

Historical and Clinical Experiences Across the Gender Spectrum: An Interview with Vernon Rosario by William Cornell

Vernon A. Rosario

Vernon Rosario is a medical historian and practicing psychiatrist specializing in clinical work with gender-variant individuals and their families. His academic and clinical writing is extensive and always humane, respectful, and deeply grounded in an attitude informed by culture and history. I (Bill) first met Vernon when we were each presenting at the “Queer Bodies in Psychotherapy” conference in San Francisco almost a decade ago. His case presentation of his work with a Latino transgendered adolescent stunned me. Here was a young, impoverished, and neglected person whose life was chaotic, whose primary source of income was sex work, and whose time in treatment was marked by acting out, running away, drug use, and high-risk behaviors. Vernon’s investment in this troubled teenager was unwavering, and he was never moved to pathologize his patient’s behavior. I knew I had a great deal to learn from Vernon’s work, and I have. I hope this interview will open doors for our readers and inspire them to explore Vernon’s work further. He brings dignity, integrity, and compassion to the complexities and intensities of working within the ever- changing gender spectrum.

Email Interview with Vernon Rosario

1. Bill: It would be useful for our readers of the *Transactional Analysis Journal* to know something of your background and how you came to be so dedicated to working with diverse and alternative sexualities. Both as a medical historian and psychiatrist, sexuality has been at the center of your research, writing, and clinical work (Rosario, 1997a, 2002). My own interest in sexuality grew out of my miserable, anxiety-ridden adolescence and the discovery of Wilhelm Reich’s writing on sexuality, and it has remained central in my clinical work. How did the focus on sexuality come to be the center of your professional work?

Vernon: This will be the first time I admit, in print, that my career path and research interests are not the result of reasoned intellectual development and dedicated political commitment. Your life, like mine, proves true Charcot’s dictum: “*Cherchez la chose*

genitale!" ["Look for the genital thing"]. It was during a year abroad in Paris, just before starting medical school that I finally figured out (or came to accept) my sexual orientation, thanks to a handsome artist named Eric. The first year back at medical school was miserable, not because of the workload, but because of the confines of the closet. I was going to drop out in order to return to Paris for graduate studies in French (that is, reconnecting with Eric, the love of my life). Instead, saner minds prevailed and the dean for students convinced me to apply for summer travel fellowships. I concocted a very sober research project: the treatment of mental illness in the Middle Ages as gleaned from Latin and Old French diet manuals. Once I returned to Paris, I discovered that Eric had long since moved on, so I had to console myself at the old Bibliothèque Nationale learning about the history of medicine and psychiatry. Medieval diet books were fascinating in themselves, but it was the whole corpus of Michel Foucault that awakened me to the social politics of psychiatry and the history of sexuality.

I returned to the second year of medical school, still planning on dropping out, but now in favor of graduate work in the history of medicine. By then I had worked up my courage to walk into a gay student group and met someone far more secure about his sexuality. He and the group provided the essential support for me to come out to my family: which was more dramatic and disastrous than I had ever expected. That probably only encouraged me to be more dedicated to gay politics. But there really was no choice then. It was 1987: the AIDS crisis was escalating, thousands of gay men were dying, ACT-UP was founded. I remember going to a conference at the Harvard School of Public Health on AIDS and, after it was over, participating in a die-in on Huntington Ave. in front of the building. Doing work in the history of sexuality, particularly the newly emerging gay and lesbian studies, seemed necessary and urgent: to expose the sexism, homophobia, and sex-phobia of medicine and psychiatry as agents of societal bio-power. I started giving talks at the annual lesbian/gay studies conference that had been held at Yale for three years (1987-89). Somehow, I took charge of hosting the fourth one at Harvard in 1990; we broadened it to Lesbian, Gay, & **Bisexual** studies and more than doubled the number of presenters. Not only was the field taking off, the umbrella was starting to broaden to include an ever expanding sexual alphabetarium [lgbtqia2s] as well as greater ethnic inclusivity. Queer Nation sprang up in New York in the spring of 1990, and we started a Queer Harvard group by the time of the conference that fall. As queer identity and politics took shape, queer theory as an

intellectual pursuit was catalyzed in 1991 with the “Queering/Querying the Academy” Conference at the University of California, Santa Cruz. I was guilty, as was everyone else, of delivering a paper with “queering” in the title. Everyone had their own idea of what “queering” meant, and they still do.

