Cutting my dick off

This essay considers how transgender and non-conforming people and their bodies are medically organised in society by surgery. The surgical normalisation of these bodies is not however enough for some in society. ‘Once a man, always a man’ claim those who oppose and abuse TGNC people and the UK daily press, radio and on TV routinely encourage and facilitate this abuse. This essay focuses on themes of genitalia, tattoos, self-harm, self-mutilation and auto-castration to understand how and why society and medical practices seem to be obsessed with normalising bodies. It does so in relation to one body, that of a non-binary individual. That body is my own and it is my hope that this essay will open up and add to literature on trans folk in organizational discourse whilst also introducing the issues of gender dysphoria and ‘self-mutilation’ as themes for further organizational research and debate.

Bodies and flesh; self-mutilation; tattoos; auto-castration; transgender and non-binary.

Bodies, flesh and frozen desire

This is not the essay I had hoped to write when I first saw the call for the ‘Carne’ special edition of this journal. My original intention was to write an autoethnographic account of the final few months leading up to my sex reassignment surgery (SRS) and ideally from a position of having had that surgery. (SRS is a controversial term for many trans folk. I am aware of this and the politics that surround the phrase but I use it in this essay as it is common to both transgender and medical discourse.)

But I am not there yet.

Fifteen months on and my medicalised transition is now at a stage where I recently met with the surgical team who approved my SRS. They will notify me of the date for surgery but it will not be soon as ‘we will provide 3 months notice of the date for surgery’. There is a minimum then of 3 more months of waiting for my medicalised transition started more than 4 years ago in early 2015.

Business and management academics have over recent years increasingly come to focus on the lives and experiences of transgender and gender nonconforming (TGNC) people (Brewis et al. 1997; Pullen and Rhodes 2013; Schilt and Connell 2007; Thanem 2011; Thanem and Knights 2012; Thanem and Wallenberg 2015). Despite this interest in TGNC people SRS is rarely mentioned, let alone considered to be an important theme, of these vulnerable lives lived. I hope to address this omission and in doing so open up related issues of gender, genital and body dysphoria and how the physical appearance of individual bodies is policed to protect norms acceptable to a heterosexual matrix.

Gender dysphoria, genital dysphoria

Gender dysphoria is considered foundational of TGNC people: To be medically identified and treated as a TGNC person requires a psychological diagnosis of *genital* dysphoria. Diagnosis does not merely identify and allow treatment but also polices, gatekeeps and has historically imposed heteronormative and binary notions of a regularised gender (Halberstam 2013) on the bodies and minds of those individuals so identified. Gender and body dysphoria are reduced to genital dysphoria; one is dysphoric about one's genitalia rather than one's body or other zones, erogenous or not, of that body.

Dysphoria to date largely has been ignored in organizational and management scholarship despite its centrality and apparently definitional importance to transgender folk. Torkild Thanem is an exception as they discuss their own embodied experience as a teenager and later as an academic researching a transgender support group (Thanem and Knights 2012; Thanem and Wallenberg 2015). Their discussion, possibly because their personal identification is as a transvestite male, does not involve genital dysphoria. Whilst Torkild is and identifies as transgender the absence of genital dysphoria would routinely preclude a

medical diagnosis and treatment. A socio-medical policing of transgender bodies deemed acceptable for treatment and normalisation begins early.

In this paper I will present autoethnographic material of my own experience of my socio-medicalisation while undergoing the process of SRS. Like Torkild I am not dysphoric about my genitalia but I am dysphoric. I do not hate my penis and its presence does not cause me distress but I no longer want it. I do however have body dysphoria and one that others police as unacceptable, non-normative and therefore a body to be disowned by society. It is scarred, inked, wrinkly with age and a body to be ashamed of and hidden from polite society. Apparently. I however wish to disagree with this policing: scars mark my dysphoria; ink tells stories of my life; the wobbly bits are the musical score of a life endured but lived.

A method for abjection; a method to research abjection

Whilst business academia have discussed the work lives and experiences of trans folk and may refer to SRS what has not been considered are the experiences of undergoing that surgery and how that process is itself organised and affected by society and institutions. This is not surprising as there is both a reluctance to discuss transgender people in a very revealing manner when they are particularly vulnerable coupled with a belief that trans bodies are out of time and space in such a way they exist only before, or after but not during, the process of surgery (Author 2019; Prosser 1998).

