



# From *Donald* to *Deirdre*

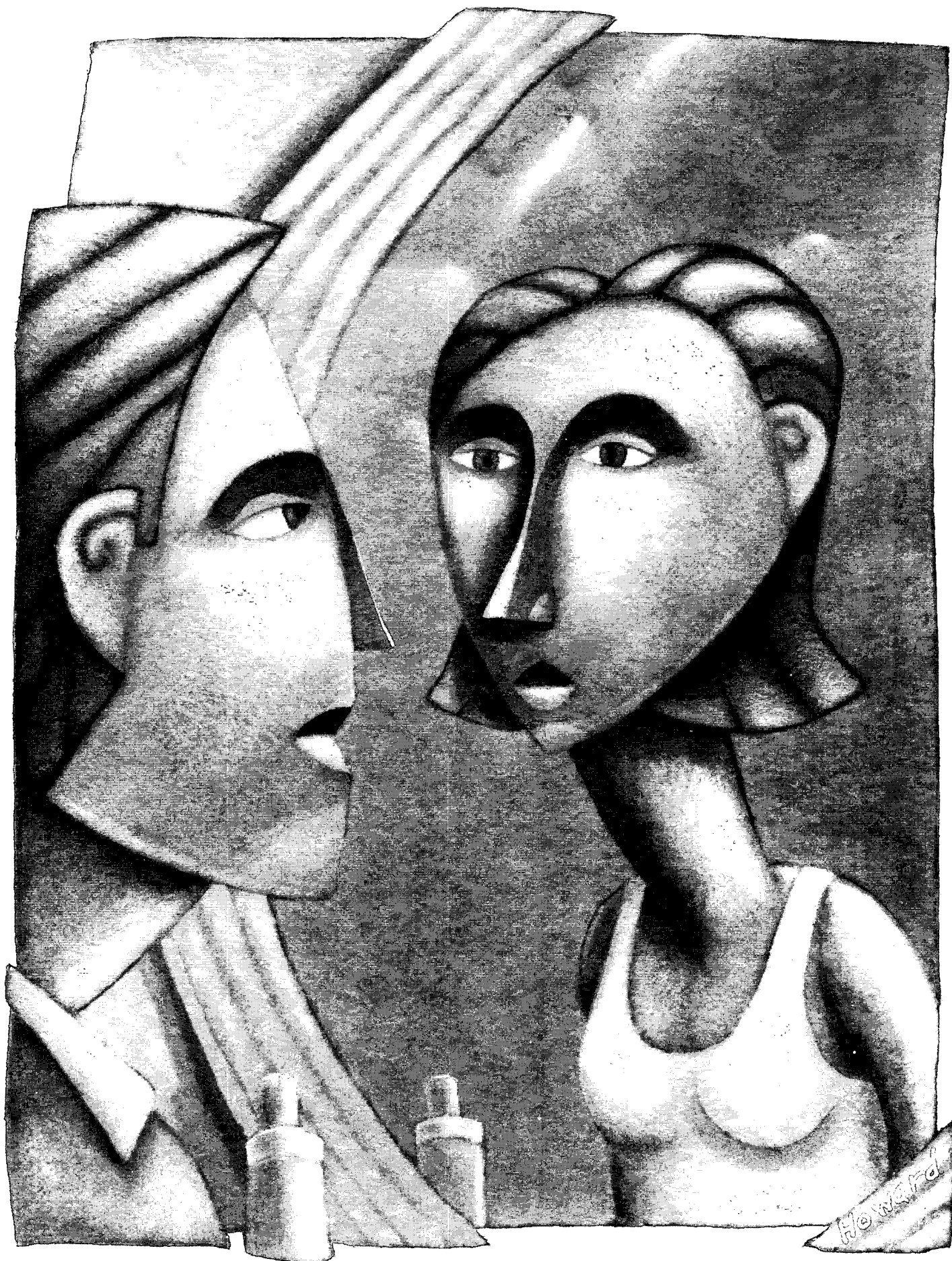
How a man became a woman—and what it says about identity



