FROM TOADS TO QUEENS TRANSVESTISM IN A LATIN SETTING

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The contents of this work, including any errors or omissions, are the responsibility of the author alone.

To all, thank you very much.

Background and Methodology

In 1989, ILPES, with financial assistance provided by the World Health Organization (WHO), carried out the first study ever undertaken in Central America pertaining to the incidence of HIV and AIDS among men who have sex with other men. Costa Rica was chosen as an appropriate research site, despite its small size, because of its visible and organized gay community, a community that is itself divided into many sub-cultures and sub-populations. Moreover, gay men were at the front-line of the AIDS epidemic, comprising approximately 75% of all reported AIDS cases. Finally, the country was deemed to be representative of conditions elsewhere in Central America and the Caribbean basin.

The general aim of the research was to undertake a KAP (Knowledge, Attitudes and Practices) survey for this community and identify risk factors leading to HIV infection among homosexual and bisexual men, as a basis upon which to develop appropriate education and prevention programmes. Adopting a comparative approach, research was undertaken with various subpopulations of homosexual men, including transvestite sex-trade workers and gay bar patrons. In the present study, we make use of data from this earlier work where appropriate, for example in the preparation of the tables that are found throughout this work.

In broad terms, it is possible to divide the research programme upon which this book is based into two distinct components. The first was quantitative in orientation, and involved the distribution of a structured questionnaire to a sample drawn from various groups of homosexual men. Of course, in this context it bears emphasis that, given the impossibility of achieving a truly random sample of the country's transvestite population, generalizations cannot be made as to the incidence of the phenomena studied. By contrast, the second component was primarily qualitative in approach, consisting of *in situ* observation underpinned by indepth interviews with key informants, the latter lasting from two to three hours.

The field-work for the first part of the study was undertaken over the course of three months, from November 1989 to February 1990, with ten gay men hired to conduct the interviews. Having made contact with a prospective transvestite participant, interviewers proceeded to fill out each questionnaire in writing. Participants each received 1,000 colones (approximately US\$10 in 1990) in return for their involvement. Generally speaking,

interviews were conducted in that part of San José where the majority of brothels were located (*ie.* the central core and the city's south-eastern zone), though in some cases interviews were also carried out in apartments, bars or in the homes of those transvestites who did not live in the brothel area. Moreover, given that there was some financial compensation available to those who participated in the study, interviewees were generally willing to recommend other prospective participants to our staff. Through the use of this type of snowball sampling technique, a total of 22 transvestites completed questionnaires, with 20 of them also participating in an in-depth interview of approximately one hour in length. The latter interviews were conducted during the months of January and February 1990, with each participant being paid 1,000 colones per hour.

Once contact had been made with transvestites who were also sextrade workers, it became feasible to interview their lovers as well, with 11 such interviews being carried out (again, 1,000 colones were paid to each participant). All but one of these interviews were tape-recorded, with participants being assured of complete confidentiality and that none of the information gathered would be used against them. Moreover, in accordance with participants' own wishes, only their professional names were used in the findings report.

A second study was launched by ILPES in 1997 to evaluate the degree of change over the course of the past seven years, and to adapt education and prevention initiatives accordingly. Bearing this purpose in mind, a qualitative survey was undertaken with 25 in-depth interviews being conducted with transvestite sex-trade workers, of whom the vast majority were based in San José's Clinica Biblica neighbourhood. Interviews lasted anywhere from one hour to 90 minutes, and dealt with significant changes in participants' lives over the course of the past decade: relationships, money, drugs, jobs, love affairs and problems with the police or the neighbourhood. This time individuals were paid 5,000 colones per interview (US\$20 in 1997), which was roughly equivalent to the hourly rate they charged their clients. Also, five in-depth interviews were carried out with sex-trade workers' lovers and, after having obtained the permission of the client in question, one sex session was taped. Those clients who agreed to participate in an interview were paid 5,000 colones, while 2,000 colones were paid to the individual who agreed be taped during sex.

