

Transgender Public Clocking: Why Do We Stare?

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We have been shaped by our Western cultural view of gender as binary, a distinct classification of male and female (Ettner, 1996). As part of our culturally influenced core belief system, gender is mentally attributed to each person we meet within the first seconds of each encounter (Lippa, 1978). The perception of a variance, such as a slightly recognizable genetic male presenting in a feminine gender/clothing choice, activates an internal alarm response. This leads to a double take and staring or public clocking of the transgendered person (Eyre, de Guzman, Donovan, & Boissiere, 2004). In this context, *transgender* is employed as an umbrella term that is inclusive of the continuum of gender expression/identity from postoperative transsexuals to the occasional cross-dresser. *Public clocking* refers to a transperson being identified as presenting an incongruent or confusing public gender package, one not easily identified as male or female (Eyre et al.).

Although Bem's (1981) research reflected gender as a continuum with no individual testing as totally masculine or feminine, our cultural conditioning encourages the continued view of gender as bimodal (Bushong, 1997). Knowing that the cultural constraints of the Western world seem to influence interactions between the therapeutic and the transgender community (Bockting & Cesaretti, 2001), the author issues a call for increased therapist congruence through examination of our own emotions and beliefs concerning gender, most particularly concerning transgender expression. Therapists need to examine their degree of acceptance of the bimodal view of gender (Carroll, Gilroy, & Ryan, 2002).

Phallocentric Prejudice

Kessler and McKenna (1978) posited that our view is not only bimodal but also phallocentric. For example, an individual with an ambiguous gender presentation is often assumed to be male. Ambiguous gender presentation that can not be comfortably attributed to male disrupts the psychological process referred to by Erikson (1968) as the integrated sense of

self. There are psychological attributes that help formulate the integrated sense of self that form in response to societal practices, such as gender and sexual orientation rules (Baptiste, 1990). The integrated self relies on generalizations and beliefs about the surrounding world that become an oversimplified core belief structure (Miller, 1997). The core belief structure tends to sacrifice diversity and variability in its formation of unconscious beliefs about what is true, including prejudices. Prejudices such as, "It may be dressed like a woman, but it doesn't walk like a woman or talk like a woman; therefore, it is a man" (Miss Edee King, personal communication, May 16, 2004).

It Is Not an Anomaly

Such a disruption of our core belief system's knowledge of binary sex categories may result in the assumption that an anomaly is being viewed. Rather than an anomaly, male to female (MtF) transgender expression is more common than many well-known conditions. Lynn Conway, professor emeritus at the University of Michigan, has estimated that there are 40,000 transgendered male to females who have completed sexual reassignment surgery (SRS) in the United States. Conway stated that SRS transgendered status is more common than multiple sclerosis or cleft palate (Boylin, 2003). It is conservatively estimated that 3% of the male population in the United States is gender variant (Ettner, 1999; Bushong, 1997). It seems that in the therapeutic community, our perception of cultural norms has not caught up with the current expressions of gender identity, expressions that are destined to become more normative with repetitive exposure.

Even Experts Get Embarrassed

As therapists, we are underexposed to the transgender community and undertrained in positively interacting with this community. Our lack of exposure and training sometimes translates into awkwardness and embarrassment. This awkwardness has even been experienced by therapeutic providers who are members

of the gay, lesbian, bisexual, and transgender (GLBT) community. The author was moved by John Allen's (2003) story of his office encounter with Lisa, a person who had previously only presented as Mark. John is the founder of the New Haven Gay and Lesbian Community Center and the Rainbow Support Group. John wrote that Lisa unexpectedly appeared in his office for his appointment with Mark. The office was crowded for Lisa's first appearance. The young staff gathered round and, with barely disguised smirks, watched Lisa walk into John's office. When Lisa inquired if the staff was laughing at her, John quickly assured her that they were not, although both knew the answer was not completely truthful. John related his reactions to her visit:

