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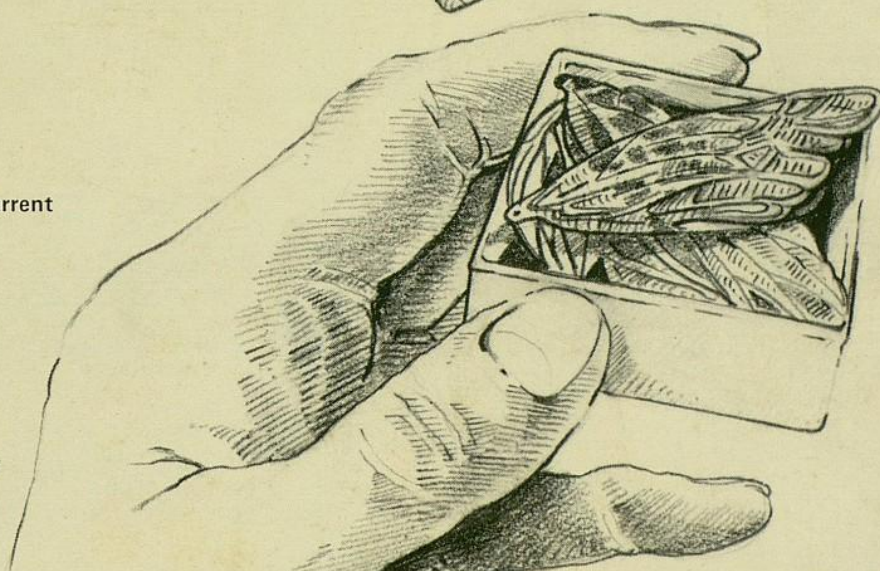
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## Transsexualism: The Ultimate Homage to Sex-Role Power

Transsexualism has taken only 25 years to become a household word. Initially most of us were probably made aware of the topic with the publication of the famed Christine Jorgensen case in 1953. A little over a decade later, Johns Hopkins Hospital announced that it would become the first American medical institution to devote itself to the performance of transsexual surgery, on a select but serious scale. In 1974 the subject was again highlighted publicly with the publication of Jan Morris's *Conundrum*. The latest attention-getter in the transsexual saga has been Renée Richards, who has succeeded in sending the benefits of sex "discrimination" back into the male half of the court. The public recognition and success that it took Billie Jean King and women's tennis years to get, Renée Richards has achieved in one set. The new bumper stickers might well read: "It takes castrated balls to play women's tennis."

In addition to the preceding chronicle of publicity that transsexualism has received, the weekly news magazines such as *Time* and *Newsweek* almost yearly publish an article or two which could comprise the basic educational requirements for a crash course in "Transsexualism 101." Women's

magazines with wide circulation such as *Redbook* and *Good Housekeeping* have run autobiographical or biographical, almost soap-opera, accounts of transsexualism in the true confessional genre. In October 1976, even *The National Observer* saw fit to garnish its front page with the lead article, "What Makes a Person Want To Switch Sexes?" Add to this plethora of publicity, television and the movies (e.g., *Medical Center* and *Dog Day Afternoon*), as well as the TV talk shows. Covert transsexual appeals have also entered the world of advertising in the guise of what Wilson Bryan Key has called "subliminal seduction."<sup>1</sup>

In the midst of all these publications and publicity, there is generally an explicit or implicit appeal for sympathy with the transsexual, who is allegedly "trapped in the body of the wrong sex." This phrase has become, in fact, the standard popular definition of transsexualism. Some feminists have also pleaded for sympathetic acceptance of transsexualism, and the confusion of opinions about the subject has been enhanced by these various feminist statements.

In 1973 a group of lesbian feminists at the National Lesbian Conference in Los Angeles sought conference entrance for a male-to-constructed-female transsexual.\* Rita Mae Brown in a recent editorial in the *Boston Globe* stated, "It is cruel to dismiss these people as misfits. Do we have the right to arbitrarily decide who is female and who is male?"<sup>2</sup> She faulted the women tennis players who withdrew from the Tennis Week Open after Renée Richards was accepted, for reinforcing the "very sexism they deplore." Andrea Dworkin, in her otherwise insightful book *Woman Hating*, stated that until sex roles disappear (and thus also transsexualism), sex-change operations should be provided "by the community as one of its functions. This is an emergency measure for an emergency condition."<sup>3</sup>

\*I thank Emily Culpepper for this expression, which neatly illustrates my contention that, while transsexuals are *masculine* or *feminine*, they are not fundamentally male or female. As I shall attempt to demonstrate, transsexuals undergo superficial, stereotypical, and artifactual changes which reinforce socially constructed roles and identities. Therefore, the words *feminine* and *masculine* are appropriate, but he and she are not.



Moreover, Deborah Feinbloom, director of the Boston Gender Identity Clinic and author of the recent *Transvestites and Transsexuals*, thinks, contrary to Dworkin, that "The loosening of definitions [of masculinity and femininity] would probably affect the transsexual not at all, in terms of the persistent feeling of 'wrong body.' " She feels that "The transsexual on that fringe of the 'acceptable,' on that corner of the 'normal,' forces us to reevaluate ideas and concepts long held immutable."<sup>4</sup>

With Brown, I would affirm that it is indeed cruel to dismiss transsexuals as misfits, but not cruel to oppose them as usurpers of female energy and power.\* I believe, however, that it is more cruel to accuse the women tennis players who withdrew from the Tennis Week Open of reverse sexism. And if not cruel, it is at best simplistic and obscuring of the deeper issues at stake. With Dworkin, I would affirm that transsexualism is the result of the stereotyped sex roles of a rigidly gender-defined society. But is transsexualism really the "emergency answer to an emergency situation," or does it prolong the emergency? And is it the basic duty of "the community" (presumably the feminist community) to provide such treatment? With Feinbloom, I would agree that transsexuals reside on the edge of "normality" insofar as they experience gender dissatisfaction. But the pre- or post-operative transsexual who conforms to society's norms of masculinity or femininity is hardly on the edge of normality, but rather adheres very strictly to those norms. Feinbloom calls for reevaluation, but what exactly would she have us reevaluate? In

\*My basic contention in the following section is that transsexualism is a male problem and that the female-to-constructed-male transsexual gives the illusion that transsexualism is a human problem.

my own explorations, what the study of transsexualism "forced" on me was the reevaluation of a society in which it even makes sense to talk about "a female mind in a male body."

