

# The pedagogy and performance of Sci:identities

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Society dictates that people fall into one of two sexual identities: male or female. For some people, though, sex is not so clear-cut. They may have an intersex condition or feel that there is a mismatch between their biological sex and the gender they perceive themselves to be. *Catherine McNamara* and *Alison Rooke* describe here a project in which a group of transsexual and transgendered young people were able to explore – and challenge – the biological determinants and medical understanding of sex and gender, and also to express their perceptions through performance. As well as helping the young people to make more sense of their sexed and gendered identities, the project enabled them to communicate a picture of transgendered lived experience that goes beyond limited scientific and medical descriptions.



Above:  
'Untitled' artwork by James,  
*Sci:identity* exhibition,  
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## Introduction

Gender is everywhere. Everyone has a personal relationship to gender and expresses gender in complex ways. In this project, multiple stories were explored and articulated by trans and non-trans young people and those engaged in working with them in a variety of settings, by way of cultivating more intelligent approaches to gender diversity. This chapter draws on the particular experiences of the young people and practitioners who worked on the *Sci:identity* project, based at the Central School of Speech and Drama in London from March 2006 to March 2007. It focuses on the issues raised by the personal and collective journeys taken in the process of engaging with the science of sex and gender within the project. By offering accounts of the personal narratives explored by the young participants during the life of the project and beyond, we aim to debate the role of creativity and pedagogy in science and arts education with young people. We ask why and how those personal stories are told as part of a journey in which young people develop their understandings of their own identity.

## The *Sci:identity* project

At the heart of this project was the question 'What is the science of sex and gender?' There were two main phases: firstly a series of arts workshops were provided for a group of 18 young transgendered and transsexual people<sup>1</sup> aged between 15 and 22 who were living

their sex and gender with a degree of complexity; and secondly, a series of 16 outreach workshops in various settings. The latter workshops reached a variety of audiences including school and college students, trainee drama teachers, young people including LGBT<sup>2</sup> youth, teachers, youth workers, arts practitioners, educationalists, activists and those working in the area of equalities and diversity policy and delivery. A documentary film about the arts workshops was shown in the outreach workshops with the aim of communicating the lessons of the project and the life experiences of the participants to a wide range of people who were most often coming across the notion and the lived reality of transgender for the first time. The outreach workshops involved predominantly non-trans young people under 22 years of age from all over the UK. The project drew on scientific explanations of sex and gender differences such as differences in the brain, hormones and their effect on behaviour, chromosomes and their function, hormonal and surgical sex reassignment, as well as the moral and ethical issues that are raised by sex reassignment. In questioning the authority of science and medicine, it became possible to make use of new knowledge through art by exploring how sex and gender are understood by both transsexual and transgendered people and in society in general.

Transgendered people live in a world where there are commonsense understandings of what makes a man or woman. Biological sex at birth is commonly perceived to be the matter that makes sex and gender 'real'. These understandings of the authenticity of biology tend to marginalise transgendered people, trivialise their self-understandings and undermine their struggles for recognition. The Sci:identity project gave young transgendered people an opportunity to share their experiences, to experiment and to critically explore their own and societal understandings of gender.

The first phase of the project (the arts workshops with young trans people) consisted of three working groups – film, live performance

and visual art – which then produced several pieces of artwork in response to the question ‘What is the science of sex and gender?’ This phase of the project culminated in an exhibition and performance, which was attended by an audience that included families, friends, members of the LGBT communities, academics and representatives from a range of organisations. The workshop process was filmed and subsequently produced as a short documentary film that linked the first and second phases of the project.

