

## The Rise and Normalisation of Transgenderism

This article aims to provide a general overview for the general reader of how transsexual/transgender rights and ideology developed in the United Kingdom and these have been normalised. Many Christians approach this topic to gain pastoral insights. Whilst this is entirely commendable, it is insufficient and inadequate to the task of understanding and confronting this phenomenon as one that now affects people from all walks of life. Transgenderism – or transsexualism as it used to be known – is not only a psychiatric condition, it is also an ideology that redefines human dignity and reality and fits with the now-dominant ideology of the UK government. This ideology is the right to be who you believe yourself to be. This is the polar opposite of the Christian outlook on life; it is modern-day gnosticism. The conflict we are in is therefore comparable to the ones the early Christians faced in the first three centuries.

### Where did ‘transsexualism’ and ‘gender identity’ come from?

The short answer is, from gay rights activism and rebellion against Christian ethics. The whole field of the study of transsexualism and homosexuality started in Germany in the late 19th century.<sup>1</sup> Medics specialising in the study of human sexuality started publishing cases of ‘inversion’, the term for people who claimed to feel as if they were of the opposite sex (‘women trapped in men’s bodies’ and vice versa), and who lived according to this belief. ‘Inversion’ in this sense tended to be associated at the time with homosexuality. Eugen Steinach attempted transplantation on animals aimed at producing changes of sex by castrating male rodents, then implanting ovaries into them, thus feminising their behaviour. News of these experiments led people to start asking for similar operations for themselves, predominantly men requesting castration and women requesting hysterectomies. Magnus Hirschfeld coined the term ‘*Seelische Transsexualismus*’ (transsexualism of the soul) to refer to ‘inversion’. He called people who wanted to change their sex ‘transvestites’. Hirschfeld was a left-wing gay rights activist in Germany in the first half of the twentieth century, and was invited to the United States in 1930 by Harry Benjamin, the American doctor whose successful campaigning for ‘sex-change surgery’ aimed to marginalise psychiatric and psychotherapeutic interventions for patients. Benjamin pushed the erroneous view that a person’s sex was defined by hormones, a definition which deliberately bypassed the more fundamental role of chromosomes and which conveniently justified administering artificial cross-sex hormones to transsexuals.<sup>2</sup>

After the Second World War the American psychiatrist David O. Cauldwell defined ‘transsexual’ as a person who wants to change their sex. Cauldwell refused to agree to ‘sex-change’ operations for such patients, stressing that transsexualism was caused by problems with socialisation. Here we can see that the therapeutic approach to transsexualism as the product of nurture not nature originated in the English-speaking ‘free’ world. That said, socially libertarian doctors who believed in sexual emancipation and ‘rights’ championed the view that it was biologically rooted and unchangeable in the USA as well. Thus Harry Benjamin became associated with the notorious ‘sex researcher’ Alfred Kinsey and shared research material on human sexuality, with the latter referring a male patient wishing to become a woman to him in 1949.

The notion that adult transsexual patients had a ‘psychological sex’ was invented by American medics in the 1950s, but they did this in order to reject the idea that this could be changed to correspond with a person’s genetically-rooted biological sex.<sup>3</sup> Particularly influential were John Money and his colleagues at the faculty of psychiatry in Johns Hopkins University when they started to use the term ‘gender’ and ‘gender identity’ to describe this idea. (Up until then ‘gender’ was merely a grammatical concept.) Money studied children born intersexed, whose appearance at birth made it hard to identify their biological sex.

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<sup>1</sup> I am indebted for the history recounted here to Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*. Cambridge, Mass.: Harvard University Press, 2004: 15-50.

<sup>2</sup> Scientists had discovered hormones in the late 19th century and acknowledged chromosomes as the more fundamental determinants of sex in the early 20th century. Debates on the biological definition of sex were started by advocates of ‘sex-change’ surgery and cross-sex hormone treatment who wanted to make hormones, not chromosomes, the basis of this. Meyerowitz, *How Sex Changed*, 27.

<sup>3</sup> Meyerowitz, *How Sex Changed*, 112.

The argument was that intersexed children acquired their sense of being male or female from having been assigned to a particular sex at birth, and that attempting to modify gender later than early childhood was harmful.<sup>4</sup> The truth is that behind this seemingly rational and respectable dogma Money got away with terrible child abuse.