Autoethnography is a suitable method for research concerned with the lived experience of transgender folk. By its nature it should do as little harm to an already vulnerable and repeatedly abjected minority group since only one life is revealed, the writer's own (Anteby 2013). Autoethnography allows me to discuss my subjective, lived experiences but without exposing others to judgement. Rather than add to a social opprobrium that may

increase dysphoria that others experience this account deliberately sets out to question and oppose a processual, binary sexed abjection.

Writing autoethnography is however not without issues. It entails questions of authenticity and reflexivity and often requires a writer to achieve an 'emotional resonance' with potential readers (Ellis, Adams and Bochner 2010). My account becomes confounded as it is a discussion of gender dysphoria and SRS where the first concerns an issue few experience and the latter is still an unfolding process for me: just how can I be reflexive whilst still enduring a life lived forward in a messy way with stops, starts, back tracking and wrong turns? My account attempts to depict this messy unfolding – some passages speak of something that I expect to happen only to be undermined further on by a revelation that it never took place and subsequently my experiences and expectations came to nought and had to change. This writing is in a mobile present time where future and past are refracted by that movement: nothing is quite static. My narrative is told through time covering several years of my life as it continues to unfold, it thus lacks the decisive clarity of those who look back on and reflexively account for a life already lived. It is perhaps less a failed autoethnography than a failing autoethnography that is always falling apart.

Wildness

Jack Halberstam (2013) has written of the productive potential for queer lives and understandings that reaffirm how the wild and anarchic may trouble existing, normative society not from without but from within. This wildness from within is of particular importance as it emphasises how non-conforming people make use of what already exists but in a way that is different to and challenges established conventions.

Non-conforming, non-normative bodies are increasingly normalised through official surgical practices that ultimately may not address the individual's dysphoria despite

supposedly removing it along with the non-normative body. This practice is not restricted to TGNC people but has a basis in the medicalisation and treatment of intersex people. The sovereignity over acceptable bodies is ceded to society unless the dysphoric individual goes, to use Halberstam's analogy, gaga and experiments with the possibilities and limitations of their own body by altering it through, for example, clothing, makeup, tattoos, cosmetic surgery and (self) surgery deemed mutilative in normative society.

An abjected TGNC body; mine.

Trans folk in academic writings are most often ontical bodies that stick out from time rather than ontological flesh and bone that endure, change and experience their lives in a flow of time (Halberstam 2005, 2012, 2013). Emotive autoethnography is meant to resonate with a reader but I contend that this emotional connection is easier to talk of than achieve and maintain.

A key word search of journals specific to business and management using 'tattoo', 'self-harm', 'self-mutilation' and 'auto-castration' reveals little has been published concerning tattoos and self-harm and nothing on self-mutilation and auto-castration. Simpson and Pullen (2018) discuss the aesthetic and bodily work of tattoo artists in the new 'cool'; Timming (2011) writes of a negative discrimination that tattooed job applicants face in organizations generally and of a positive discrimination in tattoo studios (2011); others are concerned with the consumption of tattoos (Dean 2010; Patterson and Schroeder 2010; Pentina and Spears 2011). Gray (2008) may have written the first and so far only article in business and management concerned specifically with self-harm. Much like research on sexual practices (Brewis 2005) it seems that while tattoos and self-harm are considered marginal issues, self-mutilation and auto-castration remain beyond the pale for polite conversation in management and organization academia.

In my real life interactions I do not hide or abhor my tattoos, scars or non-conforming gender; they visibly mark my wildness and speak of who I am but the tattoos and scars remain apart as two sides of the same coin. The tattoos on my left hand stop at my elbow and the scars that witness my self-harm start. The two are kept distanced by the fold of my elbow and by a time past now lost. I've self-harmed for as long as I remember but my first tattoo is only 2 years old. I self-harm when I am triggered by public abuse, my tattoos tell a story of my life, who I am and what is meaningful to me. I cannot bring myself to cut a tattoo and I also cannot bring myself to cover my cuts with a tattoo. Two years on and the only un-inked space on my arms left that is large enough for anything more than a basic, simple tattoo is where I cut myself.

My tattooist has now started to ink my entire back with a single tattoo which we estimate will take 36 hours to complete. It traverses some of the most painful areas available for a tattoo but I would rather that than cover my cuts and risk cutting a tattoo.

I am not ashamed of who I am and I refuse to be shamed in to silence anymore by a polite society that restricts me to the margin.