### **The science of sex and gender: getting personal**

While the majority of individuals take the materiality of ‘sex’ as a given, on closer inspection it is in fact difficult to pinpoint exactly where sex lies in the body and how it is determined. Sex is defined in many ways. When assigning a newborn baby with its sexed identity, doctors take very few factors into consideration. If we appear male, i.e. have male genitalia, we are labelled ‘male’. Biochemical sex is defined by the absence of the Y chromosome. The main sex hormones are testosterone and oestrogen; they make profound changes to our physiology but do chemicals make us who we are? The project was an opportunity to interrogate the perceived certainties of the science of sex and critique them through art, so challenging, for example, the presumption that one’s physical sex necessarily correlates with chromosomal sex. Raising such questions affected sexual identity and self-image:

I think once you shed the ideal images of what a man and woman should be...it’s easier to accept your own body, when you realise there is no clear line. It’s like OK, I’m a short, unusual guy, and there’s lots of them about and not all of them are even trans! The challenge becomes less of an internal battle (mind versus matter), more of a process of getting the recognition of who you are. (Participant R)

Transsexuality then, might be viewed as a trope for the relationship between scientific and medical worlds, and all sexed identities. Just as the worlds of science and medicine continue to develop their knowledge of sex and transsexuality, trans people themselves will need to carry out their research into the science of sex. If the young participants in this project choose to undergo a medical transition these are the bodies of knowledge they will potentially have to navigate. Through each transsexual person's life s/he will encounter various medical specialists in the fields of endocrinology, surgery and psychiatry. Growing awareness of transsexuality means that increasing numbers of people are identifying as trans and becoming involved in trans as a social identity rather than a medical diagnosis of a psychiatric disorder. Trans people are taking part in a range of support networks, getting involved in activism and wishing to change their sex at a younger age. Simultaneously, medical practitioners are faced with making difficult ethical decisions when negotiating their treatment of a young trans person. Guidance is contained in the *Harry Benjamin Standards of Care for Gender Identity Disorders* (2001), suggesting caution with regard to the diagnosis and treatment of young people. Concerns include decisions whether to administer only reversible treatments such as hormone blockers to the trans adolescent rather than irreversible treatments such as hormone administration and surgery.

While the medical profession tends to delay treating young trans people, there also exists a practice of self-diagnosis and self-medication among young trans people who are opting out of the existing psychiatric and medical framework for understanding transsexuality. Furthermore, increased global communication has led to drugs (steroids) and surgical procedures (cosmetic surgery) becoming widely available to those that can gain access to and afford them. It is at this nexus, between medical discourses of transsexuality and a growing understanding of trans as a social identity, that this project lies.

### **Pedagogical strategies: undoing the science of sex**

The workshops of the first phase of the project addressed the scientific and ethical issues surrounding trans identities using a range of pedagogical strategies, and included three sessions specifically planned to develop the young people's knowledge and understanding of biomedical subject matter. The first 'science lesson' during weekend one of the project was a presentation by the Gender Identity Research and Education Society (GIRES), which summarised existing scientific understandings of sex and gender. This science session offered a detailed explanation of sex cell activity, the relationship between chromosomes and hormones as well as how they affect the body and brain, and included information on atypical sex differentiation, chromosomal anomalies and intersex conditions. Following the presentation the young participants debated the science of sex, questions were asked and the group reflected on the information offered.

During the second weekend of the project the participants learned a number of interview techniques and went on to formulate sets of questions in preparation for further researching the science of sex and gender with an endocrinologist, a GP and gender specialist, an older trans man (and artist), and an older trans woman (and academic). The participants then conducted these interviews over the subsequent weekends. The questions they asked demonstrated significant understandings of the science of sex and gender and curiosity about the relationship between the various models of sex and gender employed by psychiatrists, endocrinologists and GPs.

The interview with the endocrinologist included questions about the extent to which behaviour and qualities associated with femininity and masculinity are due to hormone levels, such as: "Is it true that testosterone enhances qualities that are considered stereotypically male, for example loving/tenderness decreases, and attention span shortens?" The participants conducting this interview also asked medically sophisticated questions about

hormones: “If you take testosterone how and when does it affect your oestrogen production and levels?” These questions revealed a well-developed understanding of the kinds of scientific knowledge a trans person will need when navigating the science of sex and gender if they choose to take a medical journey and transition. In this process each medical professional will have quite specific models for understanding sex and gender. The participants were aware of, and somewhat critical of, these differing models and the potential influence on their lives. This was apparent in the following question to the GP: “What (if any) is the relationship between a GP, psychiatrist and an endocrinologist when treating a trans person? Do your professional frameworks for understanding gender and (trans)sex overlap?”, and to the endocrinologist: “What is the relationship between theories of hormones and theories of brain sex? Does endocrinology endorse ‘brain sex’ theories?”

