Medicine practices under the benevolent banner of treating the sick, but this becomes malevolent when it is the medical profession itself which decides what is 'sick' and what is 'not sick'; as it does in psychiatry or psychological medicine. Its involvement in the treatment of the so-called 'socially deviant' represents a potent form of social control.

"We give major tranquillisers to try to manipulate the patients to get them as near to normal as possible", said a neurologist from the Prince Henry's Hospital. Of course, he thinks that he is doing a good thing, but what does he mean by 'normal'?

In our society people are defined as not 'normal' when they deviate from the heterosexual male or female stereotype operating along a narrowly channelled state of mind. Operation outside of these constraints leads to labelling ('homosexual', 'transvestite', 'transsexual', 'schizophrenic', 'manic depressive', 'neurotic', 'psychotic', 'psychopathic', etc.) and this opens the doors to a range of medical treatments. If you are a homosexual who seeks a 'cure' from the medical profession, or who is given a shorter jail sentence by agreeing to medical treatment, you can get hormonal therapy or psychosurgery. If you are labelled schizophrenic or psychotic you will be manipulated into a more easily controllable state by major tranquillisers; these do not cure 'the mental disease' but simply blunt the emotions and perception. Increasingly, the medical profession is moving into these areas of social control, often working in conjunction with the law courts.

Another appendage of this same expanding practice involves the development of trendy, spectacular and expensive operations which manipulate the body to conform to a psychological state, such as the 'sex change' operations. They involve years of psychiatric examination and therapy coupled with major surgery. It is a very lucrative operation for the medical practitioner, and it sells well in these times when it can be promoted as an advancement which a society more liberal in its attitudes to sexuality should accept. We do not see it as such an advancement, but rather as a conservative force intimately concerned with continuing the division in roles between men and women.

The Sex Change Operation

Social pressures to conform to the ideal type of 'a man' or 'a woman' are everywhere. Only actors and children, those allowed to play, can change personalities while remaining socially acceptable. 'The man' and 'the women' have become ideal-types of social behaviour linked to biological determinants of male and female appearance. Thus one is born into one sex or the other, then finds that a set of behaviours
and opportunities is handed to one as a follow on.

Men get social and political power, a wide choice of jobs and physical activity, and a tightly restricted ‘ideal’ of masculinity to live up to. Women get emotional power over children, a subordinate position among other adults, political and economic frustration; they are, however, allowed to be less consistent in attitude and have more freedom of dress.

People who fall physically, or more usually behaviourally, between the types are now being offered much publicised ‘sex changes’. A convincing sex change of appearance is possible, but not an effective change of sex: a man changed to ‘a woman’ cannot bear children, nor a woman changed to ‘a man’ sire them; the ‘sex-change’ is only a sophisticated form of make-up. Therefore it must be assessed for its social rather than its physical effects.

For a man who wishes to do some of the things ascribed to the ideal ‘woman’, gaining a woman’s appearance means gaining anonymity and therefore social approval. For a man who believes that it is wrong for a man to act like a woman, the change of appearance means gaining peace of mind. There is a belief that the change in appearance has validated the behaviour.

Many men are homosexuals, seeing themselves as men who relate sexually to other men, but some men are so thoroughly socialised into a belief in mutually exclusive ‘man’ and ‘woman’ roles that to them a man who wishes to relate sexually to another man can only feel happy about it if he re-defines himself as a woman. The behavioural role has been tightly fastened to the physical sex, and one can only be changed if the other is also changed: a homosexual man with these beliefs, requesting a ‘sex change’ has rejected a wider definition of male behaviour in favour of attempting to fit completely into the ‘woman’ social category.

What does a man gain and lose by socially becoming a woman? He gains the right to have an apparently heterosexual relationship with another man, the right to elaborate and change his dress and appearance, and he gains permission to express his feelings freely. He loses power and credibility, because as a woman his opinions are patronised and disregarded. He loses money, unless he exhibits himself as a freak, because women’s jobs are less well paid. He gets rid of the obligation to live up to a ‘big male’ image, and so he can shrug off responsibility. But, viewed from the outside, he rejects ‘being a man’ and that is disturbing to society, seeing as men are socially defined as ‘best’. It is better for the status quo if those who reject ‘being a man’ do it quietly and disappear into the suburbs for the rest of their lives without disturbing others. Alternatively, he can be made a public spectacle and freak.