#### Who is being transsexed?

According to the international medical literature reviewed by I.B. Pauly in 1965 (and reiterated since then), the generally accepted ratio of women to men who have been transsexed is 1:3 or 1:4.<sup>5</sup> Recently, especially within the last five years, some investigators and clinicians have claimed that the incidence of female-to-constructed-male transsexualism is rising. This supposed increase, however, has not been accompanied by a greater number of recorded transsexing operations performed on women. Furthermore, it is also significant that this supposed increase has not been documented in print, with the exception of vague references which state that there is an increase but offer no extensive evidence of it. Moreover, the overwhelming bulk of transsexual literature is devoted to the male-to-constructed-female transsexual, and there are few investigators who have related and detailed case reports of the reverse form of transsexualism. In my own interviewing of transsexuals, I had extreme difficulty in finding female-to-constructed-male transsexuals. When I was able to contact a few, for the most part they were unwilling to talk. I speculate that the extreme difficulty I had in locating them may be indicative of the fact that there are fewer of them than claimed.

There are many reasons I would put forth why male-to-constructed-female transsexualism is more predominant. Most obviously, the surgery is easier, more developed, more publicized, and less costly.

Second, male-to-constructed-female transsexualism may well be one graphic expression of the destruction that sex-role molding has wrought on men. Thus it could be perceived as one of the few outlets for men in a rigidly gender-defined society to opt out of their culturally prescribed roles. Women, on the other hand, since the recent rise of feminism, have been able to confront gender dissatisfaction on a sociopolitical, as well as personal, level. Men who experience gender dissatisfaction have had to adopt more individualistic solutions, one of which appears to be transsexualism.

Third and more important, transsexual surgery is a creation of men, initially developed for men. The research and literature are overwhelmingly oriented toward the male-to-constructed-female transsexual and also overwhelmingly authored by men. I do not mean to say that women are not writing about transsexualism, or are not involved in working in the gender identity clinics, or are not counseling or becoming transsexuals. In answer to the predictable argument that women are doing it too, it must be acknowledged that women are present in token proportions in all of these various areas. Many even happen to be in the foreground of the transsexual arena, directing gender identity clinics and co-authoring writings on the topic (e.g., Anke Ehrhardt). However, I suggest that those women who are engaged in transsexual legitimation, writing, and counseling may be functioning as tokens to promote the illusion of comprehensive female inclusion. (In this respect, they are like the well-publicized women who are always present in some way to legitimate male-defined realities.) Thus the androcentric origin, control, maintenance, and legitimation of transsexualism becomes obscured. The fact that the overwhelming research interest, amount of publi-



cations, and medical state of the “art” are concerned with male-to-constructed-female transsexualism is also evidence of the male-centered nature of the transsexual phenomenon.

In a very real sense, the female-to-constructed-male transsexual is the token that saves face for what I choose to call “the male transsexual empire.” She is the buffer zone who can be used to promote the universalist argument that transsexualism is a supposed “human problem” not uniquely restricted to men. She is the living “proof” that women supposedly want the same thing. Women have been assimilated into the transsexual world as women are assimilated into other male-defined worlds, institutions, and roles, i.e., on men’s terms.

In tokenism, the flow of outsiders into the dominant group is usually restricted numerically, but just enough so that the illusion of inclusion takes place. Yet it is most important to note here that tokenism, as Mary Daly has pointed out, is not merely a matter of numerical restriction.<sup>6</sup> The percentage of female-to-constructed-male transsexuals could be numerically increased to the extent where they would equal men, yet if these women were still being transsexed by a transsexual “empire” whose social and body stereotypes were conceived by men, they would still be tokens.

A fourth reason why more men want to be women can be hazarded from other feminist analyses of biomedical issues. Men recognize the power that women have by virtue of female biology and the fact that this power, symbolized in giving birth, is not only procreative but multidimensionally creative. Various writers have called this recognition various names. Karen Horney called it “womb envy”; Barbara Seaman

and others have referred to it as “male mothering.” It is important to note, however, that “womb envy” and “male mothering,” call it what you will, are political realities and not just psychoanalytic concepts. Thus, as a political reality, transsexualism can be viewed along the spectrum of male interventionist procedures such as male-controlled cloning, test-tube fertilization, and sex-selection technology; it too tends to wrest from women the powers inherent in female biology. In a very real sense, the male-to-constructed-female transsexual not only wants female biological capacities but wants to *become* the biological female.

Finally, and I think most important, there are more male-to-constructed-female transsexuals because men are socialized to fetishize and objectify. The same socialization that enables men to objectify women in rape, pornography, and “drag” is also that which enables them to take distance from their own bodies. In the case of the male-to-constructed-female transsexual, the penis is seen as a “thing” to be gotten rid of. The female body parts, specifically the female genitalia, are seen as “things” to be acquired. Men have always fetishized women’s genitals. Male-to-constructed-female transsexualism is only one more relatively recent variation on this theme, where the female genitalia are not only viewed as fetishized *parts* of the female body. In this case, they are completely *separated* from the biological woman and, at the surgical point, come to be totally dominated by incorporation into the biological man. Transsexualism is thus the ultimate and, we might even say, the logical conclusion of the male possession of women in a patriarchal society.

**Through hormone treatment and surgery, the symptom of feeling trapped in the body of the wrong sex is certainly removed, but so is the indirect evidence provided by the symptom that something is amiss on a deeper level.**



### transsexualism

One question that constantly recurs in the medical and psychiatric literature on transsexualism is its cause or origin. In general, etiological theories fall into two camps — biological or psychological. Both biological and psychological investigators seek different causal agents, but, as I shall attempt to demonstrate, both utilize similar theoretical models; i.e., both seek causation patterns which are located within the individual and/or interpersonal matrix. In such investigations, social, political, and cultural processes tend to be relegated to a subsidiary or nonexistent role, because the model focuses attention on individual gender differences and similarities rather than on the gender-defined social system in which the individuals are involved. Put simply, psychological causation theories, for example, measure a transsexual's adjustment or nonadjustment to the gender identity and role of masculinity or femininity. They seldom question the societally engendered norms of masculinity and femininity themselves.

### Biological factors

Biological causation factors are most subtly explained in the work of John Money and his associates. Their work has become a kind of bible on sex difference research and has also enjoyed a wide acceptance among feminists.<sup>7</sup> Money, however, is no biologizer of the *ancien régime*, in which, for example, hormonal determinists linked anatomy directly with destiny. I am reminded here of theories about female behavior that were based on "raging hormonal imbalances" (Edgar Berman) or male bonding theories based on reductionistic endocrinology and selective anthropology (Lionel Tiger). Rather, what makes Money's theories on sex differences so

those who should know better is that he *claims* to unite biological and environmental factors into a unique, sophisticated gestalt.