Some of the work that the young people were producing was a critique of a science that produces a distinctly gender-binariated world. The GIREs session examined the neurological research evidence base for arguing that there are differences in male and female brains (i.e. trans people may have a male brain in a female body and vice versa). Although this thesis offers a case for understanding a transsexual experience, some of the young people felt that this approach reified distinct male and female sexes. This participant who identifies as genderqueer was critical of this science of binaries, even as an attempt to explain trans:

I hope that when I die they look at my brain and find that it’s neither male nor female and then I’ll feel...justified for all of this. I don’t think science has a good relationship with trans people, I’m wary of things being biological and ‘curing’ us – just let us do what we need to be happy in our own skin and everyday lives, just like everyone else. (Participant P)

The interview schedules devised by the young people, and the responses from the medical specialists and the two older trans people, gave the group an opportunity to discuss their specific questions and concerns. For some of the participants the investigation into the existing state of scientific knowledge revealed how little is actually known about trans and the potential long-term effects of hormone therapy, as the following statement illustrates: “I did learn some new stuff. I also thought about some old stuff in a new way. I learnt a lot about the lack of scientific/ medical understanding about sex, or rather, that understanding became less of a concept and more of a reality. It has driven me to learn more about sex and intersex” (Participant R). Within the process of responding creatively to science, young transgendered people were both telling their own stories and interacting with each other’s. They have their own histories and experiences, which were profoundly transformed through challenging the science, their perceptions and perceptions of them in society, their sense of community in working together, and indeed what creativity means to them.

Nicholson (2005) suggests there can be a “productive consonance” between what some arts practitioners separate out as a product/ process binary or division, e.g. the processes of making meaning are as creative, interesting and productive as the point at which a piece of work is shown (p. 4). There was a clear sense of the compulsion to tell one’s story among the group of young people working on the project, and the telling of stories was part of the process of coming to an understanding. The act of articulating an account of personal experience to another produced meaning and understanding for the individuals involved, which then led into the production of artistic work. So this was a multiple process. As a staff team, we understood that the act of storytelling within sessions is not straightforward: not everyone wants to tell theirs, or feels the compulsion to make their personal experience public. We were interested in finding ways for individuals to mediate the

extent to which the synthesis of scientific discourses and personal experiences became 'public', either within the sessions among their peers or as part of an exhibition of work derived from these explorations. Our responsibility as arts practitioners was to provide choices in terms of methods of exploration, modes of expression and media of communication such that participants were able to use autobiography and draw on personal stories, but in a way that wouldn't expose their vulnerability, nor even lead them to perform something they might later regret in terms of revealing the personal in a public arena. In this project, for example, it was likely that a participant's relationship to their image as it appears within the documentary film would shift and change over time – the consent they gave during the project had to be flexible enough to accommodate a change of mind, were one of the young people to 'go stealth' in future and object to their being shown as transgendered. We will return to this point later in relation to appearing as trans within mainstream settings.

That the workshops were focused on making art for an exhibition was clear from the outset. We were all working towards that event and its audience. We talked about the exhibition in the pre-project publicity and from day one of the workshops. However, there were individuals in the group who only fully understood at a late stage that the audience would be other people, not just us as a group viewing each other's work. Some of the participants were working in a more insular, processual way, exploring their own stories in the company of others, as distinct from selecting aspects of their personal narrative to create work as a way to say something to an audience. There are differences here, and while on the whole a 'productive consonance' was evident, we surely restricted or stifled certain processes too. Understanding the complexity of the process of joining a group and exploring a question rooted in the discipline of science, using the arts as a medium of expression for one's personal responses to that question, and mediating those responses for audiences were critical to the quality of the participants' engagement with this project.