In recent years the publicity surrounding ‘sex change’ has concentrated on the man-to-woman change. As such, it has been used as a practical alternative to political action for the social acceptance of sexual diversity and, in particular, the social acceptance of homosexuality as a valid way of life. ‘Poofs and women’ is the social scrap-heap on which non-‘men’ are thrown, for ‘poofs and women’ are powerless and therefore unimportant.

Lesbians are often accused of wanting to be men, and so derided since everyone knows that that is impossible; the weak cannot turn into the strong. Yet it is more to be expected that a weak individual would want to

“We want you to do some pure disinterested fundamental medical research into something immensely profitable.”
metamorphose into a strong one than vice versa. A convincing woman-to-man change would give greater social status and political credibility, a choice from a wider pool of higher paid jobs and the opportunity to have an apparently heterosexual relationship with another woman. This last may not be as important as the others, since lesbian relationships seem to benefit in terms of peace and quiet from the assumption that what women do does not matter anyway.

The idea of a women increasing her status and power by a ‘sex change’ seems to be less acceptable to society. Probably as a result of this, much less publicity is given to changes in this direction...

This could well be an indication in itself that political considerations play a major part in ‘sex-change’, both in terms of power-status maintenance and the lack of stress on women’s sexuality. While women who ask for the operation may say that they want it for personal relationship reasons and not to gain status or a better job, this does not negate the general social pressure based on status. Individuals are not always conscious of this operating in their own lives. We are aware of cases where women have cross-dressed in order to obtain better employment and pay. It is conceivable that women might also ask for ‘sex-changes’ for the same reasons, and that this has gone unreported.

‘Sex change’ operations involve deliberate physical elimination of people who stand between the two ideal types. They are socially killed as effectively as if they had been shot, and thus society loses some of its most valuable members — its social critics, individuals urging society to pull down the fences and extend its possibilities.

Individuals have a right to do what they want to do with their own bodies, but just as social pressure may drive one individual to dye fading hair, another to re-shape a nose, it may also drive a third to have a ‘sex-change’ operation. In a compassionate human society none of these changes would be necessary. Rather than making individuals believe that they are alone and worthless, it is up to society to change its attitudes and accept that people can be grey, or differently shaped, or free to behave how they want regardless of their sex and still be valid people. As long as people feel compelled to dye their hair, etc., how can society get used to anything else?

If one argues that ‘curing’ homosexuals and giving ‘sex-changes’ is justified seeing that society is not yet ready to accept these people, as some medical practitioners have done, is like asking blacks to paint their faces white rather than fight for equal rights to education and employment.

People who stand somewhere in between the ‘ideal man’ and the ‘ideal woman’, the homosexuals, the transvestites, the drag queens, who have learnt to fake a personality to ‘pass’ in straight society, have done so as the result of shrewd social observation. They know of the prejudices, foibles, and blind spots of the majority of conformers. They show by their existence that the ‘ideals’ do not cover the field and are unnecessarily restrictive to the individual. It is therefore to be expected that a society committed to rejecting change will want to either keep them quiet or destroy them.

Over the years religion and law have played this role, and now medicine is taking it over. To label a person as sick, instead of immoral, is saying the same thing in different words. Medical power is growing. As medical knowledge increases, it is being jealously guarded by the profession instead of spreading to the general public. Non-medical people have come to believe that they are incompetent to deal with their own bodies, and the doctor is replacing the priest as an authority and guidance figure. But instead of using this power to educate people about their own capacities, doctors are often using it to sedate people into conformity. A new tranquilliser is invented and suddenly thousands of people need it. The doctors say ‘We can do sex changes’ and suddenly hundreds of people want their sex changed. Medical finance, facilities, and doctors are in short supply in the world compared to the number of people who need medical treatment to maintain life and health. We question the morality of expending these limited resources on expensive, complicated and spectacular operations, like ‘sex-changes’, instead of turning them to cases of real medical need.

We feel that the ‘transsexual’ person is a victim of social and medical manipulation and it is time doctors spoke out against this racket.