A rage for order

Transgender folk are all the rage in the UK currently less in terms of how we have reached a tipping point for acceptance in a cisgender heteronormative society and more as a focus for some transphobes who demand the curtailment of legal rights for trans folk. This on-going rage repeated in daily national newspaper accounts and at country wide meetings that question and devalue transgender people, our rights and our lives under a guise of 'freedom of speech' open a space for increasing public abuse and violence directed at TGNC folk. It depicts TGNC people as a contagion, or a virus, to be eliminated to protect the health of a normative and binary society.[i]

In an 18 month period this daily abuse has included transphobic groups comprised of self-identified 'gender critical feminists' (GCFs) claiming to protect women's rights who visited public swimming pools and baths wearing 'male' swimming costume to apparently highlight the 'risk' that TGNC people pose; the high jacking of the 2018 London LGBT Pride march by a small group of transphobes demanding that Pride no longer include TGNC people under its umbrella; the puerile stickering of Antony Gormley's exhibition of statues of his naked body with 'penis'; advertising hoardings and billboards and stickers placed in public spaces that carry transphobic messages that are not single events but part of deliberate, planned campaigns co-ordinated and carried out by several transphobic groups that have been identified as connected to and funded by far right and ultraorthodox Christian fundamentalists in the USA (Hatchet 2019; Perreau 2016). These 'feminists' are silent on issues of abortion, genital mutilation, family poverty, domestic violence, etc., there only concern is to attack the rights of TGNC people. All of this is done under the flag of 'freedom of speech' and a claim that these protesters are 'silenced' by TGNC people that belies the evident public secret that the opposite is true and increases a desire that I feel to oppose their 'natural', normative demands through my wild, self-mutilated body.

An example of gender normative rage was caught in the UK Channel 4 programme 'Genderquake: The debate' originally broadcast to air on 8th May 2018. Some in the audience repeatedly shouted 'penis' and 'you're a man' at a woman panellist. Those who started the shouting were GCF members of groups mentioned in the preceding paragraph and were invited by the C4 production to be audience members. This is the freedom of speech that transphobic people demand – the freedom to verbally abuse, to incite hatred and to silence trans folk by screaming their rage over them. (There have been several other TV and radio 'debates' since that question the rights of transgender people in society including those that invite transphobic panel members but do not balance this by including any transgender

person.)

Whilst this behaviour and Channel 4's seeming inability to manage what it instigated resulted in complaints to OFCOM what goes largely unremarked outside trans communities is why a national broadcaster believes a debate about the existence of TGNC folk is necessary. Would the right to exist for any other vulnerable, marginalised group be the subject of debate? To frame this slightly differently – why is sex/gender organised around genitalia in such a way that cisgender heteronormativity reflects a desire for an intractable body rather than malleable flesh? This palisaded hate given voice as 'PENIS!' reveals an obsession with genitalia that are deemed definitional of sex/gender just as the socio-medicalising polices (fails to) normalises transgender bodies.

Screaming 'PENIS!' at a woman makes clear that history matters too much for some. This hate finds release when the transphobic presume a right to police public spaces; to refuse TGNC people a right to self-declaration but instead deliberately dead names and misgenders TGNC people; a right to deny repeated evidence of the vulnerability of TGNC people to suicide due to social stigma: a right that meets its apotheosis in the violent deaths of transgender people recorded annually on the Transgender Day of Remembrance.

And I endure this maelstrom of public secrets, lies and denial of rights based on a 'PENIS!' I do not want whilst on a medical pathway that I have endured for 4 years and that still has not ended. Even when I finally have SRS I know that society will continue to scream 'PENIS!' at me whether I have one or not. That strange member between my legs is invested with physical, symbolic, psychic and organizational meanings and abilities that rigidifies not just a binary sex divide that leaves cisgender women always as agentless victims of patriarchy but erases malleable flesh in favour of an ineradicable body. It is to fleshy bodies that I now wish to turn.