The understanding and critical awareness that was gained in the process was developed and shaped over the four residential weekends. The arts workshops asked the participants to express and explore their understandings of the biomedicine of sex and transsexuality through a range of creative practices. These included film making, photography, performance, painting, sculpture, creative writing and music. The structured nature of the project and the involvement of the various specialists who contributed, alongside the dialogue and peer education that the project facilitated, created opportunities for learning. This was contrasted with the difficulties of relying on the internet when researching information about trans issues. The following excerpt that two participants wrote for the 'zine,<sup>3</sup> produced as part of the exhibition, encapsulates some of the difficulties of researching medical and personal trans narratives on the internet:

I've been trying to research effects of T [testosterone] but the internet is, as usual, a minefield of conflicting information. In fact, one site went on about how it increases risks of breast cancer if I don't get 'em chopped off (which I wouldn't, they're teeny anyhow), and another one said the exact opposite. Oh, and the internet doesn't really say much about hormones etc., which is where I keep on going in my head with this, every time I think about it. Scary. (Participant A)

I consider myself a newly 'discovered' transboy as I only came out in February of this year. I am pretty new to everything, all the new terms and information makes my head hurt. Most of my research has been through various TG sites on the internet. Different websites say different things, but nothing beats meeting a trans person in person and talking to them. I got to do that this weekend and I am very happy I met the guys here, as it helps me convert text and websites into real life experience. (Participant H)

One of the central themes in learning about the science of sex and gender was the development of a critique of medical ethics in relation to the diagnosis and treatment of transsexuality as a disorder. Many participants were coming together to celebrate their transgendered identities and express their creativity as trans people, as opposed to keeping this aspect of their identity hidden. This identity-positive environment existed in contrast to the medical diagnosis of trans as a type of disorder or dysphoria and the associated ethical dilemmas:

I've pondered how gender and transition relate with other body modifications (piercings, tattoos, cosmetic surgery) because to get your tits enlarged you just need money, but to get them cut off you need a gender shrink. That's bloody weird! Where do you draw the line between someone who wants non-genital cosmetic surgery and someone who wants genital cosmetic surgery? Why is one more of a problem for society than the other? Why does society require that we have an either/or gender? (Participant A)

I don't particularly think science has much of a place, because while the GIRES woman was on about 'brain sex', the endocrinologist didn't think much of it. I think there's got to be more evidence over a longer period of time for there to be a proper link established. However I think it could be dangerous if a 'trans gene' or such was found, because then there's always the possibility of parents wanting to have a 'normal' child and abort a child solely because of its 'trans' status. (Participant C)

How do you feel about the rightness and wrongness of a person's transition? How do you feel about having the responsibility of making decisions about a person's transition process? (Question formulated by participants for a GP and gender specialist)

### **Re-presenting the invisible**

The nature of education, within and outside of the curriculum, becomes significant in relation to the conversations, debates and activities that took place within this project. These kinds of conversation are not happening in schools. They could be happening in the biology curriculum but they do not. They could be happening in the citizenship or the personal, social and health education curricula but they do not. Consequently a range of negative impacts arise such as bullying related to gender, and young gender-variant people withdrawing from the learning process because they feel they are not represented within the curriculum so are marginalised, with a range of negative consequences.

Current research carried out by Stephen Whittle *et al.* (2007) shows that young trans people are suffering high levels of violence and abuse. This report, which reviews existing research on trans peoples' experience, found that 48 per cent of respondents had been victims of assault, including sexual assault and rape, and 78 per cent had experienced verbal harassment. Whittle's research shows that many of those people working with young trans people such as school teachers, school psychologists and social workers have not received training in trans awareness and perpetuate negative attitudes and transphobia.

