APPENDIX

Suggestions for Change

I HAVE argued that the issue of transsexualism is an ethical issue that has profound political and moral ramifications; transsexualism itself is a deeply moral question rather than a medical-technical answer. I contend that the problem of transsexualism would best be served by morally mandating it out of existence.

Does a moral mandate, however, necessitate that transsexualism be legally mandated out of existence? What is the relationship between law and morality, in the realm of transsexualism? While there are many who feel that morality must be built into law, I believe that the elimination of transsexualism is not best achieved by legislation prohibiting transsexual treatment and surgery but rather by legislation that limits it—and by other legislation that lessens the support given to sex-role stereotyping, which generated the problem to begin with.

THE RELATIONSHIP BETWEEN LAW AND MORALITY

Many see a very definite connection between social morality and its preservation in law.[1] They would argue that if there were a broad social consensus about the immorality of transsexual surgery, then the law should incarnate that social morality. Others, of course, would argue that to ground issues of law in the social conscience is not always protective of individual rights and may, in fact, be destructive of those rights. They would say that the law can only legislate against individual rights when they can be shown to be directly harmful to another's rights.

I do not wish to argue either of these positions. Rather, I would contend that the more that can be left out of the law, the better. The prevention of transsexual surgery, and the social conditions that generate it, are not achieved by legislation forbidding surgery. In the case of transsexual surgery, the good to be achieved, that is, the integrity of the individual and of the society, does not seem best served by making transsexual surgery illegal. Rather it is more important to regulate, by legal measures, the sexist, social conditions that generate transsexual surgery, and also legally to limit the medical-institutional complex that translates these sexist conditions into the realm of transsexualism. Thus I am advocating a *limiting legislative* presence, along with *First Cause* legislation, which, instead of directing legal action to the consequences of a gender-defined society (in this case, to transsexualism), directs action to the social forces and medical institutions that produce the transsexual empire.

Legislation dealing with First Causes would concern itself with the network of sex-role stereotyping that produces the schizoid state of a "female mind in a male body." The education of children is one case in point here. Images of sex roles continue to be reinforced, at public expense, in school textbooks. The message is that such roles are assigned to male and female bodies in our society. Another example of First Cause legislation is the legal mandating

of programs and funds for the promotion of nonsexist physical education in schools receiving federal money. This has been initiated, to a certain extent, with Title IX legislation, but still has not been implemented extensively. Building up women's bodies in the active way to which men have been accustomed would also build a body image and role that is quite different from the objectified, weak, and passive image that women and men now have of women. This would help to eliminate the bodily stereotype to which the transsexual wishes to convert.

These, of course, are but a few examples of First Cause legislation where it would be possible for the law to step in at the beginning of a destructive sexist process that leads ultimately to consequences such as transsexualism. Although this is not the place to delve into a lengthy listing of all the social contexts in which the law might possibly intervene to prevent the sexist supports of the transsexual phenomenon, it is my contention that it is at the beginning and not at the end of the transsexual process that legislation is imperative.

Along with First Cause legislation to stop the "procreation" of transsexualism, limiting legislation is also necessary to inhibit the massive medical-technical complex of institutions that promote and perform more treatment and more surgery. Such institutions have a built-in growth power and thus legal limits should be placed on their ability to multiply. I would favor restricting the number of hospitals and centers where transsexual surgery could be performed.

CONSCIOUSNESS-RAISING COUNSELING

Nonsexist counseling is another direction for change that should be explored. The kind of counseling to "pass" successfully as masculine or feminine that now reigns in gender identity clinics only reinforces the problem of transsexualism. It does nothing to develop critical awareness, it makes transsexuals passive spectators of their own decline, it manages transsexuals' intimacy, and ultimately

it makes them dependent upon the medical-technical solution. Such counseling destroys integrity and the potential of transsexuals to deal with their problem in an autonomous, genuinely personal, and responsibly social way. The transsexual becomes a kind of acolyte to his doctor and psychiatrist, and learns to depend upon these professionals for maintenance. The baptism of "passing" behavior that is conferred upon the transsexual, plus the administration of exogenous hormones, along with constant requests for corrective polysurgery, turn him into a lifelong patient. Ivan Illich has called this cultural iatrogenesis.

> Cultural iatrogenesis . . . consists in the paralysis of healthy responses to suffering, impairment, and death. It occurs when people accept health management designed on the engineering model, when they conspire in an attempt to produce, as if it were a commodity, something called "better health." This inevitably results in the managed maintenance of life on high levels of sub-lethal illness.[2]

What I advocate, instead of a counseling that issues in a medicalization of the transsexual's suffering, is a counseling based on "consciousness-raising." In the early stages of the current feminist movement, consciousness-raising groups were very common. These groups were composed of women who talked together about their problems and directions as women in a patriarchal society. Gradually, these groups came to the insight that "the personal is political," thus providing the first reconciliation between what had always been labeled the "personal" and the "political" dimensions of life. Women, who had felt for years that the dissatisfaction they had experienced *as women* was a personal problem, came to realize in concert with other women that these problems were not peculiar to them as individuals but were common to women *as a caste.* Until feminism focused attention on the debilitating social-political framework of sexism, most women had categorized their dissatisfaction as "merely personal." From these consciousness-raising groups came much of the initial political action of the women's movement.