I was busy working on my dissertation on the medicalization of sexuality in eighteenth- and nineteenth France (Rosario, 1997b), but with a distinct Foucauldian analytic slant and a queer sensibility. The latter had as much to do with the provocative style of delivery of talks (I thought of them as “academic performance art”), as to a commitment to queer theory. I would have porn videos and medical illustrations projected on myself, while enacting Victorian medical erotica, and undermining my own academic claim to knowledge-power by stripping out of drag (Rosario 1998). It was probably around this time that my father (without actually knowing what I was up to), complained, “We’ve kind of accepted that you are a homosexual, but why can’t you be a normal gay. Why do you have to go around announcing it to everyone!”

Clinical concerns were, honestly, minimal because the only clinical experience I had was a month-long elective in psychiatry at the Massachusetts General Hospital in my first year in medical school. It made a strong enough impression, however, to feel like psychiatrists were my tribe and orient me towards psychological issues in my graduate work. However, as that was coming to an end, I was still planning on not returning to finish medical school and instead launching into the exciting field of queer studies. Again, wiser counsel prevailed and I returned for the last two years of medical rotations. It was during my core inpatient psychiatry month that, by chance, I started caring for a teenager with gender issues. That was my first encounter with a female-to-gay-male person, although soon many of my friends and fellow graduate students would be coming out as transgender. What really touched me about that patient was his grappling with sexuality/gender in the context of intense familial and social hostility and of professional perplexity (if not explicit resistance to even discussing the issue). Of course, I saw a lot in common with my own coming out and the struggles of gays and lesbians that I had been researching as an abstract historical phenomenon. I don’t think I was insightful enough back then to realize that was countertransference, but luckily it didn’t lead to any clinical harm.

I wrote up that case in the context of psychiatric history in a paper delivered at the sixth annual LGB Studies conference in 1994 in Iowa along with trans friends:

launching Transgender Studies (Beemyn & Eliason, 1996). That talk would also be the template for my subsequent work as I gained actual clinical experience and didn't rely on just historical accounts. In my direct clinical care, I am totally eclectic. I draw on any tools I can to help an individual: psychodynamic theory, cognitive behavioral therapy, and of course, psychopharmacology. However, my grounding in cultural history and sexual politics inevitably give me a unique perspective on "diagnosis" and the experience of "illness." I even see my prescribing of medicines as a result of a complex history of the construction of disease, of fantasies of neurochemistry, and cultural understandings of illness. Likewise, as I have worked with culturally diverse patients, I have been attune to how ethnic, religious, and socio-economic factors shape their categories of gender and sexuality. The individual and familial psychodynamics are certainly the most immediate layer of experience to explore in therapy, but they are embedded in a larger layer of social forces and historico-cultural meaning. This multi-layered perspective seems especially important as we consider the changing landscape of gender and sexuality just in my lifetime. The psychiatry residents I teach today were born after the APA had declared in 1973 that homosexuality was not a disease. They were in middle school after AIDS deaths had peaked, and queer and transgender politics had taken off. For them, now, "gender queer" identity and intersex politics are the novel clinical challenges, and these require a socio-historical perspective to appreciate that they are neither timeless phenomena nor totally new.

2. Bill: As I was preparing for this interview, I found myself thinking about when we first met—at the "Queer Bodies in Psychotherapy Conference" in San Francisco in 2008. I was part of the organizing group that put the conference together. In preparation, we spent a day with about 80 LGBTQI individuals who had all been in psychotherapy, with wildly varied experiences—some useful, many horrid, damaging. We held small group discussions (including ourselves) to talk together about our experiences as patients. One of the things that struck me then was the specificity with which people claimed their sexual identities. While through my own clinical work, I was well familiar with the broad range of sexual behaviors and satisfactions, here behavior and identity seemed merged in very sharply defining ways: straight identified woman who prefers sex with women; lesbian identified preferring sex with women; gay identified celibate; gay identified top; straight identified bottom; and many other variations. In my own small group the last person to speak was a woman in her 60's who had recently moved to the Bay area; somewhat apologetically, she said, "I'm from Boston where we just have aging lesbians. I'm one of them. I just like to have sex with women." All of this is to say/ask about what I observe now as a kind of sea change within society in recent years from the strong emphasis on sexual identity

to that of sexual and gender fluidity. Do you see something similar, different? How do you understand this shift from identity to fluidity?