On the biology side, Money asserts that hormones set the direction but not the extent of sex differences, particularly during a prenatal critical period. He asserts that hormonal activity sets up certain neural pathways in the brain which provide the biological basis not only for male or female body development, but for gender identity formation (i.e., masculine or feminine behavior). Without such hormonal activation, however, the developmental program of later socialization cannot proceed normally — i.e., normatively — according to the societal norms of masculinity and femininity. In the case of transsexualism, something allegedly goes wrong during this prenatal critical period which caused the normatively masculine or feminine program of development to backfire.

In my opinion, one of the key questions to be asked is, Does Money really prove *anything* about biological factors? His connections between hormonal secretions and subsequent brain patterns are never made clear. *How* does the central nervous system, inasmuch as "prenatal hormonal factors make it sexually dimorphic,"<sup>8</sup> pass on its sex-specific program in the form of behavioral traits? Money admits that, "In human beings, the pathways have not yet been anatomically identified."<sup>9</sup> Furthermore, isn't it coincidental that these behavioral traits just happen to parallel the norms that society has set up for masculine and feminine behavior? Just because Money has *proclaimed* that the nature-nurture debate is obsolete should not dissuade us from asking for the evidence. Under the guise of scientific language and data, the hidden ideological assumptions about the nature of women and men become evident.

Money's statements about the effects of socialization or learning are just as deceiving. Possibly to avoid the charge of biologizer, Money emphasizes that the socialization side of the coin is more significant than the biological. In fact, it is so significant that "core" gender identity is fixed by the age of 18 months. "When the gender identity gate closed behind you it locked tight. You knew in the very core of your consciousness that you were male or female. Nothing short of disaster could ever shake that conviction."<sup>10</sup> Here the theme changes from "biology is destiny" to "socialization is destiny." The latter takes on all the force of a new natural law. One wonders where Money has been during the last decade of feminism. If women had not been able to alter the "core" of our gender identities, then feminism never could have become a lived reality. No one would deny that socialization is a very powerful factor, but to give it Money's force and power is to make it absolute and static.

In summary, Money credits biology with too much destiny. In the sense that he imputes too much undemonstrated significance to prenatal critical factors, he is a biologizer. But in the sense that he practically asserts that socialization is destiny, he is an environmental determinist. A unique combination! In my opinion, he is wrong about both sides of the developmental coin. Thus I call him a pseudo-organicist who achieves merely the appearance of reconciling nature-nurture issues. Given this state of affairs, he tells us very little about the origins of transsexualism.

### Psychological factors

Not all transsexual theorists would emphasize hormonal factors or, for that matter, biological factors of any sort. Some see the cause of

transsexualism in the intrapsychic and/or interpersonal background

Although the literature on transsexualism is overwhelmingly

Barbara Fried has phrased it well: "While transsexual operations may



of the transsexual. Of these psychological proponents, Robert Stoller is perhaps the most well-known.<sup>11</sup>

Stoller is a psychoanalyst who has focused on the family conditioning processes that have supposedly been influential in the development of transsexualism. Relying largely on clinical data from case studies and interviews with transsexuals and their families, Stoller is fond of highlighting the factor I call "mother-smothering." He attributes male-to-constructed-female transsexualism to a reductionistic, symbiotic mother-son relationship which usually occurs within the context of a disturbed marriage. In the clinical cases he relates, Stoller's mothers suffer from marked cases of classic Freudian penis envy. The boy child, later to become a transsexual, serves the mother as the treasured phallus for which she supposedly yearns. The child thus becomes "mother's feminized phallus" and does not pass through the "normal" male formative stages of separation from the mother and consequent individuation. Thus he does not develop a "normal" masculine gender identity and has no fear of castration. The fathers of transsexuals, in Stoller's cases, were usually passive men who were consistently absent from their homes or, if present, were absent emotionally. Given this situation, each mother turned to her son for continuing fulfillment, concentrating totally on him and encouraging the boy to identify with her and with her body by constant physical contact. This symbiosis, in Stoller's cases, often lasted into pre-pubertal years, and the boy thus began to feel himself a female, despite the evidence of his senses that he was anatomically male.

oriented toward the male-to-constructed-female transsexual, Stoller has also made a study of 10 female-to-constructed-male transsexuals. Here he again focuses blame on the mother. The female transsexual, who, in infancy, lacks feminine graces and is not "cuddly," supposedly has a mother unable to show any emotional tone due to frequently recurring states of depression. Again, the father is rather passive and has little or no emotional rapport with his wife and child. As a result, the girl is used by both parents as a father-substitute to alleviate the mother's depression. Her acting-out of masculine characteristics is encouraged by both parents and becomes self-perpetuating.

It is my contention that if causation theories continue to measure a transsexual's adjustment or non-adjustment to the norms of masculinity or femininity, then they miss the point completely. I would suggest that a society which generates such rigid stereotypes of masculinity and femininity is itself the primary cause of transsexualism; the "essence" of masculinity and femininity become reified and incarnated in the organs and body of the opposite sex. It is my further contention that within such a society, the transsexual merely exchanges one stereotype for the other, thus reinforcing the fabric by which a sexist society is held together. This has profound consequences for the treatment of transsexualism. For within such a society, it then makes perfect sense to adjust the transsexual's body to his or her mind if the transsexual's mind cannot be adjusted to his or her body. Such a solution hardly helps those of us who are attempting to break down the destructiveness of sex-role stereotyping in a patriarchal society.

offer some sort of relief to a privileged few suffering an acute case of this society's sexual madness, [they offer] no comfort to those millions who find they are women in the right body, but the wrong society." <sup>12</sup>

### **Transsexualism: the fly in the ointment of sex-role stereotyping**

If, as I have suggested, transsexualism is most basically the result of normative definitions of masculinity and femininity, then the way transsexuals speak about themselves and the reasons they give for wanting surgery should indicate this. To this end, I would now like to examine (1) some of my own and others' interactions with transsexuals and (2) the gender-identity clinic requirements which prescribe "passing" as male or female to "prove" transsexual status.