Moreover, in order to gain a broader understanding of conditions in the Clinica Biblica area, five interviews were conducted with

neighbourhood representatives. Each interview lasted approximately one hour, with participants receiving no payment for their involvement. Furthermore, ten additional interviews were carried out with civil servants, area merchants, drug dealers and representatives of non-governmental organizations. Finally, interviews were conducted with ILPES staff members who work with transvestites (ie. in such programmes as Group 2828 and 'Priscilla' of the April 5th Movement), along with a number of Again, no payment was made in return for the their clients. participation of the latter groups in the study. In this regard it should also be noted that an ethnographer was retained for a period of three weeks to visit transvestites' 'pick-up' areas and to report on any changes that may have occurred in recent years, as well as on present-day social conditions.

Given that the sources of information for this study come from two different periods, particular attention was paid to the task of highlighting those areas of greatest contrast. Data drawn from the 1989 study were used in those areas in which there was little or no noticeable change, such as age of sexual initiation, family relationships, friends and lovers, drug use, number of sexual partners and sexual practices. By contrast, in those areas in which the greatest differences presented themselves, material from the 1997 qualitative interviews was used; these include location of work, pay rates in the sex trade, types of lovers and sexual partners, relations with the state, and conceptions of fashion and beauty.

Introduction

When we began working with the transvestite community in 1989, one of our principal aims was to learn more about transvestites' sexual culture, along with the risk factors associated with the spread of HIV in this population. Another aim was to gather information about this sexual culture in a specifically Latin American context, as a means of filling what is in effect a highly significant gap in the literature. Moreover, these two concerns remained at the fore as we embarked upon the second set of interviews in 1997. This work, therefore, seeks to analyse the sexual culture and risk factors which place transvestites and their customers at risk of contracting HIV.

Apparently, there has been very little change in the risk factors present over the course of the past seven years. However, by the same token it is clear that very significant changes have occurred in other aspects of participants' lives. This in turn led us to formulate a third objective for our study: the impact of 'paqueteo' upon the etiology of sexual orientation. We believe that the latter provides valuable information on the plasticity of sexual orientation, along with the influence of cultural factors in its etiology. As well, it reinforces the view that we should not merely look to a person's genitals and those of his or her partner in order to determine sexual orientation; any number of cultural, erotic and emotional factors are equally important in this regard.

Of course, the debate on the determinants of sexual orientation is an old one, with the earliest studies being undertaken in Germany in the mid-nineteenth century. This early work was grounded in an 'essentialist' understanding of the origins of homosexuality. Quite simply, it was believed that homosexuality (and, by extension, heterosexuality) was congenital, inherited and hormonally-based. Thus, for writers like Hirshfeld, homosexuals were intermediate beings - 'zwishenstufen' in German - byproducts of 'disorders' in the level of estrogens and androgens found in their system. Men who had an over-abundance of female hormones, for example, would develop female souls, while in women the opposite would

'Paqueteo', in the street language of transvestites, refers to the act of deceiving, of pretending, of feigning, in short of transforming oneself into something else. In this world, a transvestite who is successful in paqueteo is one who is able to pass for a woman.

occur; homosexuality was thus an inversion whereby male bodies were inhabited by female souls, and vice-versa. In view of the fact that onset of homosexuality came at such an early stage of an individual's development, it was believed that there was very little that could be done to alter one's sexual orientation.

However, an opposite position would be taken up by subsequent writers, Sigmund Freud most notable among them². For the father of modern psychology, homosexuality was as much the product of cultural factors as it was of genetic predisposition. Although Freud believed that the degree of 'passivity' or 'activity' in a child was hereditary and that this in turn played an important role in orientation, he nonetheless determining sexual devoted considerable attention to non-constituent factors: most significantly, interpersonal relations. According to the Viennese doctor, all children go through a phase in which they feel love and desire for their parent of the opposite sex. This phase is usually resolved 'successfully' with the acquisition of a heterosexual orientation. However, cultural factors such as possessiveness on the part of the mother, indifference on the part of the father, jealousy among siblings, guilt feelings and aggression can serve to influence a child's development and potentially engender 'deviations', of which homosexuality is just one.

Sigmund Freud, **The Complete Works**, Vol. II, Mexico City, Iztaccihuatl Publishing House, 1985.