Vernon: I think Gayle Rubin (1999) gets credit for coining the felicitous term “erotic speciation” to describe the 19th-century emergence of erotic identities (technically, specific diagnoses of “sexual perversion”.) “Homosexuality” was one of them along with the proliferation of erotic labels in Richard von Krafft-Ebing’s *Psychopathia Sexualis* (1998): sadists, masochists, fetishists, etc. Undoubtedly, people had engaged in all these behaviors for centuries, but as Foucault argued, they became identities or personas through the professional imprimatur of medicine. I think it is thanks to the internet that erotic speciation has been democratized and de-professionalized. A teenage boy who is turned on by the thought of shrinking to Lilliputian size and being crushed between the breasts of a giantesse can turn to the WWW to discover he is not alone. Not only are there hundreds of websites providing stories and photo-shopped erotica of his interest, but it has a name: “microphilia.” The specificity of desire is probably nothing novel, it is the ability to coalesce an identity and a community around it that is a recent historical development.

Fluidity, whether of gender or sexuality, seems like a secondary development. In time periods, classes, and cultures that do not have strictly distinct categories (erotic species), or the categories are just different (from contemporary, white, educated, middle-class, urbanites), erotic or gender behavior may appear fluid. Take for example, a married Indian man who has regular sexual relations with men in addition to his wife: is he “bisexual,” a “closeted” gay, a “MSM” (men who have sex with men), or sexually fluid? Of course, we would have to ask him. But his answer will depend on his historico-cultural positionality. Just as our ability to understand or believe his answer depends on our positionality and ability to step outside it.

Ironically, fluidity has also become less about variability and instead a label for a sexual species in itself. It seems to have undergone the same process as “queer,” which initially represented heterogenous refusal of heteronormativity. But in many circles, at least on campus, “queer” seems more of a hipper generational identity label: part of a historical series of labels from “sexual invert,” to homosexual, to gay, to queer.

3. Bill: Much of your recent clinical work has been with gender fluid adolescents,

predominantly black and Latino. I have the impression that you often see these transgendered or gender fluid teenagers as much less fixed in their gender and identities. Is that the case? If so, what do you see as the social and psychological functions of transgendered presentations and experimentations?

Vernon: I don't think I have applied the word "fluid" (as a self-identity label rather than an adjective) to the inner-city Latino and African-American youth I've worked with. Partly, that's because it's not a term they would have used. My sense is that "fluid" is a label for higher socio-economic and educated youth, for whom identity labels are self-consciously political and may precede sexual behavior. The same seems to be true for "gender queer" or "gender fluid" youth whose sense of gender/sexuality non-normativity was not evident in childhood, but emerges in adolescence. The Latino and African-American teens I worked with in the 2000s, had their own home-grown labels for themselves (Rosario, 2009, 2014), as they worked through gender/sexuality responding to their own experiences, family and peer traumas, and subcultures (juvenile hall, ethnic ghettos, Hollywood sex work, etc.). So to pull back for a broader perspective, just in Los Angeles, there are multiple socio-economic and cultural worlds of sexual development going on. Each youngster is going through what may seem like an individual, isolated exploration and development of gender/sexuality, but that draws on, more or less explicitly, multiple networks of meaning. Psychologically, I think each individual is trying to find the gender and sexuality that is most comfortable and fulfilling. Or perhaps they accommodate themselves to the options that are acceptable. The range of options is limited by time, place, and culture. However, some people are tremendously creative and brave: they come up with something completely new. It's like shopping for clothes that fit and suit your style. You will be limited by your budget and the seasonal availability at the store. Someone who is really inventive and individualistic will just go ahead and make *hiz* own clothes.

4. Bill: You have written a great deal from an historical and social perspective about transgendered phenomena in many societies (Rosario, 2004, 2006). Currently in the U.S. (and increasingly in Europe) transgendered folks seem to be everywhere present, and a constant media focus. Even the National Geographic (January, 2017) devoted an entire recent issue to transgendered individuals in their many presentations. How do you understand what seems like an explosion of interest (welcoming and condemning) to transgendered issues?

Vernon: Transgender issues have certainly come to the forefront of American cultural

politics, for example, transgender bathroom access and transgender teens' participation in sports. It seems to be the new front in the American "culture wars" after the "gay marriage" and "gays in the military" battles were lost to the "gay agenda." But we know that people have been experiencing and expressing "atypical" gender for generations, indeed for centuries. Historian and anthropologist colleagues have been studying Native American "third sex" or "two spirit" traditions for several decades. I know from my own research, that nineteenth-century physicians of the American West were puzzled by these people and were quick to classify them by European labels as hermaphrodites, sodomites, inverts, or sexual perverts of the "primitive" type. Other gender-variant phenomena were recorded throughout the Americas in codices by European explorers dating to the early colonization of the continent (Sigal 2003). Then, as now, it's hard to establish the "original" or "indigenous" phenomenon. Explorers applied their categories, and even today the native "two spirit" (2S) people cannot help but make sense of their experience through the modern categories of "gay" or "transsexual." We could criticize this as LGBT identity globalization and hegemony, or see it as inevitable cultural and individual adaptations of gender/sexuality to socio-historical change.