How most transsexuals think and speak of themselves is very revealing in terms of adherence to societal stereotypes of masculinity and femininity. This adherence comes out again and again in publicized accounts of the reasons why transsexuals seek sex-conversion surgery and also in my own personal interviews with transsexuals. One of the questions I asked most of the 15 transsexuals I interviewed, 13 of whom were male-to-constructed-female, was why they wanted to become women. How, in other words, did they define themselves as female? Most of them responded in terms of the classic feminine stereotype (there was one exception to this). Some wanted to be women because all their lives they had "felt" they were women "trapped" in men's bodies. One expressed this "feeling" as "absolute knowledge" of an "inner space" which guided all "her" actions. Many

others stated that they viewed themselves as basically passive, nurturing, emotional, intuitive, and

This, of course, provides quite a commentary on masculinity, and it is not an isolated comment in



**"While transsexual operations may offer some sort of relief to a privileged few suffering an acute case of this society's sexual madness, [they offer] no comfort to those millions who find they are women in the right body, but the wrong society."**

the like. Very often, they expressed their female identification in terms of preference for feminine dress and makeup. One transsexual, whom I spoke with at 9:00 in the morning, showed up in *haute couture* evening dress, make-up, and high bouffant hair. A little disconcerting at 9:00 in the morning! Others saw their female identification in terms of traditional female occupations, e.g., housework, secretarial, and stewardess work. One said that "she" wanted nothing more out of life than to be secretary to an aspiring young executive: "As a man who has known what it is to have typing done for him, I always wanted to be on the other side of the desk." Some expressed their decision to change sex in terms of desired marriage and motherhood — wanting to "meet the right man," "have him take care of me," "adopt kids and bring them up." One expressed very definite views on child-rearing which were quite ironic in this context: "I would definitely teach my kids that boys should be boys and girls should be girls!" Such overtly stereotypical statements have also been reiterated by many of the better known transsexuals. Jan Morris is a case in point here.

First of all, Morris lets us know that as a male he knew the exaltation of masculinity:

*It is this feeling of unfluctuating control, I think that women cannot share, and it springs . . . from the body . . . I look back to those moments of supreme male fitness as one remembers champagne or a morning swim . . . I never mind the swagger of young men. It is their right to swank, and I know the sensation.*<sup>13</sup>

James Morris's version of his journey to femininity. Similar revelations occur throughout the book. Henry Guze's insight that the male-to-constructed-female transsexual puts masculinity on a pedestal is, I think, very evident in these words of Morris.<sup>14</sup> In relegating masculinity to this pedestal, the male-to-constructed-female transsexual responds as if he were unworthy of this esteemed role. Since he feels he does not really fit the cultural stereotype of a man, a concept he fears but also loves and admires, he becomes a woman. I would add here that he also becomes a woman in order to really participate in what is basically a male-defined, heterosexual culture and that sex-conversion surgery is indeed his entree into this world, which he basically loves and admires but doesn't totally fit into as a man. This also explains his basic repugnance for homosexuality, which would prohibit his fitting into the "straight" world. Furthermore, in order to identify completely with this world, he must identify with everything that men have defined this world to be, among which is the gender identity and role behavior of a woman. Thus Rebecca West, in her review of Morris's *Conundrum*, notes that the author sounds not like a woman, but like a man's idea of a woman.<sup>15</sup>

Having described the heights to which masculinity can supposedly soar, almost in the next paragraph Dr. Jekyll (James) becomes Ms. Hyde (Jan). With all the fervor used to espouse the masculine, Morris now espouses the feminine: "... her frailty is her strength, her inferiority is her privilege . . . I like being a woman, but I mean a woman. I like having my suitcase carried. . . . Lieutenant to a really great man — that's my idea of happiness."<sup>16</sup> In one surgical stroke, Morris accepts the myth of the woman on the pedestal. This

from the man who had scaled Mt. Everest and basked in the glory, competition, and vigor of stereotyped masculinity! On the other

roles for at least six months. Many other centers require a longer period, some up to two years. Another setting in which the

Subsequent behavior, dress, and the like reinforce this "felt" identity and role. Evaluating whether or not a transsexual can



hand, there is of course no *real* contradiction here. If one finds one's identity in externally imposed stereotypical behavior, it is very logical to switch from one to the other.

Furthermore, what Morris and other transsexuals exhibit in a most graphic way is the easy interchangeability of one stereotype for the other. Ernest Becker made the observation that the sadistic and masochistic postures can be easily interchanged because they are "terms which describe one and the same thing: weakness and felt limitation in oneself; sharp duality of spirit and matter in people."<sup>17</sup> In the same way, masculinity and femininity are personality constructs, each of which depends for its existence on the artifactual existence of the other. Because the split is so artifactual and because one construct cannot exist without the other, it is not difficult to realize that a person may easily flip from one to the other. Isn't this the absurd yet logical conclusion of a gender-defined society?

Furthermore, transsexuals are encouraged and even required to act out stereotypical behavior in order to "pass" as "real" transsexuals and thus qualify for treatment and surgery. The role of the gender-identity clinics and the medical-psychiatric establishment in general in reinforcing sex-role stereotypes for transsexuals is therefore a significant one. "Passing" requirements evaluate everything from feminine dress to feminine body language to feminine positions in intercourse. At Johns Hopkins, candidates for surgery are required to live out opposite-sex

web of stereotyping is woven is on the hospital ward itself following surgery. An article which appeared several years ago in the *American Journal of Nursing*, written by a nurse, advised that nurses should serve as feminine role models for transsexuals, and that it may be the demeanor of nurses and their stereotypical interaction with the transsexual patient on the ward that are most important to the future femininity of the postoperative transsexual.<sup>18</sup> Here, of course, we have the ultimate weapon of sex-role oppression. The woman herself once more becomes the channel through which men's ideas of women are perpetuated and reinforced.

#### "The triumph of the therapeutic"

Transsexualism has become a favorite "child" of the medical-psychiatric specialists. In the preceding section, I attempted to show that theories of the primary cause of transsexualism have dislocated it from the social context of sex-role stereotyping to the biological and/or psychological level. Thus transsexualism has been transformed into a psychiatric and medical-technical problem rather than the deeply moral and political issue that it is. Stoller's psychological theories merely fetishize the whole issue, restricting discussion of it to a very limited and superficial area — that is, family conditioning. His theories focus on only a portion of the total reality, which is then substituted for the whole.

Moreover, the fetish object is usually one which presents itself to our eyes in the most striking and compelling way. In the case of the transsexual, that which is most immediately striking is his "feeling" that he is a woman "trapped" in the body of a man.