*In the mid-1990s renowned economic historian—and longtime REASON contributing editor—Donald N. McCloskey transformed himself into Deirdre N. McCloskey. In her new memoir about the experience, Crossing (University of Chicago Press), she recounts both her trials—in a bid to stop the process, McCloskey’s sister, a psychologist, had her committed involuntarily to mental institutions and otherwise tried to stop the gender change—and her triumphs. “As Donald aged 13 or 14 waited for sleep in his bed,” she writes, referring to her selves in the third person, “he would fantasize about two things. Please, God, please. ... Tomorrow when I wake up: I won’t stutter.... And I’ll*

---

By Deirdre N. McCloskey



TREVOR HOWARD



**The Author, Before and After:** “I visited womanhood and stayed. It was not for the pleasures, though I discovered many I had not imagined, and many pains too. But calculating pleasures and pains was not the point. The point was who I am. Here the analogy with migration breaks down.”

be a girl. A girl....*Deirdre later used the memory to introduce talks, to put people at ease about both her stuttering and her crossing in one story. She would joke, ‘I f-f-f-finally got one of m-m-my two wishes!’*”

As the following selections suggest, *Crossing* tells more than McCloskey’s personal tale of her odyssey from Donald to “Dee” (a name she called herself midway through the process) to Deirdre. On the eve of the “Biological Century”—an era in which individuals will be increasingly free to choose how to live their lives and on what terms—McCloskey’s experience speaks eloquently to the larger social, political, and moral implications raised by such possibilities.



**I want to tell you** the story of a crossing from 52-year-old man to 55-year-old woman, Donald to Deirdre.

“A strange story,” you say.

Yes, it’s strange statistically. All the instruments agree that

what’s usually called “transsexuality,” crossing the gender boundary, is rare. (The Latin in “transsexuality” makes it sound sexual, which is mistaken; or medical, which is misleading; or scientific, which is silly. I’ll use plain English—“crossing.”) Only three in 10,000 want to cross the boundary of gender, a few of them in your own city neighborhood or small town. Gender crossing is no threat to male-female sex ratios or the role of women or the stability of the dollar. Most people are content with their birth gender.

But people do, after all, cross various boundaries. I’ve been a foreigner a little, in England and Holland, and on smaller visits elsewhere. If you’ve been a foreigner you can understand somewhat, because gender crossing is a good deal like foreign travel. Most people would like to go to Venice on vacation. The Venice visitors as a group can be thought of as all the “cross-gendered,” from stone-butdy dykes to postoperative male-to-female gender crossers, all the traversers, permanent or temporary, somber or ironic. A few people go to Venice regularly, and you can think of them as the cross-dressers among these, wearing the clothing of the opposite gender once in a while. But only a tiny fraction of the cross-gendered are permanent gender crossers, wanting to *become* Venetians. Most people are content to stay

mainly at home. A tiny minority are not. They want to cross and stay.

On a trip to New York to see a friend after my own crossing I stood in the hall of photographs at Ellis Island and wept at the courage. Crossing cultures from male to female is big; it highlights some of the differences between men and women and some of the similarities too. That's interesting. My crossing was costly and opposed, which is too bad. But my crossing has been dull, easy, and comfortable compared with Suyuan's or Giuseppe's outer migrations.

It's strange to have been a man and now to be a woman. But it's no stranger perhaps than having been a West African and now being an American, or once a priest and now a businessman. Free people keep deciding to make strange crossings, from storekeeper to monk or from civilian to soldier or from man to woman. Crossing boundaries is a minority interest, but human.

## Who I Was, Am, Will Be

My crossing—change, migration, growing up, self-discovery—took place from 1994 to 1997, beginning in my home in Iowa, then during a year in Holland, then back in Iowa, with travels in between. As Donald and then as Deirdre I was and am a professor of economics and of history at the University of Iowa. From age 11 I had been a secret cross-dresser, a few times a week. Otherwise I was normal, just a guy. My wife had known about the cross-dressing since the first year of our marriage, when we

der because I liked colorful clothing (Donald did not) or womanly grace (Donald viewed it as sentimentality). The “decision” was not utilitarian. In our culture the rhetoric of the very word *decision* entails cost and benefit. My gender crossing was motivated by identity, not by a balance sheet of utility.

Of course you can ask what psychological reasons explain my desire to cross, and reply with, say, a version of Freud. Some researchers think there is a biological explanation for gender crossing, because parts of the brains of formerly male gender crossers in postmortems are notably female. But a demand for an answer to *why* carries with it in our medicalized culture an agenda of treatment. If a gender crosser is “just” a guy who gets pleasure from it, that's one thing (laugh at him, jail him, murder him). If it's brain chemistry, that's another (commit him to a madhouse and try to “cure” him).