Five elements or processes appear repeatedly, under

different names, in literature about consciousness-raising groups.

1. Self-revelation. This involves each individual talking about her attitudes and life.
2. Sharing. Experiences and attitudes revealed often weave a tapestry of similarity so that the commonality of personal experiences becomes obvious, and its political character is revealed.
3. Analysis. Recognition of the reasons and causes for the commonality of such personal experiences with an extensive analysis of the social-political, economic, and moral forces that support such experiences.
4. Abstracting. Theorizing about concrete experiences and about social forces and sources, while drawing on the insights of others for perspective.
5. Action. Concretizing analysis into appropriate tasks, goals, projects, and the like.[3]

Would it be possible for these elements of consciousness-raising to be transplanted into a one-to-one counseling situation where they could be used to explore the social origins of the transsexual problem and the consequences of the medical-technical solution? Counseling of this nature would raise the kinds of questions that I advocated previously, such as: is individual gender suffering relieved at the price of role conformity and the perpetuation of role stereotypes on a social level? In "changing sex," does the transsexual encourage a sexist society whose continued existence depends upon the perpetuation of these roles and stereotypes? Does transsexual treatment repress the transsexual's capacity for social protest and criticism? Does it act as a social tranquilizer? These and similar questions are seldom raised in transsexual therapy at present.

However, aside from this one-to-one form of counseling, the model of consciousness-raising emphasizes the group process itself. As women have analyzed their own problems *as women* in consciousness-raising groups, it is extremely important that transsexuals, as persons wishing to change sex, take their particular manifestation of gender

oppression into their own hands. Transsexuals are *not* women. They are *deviant males*, and their particular manifestation of gender deviancy needs its own unique context of peer support.

Peer support has been one of the crucial aspects of consciousness-raising in feminist groups. Given the support of other women, it became possible for many to break the bonds of so-called "core" gender identity. In the same way, peer support could be extremely insightful for transsexuals. It could help surface the deeper issues that lie behind the problem of *why* one finds one's self with, for example, a "female mind in a male body." It could then assist in exploring whether indeed this is the proper label for the transsexual's unique form of sex-role oppression.

Such counseling and group interaction would be far more honest than the present forms of therapy that promote passing. I am not so naive as to think that they will make transsexualism disappear overnight, but they would at least pose the existence of a real alternative to be explored and tried. Given peer encouragement to transcend cultural definitions of both masculinity and femininity, *without* changing one's body, persons considering transsexualism might not find it as necessary to resort to sex-conversion surgery.

DEMYSTIFYING AND DISMANTLING THE MEDICAL-TECHNICAL HEGEMONY

People concerned about sex-role oppression must work to take the transsexual problem out of the hands of the transsexual professionals and the gender identity clinics. One way of doing this is through the legal measures suggested previously; another way is through public education.

Up to this point, the transsexual and the transsexual professionals have been the sources of information for the general public. The mere existence of the postoperative transsexual, moreover, and the mere availability of trans-

sexual counseling and surgery, permit people to restrict their thinking about sex-role dissatisfaction to these medical/surgical boundaries. In addition, the transsexual professional becomes a force in the community at large, defining his constituency, and generating a clientele of persons with this unique medical consumer status.

One way in which education about transsexualism has reached the general public is through the media. Articles on transsexualism, especially in the aftermath of public exposure of famous transsexual personages such as Jan Morris or Renee Richards, appear in the weekly news magazines. Several times a year, transsexuals and transsexual professionals appear on various television talk shows. Thus the transsexual empire has become "media-ized."

However, I would suggest that different perspectives on the issue of transsexualism need to receive more attention and publicity. We have seen enough of those transsexuals and professionals in the media who are in favor of transsexual surgery as the solution to so-called gender dissatisfaction and dysphoria. We need to hear more from those men and women who, at one time, thought they might be transsexuals but decided differently—persons who successfully overcame their gender identity crises without resorting to the medical-technical solution. We need to hear more also from professionals such as endocrinologist Charles Ihlenfeld who, after helping one hundred or more persons to "change their sex," left the field. Ihlenfeld decided that "we are trying to treat superficially something that is much deeper."[4] And finally we need to hear more from persons, such as feminists and homosexual men, who have experienced sex-role oppression but ultimately did not become transsexuals.

In the final analysis, however, it is important to remember that transsexualism is merely one of the *most obvious* forms of gender dissatisfaction and sex-role playing in a patriarchal society. It is one of the most obvious because, in the transsexual situation, we have the stereotypes on stage, so to speak, for all to see and examine in an alien

body. What can be overlooked, however, is that these same stereotypes, behaviors, and gender dissatisfactions are lived out every day in "native" bodies. The issues that transsexualism can highlight should by no means be confined to the transsexual context. Rather they should be confronted in the "normal" society that spawned the problem of transsexualism to begin with.