"pass" successfully comes to monopolize the attention and energies of those professionals in the gender identity clinics who should be helping transsexuals investigate the culturally prescribed roles themselves.

Medical technicians fetishize the issue by focusing on the desired genitalia and their surgical construction. These artifacts of silicone breasts, artificial vaginas, and others come to incarnate the essence of femaleness or maleness which the transsexual so urgently desires. The medical-surgical "solution" thus begins to assert control in the narrow area of the chemical and surgical specialties, and once more life becomes amenable to medical values and medical solutions, and ultimately to the "triumph of the therapeutic."

Through hormone treatment and surgery, the symptom of feeling trapped in the body of the wrong sex is certainly removed, but so is the indirect evidence provided by the symptom that something is amiss on a deeper level. Since the result of transsexual surgery is that the transsexual becomes an agreeable participant in a society which encourages sexism, primarily by sex-role conformity, then ultimately the medical solution becomes a "social tranquilizer." As Seymour Halleck has noted, "Any treatment that removes symptoms without simultaneously increasing the patient's awareness of his environment is potentially repressive."<sup>19</sup> Such a remedy limits critical awareness, short-circuits autonomous choices, and does nothing to maximize the human discovery and creation of alternative meanings.

All of us are in some way constricted by sex-role socialization. One way of viewing transsexuals is to see them as *uniquely* constricted by rigid definitions of masculinity and femininity in such

Furthermore, the person's potential to become a protestor of sex roles is cut off by the name "transsexual" itself. The medical solution and the "triumph of the therapeutic" hide from the trans-

#### Transsexualism as behavior control and modification

Transsexualism as a proclaimed form of therapeutic surgery for nonphysical disorders lies on an historical continuum of similar



masculinity and femininity in such a way that these definitions become body-bound. Deprived of an alternative framework from which to view gender dissatisfaction, the transsexual is unable to express that dissatisfaction or discomfort in an appropriate critical vocabulary that goes to the heart of the matter of sex-role oppression.

Language and classification are extremely significant in this context. By categorizing the disordered experiences of the gender-dissatisfied individual under the heading of "transsexualism," and by giving it the force of "statehood," so to speak, the therapists and technicians are able to order and control that reality. Once gender dissatisfaction is given the name of transsexualism, and institutionalized in the gender-identity clinics, and realized by hormonal and surgical treatment, the "condition" of transsexualism itself explains *why* one would have "the wrong mind in the wrong body." Why? Because one is a transsexual, of course. Thus the medical classification system and its ordering power confront transsexuals as meaningful realities that comprehend them and all their experiences. This classification and its ordering power bestow sense on all the disparate and fragmented experiences that once seemed so unfathomable. It enables someone like Jan Morris, for example, to order by hindsight and in chronological fashion the steps in his transsexual odyssey from the age of three, when he first "realized he was a woman" as he sat under his mother's piano listening to Sibelius, to his conquest of Mt. Everest, his last fling with masculinity. The various stages of his biography suddenly fit together.

therapeutic hide from the transsexual the possibility of being a history-bearing individual who, instead of conforming to sex roles, is in a unique position to turn his gender dysphoria into an effective protest against the very social structures and roles that spawned the dilemma to begin with. Thus the transsexual problem becomes manageable at the established level of sex-role conformity, and the psychological and medical technicians become social engineers. Indeed, most transsexual counseling, as far as I have been able to detect, is based on a medical model of health which encourages the transsexual to change his or her self rather than the environment in which a gender-dissatisfied self emerges. If, as Seymour Halleck asserts, any therapy affects the distribution of power in society, then the relationship between transsexualism and sexual politics is a unique one. The encouragement that is given to transsexuals to conform to society's roles of masculinity and femininity supports the very bulwark of sexual politics — i.e., sex-role conformity. The wider range of choices that would be available to one who could live *beyond* sex roles and remain in one's "native" body is hardly alluded to in transsexual therapy and counseling. By requiring that transsexuals "pass" successfully in their desired sex roles, gender-identity clinics and transsexual "experts" are altering not only bodies but also the affected person's system of values. What we have here is a very sophisticated version of behavior control and modification.

historical continuum of similar medical ventures, all of which legitimate(d) body intervention for purposes of improving behavior. In the 19th century, clitoridectomy for girls and women and, to a much lesser extent, circumcision for boys were accepted modes of "treatment" for masturbation and other so-called sexual disorders. Clitoridectomy is still done today on millions of women, particularly in the northern parts of Africa. In the 1930's, Egas Moniz, a Portuguese physician, received the Nobel prize for his "groundbreaking" work on lobotomies. Moniz operated on state mental hospital inmates, initiating lobotomy procedures for everything from depression to aggression. The new terminology for brain surgery of this nature today is "psychosurgery," which its proponents have attempted to disassociate from the cruder procedures of Moniz *et al.* by pointing to its more "refined" surgical techniques. But, call it lobotomy or psychosurgery, surgeons continue to intrude on human brains on the basis of tenuous localization theories which supposedly pinpoint the area of the brain where the "undesirable" behavior can be found and, moreover, excised. Finally, transsexual surgery is justified on the basis of adjusting a person's body to his or her mind.

What these surgical ventures have in common is that they derive their therapeutic legitimacy from a medical model which locates behavioral problems within certain affected organs. Surgery then alters (intrudes on), removes, and, in the case of transsexualism, adds organs. In each venture, a surgical fetishizing takes place in which the

social and more expansive components of the issue are reduced to the most tangible and manageable locus.

Further, what each of these surgical ventures has in common is

that such socialization deeply conditions one's choices as well as one's motivation to choose. And in a society in which masculinity and femininity accompany a male or female body, respectively, the

The potential for the benevolent control of sex-role behavior is enormous. It is my contention that it has already begun in the psychiatric and clinical requirements for "passing." But control here has



surgical ventures has in common is the modification and control of behavior. Clitoridectomies modify sexual behavior or fantasied sexual behavior; psychosurgery modifies the gamut of behavior from hyperactivity in preteen children to so-called manic depression in dissatisfied housewives; transsexual surgery modifies everything that comes under the heading of "masculine" or "feminine" in a patriarchal society — thus practically everything. In the case of transsexualism, behavior modification is both a prerequisite for and an effect of the surgery. However, the controllers will emphasize that such surgery is sought voluntarily. They will point out that sex-conversion surgery is not forced on transsexuals. Like the "benevolent" behaviorism of B.F. Skinner in *Walden II*, transsexual surgery is presented as that which thousands seek, many of whom are turned away.