I say in response to your question of *why?*, “Can't I just be?” You, dear reader, are. No one gets indignant if you have no answer to why you are an optimist or why you like peach ice cream. These days most people will grant you an exemption from the *why* question if you are gay. In 1960 they would not and were therefore eager to do things to you, many of them nasty. I want the courtesy and the safety of a *whyless* treatment extended to gender crossers. I want the medical models of gender crossing (and of 20 other things) to fall. That's the politics.

And incidentally, why do you think you are the gender you were officially assigned to at birth? Prove it. How odd.

Ah. I think you need some treatment.

After a year of hesitation, two years from beginning, I found to my delight that I had crossed. Look by look, smile by smile, I was accepted. That doesn't make me a 100 percent, essential

**The Step is not irreversible. When Deirdre made this point people would get indignant. They at least know *that* much. “What are you talking about? Someone cuts off his penis and you say it's *reversible*?”**

were 22. No big deal, we decided. Lots of men have this or that sexual peculiarity. Relax, we said. By 1994, age 52, I had been married three decades, had two grown children, and thought I might cross-dress a little more. Visit Venice more too.

I visited womanhood and stayed. It was not for the pleasures, though I discovered many I had not imagined, and many pains too. But calculating pleasures and pains was not the point. The point was who I am. Here the analogy with migration breaks down. One moves permanently from Sicily to New York because one imagines the streets of New York are paved with gold, or at least better paved than the streets at home, not mainly because back in Catania since age 11 one dreamed of being an American. Migration can be modeled as a matter of cost and benefit, and it has been by economic historians. But I did not change gen-

woman—I'll never have XX chromosomes, never have had the life of a girl and woman up to age 52. But the world does not demand 100 percents and essences, thank God. An agnostic since adolescence, in my second year of crossing I came tentatively to religion and then could thank God in person, who made me inside in my comfort a woman.

You become a woman by being treated as one of the tribe. Nothing else is essential. Being Dutch is being treated as Dutch. You can be a masculine woman, as by some stereotypes many women are, yet still be treated as one of the tribe. No piece of conventionally feminine behavior is essential if the overall effect makes you accepted in the tribe. Biology is not decisive. Big hips, small frame, high voice, hairless face, sexual interest in men, more-than-male amounts of sympathy and readiness to cry: We

all know women almost anywhere who vary on these dimensions, in this direction or that, but who are still part of the tribe.

And you treat yourself as one of the tribe too. Being Dutch is being homesick for Holland, inside your head. The dialogue with other members of society about whether Deirdre was part of the women's tribe has a personal side. Does Deirdre treat herself as a member of the women's tribe? *Am I a woman? Yes.*

Why, then, did Deirdre join the women's tribe? The question does not make sense, because it asks for a prudential answer when the matter is identity. Asking why a person changes gender is like asking why a person is a Midwesterner or thoughtful or great-souled: She just is. An identity is both made and not made. It is a romantic idea, which is strangely paired in the modern world with the antiromantic ideas of positivism in social science, that we all have an internal identity, fixed and ready made, and the only task is to express it. Will the real Deirdre please stand up? The "realness" is not right. We make ourselves, which is our freedom as human beings.

The romantic view does have something in it. You make yourself Dutch or American, a nurse or an accountant, a recluse or a social butterfly, piece by piece. But you have tendencies, which can be traced back to childhood. Anyone who has watched a child grow is impressed by the thrust of character. The dismal, fretful infant in arms will in 80 years be a dismal, fretful old lady. The cheerful infant will always be an optimist. No wonder people devised a word for it, the soul.

## Operative Traumas

There Dee finally was in Dr. Ousterhout's waiting room in San Francisco the day before the cheek and jaw operation, having been photographed and relieved of gigantic checks, \$10,000 here, \$15,000 there. All her treatment from now to the end of her transition, she reflected as she sat there happily, was going to be paid out of her own pocket and was not tax deductible. Blue Cross and the IRS take a dim view of gender reassignment surgery. They take an equally dim view of cosmetic surgery to make one passable; also of voice surgery for the same; also of fixing the glitches from all of these.