Bad flesh

Judith Butler (1993) argued that the skin's surface is a porous and politicised boundary. It is a screen on to which we project our internal image of self *and* one interpreted through and compared with social gender norms. Where internalised and externalised projections of gender do not align the skin surface becomes a site of collision and conflict (Author 2018). Flesh gives this surface physical depth and as Butler (1993, 64) argues it is specific erogenic zones that society conflate as sex/gender. To a GCF I not only have but become a penis in such a way that my unwanted fleshy part becomes synonymous with me (Halberstam 1991). A 'PENIS!' is considered to represent a danger to the integrity and purity of female bodies because it may move beyond and penetrates a skin surface to physically and psychically rupture integrity and pollute the purity of a supposed impermeable, unchanging female body. An otherwise impervious body must be protected and policed from external invasion and internal confusion lest it lose its purity. It is not just fleshy penises that pose a risk however but anything that may alter a permeable skin surface and flesh as Chapter 2 of Burr and Hearn (2008) makes clear. The author of Chapter 2 is infamous for their decades long attacks on transgender folk where their hate and rage is such that they make frequent flights between Australia and England to speak at GCF meetings to repeatedly vilify transgender people.[ii]

Chapter 2 in Burr and Hearn (2008) from its title and throughout its content is concerned with maintaining the purity of some bodies by protecting skin and flesh from acts considered by the author to be forms of mutilative, pathological (self-)harm including tattooing, piercing, cutting, scarification, certain sado-masochistic practices and 'elective' surgical practices including cosmetic surgery, limb amputation and SRS. (I place 'elective' in scare quotes to emphasise that agency and choice may be over-ridden by a necessity to

maintain mental health (Heyes 2009; Pitts 2000. See Coll-Planas et al. 2017 for a discussion of how and why cosmetic surgeons do not regard all cosmetic surgery as 'elective'; Sedgwick 1987 and Hammers 2014 for feminist and positive depictions of BDSM and female bodies).

The Chapter excoriates all female bodies considered impure and claims any mutilation to be the act of violent men perpetrated on vulnerable, deluded women. I do not deny that some women may self-harm because of misogyny and male violence but this claim oversimplifies ambiguities and complicated subjective histories. Choice and agency are reduced to a decision between maintaining a 'natural purity' or being a deluded, working class victim. The Chapter, written by a privileged, white, well paid, female academic presumes that it is only ever poor, working class white women here who are the dupes of patriarchy and ignores and cannot account adequately for the existence of, for instance, straightedge tattooed folk who are predominantly middleclass, white, educated, heterosexual, cisgender men and women (Atkinson 2003). It depicts and pathologises working class women with tattoos as an undesirable and despised element of society (Sullivan 2009; Swami and Furnham 2007) whilst claiming to care for those very women whom it stigmatises and abuses by buttressing a belief that natural is a characteristic and property only of white, 'able-bodied', pure, non-mutilated, middle class, cisgender female bodies. Bluntly, it pathologises not just someone like me but any woman deemed 'impure' with a supposedly imperfect body that carries the 'mutilative' marks of a lived life.

What follows is an account of how I try to reclaim a body of my own for myself from the sin of mutilation by self-harming.

It's only (my) flesh and bone

A filleting knife is removed from a kitchen drawer where it is kept apart from other knives for it has one purpose alone and that is distinct from the others in the drawer. Now, in the bathroom, it is placed on the edge of the bath. Dettol drenches a handful of cotton wool pads.

One pad is used to clean the knife. The cold water tap opened and water runs swirling around the sink to waste.

Flesh on an upper left arm is exposed and held out just above the sink. The right hand takes the knife to hold it point down just touching skin. The point pushed down in to the flesh is twisted first right, then left, to open a wound. The knife blade is drawn slowly down the arm towards the elbow and then up and down repeatedly at an increasing tempo as blood starts to flow. At first there is resistance to the knife but that quickly gives way as skin and flesh sunder. And the exercise is repeated until there are more than 10 bleeding lines on the skin. With some cuts there is a brief pause as the skin and flesh are stretched between the fingers of the right hand. Stretching pulls flesh further apart so that the depth of the cut is clear to see. Dettol is poured over the arm. Blood and disinfectant form eddying whirlpools with the cold water running into the sink. The arm is wiped dry with cotton wool pads before the knife is again picked up and used to form new lines criss-crossing the others on the skin, in the flesh. The points where lines cross bleed the most.

Skin now pink from trauma and residual blood is wiped clean until the bleeding slows. Used cotton wool pads are thrown in the bin and what few remain kept to one side to staunch further bleeding. The knife once cleaned and disinfected is returned to the drawer next to but separate from the other knives.

