

## TRANSSEXUAL LIBERATION

by Susan Lewis and Ben Foreman

We are a female-to-male and a male-to-female transsexuals.

Transsexuals are commonly defined as people who, although 'normal' physically, feel themselves to be members of the other sex. The extent to which transsexuals are aware of their gender identification varies from an omnipresent feeling that 'there is something radically different about me'; to a fully conscious sentiment that 'I feel like a member of the opposite sex'. As transsexuals we are all made to repress our transsexuals we are all made to repress our transsexual behaviour to such a degree that it is seldom realised in practice. Thus the numbers actually seeking sex-change surgery are comparatively few.

### Bincure

Many transsexuals, unable to come to terms with themselves and their oppression, commit suicide. Others are to be found incarcerated in mental institutions (bins). Thousands of transsexuals end up in bins at some time or other as part of society's attempt to 'cure' our 'mistaken' identity. There has been an increasing tendency in recent years - both in this country and in America - for leucotomy (the surgical removal of a part of the brain) to be 'tried out' on transsexuals. We demand the right to adjust our bodies to our minds and not the reverse as shrinks and many other people would prefer.

### Biological discomfort

Those of us who are able to seek sex-change surgery (and are lucky enough not to get thrown into bins) always begin a battle with the medical profession to obtain it. We are required to register with psychiatrists in order to get the necessary treatment of hormones and surgery. Most shrinks lay down a number of conditions that we must fulfil before they will consider giving us what we want. Many are denied treatment because they are 'too young', 'too old', 'have the wrong looks', 'the wrong sexual orientation', or because they are 'mentally unstable'. Whether we are pursuing sex-change treatment or just exist from day to day with a discomfort in our biological gender there is the physical and psychological oppression which we all experience at the hands of society - whether through schoolroom jibes or street attacks and continual attempts to 'correct' our deviance.

### Transsexual oblivion

We are more isolated and oppressed than any other sexual minority. The pressures on us to remain in our biological gender are so great that some transsexuals have been forced to change back after having had full sex-change surgery. We aren't suddenly accepted after the operation. While homosexuality is recognised, though by no means accepted, transsexualism has not yet been considered on the agenda of any sexual law reform body. In the media we are usually misrepresented as biological hermaphrodites or intersexes. Presumably in an attempt to play down the threat that we pose to the gender-role system by refusing totally to accept our biological gender and the social behaviour expected of it. Some transsexuals have intersexual physical characteristics however, as do many non-transsexuals. The existence of female-to-male transsexualism is, for the most part, completely ignored by the media. If it is recognised it is considered less common than male-to-female transsexualism or as something that will be grown out of!

## F-m Non-Existence

Medically female-to-male (f-m) trans-sexualism is often dismissed as non-existent. A leading American sex-change surgeon, Dr. Green, claimed in his book *Trans-sexualism and Sex Reassignment* that the f-m doesn't exist and that 'he grows out of it'. Universally it is claimed that f-ms aren't as common as m-fs (male-to-female transsexuals). Differing ratios between m-f and f-m transsexualism are asserted in most studies of transsexualism. They are used in a deliberate attempt to suppress f-m transsexualism by playing it down. If we consider it in a social ratio, it is quite clear that there are as many female homosexuals as there are male homosexuals so there are as many f-ms and m-fs.

## The Change

The result of these attempts to play down f-m transsexualism is that less publicity has been given to the female to male and that fewer f-m's have sought and obtained surgery. It should therefore be noted that very little is disclosed by the medical profession about f-m surgery which is now only as advanced as m-f operations were when sex change possibilities first hit the headlines over twenty years ago.

We are usually persuaded to go only as far as mastectomy (removal of the breasts) and hysterectomy (removal of the womb) in surgical procedure - and are actively discouraged from phalloplasty (the creation of a penis). Dr. Hoopes, writing in 'A Doctor's Changing Community - The Brave New World of The Transsexuals', says, on the subject of f-m's, that 'a phallus serving a urinary function is entirely satisfactory; and a phallus capable of sexual activity is too much to be hoped for'. And yet, despite such claims f-m's have reported successful orgasms post-operatively.

## Facts of Life

Under hormone treatment all secondary sexual characteristics are brought about in the f-m transsexual. Menstruation ceases, the voice deepens and one can shave regularly; a reduction in the size of the breasts may be experienced and the clitoris may increase considerably in size. Potential strength increases and fat is redistributed so that the body takes on a male shape; body hair also assumes a male distribution. Mastectomy, hysterectomy, ovariectomy and phalloplasty are performed in separate operations.

## Role Playing

We wish to make it clear that we are not critical of individual feminists nor of feminism in general - which has arisen from the way women are treated in society. But we are very concerned about that part of feminist ideology which suggests that womanhood is defensible against manhood - for this has, in effect, purged female-to-male transsexualism in both the gay and women's movements. Some feminists argue that for a biological female to identify as male is to 'reinforce sex roles'. But a biological female (or male) who identifies with the opposite sex is not reaffirming but undermining his (her) sex role.

## Sexism

Due to the increasing number of attacks (on the part of leading members of the women's movement) which are being levelled at f-m transsexuals for 'role-playing', sex-role stereotyping etc, many f-m's have repressed their transsexualism and continue to live as women guilty of 'male-chauvinism' (male-identification). F-m's are frequently told that they should not change sex but should learn to

accept themselves as women. The Transsexual Action Organisation strongly condemns this view whether it be held by psychiatrists or by women and gay liberationists.

### TAOists

In response to our oppression, and the need to organise against it, a number of us, all transsexuals, have come together under the name of The Transsexual Action Organisation. We are internationally based and, in the UK, presently centred in Birmingham, though we have TAO contacts in most parts of the country. Our primary function is to give help, advice and information to those seeking or undergoing sex-change treatment. We are also fighting for transsexual rights and transsexual liberation. Unfortunately we have to fight two battles, both within and without the sexual liberation movement, male-to-female and female-to-male transsexuals are often seen as "reactionary" and as something which will disappear after the sexual revolution. We are portrayed as "role-players", but it is precisely because we refuse to play out the roles which we have been assigned that we are attacked so viciously by society in general. We extend our full support to the gay and women's movements because we are all fighting the same oppressor - a society which decrees that a person born male should behave one way and that a person born female in another. We also see ourselves in solidarity with the struggles of mental patients, blacks, prisoners and all other oppressed groups - for the liberation of one can only be achieved by the liberation of all.

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