Donald had complained to Blue Cross: "The *DSM-IV [Diagnostic and Statistical Manual of Mental Disorders]* you rely on calls transsexuality a 'disorder,' and, unusually among such 'disorders,' this one has a cure—surgical, including facial surgery. But then you won't pay for it. You can't have it both ways. Either it's a personal choice, in which case the psychiatrists should butt out, or it's a disorder, in which case medical insurance should pay for the cure." Donald was always engaging in little campaigns for justice. Dee was more realistic: *Blue Cross will never pay for this, not in America—except in Minnesota, if you turn yourself over to an ignorant and self-important psychiatrist for two years of "certification" as "genuine."* We Americans like telling people what to do, as in Prohibition or the war on drugs. *It's not even Blue Cross' money: Over the years I've paid 10, 20 times more in medical insurance than has been paid back to me in expenses. From an ac-*

*tual point of view, there's no moral hazard. It's not as if millions of men will step forward to take advantage if gender reassignment and jaw pointing are paid for. The policy is sheer, stupid crossphobia. Sweet land of liberty and of stubborn, self-justifying hatreds.*

Dr. Ousterhout's office manager, Mira, came into the waiting room and interrupted Dee's reflections on American character.

"Dee, I have some bad news."

Uh oh.

"Your sister has been calling and writing the hospital and threatens to sue if we go ahead."

"Oh, no, no, NO!" Dee wailed and raged through the waiting room. "A third time. She's tried four times to stop me and succeeded three. When, when, is she going to leave me alone?"

Ousterhout came out to comfort her. "It's a setback. But I'm going to do everything I can."

"She claims I'll go crazy when I wake up and realize what I've done."

Ousterhout laughed. "That's silly. I've done thousands of plastic surgeries. People like what we do. I've never heard of anyone waking up and being anything but thankful. What's her evidence?"

"She doesn't have any. But the psychiatrists will believe anything about this, they are so frightened."

"That's their normal state."

Dr. Ousterhout called the psychiatrist in Chicago who had examined Donald for a competency hearing instigated by his sister. His letter about Dee had been ambiguous in its last paragraph; for the operation to happen, Dee needed clarity. It sounded to Dee like more of the self-protection that seemed to be the main object of psychiatric practice. Ousterhout later told Dee roughly what he had said to the doctor on the phone to Chicago:

"Do you think Dee is competent to sign the consent form and be operated on?"

"Yes." He had said the same to Dee a couple of weeks earlier.

"That's wonderful! Could you write that down in the same words? You can send it to California by fax."

"Uh...My typist isn't here."

"You can write it on a sheet of paper and fax it. You know how to write, don't you?"

"Umm. I don't know how to operate the fax"

"I'll tell you how over the phone."

Nothing worked. The psychiatrist wouldn't do it, wouldn't put in writing what he had said twice and what he believed. *He's afraid*, thought Dee. *He half believes my sister's theories about my waking up and regretting it all and going crazy. He doesn't want to be responsible. Psychiatrists don't. Cowards. Unlike surgeons, who must decide now, they can always wait. "Let's see how she looks after a month in a madhouse. A year."*

But Ousterhout kept working, and told Dee to check into the Davies Medical Center as though the operation was going to happen at dawn the next day as scheduled. Ousterhout then arranged for still another psychiatrist to examine her that very evening in the hospital. Dee moaned to her friend Esther, who had canceled her appointments as pastor in Berkeley and driven across the bay to the Davies to comfort her during the evening



of terror, “Another psychiatrist! I am so sick of being treated as crazy because I dislike my gender. Would I be thought crazy if I disliked a cleft palate, or a congenital heart defect?” The psychiatrist came in late, brought away in the dark from a dinner party, but he seemed sympathetic. Esther stayed outside in the hall, speaking soothingly to Dee before and after: “It will be all right. He seems sensible.”

“Unlike most of them,” said Dee. “I am so frightened.”

About 11 p.m. the psychiatrist passed her. “You are competent to sign the consent forms to have the operations,” he said. Dee slept.

But next morning the operation was still held up. Ousterhout still needed the examining psychiatrist in Chicago to yield. That would make two psychiatrists, enough to calm the hospital’s lawyers, frightened by his sister’s letters on Harvard stationery. Again it was up to this man who seemed so ignorant and frightened about gender crossing. All morning Ousterhout worked on him. It was an expensive employment for a surgeon, negotiating on the phone for a plain statement. Eventually the psychiatrist did yield, as he had yielded to the lawyer’s expensive pressure in Chicago, and the fax came to California. This time Ousterhout did not tell Dee what he had said.