Trans youth are clearly aware of the limits of a curriculum that does not do justice to their experience and perpetuates ignorance about trans lives:

Our school pretends to be all-inclusive and everything 'cause we had a lesson on sex and relationships and all that sort of thing. The only thing we got was a reassurance that homosexuals aren't paedophiles. That's as close as it was. I've still got the piece of paper and it says it. (Participant E)

I've got to say, that if this was done in sex education in year 6, and in year 9 and all that, people would understand it more, and therefore they wouldn't be as afraid of it. Therefore there'd be less bullying. But, transsexualism, and homosexuality, are just seemingly pushed under the carpet. And it's you know, sex education is just 'men have willies, women have fannies' and... and that's how babies are made (Participant R)

The Sci:identity project offered a learning environment akin to a mainstream school setting, in that it was structured, with clear session aims and objectives. The science and arts 'curriculum content' of this project directly engaged with the participants as learners in a way that enabled them to see themselves as part of the discourses explored. The Sci:identity project, through the public exhibition of work, the documentary film screenings and the phase two outreach sessions, demonstrates that it is possible to represent and explore complex gendered identities and that non-trans young people in education are interested in debating and making sense of gender normativity. During the outreach sessions, non-trans young people demonstrated a sophisticated awareness of the cultural work that gender norms do, and some of the ways that they also find them difficult. The outreach sessions drew parallels between these experiences to deepen the participants' understandings of trans. However, the experiences of the young trans participants in phase one clearly demonstrates that they feel marginalised and excluded from mainstream statutory settings in an educational climate that does not provide teaching on trans identities, or awareness-raising regarding trans phobia and bullying:

Schools don't teach about being transgendered or transsexual. Schools don't even talk about being gay. How much happier I would have been if I could have known earlier? How much easier would it make it for so many children and young people if they could know they weren't alone? How many lives might have

been saved if only, if only, someone in authority would acknowledge the necessity for young people to know that it's okay to be different, to be gender variant? How many people are still searching for an answer and not finding it? How many will never find it? (Catherine, weblog question)

Some of the participants who felt reluctant about distribution of the DVD that documents the project are testament to their enduring concerns about being 'out' as trans in educational settings.

### **Individual and collective journeys**

One of the key features of the Sci:identity project was the way in which the participants engaged in scientific creativity. Rather than being passive recipients of science education, science and art were things that they did and things they made use of in the workshop space, and beyond. At the heart of this process was a biographical narrating of being transsexual and transgendered, which often contrasted with the current medical diagnostic version of transsexuality. In this process the participants were able to communicate the far-reaching consequences and difficulties of living as a young trans person while simultaneously developing individual and collective critiques of the science and medicinal practices that reproduce the coherence of sex and gender.

Almost all of the participants had done considerable (mostly web-based) research into available medical and scientific information about sex and gender generally and transsexuality specifically in the process of self-diagnosis and seeking out peer support. Although this demonstrates resourcefulness, it has limitations, as the participants' discussion of this earlier illustrates. Four of the participants were already living in relation to medical understandings of sex and gender, as they were either being referred to, or were already clients of, gender identity clinics. On their personal journeys they had already encountered a range of

medical practitioners such as endocrinologists and psychiatrists in the process of being diagnosed as ‘gender dysphoric’.<sup>4</sup> By participating in the project they had an opportunity to develop an informed critique of current medical models of trans-identities. As the following illustrates:

What do you feel you have learnt about the science of sex and gender so far in the project? (Catherine, weblog question)

Where do I start! As I already said, lots of terminology and facts about hormones, brain sex, and scientific points of view in relation to transsexuality – but more importantly and more interestingly, how science is a social construct (albeit a long-established one) which is always changing and adapting to personal experiences and social movements. And if it isn’t, IT SHOULD BE! So not to always accept science as gospel!  
(Participant A)

The participants questioned popular conceptions, such as those found in television documentaries, of transsexuality being a process of having a ‘sex change’ or making a journey from one sex to another. This is a process often understood as having a distinct beginning, middle and end. In this narrative the trans person is constructed as being someone in the ‘wrong body’, who, in the process of undergoing psychiatry will be diagnosed as gender dysphoric, undergo hormonal treatment, have surgery and arrive at the destination of their new sex. These representations and life narratives do not leave room for the possibility of being transgendered, of identifying as neither male nor female, or both male and female, and the possibility of stopping at a point between A and B. The young people’s response to the ‘authority’ of scientific knowledge and medical professionals in relation to trans identities was clearly communicated in the Sci:identity exhibition, which showed the ways in which trans people are human, working against both a medical model of trans and the more sensational

representations of trans people in the media. Early sessions that focused on representations of sex and gender in the media and art made it apparent that art offers an ambiguous space where meaning is produced through creative practices and the various readings of those representations. This ambiguity was utilised in the use of autobiography, and the artwork produced nuanced representations of trans. The themes of the exhibition reflected the young people's concerns, passions and experiences. These included 'passing',<sup>5</sup> relationships with family, friends, coming out, feeling different from the 'norm' and negotiating places such as clubs, bars, toilets and trains. The artwork focused on the participants' own experience of transsexual and transgender identities as a variety of different journeys and potential life trajectories.

