The Sexual Politics of Transsexual Surgery

By Amalthea

In recent months, I have become increasingly aware of transsexual surgery as a focus for discussion in the Lesbian community of Boston. It would seem that there are at least three viewpoints expressed. First of all, some feminists have maintained that no person who has ever lived in a male role can ever be a genuine woman; I can only suggest that people of this viewpoint might wish to explore the basic medical facts about hermaphrodism and gender identity, facts which might lead them to a more flexible viewpoint. Secondly, there are feminist women who maintain that anyone living as a woman should be accepted as such—this is my own viewpoint. However, there is an interesting third group—or at least a third current of thought—which holds that any transsexual who has undergone male-to-female genital surgery should be accepted as a woman, but any male-to-female transsexual who has not yet undergone surgery should be considered a man, even though she is living full time as female, and desires eventual surgery.

It is to the third current of thought that this article is addressed. I write in part as a male-to-female transsexual who is presently living full time as female (and has been for over two years), and has been seeking surgery. At the same time, I identify as a Lesbian feminist, and am aware of the basic issues which have been raised over the past decade about women's health care. From this dual position I would like to suggest a positive feminist approach to transsexual surgery, and then to report some of the realities of 1976. After comparing feminist principles with male medical practices, radical Lesbians may understand why Lesbian transsexuals are often slow and deliberate about obtaining surgery.

Some Feminist Principles

Since a transsexual is a person with natively male genitalia who nevertheless has had a lifelong sense of femaleness, the purpose of surgery should logically be to provide such a person with anatomy and sexual response as close as possible to that of any other woman. Scientific and political statements over the past decade have alike stressed the strength and positiveness of female sexuality; it has also been established beyond a doubt that the clitoris is the center of female sexuality, although labia and vagina also play a significant part and ultimately the entire body is involved. This view is totally contrary to the old male myth of Aristotle and Thomas Aquinas that a woman is merely a man without cock and balls, and the more modern myth of Freud that female sexuality is centered in the vagina rather than the clitoris.

From this liberated view of female sexuality (whether gay or straight), it would follow that surgery should emphasize the construction of a sensitive clitoris with the most responsive tissue available, as well as the creation of sensitive labia minora and majora and of an accurate vagina. Such an operation involves far more than the removal of penis and testicles; it requires a skilled surgeon (or surgical team) with a great awareness of what female sexuality is really like, as well as the medical skill to rearrange tissues in the practical implementation of this awareness.

Since female and male genitals are biologically homologous—meaning that they derive from the same embryonic structures, which are in fact female in all embryos until the fifth week after conception—the task of rearrangement is not as impossible as it might seem. The sensitive erectile tissue of the penis, or a portion of it, can be reshaped into a clitoris; the scrotum becomes labia; an artificial vagina can be created and lined with a skin graft from either the outer skin of the penis, other surface skin, or even an ileal loop of intestinal tissue. Although the ileal loop approach is more complicated (because it involves opening the abdominal cavity), it has the benefit of using tissue much like that of the natural female vagina—it is not especially sensitive, but it is a good source of lubrication. A compromise might be to use sensitive penile tissue for the outer third of the vagina, and ileal tissue for the inner two-thirds—an arrangement which reflects the realities of female sexuality.

Given the fact that such surgery is a social and personal necessity for the transsexual, it ought (like abortion and other women's health needs) to be available at an affordable rate with good quality. Also, women should be involved in giving support to the patient during each step of the experience; she should be able to celebrate this new dimension of womanhood with her sisters.

In short, for the feminist (and specifically Lesbian) transsexual, surgery is not a negative yielding of male privilege, but a gaining of female anatomy and sexuality as a positive good. It demands a high level of consciousness about the real nature of women's sexuality from the medical personnel, as well as the technical skill to make this understanding into surgical reality.

Patriarchal Reality: Males Construct the Female

During the past decade, it has been common knowledge that doctors and therapists (predominantly male) are often more concerned with their own theories and dogmas than with female reality or female well-being. On an extreme and immediately physical level we have the history of male abortionists (and the herstory of death and suffering which women have endured from the lack of cheap and safe abortion), and also the practice of unnecessary and often disfiguring surgery indulged in by male practicioners against women.

Less immediately tragic, but equally sexist, are the psychological atrocities committed by male medicine and psychiatry. Naomi Weisstein, some years ago, viewed the traditional "psychology of women" as a study in the fantasy life of the male psychologist, and surely untold harm has been caused to women (including Lesbian women) by this mythology. Above I have already mentioned the Freudian rejection of natural clitoral sexuality in women, and the myth of vaginal passivity; some women have spent years in "therapy" trying to unlearn their sexual strength and autonomy as given by nature.