Transsexual surgery also produces satisfaction and relief for the transsexual. For this reason, many would not regard it as a form of behavior control and modification. Furthermore, the gender-identity clinics emphasize that transsexual surgery is voluntarily sought to such a great extent that the counselors must "weed out the wheat from the chaff." In the same way that commentators have asked how a truly "informed consent" to medical experiments can be obtained in a coercive context such as a prison or a mental institution, I would ask how transsexuals can genuinely give "informed consent" and freely choose to convert to the anatomy and role of the opposite sex when the coercive power of sex-role socialization is filtered through all institutions in a patriarchal society. Not that such sociali-

options are at best limited if one does not have an external context of support to transcend those roles.

I would suggest that we must be very sophisticated about the more subtle forms of behavior control and modification that are being instituted. It is not inconceivable that gender-identity clinics, in the name of therapy, of course, could become potential centers of sex-role control for non-transsexuals — for example, children whose parents have strong ideas about the kind of masculine or feminine children they want their offspring to be, or women who stray too far from the path of "flexible" stereotypical behavior. *The Stepford Wives* is hardly a fanatically dystopian perspective, although many prefer to see it that way.

Let not the element of voluntarism in medical treatment deceive. Individuals undergo psychosurgery giving "informed consent"; parents, on the advice of school administrators and physicians, sign "informed consent" papers to have Ritalin administered to their children in public schools; women "consentingly" undergo unnecessary hysterectomies for prophylactic reasons such as the "threat" of uterine cancer (imagine a prophylactic penectomy!); millions of people seeking jobs and/or admission to educational institutions submit willingly to batteries of intimate psychological tests which provide a *carte blanche* for the invasion of privacy.

entered not with a bang but a whimper. And conformity is enforced in the name of therapy, at the individual's request, and with the claim of 90% "satisfied customers." If behaviorist theoreticians such as B. F. Skinner are right, and if behaviorist technicians such as José Delgado remain active, then the future social controllers can replace control through torture with control through pleasure. What is becoming possible with Delgado's electronic stimulation of the brain (ESB) is also becoming possible with transsexual surgery.<sup>20</sup> As William Irwin Thompson has noted, humans have been known to withstand even the most intense torture. It is doubtful, however, that we could withstand the most intense pleasure.

With such things as ESB in mind, Thompson has also stated that: "At the end of humanism, it is the human body that has become the battleground. . ." <sup>21</sup> I would add that the *real* final irony is that, at the nemesis of patriarchal civilization, all the silicone breasts and all the artificial vaginas cannot put *man* back together again.

#### **Transsexualism versus transcendence: the quest for the deeper self**

What has scarcely been noted in many commentaries on transsexualism is the immense amount of physical pain that sex-conversion surgery entails. In much of the literature and in my own conversations with transsexuals, the element of pain was totally minimized. Are we to suppose that no pain is involved? Anyone who has the slightest degree of medical knowl-

edge knows that penectomies, mastectomies, hysterectomies, vaginoplasties, mammoplasties, and the like cannot be enjoyable experiences for those who undergo them, as well as the pain of anxiety about the possible deleterious

one sense, explains why transsexuals do not settle for cross-dressing. Transvestism, for them, is too superficial and does not provide the "bite," the painful experience of *metanoia*, or conversion.

The masochistic posture, however

venture in which technicians do not claim primarily to be acquiring knowledge for their own purposes but rather to be directly benefiting the person.

Although comparisons with Nazism and the death camps



effects of surgery and hormone treatment.

Perhaps the silence regarding physical pain on the part of the transsexual can be partially explained by what I would call a variation on the theme of masochism, where one of the key functions of the order that sex-conversion surgery provides is the denial not only of selfhood but of physical pain — to the point where it becomes subjectively negligible. Ernest Becker has stated that masochism is another word for “poverty of behavior,” as is sadism.<sup>22</sup> Transsexuals, as masochists in Becker’s sense, have extreme difficulty believing in the validity and sanctity, if you will, of their insides. Therefore they ignore social meanings and tend to act in the world of the body, deriving their selfhood therefrom. Not only the acquisition of a new body, however, but the pain that accompanies it conveys this sense of self. Physical pain is a constant reminder to transsexuals that they are finally “coming alive.” If one does not believe in one’s own interiority, one begins to look for it in outside appearance — in this case, bodily appearance, which itself is confirmed by the experience and amount of physical suffering connected with the body’s surgical construction. Thus the unwanted selfhood is reduced to the unwanted body, and the desired selfhood is reduced to the desired body.

In this quest for what I have termed transcendence, or a deeper self, I would maintain that pain provides the illusion of deep change. Pain is intrinsically necessary to confirm what the transsexual regards as more than a superficial change. The element of pain, in

always requires its complement of sadism. Becker has again remarked of the sadistic posture:

*The esthetics of the sadist is thus partly due to the deficiencies of his own self: in order for reality to be convincing, in order for him to feel his maximum powers, he wants the world to be peopled with concrete manipulatable objects, with objects that do not have any elusive insides. This is the reason that he expends all his effort on manipulating the flesh; either he cannot deal with the insides of others or he will not recognize these insides as valid.*<sup>23</sup>

The transsexual therapist, in adjusting the transsexual mind and behavior to the stereotype of the desired sex, and the medical specialists, in adjusting the transsexual body to the desired body type of the desired sex, are dealing with transsexuals as manipulatable objects and reducing them to the world of appearances. A not-so-incidental byproduct of this particular variety of sadism is the enlargement of medical knowledge about manipulating organs of the body which specifically function to define biological sex. This, of course, works to the ultimate benefit of the sadistic side of this unique blend of sado-masochistic collusion. It enables medical research and technology to acquire a specialized body of scientific knowledge on the manipulation of human sexuality that probably could not be acquired by any other accepted medical procedure. Thus transsexualism is made an acceptable medical

have been overdone in the medical-ethical literature, one significant comparison comes to mind here. The Nazi doctors undertook many of their experiments in the name of science, but for the actual purpose of gaining racial knowledge. (For example, how did skull measurements differ between Aryans and non-Aryans?) The doctors who treat transsexuals undertake many of their surgical ventures in the name of therapy but for purposes of gaining sexual knowledge. (For example, is it possible to construct a functional vagina in a male body?) I suggest that what we are witnessing in the transsexual context is a science at the service of a cultural ideology of sex-role conformity in much the same way that breeding for blond hair and blue eyes became a so-called science at the service of Nordic racial conformity.