The operation started six hours late—another, separate surgery would have to be scheduled because of the lost time that day, making it three days of operations—face, breasts, and tummy tuck—instead of two, with three distinct setups, the first morning wasted. The additional bill mounted toward \$25,000: legal costs, extra travel, extra days of surgery.

*Let it go*, said Dee to herself. The surgery was going to happen.

When she woke up: *Am I crazy? No, just covered in bandages.* Her friends Richard and Susan visited, Richard reporting that

time. You can’t have your face taken off and put back on three times without looking odd for a while. More than the wounds, she was worried about the repeated general anesthetic, because some people have reactions to it months afterward. But it didn’t happen. None of the surgery then or later hurt; the pain in recovery was masked by drugs. The recovery was inconvenient and embarrassing, because you needed to nurse yourself and you looked a mess. But not painful.

Between surgeries she stayed home at Esther and her friend Marty’s and went to church a lot. The First Baptist Church of Berkeley—American, not Southern, Baptist—said on its coffee mugs, “FBCB—*Not your typical Baptists!*” Theologically, Baptist churches of any sort are libertarian, though your typical Baptist doesn’t act as though he believes it. Every Sunday for the six weeks she stayed with Esther, she would go to the music-filled service and listen to Esther’s elegant sermons and for the first time experience a church-centered life. The congregation was “welcoming and affirming,” which meant it had a varied membership. A gender crosser with a face horribly bruised seemed not to give them pause. At the coffee hour after the service Dee would move among the ladies of the church watching her manners and observing theirs, welcomed and affirmed.

## Vocal Discord

The damned voice. Dee called the office of the speech surgeon in San Francisco to check on the voice operation she had scheduled there for early December.

“Oh,” said the secretary, “That’s been canceled.”

**“Were you effeminate as a child?” Dee could see the psychiatrist’s eyebrows rise when she got an answer that did not fit the “diagnostic” list in the *Diagnostic and Statistical Manual of Mental Disorders*.**

“she looks like road kill.” Ken and Alan, editors on a book project that Dee was supposed to be working on, visited, and Alan’s wife, Gail, brought a meal with dishes and all. The following day Esther came and took her home to El Cerrito across the bay, and Dee waited in the empty house for the craziness to come.

The next operation was all right. And the next, the third. The order of operations was unclear to Dee afterward, since some were combined: nose job, bones under the eyebrows ground down, hairline moved forward, jaw pointed, lip scar fixed, eyebrows lifted, breasts augmented, tummy tucked. Her recovery was quick, though she looked puffed and bruised for a while each

“Canceled? What do you mean?”

“The doctor decided not to do it.”

“Why didn’t you tell me? Did he say why?”

“I’m not at liberty to say.”

“Oh. So my sister got to him.” *The coward*, thought Dee. “Why didn’t you call?”

“I’m not at liberty to say.”

“So you canceled a surgery because the patient’s sister threatened you and then didn’t tell the patient? May I speak to the doctor?”

“I’m sorry, but the doctor’s not in. I have to go.”

"Good-bye. Have a nice day."

Great, Dee thought, *I've found a surgeon who's a coward. All psychiatrists and at least one surgeon. Can't go to Holland to teach with this male voice.*

Dee made an appointment with another voice surgeon, one in Philadelphia. After the operation the voice didn't seem to work, but Dee hoped. She would have to go back to Philadelphia to have the operation assessed. She would stop off in Philadelphia again on the way out to Holland.

A few weeks after Dee arrived in Holland to teach at Amsterdam's Erasmus University, a full-page article with a flattering photo of her appeared in the leading Dutch newspaper, *NRC Handelsblad*, the *New York Times* of Holland. It focused on her views about economics and love, treating her gender crossing as an interesting sidelight. That's how the Dutch press reported on her. A Dutch-language business magazine did a long article on the revival of Adam Smith, noting that "*Deirdre McCloskey is een Chicago girl*," a free-market feminist, and quoting her at length on an economics that might make sense to women. A sidebar noted that "Donald is Deirdre" and reported her opinion that "*tolerant Nederland is de goede plaats om te transiteren van het mannelijke naar het vrouwelijke bestaan*": that tolerant Holland is a good place for the transition from a masculine to a feminine way of life. Yes.