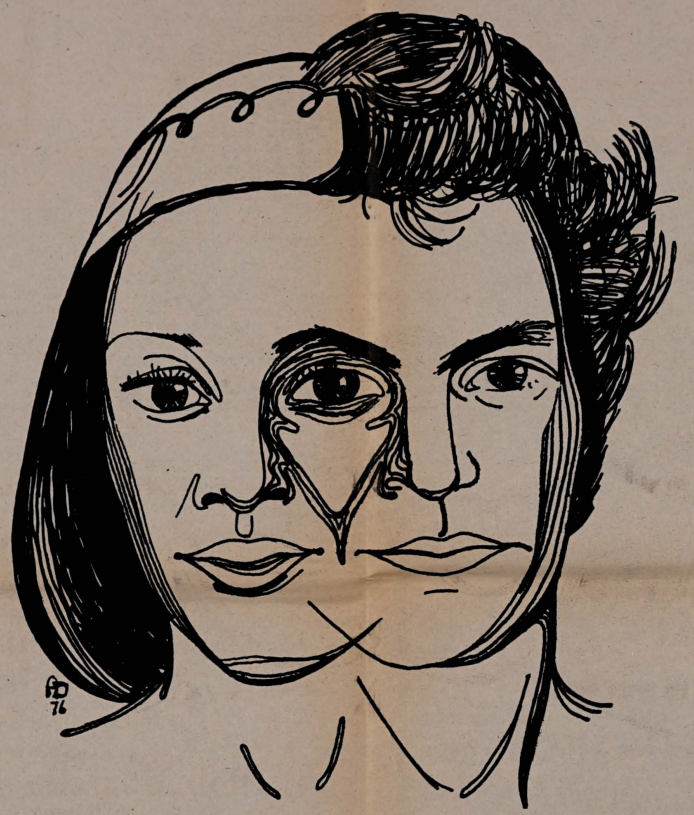
Generally, however, Freudian psychology was unable to eliminate the physical realities of womanhood; theorize as they might, Freudians could not abolish the practical facts of clitoral sensitivity and joyous Lesbianism among women. I say generally, because in fact at the turn of the century some surgeons actually performed clitoridectomy to realize Germaine Greer's female eunuch; in the Thirties Marie Bonaparte, a follower of Freud, more moderately suggested that in recalcitrantly "masculine" (read Lesbian or simply self-sufficient) women, the clitoris might be surgically relocated closer to the vagina to assist the quest for "feminity."

In performing sex reassignment surgery, a patriarchal surgeon has incredible room to act out all the fantasies he can no longer get away with selling to native women. He need not create a complicated myth of the vaginal orgasm, or even commit the positive act of clitoridectomy; he need only omit a clitoris from his surgical agenda, or create one of merely cosmetic function. Rather than spend years of indoctrination (also known as psychoanalysis) convincing a woman that her vagina should be the center of her sexuality, he can simply put all his energy into creating a vagina. If a woman objects to her therapist's view of sexuality she can usually argue or even terminate the relationship; it is much more difficult to protest under anesthesia. In short, the Freudians have written their theories on paper; the sex reassignment surgeons carve them in human flesh.

Almost all the stress in established surgical practice is to open a heterosexually functional vagina; this is among relatively reputable surgeons, since the less reputable often do little more than remove the male structures and create some kind of hole.

There are occasional exceptions; a few male doctors are apparently focusing more energy on the clitoris. Still, the area of the vagina seems subject to much imperfection, especially in the area of reliable lubrication (the almost universal technique is to use exclusively penile tissue here, where in the inner two-thirds less sensitive but lubricative ileal tissue would approximate female reality).

Anyone committed to the feminist ideal of communicative and supportive health care delivery must feel ill at ease with the present atmosphere around surgery. At worst, there are hospitals with rigid programs and qualifications which would be familiar to any woman who a decade ago sought "therapeutic" abortion, and on the other hand places which one friend of mine calls "butcher shops" (like the other extreme in abortion). At best, there is the male surgeon of a gentle and artistic disposition who is reasonably friendly and skillful.



Expenses are another matter, unless one happens by some miracle to have the surgery covered by a welfare department or rehabilitation program (this has *not* occurred in the Bay State). Even with medical insurance (which costs perhaps $255 a year), one must be able to raise at least $1700 (plus transportation expenses, if any) in order to get good surgery; without insurance the bill would be about $3500.