If the sadistic posture is manipulating the world of appearances, it is this kind of objectification that impels doctors to pursue such things as transsexual surgery when there are so many more pressing concerns: when our maternal morbidity and infant mortality statistics are among the highest in the industrialized world; when there are still no adequate and foolproof means of birth control; and when breast cancer ranks as one of the greatest killers of women. In other words, it is my opinion that transsexual surgery is “unnecessary surgery,” performed in part because of the “objective” knowledge that it offers to researchers and doctors about a subject that is not knowable from other sources; that it diverts time, attention, energy, and research money away from other

medical areas that are more pressing and need attention; that it provides a “marketplace,” so to speak, for the surgical talents of doctors (for example, gynecologists); and that it fattens doctors’ wallets.

Transsexual surgery is not cheap. Prices range from \$3,000 to

of their personhood. Constant electrolysis is sought to remove the telltale remains of male beard stubble and localized hair residues. Cosmetic surgery is very often sought to promote the aesthetic appearance of the desired sex’s body gestalt. In spite of all these



\$12,000, and most recently even beyond these figures. Unnecessary surgery is proliferating at spiraling rates, especially during the last quarter century. A House of Representatives subcommittee reported in July of 1975 that "If the scalpels of American surgeons remain as active as they are today, nearly half the women in the country will undergo hysterectomies by the time they are seventy . . ." The same committee reported that at least one-third of these operations were unnecessary and concluded that money was a basic factor in the performance of such unnecessary surgery. "The business of surgery has boomed in the last decade to become a \$25 billion pursuit involving more than 18 million operations a year." It is not inconceivable that transsexual surgery, although it is being done on a minimal level presently, could also skyrocket to outrageous proportions and that the medical labelling of the condition "known" as transsexualism will increase the number of people with this exceptional medical consumer status.

#### Suggestions for change

At this point, having laid out both a philosophical and a practical critique of transsexualism, I would like to suggest both a philosophical and a practical direction for change. On a more philosophical level, I believe that the transsexual has settled for integration where integrity is necessary. It could be said that transsexualism is based on a physical hybrid model, with transsexuals doing everything possible to disguise the hybrid nature

measures, however, the chromosomes remain those of one's native-born sex and constantly remind transsexuals, in various unexpected physical ways, that they are really not members of the desired opposite sex but rather surgically constructed "androgynes," synthetic products — i.e., synthetic women and men who are produced with the aid of chemical hormones and such surgical artifacts as false vaginas and breasts.

Transsexual treatment based on an ethic of integrity would not support an integration of this sort. It would not help transsexuals to integrate their gender dissatisfaction into a "meaningful" conformity where deeper questions of personal and social reality are *not* confronted. Instead, it would genuinely help the transsexual to interpret pain and deviance instead of integrating them. For example, counseling based on an ethic of integrity would supply the language needed to understand transsexualism within the social context of sex-role stereotyping and conformity. In other words, it would meet the problem on its own deeper ground, i.e., social, and not dislocate it to another level, i.e., the medical-technical level. It would not replace gender suffering, which is very real suffering, with an artificially prolonged and synthetic maintenance of the problem so that the transsexual becomes an uncritical and dependent spectator of his most deeply decaying self.

**The transsexual merely exchanges one stereotype for the other, thus reinforcing the fabric by which a sexist society is held together.**

Counseling of this nature might concern itself with these kinds of questions:

1. Is individual gender satisfaction achieved at the price of individual role conformity and the enforcement and perpetuation of role stereotypes on a social level — and thus at the price of encouraging

In other words, I suggest that the type of transsexual counseling which incorporates elements of "consciousness-raising" about the deeper issues that lie behind the problem of *why* one finds oneself with a "female mind in a male body" would be far more honest than present forms of therapy

should take their own oppression *as transsexuals* into their own hands. In doing so, they would also demystify the medical-technical solutions by regaining their own autonomy and thus their own solutions.

I would also suggest that different



... at the price of encouraging a sexist society whose continued existence depends on the perpetuation of these roles and stereotypes?

2. Does transsexual treatment and surgery repress the transsexual's capacity for social protest and restrict his or her potential as a social critic of a sexist society, a potential that arises from the very nature of gender dissatisfaction and dysphoria, but that is prematurely smothered by the medical-technical solution of sex-conversion surgery?

3. Is transsexual treatment and surgery a renouncing of autonomy? As Ivan Illich has pointed out, anyone who "becomes dependent on the management of his intimacy . . . renounces his autonomy, and his health must decline."<sup>24</sup> Does transsexual surgery promote the notion that the problem of transsexualism cannot be confronted on an autonomous level, but needs the intervention of the medical and surgical, as well as psychological, specialties?

4. Is transsexual surgery a male-defined, male-perpetuated, and male-legitimated mode of happiness? The female-to-constructed-male transsexual, as explained earlier, is in a most definite sense the disguise which obscures the patriarchal character of the transsexual empire. Can one then view the transsexual "solution" as the beginning of a world where men not only dominate women but become women — and perhaps even try to eliminate and surpass us?

than present forms of therapy which promote "passing." I am not so naive as to think that this would make transsexualism disappear overnight, but it would at least begin to deal with some of the deeper issues that are involved. The experience of consciousness-raising groups within the women's movement has at least demonstrated that women can break the bonds of so-called "core" gender identity with the recognition that "the personal is indeed political."

Given peer encouragement to go beyond cultural definitions of both masculinity and femininity *without* changing one's body, persons considering transsexualism might not find it so necessary to resort to sex-conversion surgery. This may seem a lot to ask, but it is *no more* than has been asked of "native-born" women who have taken seriously the ideals and day-by-day living of a feminist awareness in a gender-defined society.

