means that you must not publish, convey, or exploit confidential information that you have learned about through seeing the material. Confidentiality applies to information in the material about, for example, individuals' private lives, including sexual relationships and matters, cf. the archive law § 40.
- 3) That the copies you eventually take of the material must be kept safe, and that you do not pass them on to others (cf. the archive regulations §18).

Special conditions for permission regarding material that is less than 75 years old:

- 1) That you do not publish or convey information about individuals' private or economic matters in such a way that it is possible to recognise the person.
- 2) That you do not make notes containing name, cpr. number, etc. that make it possible to recognise the person.
- 3) That you do not publish or convey the names of persons who are not decision-makers (i.e. persons who have not had an

independent administrative or political responsibility). This shall not apply if the names have been published or are generally known in relation to the cases you are examining.

- 4) That you do not publish or convey whole documents. You may summarise, describe, and make shorter quotes from the documents.
- 5) That eventual copies of the material are exclusively kept on encrypted files and that they are deleted after use.
- 6) That you do not contact the persons mentioned, or their relatives.

If you break the confidentiality defined in the archive law § 40 and 41, you may be punished with a fine or imprisonment of up to 6 months (cf. the archive law § 51.1). [...]

The provisions of the archive law mentioned in the permission § 40

The person who gains access to use archive material on which there is restricted access must not unjustifiably publish, convey, or exploit confidential information to which the person has gained access in relation to this. A piece of information is confidential when it is defined as such by law or another valid provision, or when it is necessary to keep it secret in order to meet essential terms of private or public interests.

§ 41 [...]

2. When granting permission to access archival material, the authorities mentioned in §§31–35 can specify particular terms for the use of archival material on which there is restricted access.

3. Terms are decided on the basis of:

- 1) the character of the information to which access is granted, and
- 2) the purpose that is given for its use, cf. § 30.2

4. Such terms can determine:

- 1) that information about individuals' private affairs, including economic matters, are not conveyed,
- 2) that persons mentioned in the material are not contacted, or their relatives,
- 3) that documents etc. are not conveyed in their entirety, and
- 4) that copies are not made [...]