Early discussions about the exhibition led to the creation of the 'grey area', an area in the exhibition, which worked to undo gender binaries. Installations included a large toilet cubicle covered in comments that the participants had heard when they have been seen to be entering the 'wrong' toilet, a collage titled 'Buying into Gender' showing gendered consumer goods, a video installation playing with clothes and gender stereotypes, and a sculpture of gender stereotypical clothes that had been subject to some modification. Similarly, the artistic space opened up an alternative to scientific paradigms. Rather than sex being a matter of certainty found in verifiable evidence of scientific facts, art offered the opportunity to communicate the humanity of trans, with dignity and pathos. The performances and artwork worked against the 'freakshow' presentations popular in the contemporary talkshow genre (Gamson, 1998) and instead portrayed the consequences of living in relation to the stigma that trans people encounter due to popular misconceptions of transsexuality that these representations perpetuate:

Unlike a television documentary the bare facts of human experience could not be switched off or ignored. We felt like

participants in the event, particularly in the grey area where images, sounds and experiences assault the senses. Performers laid themselves bare with experiences it hurt to imagine, sending us away still thinking and talking about what we'd seen long into the next week. Indeed, some of the performed items sizzled with a mixture of comedy and tragedy worthy of professional pieces. Clearly the group has real talent. Because the show is built on autobiography the audience can go some way to experiencing how it is to be a trans youth, with the inevitable move away from the 'Trisha Show' mentality of thinking trans people are freaks. The whole evening toyed with our prejudices and inevitably left us feeling difference must be celebrated and affirmed in the beautifully positive way the group itself was able to do. (Emailed response from two guests after attending the Sci:identity exhibition)

This critique of these popular and medical conceptions of trans is perhaps best illustrated in some of the vignettes that make up the short film made by the project participants titled *Trans Journeys*, which was screened at the exhibition. In the short autobiographical clips the participants offer their own accounts of their journeys. These are journeys that do not necessarily follow an A to B process and that embrace *being* trans, i.e. that trans is an identity in and of itself, in a way that intelligently and playfully challenges the popular understandings of the temporality of trans lives. This was demonstrated throughout the project but illustrated here in the work of Participant N. At the start of the process, after weekend one, N expressed some ambivalence about the science of sex presented that weekend: "the most challenging aspect of the weekend for me was the science talk and the thoughts and feelings it always evokes in me when biology is mentioned". By the end of the creative engagement phase he had used these feelings to question the authority of science based on his experience of approaching his GP to ask to be referred to a gender identity clinic. As a result, he made a piece of work reflecting this encounter with medical understandings of sex and gender. He explains what happened:

My doctor called it 'the gender determination department'. When I said to him 'no it's the gender identity clinic', he didn't know any of the doctors' names, so later on I wrote 'To [name of doctor]' on it.

He then describes his experience of the appointment:

So I talked to him about things and he immediately turned away from me and listened to me, but pretended to fiddle about on his computer and stuff, and then eventually he wrote this: 'This 22 years old asked me to refer her as she has not been feeling fully female, as felt more male gender in her physical and mental activities. Her menarche started late 14, and her sexual organs showed reasonable development. She denies any hirstuitism, would you kindly see her for further investigations.'