Thus, in the final analysis, I would ask transsexuals to join in the destruction of a patriarchal society by *not* changing their bodies, by proving both to themselves and to others that persons who experience gender dissatisfaction do *not* have to transsex in order to live fully in this society. Transsexuals, I suggest, should organize themselves around the issues of "bodily integrity" and the overcoming of sex roles. Robin Morgan has put it well: "If transvestite or transsexual males are oppressed, let them band together and organize against that oppression, instead of leeching off women who have spent entire lives *as women* in women's bodies."<sup>25</sup> Transsexuals

perspectives on the issue of transsexualism need to receive more attention and publicity. We have seen more than enough of those transsexuals and professionals on the talk shows, and in other media, who are in favor of transsexual surgery as the only solution to the problem of gender dissatisfaction and dysphoria. We need to hear more from those women and men who at one time thought they might be transsexuals but decided differently — persons who successfully overcame their gender-identity crises without resorting to the medically/technically controlled solution. We need to hear more also from professionals such as endocrinologist Charles Ihlenfeld, who, after helping 100 or more persons to change their sex, left the field. Ihlenfeld decided that ". . . we are trying to treat superficially something that is much deeper."<sup>26</sup>

The issue, to my mind, is not a legal one but a deeply moral one, a matter of asking different questions and finding means to implement different answers. I am not advocating that sex-conversion surgery be legally mandated out of existence; I am asking that it be *morally* mandated out of existence. While there are some who feel that morality must be built into law, it is my contention that the elimination of transsexualism is not best achieved by repressive legislation forbidding such treatment and surgery.

In the final analysis, however, it is important to remember that transsexualism is merely one of the *most obvious* forms of gender typecasting in a patriarchal society. This is so 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

8. Money and Ehrhardt, p. 4.

9. *Ibid.*, p. 9.

10. John Money and Patricia Tucker, *Sexual Signatures: On Being a Man or a Woman* (Boston: Little, Brown and Company, 1975), p. 119. This book is merely a popularized version of *Man & Woman, Boy & Girl*. Note again that Money has been careful to co-author his book with a woman, who is a journalist and probably did most of the

stimulations made the patient more communicative and flirtatious, and she ended by openly expressing her desire to marry the therapist . . . The second patient expressed her fondness for the therapist (who was new to her), kissed his hands, and talked about her immense gratitude for what was being done for her." (p. 145)

*Postoperative Evaluation of Male-to-Female Transsexuals:*  
"Typical comments after the operation



these same stereotypes and behaviors are acted 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.

#### Footnotes

1. For an extensive introduction to the techniques and philosophy of "subliminal seduction," see Wilson Bryan Key, *Subliminal Seduction* (New York: Signet Books, 1973). Those who desire more information on the subject should also see Key's latest work, *Media Sexploitation* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1976).
2. Rita Mae Brown, Editorial, "What It Means When a Male Tennis Player Changes Sex," *The Boston Globe*, August 1976.
3. Andrea Dworkin, *Woman Hating* (New York: E.P. Dutton & Co., Inc., 1974), p. 186.
4. Deborah Heller Feinbloom, *Transvestites & Transsexuals: Mixed Views* (New York: Delacourte Press/Seymour Lawrence, 1976), p. 249.
5. Ira B. Pauly, "Male Psychosexual Inversion: Transsexualism," *Archives General Psychiatry*, Vol. XIII (August 1965), p. 172.
6. See Mary Daly, forthcoming book on the metaethics of radical feminism.
7. Since the early 1960's, Money's work has been cited by feminist scholars — especially his theories about core gender identity being fixed at 18 months and his emphasis on the determining power of socialization. His most recent work co-authored with Anke Ehrhardt, *Man & Woman, Boy & Girl* (Baltimore: The Johns Hopkins University Press, 1972), has perhaps had the most influence in propagating Money's theories on sex differences.

writing.

11. See especially Robert Stoller, *Sex and Gender: The Development of Masculinity and Femininity* (New York: Science House, 1968), and *The Transsexual Experiment* (London: The Hogarth Press, 1975).
12. Barbara Fried, "Boys Will Be Boys, Will Be Boys: The Language of Sex and Gender," unpublished paper, Radcliffe College, Spring 1976.
13. Jan Morris, *Conundrum* (New York: Signet Books, 1974), pp. 89-91.
14. Henry Guze, "Psychosocial Adjustment of Transsexuals: An Evaluation and Theoretical Formulation," in Richard Green and John Money, *Transsexualism and Sex Reassignment* (Baltimore: The Johns Hopkins Press, 1969), p. 173.
15. Rebecca West, review of *Conundrum*, *New York Times Book Review*, April 14, 1974, p. 5.
16. David Holden, "James and Jan," *New York Times Magazine*, March 17, 1974, p. 94.
17. Ernest Becker, *The Structure of Evil: An Essay on the Science of Man* (New York: George Braziller, 1968), p. 185.
18. See Joyce Strait, "The Transsexual Patient After Surgery," *American Journal of Nursing*, Vol. 73 (March 1973), pp. 462-463.
19. Seymour Halleck, *The Politics of Therapy* (New York: Harper & Row, 1971), p. 86.
20. See Jose M. R. Delgado, *Physical Control of the Mind: Toward a Psycho-civilized Society* (New York: Harper & Row, 1969). Compare, for example, these two statements: Delgado: "Electrodes were implanted in her right temporal lobe and upon stimulation of a contact located in the superior part about thirty millimeters below the surface, the patient reported a pleasant tingling sensation in the left side of her body 'from my face down to the bottom of my legs.' She started giggling and making funny comments, stating that she enjoyed the sensation 'very much.' Repetition of these

included feelings of deep satisfaction at having achieved as they felt, a true female status, despite admission that they were in fact only castrated, feminized males. They reported an absence of self-consciousness and a feeling of being at ease and of having ultimately achieved a happy state with more peace of mind. Increased feelings of femininity occurred along with the development of a sense of identity with all women. They began to think of themselves as women rather than as disabled males. The fear of detection and of being suspected disappeared despite the fact that several were not entirely credible as females. Several described a sense of release and a change of mental attitude; they felt that it was now impossible to prove that they were not women. Most expressed a level of satisfaction in their new castrated status far superior to anything they had experienced as men. Acceptance as women by other women and by the world at large was their ultimate satisfaction. The possession of a female vulva was of secondary importance to this."

This latter quote is taken from John Randall, "Preoperative and Postoperative Status of Male and Female Transsexuals," in Green and Money, pp. 374-375.

21. William Irwin Thompson, *Evil and World Order* (New York: Harper & Row, 1976), p. 33.
22. Becker, p. 182.
23. *Ibid.*, pp. 184-185.
24. Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York: Random House, 1976), p. 275.
25. Robin Morgan, "Lesbianism & Feminism: Synonyms or Contradictions?," *The Second Wave*, Vol. 2 (1974), p. 18.
26. Quoted in "A Doctor Tells Why He'll No Longer Treat Transsexuals," *The National Observer*, October 16, 1976, p. 14.