5. Bill: I recently read *trans: Gender and Race in the Age of Unsettled Identities* by Roger Brubaker (2016). He stresses a move from changing gender to that of challenging gender. He draws an interesting, if somewhat unconvincing (to me) parallel between gender and racial identity and fluidity, viewing "trans" as a social phenomenon that seeks to escape socially defined and sanctioned categories of behavior and identity. I'm curious to know if his perspective makes some kind of sense to you—that the trans movements are not simply about gender and sexuality.

Vernon: I'm not familiar with Brubaker's work, but perhaps on the same themes: Rachel Dolezal (2017) claims to be "trans-racial" in a BBC interview promoting her upcoming memoir that draws explicit parallels between gender and racial identity. Formerly the president of the Spokane, WA chapter of the NAACP, and an instructor in Africana Studies, she achieved instant notoriety after her parents "outed" her as white. Her concrete claims to African-American identity are having grown up with four black foster siblings, attending Howard University, and a four-year marriage to an African-American man that resulted in a mixed-race son. Completely setting aside a multitude of questions about her general veracity and repurposing of the term "trans-racial," her

theoretical claims pose interesting challenges: if race is a social fiction, then an individual's claim to racial identity should not be based on biology, but cultural affiliation. Her argument relies on mainstream academic theorizing about race, gender, and sexuality: that all of these are "social constructs" not biologically based. But there has long been a tension between the social constructionist position and the biological essentialist one. Second wave feminism argued that "biology is not destiny" and psycho-biological research on gender differences is hopelessly flawed. Yet many feminists were deeply hostile to male-to-female transsexuals' claim to being women, forcing a whole politics of "women-born women" at feminist spaces like the Michigan Womyn's Music Festival. "Sexual Orientation" became a preferred term in the 1970s as a way of countering the pathologizing essentialism of psychiatry. Yet, many (maybe the majority) of gays now feel they are "born this way." In the transgender community, there is also conflict (largely generational) between those who feel transsexualism is ingrained in the brain and those who would see gender fluidity as elective. The possibility of conceiving race, gender, or sexuality as "fluid" is contingent on a political-historical process from the civil rights movement, through feminism, gay rights and a transgender renaissance in the 1990s. On an inner level, these are also battles over what can constitute ontological authenticity: does it have to be something material and biological, or can it be entirely psychological. Getting back to clinical issues when working on matters of gender, I feel I have to rely on the individual's psychological experience (however complexly molded) in helping them achieve their own authentic harmony with their material bodies.

6. Bill: I have the impression from our various conversations over the years, that you have come to see most psychoanalytic and psychodynamic explanations of sexual and gender identities to be irrelevant at best, damaging at worst (I may be overstating your point of view). As transactional analysis is a psychodynamic framework, what are the cautions you would bring to this theoretical perspective from your own historical research and clinical work?

Vernon: That is definitely overstating my skepticism and hostility towards psychodynamics. Admittedly, I still cannot get over the fact that the American Psychoanalytic Association continued to give Charles Socarides (1978) a platform at its annual meeting until his 80s; or that any analyst could agree to share a panel with him. Nevertheless, some of my best supervisors and mentors have been analysts, and I like

to believe that I always have some background process thinking dynamically about patients--even if I don't make dramatic interpretations. I do try to be mindful of transference and countertransference, which is critical in working with gender and sexuality issues. How do my biases about gender and sexuality influence my work with an individual? Perhaps the added layer I bring to this is the larger historical one. It's not just my own personal developmental history, my ethnic, immigrant background; my family dynamics around sexuality; my random path in psychosexual development that is relevant to my relation to a patient. I try to stay aware of the larger socio-historical constraints. Focusing on transgender issues, I have to admit that my views of transgender are shaped by a bio-medical and a social view of the 1990s, while a gender queer teenager today is shaped by different social and intellectual forces. The gender queer teenager today is the inheritor of possibilities that I and my colleagues started opening up in the 1990s, while teenagers today are at the new cutting edge of sexual politics.

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