Participant N had a frustrating experience with this initial approach to his GP. From the content of the letter, it seems that the GP has no knowledge of transsexualism and may have referred N for investigations into whether he was in fact intersexed. N decided to use this frustrating experience as a creative resource. He worked with the content of the letter, with the intention of reworking it until it reflected his self-understanding, as he explains here discussing his idea for his short film:

I'm going to read [the letter his GP wrote] out and change it and change it and change it until it's completely relevant to who I am, not to how my doctor with his ignorance had to write it. I'm going to adapt it and change it 3 or 4 times, each time changing it a bit more to suit. There will be a progression; 'cause that's what a transition is; from what's not acceptable/not real, to a better place. ...

There's going to be a voice over with imagery; shaving on a beard then plucking it off. I'll be playing with gender visually. A close-up of me is enough to make people question gender. If that's on there as a visual the letter isn't isolated. It will be with visuals; that's important because if I'm in the video shaving you can be more challenging.

Participant N then went on to make his short film, which incorporated the letter and visual images to retell this story and articulate his experience. The Sci:identity participants communicated the variety and complexity of the journeys that people take, the self-understandings that lay within these various journeys and the particular ways in which the NHS mediates this process.

## **Conclusions**

Judith Butler, who philosophises on the cultural meanings and consequences of sex and gender, reminds us that:

[T]he critique of gender norms must be situated within the context of lives as they are lived and must be guided by the questions of what maximises the possibilities for a livable life, what minimises the possibility of an unbearable life, or indeed, social or literal death. (2006, p. 7)

The Sci:identity project was an opportunity to critique gender norms and the apparent scientific certainties of sex that were situated in the complex context of young trans people's lives as they are lived every day. The Sci:identity project offered space and time, however temporary and short, where young trans participants could experience support and respect and the possibility of what Butler describes as "a livable life". It explored gendered and creative expression, scientific and popular cultural narratives of sex, gender, and the meanings of transsexuality and transgender, and provided an opportunity to re-imagine and re-tell one's life narrative beyond simplistic accounts of being 'in the

wrong body'. Since the end of the project participants have continued to be involved in gender pedagogy, whether on a personal level with their families, friends and associates, through creative activities such as producing music, 'zines, paintings and pamphlets, or as part of formal learning or political activity, such as being engaged in grassroots trans organisations. Four Sci:identity youth, together with two of the Sci:identity team, became involved with the Department of Health's Sexual Orientation and Gender Identity Advisory Group (SOGIAG). This group was established as part of the Department's Equality and Human Rights team, which seeks to make healthcare in the UK more accessible to LGBT people, and this link has resulted in the publication of *A Guide for Young Trans People in the UK* (2007).

- 1 Throughout this chapter certain terms are used that need explanation for the sake of clarity. Trans is used in this report to include transsexual and transgendered. Transsexual is a medical term used to refer to a person who identifies as a gender different from that which they were assigned at birth. Transsexuals usually undergo a medical process of sex reassignment through the use of surgery and the administration of hormones. Transgender is a more colloquial term used to describe a person who feels that the gender assigned to them at birth is not a correct or complete description of what they feel. Transgender can be used to describe a wide range of gender expressions, which are a variation from the norms of society (for example including masculine or 'butch' women, feminine men, cross-dressers). Genderqueer is also a colloquial or community term that describes someone who identifies as a gender other than 'man' or 'woman', or someone who identifies as neither, both, or some combination thereof. In relation to the male/female, genderqueer people generally identify as more 'both/and' or 'neither/nor', rather than 'either/or'. Some genderqueer people may identify as a gender and some see it as a third gender in addition to the traditional two. The commonality is that all genderqueer people are ambivalent about the notion that there are only two genders in the world.
- 2 LGBT is an acronym for lesbian, gay, bisexual and trans.
- 3 'Zine is shorthand for magazine, usually produced on a low budget and in a low-tech format. The Sci:identity 'zine is now available at the Women's Library, London.
- 4 Gender dysphoria is the medical diagnosis for a transsexual person. Trans people do not generally embrace this term.
- 5 'Passing' refers to being read in public as the gender one feels oneself to be, and/or not being read as being trans. Hence an FTM (female-to-male) man will wish to 'pass' as male. There is considerable debate within trans communities about the term passing, as it implies being read as what one is not. There is also considerable debate regarding whether one should wish to pass rather than being a visible trans person.

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