For Freud, the implantation of sexual orientation takes place at such an early phase of development - between three and five years of age - and in such an unconscious manner that, once established, it is almost impossible to change. Thus, he did not believe that psychiatry should be employed for this purpose. However, not all of his followers agreed with him on this point, with some going on to try to 'cure' individuals of their so-called 'deviation' from heterosexuality. Ferenczi, for example, believed that a homosexual male was in reality a 'repressed heterosexual', someone who is both neurotic and 'tormented and plagued by obsessions', and as such in need of psychoanalytic intervention³. Along similar lines, Bieber, a New York psychiatrist, claimed that homosexuality was so unnatural that it could only be a learned behaviour. Moreover, given that it was a learned behaviour, it could also be 'unlearned'. In order to do this, he elaborated a series of interventions designed to remedy homosexuality's 'causes', that is to say by combatting the mother's 'aggressiveness' and the father's 'passivity'⁴.

In turn, the post-war years might be characterized as a period of renaissance for 'cultural' explanations of the causes of However, despite the best efforts of the homosexuality. mainstream psychiatric community, the techniques developed at this time to transform homosexuals into heterosexuals proved incapable of achieving satisfactory results. Few psychiatrists were able to 'cure' their patients, despite the application of any number of courses of treatment (or torture?), from aversion therapy to psychoanalysis, from hormone therapy to lobotomy. Moreover, not only were they unsuccessful in their attempts to alter sexual orientation, but they also failed to demonstrate, in the numerous laboratory studies undertaken at the time, that homosexuals' mental health or family histories differed from those of nonhomosexuals. In this way, Evelyn Hooker was unable to establish the fact that specialists would be able to judge the sexual orientation of individuals based upon their medical history folders, despite the fact that the men who participated in the study had been

³ Sendor Ferenczi, 'Nosology of Homosexuality in Men' in **Homosexuality in Modern Society**, Heindrick M. Ruitenbek, Buenos Aires, Siglo XXI Publishers, 1973, p.19.

⁴ Irving Bieber *et al.*, **Homosexuality: A Psychoanalytical Study**, Mexico City, Pax Publishing House, 1967.

given standard 'tests' to determine their sexual orientation⁵. Similarly, Weinberg and Hammersmith found no difference in the family histories of heterosexual and homosexual individuals; both groups had the same proportion of 'possessive mothers' and 'distant fathers'⁶. These failures, combined with the gathering momentum of the gay liberation movement, would lead the psychiatric community in 1971 to abandon the position that homosexuality was a pathology in urgent need of treatment⁷.

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Evelyn Hooker, 'Adaption of the Manifestly Homosexual' in **Homosexuality in Modern Society**, Heindrick M. Ruitenbek, Buenos Aires, Siglo XXI Publishers, 1973, pp.181-204.

Allen P. Bell, Martin S. Weinberg and Sue Kiefer Hammersmith, **Sexual Preference: Its Development in Men and Women**, Bloomington, Indiana University Press, 1981.

⁷ Ronald Bayer, **Homosexuality and American Psychiatry**, New York, Basic Books, 1981.

During the past two decades, however, a number of scientists have again tried to ground homosexuality in biology. Günter Dörner, for one, claimed that a homosexual orientation is the product of hormonal imbalances during pregnancy⁸. Along somewhat different lines, Professor D.F. Swaab⁹ contended that a particular area of the hypothalamus, known as the suprachiasmatic region, is 'sexually disphormic', that is to say that it varies according to gender and sexual orientation. Moreover, in 1991, Simon LeVay¹⁰ discovered yet another nucleus in the hypothalamus (INAH 3) that was thought to be larger in heterosexual men than in either women or homosexual men. However, at the same time, LeVay stressed that, aside from the INAH 3 nucleus, he could find no evidence to support the contentions of Swaab; as far as he was concerned, the hypothalami of men and women were similar. Then, in 1992, Laura Allen would discover another area of the brain, called the anterior commissure (a group of fibres attached to the hypothalamus and connected to the temporal lobes), which differs in size according to gender and sexual orientation¹¹. Meanwhile, E.O. Wilson sought to infer cultural behaviour patterns from the laws of genetics and the survival of the fittest¹². In this way, homosexuality was said to be caused by a gene, transmitted from one generation to the next through a process known as 'superior enhanced heterozygote adaption'. A similar position underlay the work of Hamer and Copeland, who in 1993 discovered a genetic marker (known as Xq28) on the X chromosome that was found in significant numbers of gay brothers¹³.

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⁸ G. Dörner, W. Rohde, F. Stahl, L. Krell and W.G. Masius, 'A Neuroendoctrine predisposition for homosexuality in men', **Archives of Sexual Behavior**, 4, 1975, 1-8.

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