I self-harm. I cut myself and have done so for some 50 years (van der Kolk, Perry, and Herman 1991). I cut my upper left arm, my left shin and the inside of either thigh. This clearly is not just a teenage craze for me. I do this as it offers me a way to mark and cope with, rather than merely react to, the abuse I encounter in a world of cisgender privilege and not simply patriarchal misogyny. Self-harm, the pain of slicing in to my flesh, reminds me that I am human and not the monster that GCFs claim. It is rarely suicidal ideation. Self-harm tethers me to my humanity (Author 2018) even whilst it mutilates my body and helps me

maintain a distance from a normative, ‘natural’ heterosexual matrix. Self-harming, perhaps, releases my otherwise embodied wildness (Halberstam 2013).

A razor is too quick, too clean, too easy: too easy to form a cut and too easy to get wrong and go too deep. I watch each incision carefully, somewhat fascinated even now by how the skin breaks and the flesh forced to part by the knife. Sometimes I twist the knife to force flesh apart. It is not the scar I seek but the pain inflicted by cutting and perhaps my own fascination and absorption (Kristeva [1980] 1982). The scar does not tether me to my life, the cutting does.

I no longer care if I scar and if other people see the tracks. No one ever asks anyway, they just stare in silence or much more often turn away and pretend not to notice. There is no power to horror. I am careful what flesh I cut, upper left arm, inside thighs, left shin and nowhere else. I am dysphoric about my body and these areas are where my dysphoria locates (Author 2018). These areas are not inked.

I don’t seem to scar easily, marks fade quickly and most are gone within days. I have however done this so much and for so long that the skin on my left leg is different to that on my right – it’s papery to touch and pale white despite my olive complexion, sometimes it bleeds merely by gently scratching it with a fingernail. Years of cutting has left an epidermis alien in appearance yet still mine, marking my otherness.

The ink I have and plan to have cannot touch these dysphoric areas. I would not want to damage the tattooist’s art and I also do not want ink to cover the scars. Tattoo me here but never touch there. Tattoos and scars form a human map of my heart and life: zones of artistic inked wonder symbolising me, demarcated by and demarcating zones that are my vulnerability. A vulnerability that you turn away from and pretend does not exist. There is no power to my horror.

To consider being tattooed as an example of a misogynistic patriarchy and self-mutilation by proxy (Chapter 2 in Burr and Hearn 2008) is a simplification that blithely ignores the ambiguity and subtleties of the artist-client relationship (Patterson and Schroeder 2010); ambiguous and complicated differences amongst individual tattoo artists (Wicks and Grandy 2007) and clients (Atkinson 2003; Simpson and Pullen 2018); how tattoos mark bodies to invest skin with visible meanings (Simpson and Pullen 2018) that often contend with and oppose a cisgender, white, heteronormative and patriarchal society. Tattooed skin is an inked pictorial autobiography of a life lived.

I have seven, visible tattoos and intend more. One is a transgender symbol braiding an anarchist sign and the words 'gender fuck'. When people ask me, 'are you a woman?' I show them that tattoo. I do not hide that I am a TGNC person, I celebrate it indelibly on my skin in tattoos and with my scars. I would be psychically mutilated if my body lacked scars and tattoos as it would scream of conforming to the pressures of a cisnormative society that demands I pass quietly as cisnormative in order to survive and that punishes those that do not.

I have been in medical transition since early 2015 – nearly 4 years at the time of writing. It's late 2017 and I'm told to start investigating the various forms of SRS available for those assigned male at birth (AMAB) patients. And so I spend the Winter of 2017 refreshing my understanding of vaginoplasty, the surgical implications, postoperative care regimes both personal and for on-going medical appointments, satisfaction rates and aesthetic results prior to my clinic consultation that will finally recommend a 2nd opinion before progressing me on to a London hospital for surgery in the early Autumn of 2018.

But that didn't come to pass. I failed that routine blood test for hormone levels and two subsequent retests. My blood platelet count and prolactin level were out of range and I was considered to be at high risk of deep vein thrombosis, a stroke and of developing prolactinoma. Surgery was put on hold and my dose of 'feminising' hormones halved until

these issues might return to the normal, accepted range. If they do not I will be sent to an endocrinologist who will consider how, if, I can continue with hormone replacement therapy (HRT) or if treatment will be suspended indefinitely and I will henceforth be considered 'non-operative trans'.

Halving my hormone dose meant that my body became a battleground between female and male hormones. This internal, invisible war of hormones resulted in huge emotional swings for me where one moment I would be calm and placid and the next crying for no reason, depressed and very nearly suicidal. But that war was internalised as I could not allow others to see it or ask for help since to do so might have signalled to my clinic a need to stop medical treatment. It became my private secret that I had to maintain in public.