The world's largest program on gender crossing is at the hospital of the Free University of Amsterdam. The program is well-known among gender crossers. Dutch people are amazed at where the program is, because the hospital is part of a university founded in the late 19th century by religious conservatives (thus "Free": free to be reactionary), and the university still tends a little that way. It would be like Oral Roberts University developing in its second century a program for the support of gay marriage. The Free University program has helped many thousands of gender crossers on the model of "illness," with diagnosis and treatment. Dee needed to visit it to get hormones, since American prescriptions are not honored outside America.

They wanted a psychiatrist to interview her, though to Dee it seemed pointless. She was not officially in the Free University program, which for political reasons has to extend the transition to two years of agony between the genders, following the Benjamin Standards, the accepted medical protocols for gender-change operations. But the program would prescribe hormones, so she couldn't offend its personnel by standing up for patient rights. Anyway, she liked the Free University program. *It's good*, she said to herself, *a lot better than the hospital programs in the United States dominated by the example of Johns Hopkins. The big university hospitals at home, run by psychiatrists, try to cure gender crossing, and fail. The Free University Hospital, run by an endocrinologist, tries to help, and succeeds.* Though on the silly model of illness.

The young woman psychiatrist asked Dee the usual questions, mentally running down a checklist of the gender crossing illness. "When did you first want to be female?" "Were you effeminate as a child?" Dee could see the psychiatrist's eyebrows rise when she got an answer that did not fit the conventional "diagnostic" list thrown together for the *Diagnostic and Statistical Manual of Mental Disorders* out of junk science. Dee thought, *She does not*

*realize how silly the list is.*

So what? Does it matter? Can she hurt me? Can she stop my prescription for estrogen or tell my potential surgeon in Australia that I'm not "really" a gender crosser?

Damned right she can.

*Time for action.*

Dee started lying. They all do it. A psychiatrist proposes to withhold a desired and harmless life from a free, sane adult based on no scientific evidence and no intelligent empathy for the patient and no understanding that the *DSM's* list of symptoms rewrites the society's myths about gender. We need to examine you. For two years. Wait, wait. We might not ever approve you. Chances are we won't. Dee knew a gender crosser from Galesburg, Illinois, an otherwise normal working-class person, who after two years and \$2,500 of "therapy" from a local psychologist was still being delayed: You have more issues to work on. You will *always* have "more issues to work on," dear. *It's therapy for the therapist*, Dee thought indignantly.

Of course the gender crossers lie. They can read the *DSM* just as well as the psychiatrists can. Pat Califia, who wrote *Sex Changes: The Politics of Trans-genderism* (1997), notes, "None of the gender scientists seem to realize that they, themselves, are responsible for creating a situation where transsexual people must describe a fixed set of symptoms and recite a history that has been edited in clearly prescribed ways in order to get a doctor's approval for what should be their inalienable right."

"Oh, yes," Dee said to the Free University psychiatrist, "I've always had these desires. Oh, yes, Doctor, ever since I can remember. Oh, yes it's just like being a woman in a man's body. Oh, yes, I *hate* my penis."

*Oh, yes, Doctor, whatever your dopey list says.* The psychiatrist's eyebrows returned to normal.

## Sleep of the Just

There's no case, Deirdre would argue, for letting psychiatrists get at a gender crosser. People say, "Wait a minute. It's an irreversible step. Better check it out." But the psychiatrists don't know how to check it out. They know nothing about it and are not interested in learning. To make them assess gender crossers is like making a brain surgeon do open-heart surgery. It's not in their competence. The excitement these days in psychiatry is about drug treatment of psychoses. It's wonderful that some clinical depression and even schizophrenia can be helped with drugs. But gender crossing is not a psychosis, and there is no medical evidence that it is associated with psychosis in any form. We might as well have psychiatrists check out people with brown hair or people with cheerful dispositions or people who like to visit Venice as often as they can. Just to make sure.

And The Step is not irreversible. When Deirdre made this point people would get indignant. They at least know *that* much. "What are you talking about? Someone cuts off his penis and you say it's *reversible*?" Please, listen. Operations—not that the operation is the essence of it all—can be reversed, sometimes.