It must be remembered that surgery is only the *last* expense for a committed transsexual; personally I have spent at least $200 for electrolysis of facial hair (my legs and armpits are joyously hairy), plus another $20 per month ($720 over three years) for a moderate course of oral hormone therapy. Legal fees and medical appointments would add several hundred more dollars; against this background, for a poor to moderate income person, surgical expenses are indeed difficult to meet.

My Dilemma: Lesbian Affirmation vs. Male Ambience

Throughout this article, I have not hidden my own biases; for my own surgery I seek a procedure which will approximate the reality of female experience as closely as possible, plus a supportive atmosphere such as any woman would desire for a major medical operation. Everything I have read about feminist health care, everything I have heard celebrated about Lesbian sexuality and more generally about women and our bodies, leads me to set a high standard for surgery. In addition, the experiences of women (and especially of women who reject conventional lifestyles) warns me to be careful in entrusting my body to a man, especially a man with the liberties of practical fantasy which the surgery affords.

About my desire to have female genitals, to have the full and beautiful sexuality appropriate to me as someone who is already a woman, I feel no doubt at all. But the same desire and identity which makes me seek surgery also makes me wish to avoid surgery which creates a male-inspired parody of femaleness, or surgery in a restrictive atmosphere. It can be a painful inner conflict.

Perhaps a few people who call themselves feminists actually feel that surgery is simply the excision of male genitals, a negative ordeal of rejecting male privilege; but this view is really disrespectful to women and goes back to the female eunuch of Aristotle once again. A truly feminist position must demand that surgery be based on the reality of female sexuality; and it must view shoddy or male-oriented surgery as an insult to all women as well as to the patients.

Another basic dilemma: should a perspective surgeon know that I am Lesbian, and should I feel that she/he should know? A few days ago I had a discussion with a transsexual who argues that the less one says the better; the whole thing should be treated in as businesslike a way as possible. Further, she argues that female sexuality is female sexuality whether one is Lesbian or straight; since all women are physiologically alike regardless of sexual preference, the thing to do was to keep quiet about sexual preference and stick to technical details.

When I first heard this a few days ago, I virtually bought it. On a purely logical cost/benefit analysis level, it almost makes sense; further, I was excited to hear that my friend got apparently excellent results.

But then I began to get another message from the feeling part of me, the deepest freaky Sapphic recesses of my soul. Would it *feel* right to trust my body, my womanhood itself, to a person I could not trust to know about my love for women, my love for my own femaleness and for all my sisters? Did everything I read about empathy and openness in *Our Bodies, OurSelves* apply to women seeking abortion, women exploring Lesbianism—but for some strange reason not to me? No, if I am a woman, I must reflect my feminism in self-respect. Would I want another woman to endure closetry and coldness in an important medical situation? NO! Then I must be patient, and take a considerable time if necessary to get realistic results in a humanistic environment.

Right now my lack of financial resources to do more than survive and keep up my medical treatment makes the dilemma less immediate than otherwise; and perhaps there are already one or two surgeons who could meet the feminist criteria stated above. In the meantime, I should just add that the ambiguities and tensions of the pre-operative state for me outweigh by far any symbolic cryptic "male privilege" which some in Boston have attributed to *anyone* with male genitals. Involuntary celibacy is one price I pay; discomfort in regard to part of my body another; a certain background sense of something physical to conceal yet another. Since I am a mystic at heart, and have some very deep and satisfying non-physical Lesbian involvements, these tensions are not absolutely unbearable; but still I cannot celebrate enforced celibacy (as opposed to a free choice of either celibacy or non-celibacy which other women are making).

Certainly it is true that male genitals *do* carry prestige in this society; it also carries prestige for a woman to have an established relationship with a man (and *not* with other women). Yet Lesbians are not primarily giving up a "privilege;" they are *claiming* the privilege of love between women, even if male society can only imagine this privilege as a degradation. In the same way, I seek not to abandon sacrificially some vague male privilege through surgery—rather through surgery I hope to *claim* my full physical womanhood and Sapphic self-esteem. If I had any other motive than positive womanhood, then I would indeed incarnate the Freudian fantasy of female masochism in its worst form (not to be confused with the liberating and love-filled sadomasochism of Rosenjoy and Co.).

In capitalist society, a solid globe of precious metal is the very symbol of power and privilege; yet when attached to the ankle of a person it still feels (at least to her) like a ball and chain. Privilege or no privilege in the abstract, the wearer wants to get rid of it. Yet my situation is more complex, for I must not simply discard my ball and chain but rather have it reworked into a necklace worthy to bear the beads of Sapphic love. And all too often it is hard to draw a line between metal chains and prison guards . . . .