And so in early January 2018 I took a knife and started to cut myself. Again and again and again. Not just on one night but every night for weeks. My initial cutting was insufficient and I quickly transferred attention to my inner thighs, stabbing and gouging at the flesh and all the while moving closer and closer to my genitals. And then I stopped. I had to stop. Someone whom I know very well tried to commit suicide. I needed to be there for them as my self-harm is non-suicidal, theirs not. The knife went back in the drawer.

A year later, early January 2019 I finally passed my bloods and have an appointment to discuss possible surgery in a week; my clinic hope I will undergo eventual surgery late 2019. Surgery will take place at a hospital literally at the opposite end of the county to where I live but now no longer in London but Brighton.

In the year between January 2018 and today I considered auto-castration and not for the first time. I've researched ways of achieving it, the pitfalls, what I need to do pre- and post-surgery. I consider various options ranging from a knife, to a razor, to the use of a nail gun (Brown 2010; Donnelly-Boylen 2016). I know that pain relief and significant blood loss pose a major risk because a major artery in the penis contracts back in to the body when

traumatised. If it is not tied off quickly there is a major risk of bleeding to death. The pain does not worry me, my concern is that the shock and blood loss may prevent me from successfully proceeding. If I cannot prevent this contraction I will bleed out long before I could present at a hospital. I need to be conscious to prevent the hospital from trying to 'save' my penis and testicles.

And this knowledge is in my head whilst I do everything else that people do in normal life. I wake in the morning, wash and dress and go to work. I interact with students, friends and colleagues. I stand on a picket line and in lecture theatres. I go home and after an evening meal settle down to complete more work before finally having some free time to continue my research into auto-castration. This knowledge has not gone away with the announcement that I will now be referred for a 2nd opinion, it remains as a 'Plan B' just in case I fail the 2nd opinion, or the pre-surgery assessment, or if it takes too long to happen. My concerns now are when will surgery take place and what the eventual aesthetic result will be.

People tell me that the extra time I have had to wait should be easy to endure, what is an extra year after 50 years of waiting? And I understand that but I also understand that my entire life became condensed in to and focused by that year. I understand what it means to wait knowing that it may not be an additional year but forever.

If official surgery is denied I would be left with a body that was both male and female in form – atrophying breasts and penis, a body in limbo forever. I know I do not want that. But aesthetically just what do I want from surgery, whether self-managed or hospital? I return to my research about vaginoplasty to find that what is offered by medical surgery is not actually what I ideally wish for.

I am an enbee (nonbinary) person and specifically one who identifies as neither male nor female. Whilst some enbees opt for a gender fluid body that has both male and female signs I wish for one that is neither. The presence or lack of a penis, to me, neither marks me

as male or female. A penis is largely an irrelevance I have learnt to live with but have little use beyond urination for. A penis just gets in the way, causes me some physical discomfort and is something I aesthetically dislike having – ugly flesh alien to me that limits what clothes I may comfortable wear. But I'm not convinced I desire a vagina and its fleshy parts either. I brand my body as enbee and that is the aesthetic body I desire, not male, not female and not both. Fuck gender fuck.

And I ask myself – have I, will I, run out of patience waiting for surgery? Have I even the time left given my age and the ever there risk of blood clotting and prolactinoma? I will have waited 4 1/2 years for surgery should I now receive the three month notice. Whilst that is a considerable length of time I know many who have waited six, seven, eight years and are still waiting, longing, hoping for a surgery that may never happen. In an elongated treatment pathway that involves multiple practitioners and different clinics records are sometimes lost, files closed too early and appointments never made leaving some waiting for a letter that will never come. And what should I do if what I'm offered officially just doesn't even come close to what I desire? Do I accept second best as the medically safe option and sit and wait or should I take matter(s) in to my own hands quite literally? Silence is not always golden.

Concluding but not ending

I do not desire to keep my penis but I'm not convinced I desire a vagina. Those are very binary choices and just not me. There is no official alternative however, official surgery allows only for a sex/gender binary. I've known this at least since the day my clinic wrote on my official notes that I was a 'classic' M2F transsexual despite my stating repeatedly that I identify as enbee (Author 2018; Bettcher 2014; Castaneda 2015; Fausto-Sterling 2000; Roen 2008; Stryker and Sullivan 2009).