For example you can take out cheek or breast implants. True, with current techniques reconstructing a penis is very expensive. That's the only advantage that males-to-females have over females-to-males in cost and effectiveness: Because it's easier to remove than to make, their male-to-female operation is a fifth the cost of the female-to-male one, a compact, low-end car instead of a Mercedes. But so what? Forget about reconstructing the penis. Many men do not have penises, on account of war or accident or disease. This does not for most purposes make them less men. A man is a man because of his look and behavior, not because of what is secretly in his pants. And beyond the contents of pants, one's behavior and dress can be changed back. The hormones, too, have partly reversible effects. Deirdre would smile and say, "If I stopped female hormones and started testosterone, in five or six months I'd be acting like a jerk again!" The joke worked best if there were lots of other women present.

Anyway, Deirdre continued, we need to ask whether we want to invite psychiatrists to have power over all the comparably important business of life. Having a baby is well and truly irreversible, more so than gender reassignment. A new human being is brought into the world. Well, shouldn't everyone have many years of psychological counseling before having a child? And getting married, though reversible at some cost, like cheek implants, is pretty serious too. So likewise is choosing a career, or buying a house, or taking up golf. If these were treated the way gender crossing is treated we would need for each a certification from psychiatrists achieved through hours and hours of expensive conversation; maybe some drugs; or, if nothing else works, hooking 'em up to the house current. Such certification and treatment would be absurd for the reasons it is absurd for gender crossing. The psychiatrists don't know anything worthwhile

literature has a cure been reported for the "disorder," except the cure of letting people be who they wish to be, which has done its work for tens of thousands.

A resolution was passed in August 1997 at the annual meeting of the American Psychological Association in Chicago, a quarter of a century after homosexuality was removed from the *Diagnostic and Statistical Manual*. Homosexuality "is not a mental disorder and the American Psychological Association opposes all portrayals of lesbian, gay and bisexual people as mentally ill and in need of treatment due to their sexual orientation." A year later the American *Psychiatric Association* said the same. Most American gender crossers want the same liberation from psychological/psychiatric torture. They want gender identity "disorder" removed from the list of madnesses and another sentence added to the resolution of 1997: "The same is true for gender crossing and cross-gendered identification." The Canadian gender crossers object, because under their national health service they get money for the operation as long as the "disorder" is in the *DSM*. Consistent Canada. *Merci bien*.

Dee would sometimes wake up at night and be unable to sleep, though it was rare. *The sleep of the just*, she said to herself. But she watched for signs of doubt. She worried that at 3 a.m., stripped of the day's masks, doubt would surface. It never did, and she slept better as Deirdre than as Donald.

She could recognize doubt. Donald couldn't sleep for doubt when he was chair of economics at Iowa. He knew from the experience that he should not go into administration. Just or unjust, you have to be able to sleep. The new president of Harvard in the 1990s had a similar problem and took a year's leave. When Donald left a permanent job at the University of Chicago in 1980, he knew doubt at 3 a.m. His wife would be-

**She watched for signs of doubt. She worried that at 3 a.m., stripped of the day's masks, doubt would surface. It never did, and she slept better as Deirdre than as Donald.**

about having a child or buying a house or being a gender crosser, as most psychiatrists admit. And even if they did know, in matters not affecting other people's rights we regard ourselves as free individuals. The freedom question is, why not? There's no case for a special enslavement of gender crossers to the psychiatrist except that there are so few crossers that no one troubles to care.

Gender crossing is also called "gender dysphoria," Greek for being uncomfortable with your birth gender. Being uncomfortable with, say, poverty or brown hair or lack of fluency in French is not labeled a disorder. A threat to order, the order that gender is irrevocable. Deirdre was surprised that psychiatrists allowed themselves to be cast as gender police. Nowhere in the

come angry if he talked of his Chicago doubt, for it was tedious after a while to listen to the whining. *My ex-wife would like Deirdre better if she knew her*, she reflected. No angst. ♦

*Contributing Editor Deirdre N. McCloskey (deirdre-mccloskey@uiowa.edu) is a visiting professor of humanities at the University of Illinois at Chicago, teaches economics and history at the University of Iowa, and is Tinbergen Distinguished Professor at Erasmus University of Rotterdam. Her most recent books are The Vices of Economists, The Virtues of the Bourgeoisie (University of Michigan Press) and Crossing: A Memoir, from which this article is excerpted. (©1999 The University of Chicago. All rights reserved.)*