The embarrassed and appalled feeling I felt when Lisa asked about the ridicule from the staff was actually three simultaneous emotions...Until that day, I had never witnessed an incident in which an individual was ridiculed for who he or she was or for appearance when entering the building and certainly never in the person's presence... I felt emotionally betrayed by the people I work with...I am also disappointed at my own naiveté, for not realizing there is no sacred space for those who are different. But it was the fear I felt that has come to define the moment for me. The fear that even with some legal and social protections for the group I have come to identify with...somehow it was still acceptable for my coworkers to mock me and my community members, even in our presence. (pp. 120-122)

The description in John's book prompted the author to call him before writing this article. John related that the incident occurred on a Friday afternoon. He fretted over the event and his response to it the entire weekend. On Monday, John returned to work and spent the next 3 days, closeted in his office, writing the chapter describing the incident with Lisa. After circulating the completed chapter to all staff members, John related that only one person apologized for the office response to Lisa. He stated that even the one apology was "liberating and allowed me to release some of the anger I felt at the injustice" (p. 122). John indicated that he and Lisa have not had an opportunity to process the office incident. John felt that the processing conversation may never take place.

Kate Bornstein (1995), a gender activist, reported a similar incident involving a verbal slip by a treatment

professional that was not acknowledged by Kate or the professional. The gender specialist referred to Kate with the pronoun "he."

Let me tell you what happened, the way it looked from inside my head. The world slowed down, ...Attached to that simple pronoun was the word *failure*, quickly followed by the word *freak*... Here was someone who had never known me as a man, referring to me as a man. Instead of saying or doing anything, I shut down and was polite to him for the rest of the time he was in my house. Now here's a telling point: all three of us (as I later found out) were aware of that slip, and none of us said anything. *He's* a trained sex worker, with a great deal of experience working with sexual and gender minorities....We all knew he'd slipped on a pronoun, and none of us said anything – not a giggle, not an "oops," not one comment. Each of us was far too embarrassed to say anything. (p. 126)

As a heterosexual woman and author of this article, I am still struggling with a similar issue. A young biological male I've known for over a decade telephoned me one evening and described her decision to transition to female. She is new to the coming out process and has related her dread of the times that she has noticed public clocking directed toward her. We have had many ensuing conversations, and I have lost track of how many times I've had to interject "sorry" when I've used the wrong pronoun or her former masculine name. My adjustment to viewing her through her true gender lens has been eased by our preexisting friendship that seems to accommodate imperfections with a great deal of patience and allow each of us to remain congruent in our exchanges.

Therapist Congruence Is Key

The issue of congruence in the provision of therapeutic services to the transgendered is vital. Both Ettner (1999) and Israel and Traver (1997) have recommended an existential/humanistic approach when counseling regarding transgender issues. Congruence is a core construct in this approach. According to the existential/humanistic school of thought, more than any other quality, the congruence (genuineness) of the therapist determines the success of therapy (Hubble, Duncan, & Miller, 1999; Rogers, 1986). Congruence includes the therapist's ability to be present, whole, centered, and in a state of inner peace and harmony

(Lum, 2002). Striving for this state of being communicates to the client that even in the presenting fragile state, the therapist is a safe person to trust (Finnegan & McNally, 2002). In the context of the current discussion, *congruence* means being present and focused to the extent that client issues and reactions can be explored, even when the therapist must present as a less than fully integrated self.

Therapist, Prepare Thyself

As therapists, we all may be adjusting to the new freedom of gender expression. We can prepare ourselves by reading some of the books referenced in this article. Carroll et al. (2002) provided excellent suggestions for reading and viewing materials to increase professional competence in their article in the *Journal of Counseling & Development*. Carroll et al. provided implications for counseling the transgendered that include counselor attitudes, counselor knowledge and skills, suggested readings, and a discussion of critical issues.

We can focus on maintaining open communication with gender mentors and treatment providers. Most importantly, we can focus on staying open to the uniqueness, wonder, and worth of each client who has been gifted to us. Part of the gift of working with a transgendered client is captured in a statement by Mara Keisling, executive director of the National Center for Transgender Equality:

We sometimes like to say that transgender people are just ordinary people. I think that misses the point. Unlike most people, we have had to evaluate who we are and who we need to be. We have faced our fears and risked just about everything. By coming out as transgender, we have engaged in a humbling act of courage that would frighten almost anyone. Transgender people are not simply ordinary; we are extraordinary. (2003, Conclusion, para. 3)

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