My personal research turns to the surgical and non-surgical choices made by other genderqueer and trans folk over their bodies. People like Juliana Huxtable (Frank 2015),

Justin Vivian Bond (Sheets 2017), Wu Tsang (n.d.) and particularly Vinny Ohh (n.d., 2017) who remodel their gender bodies in ways that do not conform to the normative binary. Vinny interests me most as they identify as a sexless alien and intends surgery to have their genitalia, nipples and belly button removed and aesthetically be neither 'male' or 'female'. The cost of Vinny's intended surgery is estimated as £100,000 and that figure, whilst including other, additional surgery, is considerably beyond my meagre finances. And then, whilst researching this essay I stumble upon a reference to people who conduct unofficial, black market, limb amputation (Elliott 2000; Olivares 2014. Elliott's essay, despite claims to the contrary by the author, is a judgmental, transphobic essay). This research opens a new direction to investigate.

My autoethnographic account in this essay is an attempt to depict how and why I wish to disinvest myself of that flesh between my legs and the difficulties I have so far encountered. I expect to encounter many more on this journey where the most important of which is that the official and safest medical route only accepts for the possibility of normative male and female bodies. Official surgery normalises bodies and allows me to have an opinion on the different forms of vaginoplasty and their aesthetic and bodily differences: one gets a say in what the vagina will look like, how well it may 'perform' for urination and sex (how much feeling there may be, what of lubrication, will dilation be easy or painful) and some choice regarding depth. My opinion though is secondary to any surgical decision and importantly for me does not allow for a choice of 'not vagina'. But the wildness (Halberstam 2013) of my non-conformativity draws on a desire for 'not-vagina', a desire to make of my body something different from the genital parts that exist rather than exchange one set of binary genitals for another in a society where bigots scream 'PENIS!'; a world where TGNC can never be normalised enough to avoid stigma and abuse.

Judith Butler (1993) has argued that sex/gender is not localised at the genitalia. A person is not reducible to the presence or absence of any single fleshy member or merely the sum of parts. Chapter 2 in Burr and Hearn (2008) in contrast is deeply conservative and denies the possibility of both different, subjectively experienced sex/gender ontologically gendered bodies in favour of what it considers as pure, natural, sexed bodies based on a zero sum game of parts. This does not challenge the heterosexual matrix but leaves sex unchanging in a patriarchal and transmisogynistic world where female bodies remain victims of 'feminists' policing the walls of their prison. Their desire is no longer to escape the iron cage but to keep others out and punish those inside deemed impure.

The Genderquake debate on Channel 4 was a clear reminder that GCFs equate a fleshy part with a body both physical in form and psychic in depth. They scream 'PENIS!' at women and recite a mantra that not only attempts to reduce a person to genitalia but invests the latter with a transhistoric, psychic permanence whether or not it physically remains: an AMAB person was, is and always will be a 'penis' to them. GCFs claim on social media that a very high percentage of those who undergo SRS ultimately are unhappy with the results of surgery. That claim ignores that genital surgery has one of the highest satisfaction rates of all 'elective' surgery (van de Grift et al. 2017; Hess et al. 2014). Their argument, based on an unproven claim that trans folk are unhappy, is grounded on a belief that the surgery is a misinformed, delusional choice: men are always men, women always women – once a penis, always a penis. The claim of high dissatisfaction rates relates to the concept of body dysmorphic disorder (BDD) where a person with BDD becomes an unsuitable candidate for cosmetic surgery as they are psycho-pathologically always dissatisfied with their appearance and body. Assessing potential patients for BDD thus demarcates potential patients as either normal or psycho-pathologically unsuitable for treatment whilst ignoring the person's lived embodied subjectivity (Heyes 2009). The focus on false data of high dissatisfaction is thus an

attempt to question and ultimately deny trans folk access to surgery by pathologizing them. The pathological cannot be allowed to make decisions about their own bodies.