# SPECIAL BOOK SECTION

## Spilt History

By Charles Paul Freund

**Virtual History: Alternatives and Counterfactuals, edited by Niall Ferguson, New York: Basic Books; 548 pages, \$30.00**

**What If?: The World's Foremost Military Historians Imagine What Might Have Been, edited by Robert Cowley, New York: G.P. Putnam's Sons; 395 pages, \$27.95**

**A**fter the historical, comes the conditional: That's how Robert E. Lee lost a battle this year in Virginia, where things had otherwise gone so well for the general since the unpleasantness in Appomattox that he'd become a rare American example of honor traduced by fate, of the peculiar fulfillments of the tragic. Yet in June, just as officials in Richmond were placing a Lee mural as a tribute along a new James River walkway, Lee's fate was recast. A single statement by Richmond City Councilman Sa'ad El-Amin ended a widening debate over the mural's propriety, and resulted in what press accounts called the painting's "instant removal." "If Lee had won," asserted El-Amin, "I'd still be a slave."

After the conditional, comes the revisory. That's how Bill Clinton prevented *weltkrieg* last spring. Clinton conjured Adolf Hitler from the grave, as presidents contemplating military action have done before. And then Clinton, to justify his own coming military actions, drove a rhetorical stake through Hitler's black heart. Making his case for the NATO bombing of Serbian forces in Kosovo, Clinton decked his rhetoric in deadly derby and cigar: "What if someone had listened to Winston Churchill and stood up to Adolf Hitler earlier?" he asked an audience of government employees. "How many people's lives might have been saved, and how many American lives might have been saved?"

After the revisory, comes the accusatory. That's how Pat Buchanan has saved

the West from military destruction. He closed the western front of the Second World War, allowing Bolshevism and Nazism to lock in mortal battle in the bloody East instead. Hitler, asserted Buchanan in his controversial book, *A Republic, Not an Empire*, "was driven by a traditional German policy of *Drang nach Osten*, the drive to the East," and "had not wanted war with the West." It was only Britain's misbegotten military assurances in the East that sealed the alternate fate of the West. "Had Britain and France not given the war guarantee to Poland," Buchanan argued, "there might have been no Dunkirk, no blitz, no Vichy, no destruction of the Jewish population of Norway, Denmark, Holland, Belgium, Luxembourg, France or even Italy."

What is all this? Since when does politics succumb to an act of the imagination, as it has done this year in Richmond? Since when does history—speculative history at that—breach the wall that in this nation has always separated it from a pragmatic politics defined by the pothole that needed filling or the entitlement that could be created? Since when has foreign policy been advanced—from the presidential stump, yet—in terms of past paradigms as opposed to present national interest? Since when, for that matter, has the historical conditional, which has never succeeded even in establishing its own professional legitimacy, mutated into revisionist rationalization and topical political accusation?

Looking backward politically has always been the role of losers: those sighing

over a romantically remembered Lost Cause, or seething over a supposed Stab in the Back. Why are history's seeming winners now engaging in repeated arguments over events that, the suffering and bloodshed they entailed notwithstanding, appear ultimately to have led them to prosperous triumph? After all, alternatives to what happened always include far worse possible scenarios. These are not arguments over expressing regret for outrageous historical injustices. What we have, at the center of our national discourse, is a recurring debate over the essence of our history. What's this about?

**C**ounterfactuals, allohistory, parahistorical conjecture, what if? The bastard child of causal contemplation has gone by many names, as if it were trying to escape its reputation as an unworthy, unprofessional waste of time and instead start life over again in more respectable guise. It has never worked. British historian E.H. Carr, in his 1961 "What is History?" lectures, dismissed all "what if?" speculation as a "parlour game." David Hackett Fischer cited "the fictional question" as a historian's fallacy: "All historical 'evidence' for what might have happened if [John Wilkes] Booth had missed his mark is necessarily taken from the world in which he hit it," Fischer wrote 30 years ago. "There is no way to escape this fundamental fact." The German historian Karl Hampe once declared in the Teutonic absolute that "History knows no 'if.'"

The objections to imagined historical