The claim that men are always men, women always women, rigidifies and supports a heterosexual binary matrix (Butler 1993) such that people in one binary position may not cross to the other or oppose that matrix. Differences in gender expression are only allowed within the original binary position and restricted to expressions that do not undermine the purity and naturalness of that position. This focus on a natural sex demands that sex be policed to maintain integrity. Those who do not conform whether or not they possess the 'correct' genitalia are rejected. Tattooed, pierced cisgender women and those who undergo any form of 'elective' surgery are considered in Chapter 2 of Burr and Hearn (2008) as agentless victims of a violent, oppressive society who must be excluded from the category of natural cisgender woman lest they contaminate the purity of natural women. It is not however at all clear what constitutes either choice or elective or indeed what is 'merely' cosmetic. Would the removal of a non-cancerous breast following treatment of a cancerous growth in the other constitute an unnatural elective choice? Or surgery to remove benign growths, or to straighten a nose, or cover over a birth mark? Is having your teeth whitened unacceptable? Does one go too far if you pierce a labia, or clitoris, belly button, nipple, tongue, ear (and which part)? And just what should I tell my 90 year old mum who had a partial hysterectomy aged 42 and a full hysterectomy aged 50? Her choice was based on a desire to stop haemorrhaging blood on a near daily basis. Did she cease to be a woman 48 years ago and was her decision that of a delusional victim? Despite claims that GCFs care about vulnerable people they instead attack those very people.

GCFs talk of my body and flesh and find it to be mutilated. GCFs focus however on a stereotyped body image that assumes a body mirrors what the inner person *is* (see Featherstone 2010 for a discussion of the body as a mirror). An untouched, unmarked cis-

normative body is both real and natural whereas a body that is altered, marked or mutilated reflects a soul equally mutilated and monsterous. They do not talk to trans folk and dismiss lived experience to instead create a fictive monster as an abstract representation of trans folk (Stryker 1994). They silence the actual bodily experiences of an already silenced marginalised group (Barker and Langdridge 2009).

I am not mutilated flesh even though my skin is an outward, visible expression of the internalised me. All the things I do to me, from hormone therapy, body and facial hair removal, tattoos to eventual surgery, help move my flesh toward an Hegelian recovery that will officially bring outward flesh and a medically determined internal psyche together. That teleological recovery must however contend with organizations and institutions that believe sex/gender flesh can only be binary and that surgery for AMAB people must provide normative genitalia as the desired and only acceptable result. This for me leaves my skin as a surface where those societal beliefs of sex/gender collide with my desire for a body of my own. The collision I move toward is increasingly one where I do not want a normative sex/gender body but that is the only option allowed by official medical surgery.

The medical pathway that trans folk are required to follow is not merely lengthy but also brutal. In the UK it requires a period from a first referral to the day of surgery that stretches over years rather than weeks or months during which a trans person faces multiple, often repetitive assessments before medical care is provided and/or they are moved on to the next stage. Progress is not guaranteed and care may be withdrawn or changed throughout the process often with little regard to the TGNC people undergoing this process.

My experience of the reduction of hormonal treatment is quite common (Irni 2017) and I know of many trans people who anecdotally confirm experiences that a sudden reduction in hormones results in emotional instability and an increase in suicidal ideation. They speak of the anxiety and stress caused to them by this change in a care regime and their

fears that it may signal an impending end to treatment. Others speak of the anxiety caused by how sex/gender is policed by medical practitioners and how they are required to conform to normative standards where a failure to do so may result in the termination or refusal of treatment (Spade 2006). Being trans is not a choice and access to medical treatment is a long, gruelling process that the description of it as 'elective surgery' completely fails to recognise or capture. No one wakes one morning and simply elects to have surgery. Frankly no one would undergo this journey out of choice; it is undergone because of a very real need for change.

I am now months away from surgery: my pre-surgery appointment took place a week ago as I write. I was told what type of vaginoplasty my surgeon would use – so much for choice. I was continually referred to not just as female but as 'girl', someone who is not yet an adult woman. No one acknowledged that I might be enbee and do not wish to be normalised and that whilst I don't want my penis I don't necessarily want a vagina. Should I accept what is offered and ultimately have a body not my own or should I seek an alternative? Should I risk my health and 'self-mutilate' whether personally or by proxy to acquire the body I want? Should I cut my own dick off? Should I go gaga?

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[i] These are terms used by various transphobic speakers during public meetings, in the general and specialist media and in social media fora about protecting the rights of normative sex/gender people from a transgender ‘plague’. One such public meeting took place in the UK’s House of Commons at the invitation of a UK MP in 2017, others have taken place at a variety of public and private venues across the UK, including public universities and in the case of the latter seemingly supported by the then Government Minister for Universities under the guise of ‘freedom of speech’. Whilst that Minister noted that Freedom of Speech did not extend to hate speech he also carefully excluded TGNC people and their protection under the UK 2010 Equalities Act as a protected characteristic (Author 2018).

[ii] I do not wish to add to the infamy of transphobic academic authors and so will not cite this author by name.