The most notorious instance was the now infamous experiment that Money conducted on Canadian boy David Reimer. Reimer underwent a botched circumcision operation at eight months of age, and Money persuaded his parents to rear him as a girl instead, subjecting Reimer to sex-reassignment surgery and 'psychological conditioning' – in other words, brainwashing.<sup>5</sup> Reimer however later reported that he never considered himself a girl, was told that he was really a boy by his parents in his early teens and reverted to living as a boy at fifteen. Reimer also revealed that John Money had forced him and his twin brother to enact sexual experiments on each other, allegedly to prove the idea that sexual 'games' in childhood was good for healthy human development. Predictably, Reimer suffered psychologically throughout his life despite returning to live as a male, and committed suicide at the age of 38. John Money is now dead, but has become notorious due to these experiments on children's sex and sexuality.<sup>6</sup>

Although the true history of John Money's abuse is now well-known, what is far less appreciated is the fact that 'sex-change' for children was practised in Nazi Germany. This is something that transgender activists rarely mention in their historical works. With the rise of Hitler to power in Germany, the Nazi regime burnt down Magnus Hirschfeld's extensive archival material on sexual minorities, the *Institut für Geschlechtswissenschaft*, allegedly because it contained so much incriminating evidence about the depraved sexual tendencies of prominent Nazis. Transgender activists tend to fixate on this episode whilst omitting the next stage in history, which is that 'sex-change' surgery was continued throughout the Nazi period, indeed it was alleged to have become more common, and that it was performed by the notorious doctor Josef Mengele 'the Angel of Death' in the concentration camp in Auschwitz, where he performed forced operations on boys.<sup>7</sup> Like many other Nazis, Mengele escaped to Argentina at the end of the Second World War. The State of Israel hunted for him in the early 1960s at the same time as Adolf Eichmann, but for various reasons unfortunately did not catch him.<sup>8</sup>

### John Randell and the origins of UK gender-identity clinics

The psychiatrist responsible for normalising transsexualism and 'sex-change' surgery in the UK was John Randell. He was appointed Physician for Psychological Medicine at Charing Cross Hospital on 1 January 1950. He died on 23 April 1982.<sup>9</sup> Randell started his work because his colleague Lennox Broster was working on people with Disorders of Sexual Development (intersex conditions) at Charing Cross during the 1930s and 1940s. Broster never operated on transsexuals and transvestites, being opposed, like most responsible doctors, to 'sex-change' surgery.<sup>10</sup> Initially Randell shared this view. In 1959 Randell wrote an article about fifty cases of transvestism and transsexualism seen by him. He completed an MD thesis at the University of Wales on the subject in 1960, discussing 61 male and 16 female patients. According to himself he saw an average of fifty new cases a year in the 1960s. In 1971 he gave a paper at a conference where he said that in 1969 44 males and 8 females had undergone surgery.<sup>11</sup>

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<sup>4</sup> Meyerowitz, *How Sex Changed*, 114ff.

<sup>5</sup> John Colapinto, *As Nature Made Him: The Boy Who Was Raised as a Girl*. New York: Harper, 1997.

<sup>6</sup> Judith Reisman unmasked Alfred Kinsey as an intellectual fraud who was morally bankrupt in Judith A. Reisman and Edward W. Eichel, *Kinsey, Sex and Fraud: The Indoctrination of a People*. Lafayette, Louisiana: Lochinvar Inc., 1990. See also her website [http://www.drjudithreisman.com/the\\_kinsey\\_coverup.html](http://www.drjudithreisman.com/the_kinsey_coverup.html)

<sup>7</sup> Meyerowitz, *How Sex Changed*, 48. Katherine M. Ramslund, *Inside the Mind of Healthcare Serial Killers: Why They Kill*. Greenwood Publishing, 2007: 25.

<sup>8</sup> Sue Surkes, 'Honeytraps and birthday calls: Secret file reveals Mossad efforts to net Mengele', *The Times of Israel*, 5 September 2017. <https://www.timesofisrael.com/honeytraps-and-birthday-calls-secret-file-reveals-mossad-efforts-to-net-mengele/>

<sup>9</sup> Randell's biography from the Royal College of Physicians can be read at <http://munksroll.rcplondon.ac.uk/Biography/Details/3696>

<sup>10</sup> Obituary for Lennox Broster, *British Medical Journal* 1, 1965: 1130.

<sup>11</sup> John Bulmer Randell, *Cross-dressing and the desire to change sex*. M.D. Thesis. Cardiff: Welsh National School of Medicine, University of Wales, Cardiff, 1960. For the figures quoted, see Dave King and Richard Ekins, 'Pioneers of Transgendering: John Randell, 1918-1982', Gendys 2002, the Seventh International Gender Dysphoria Conference, Manchester, England, 2002. <http://www.gender.org.uk/conf/2002/king22.htm>

Sometime during the 1960s, it is not officially recorded when exactly, surgeons linked to Charing Cross Hospital Gender Identity Clinic started to perform 'sex-change' surgery upon a minority of patients seen by John Randell. The timing of the advent of such surgery to the United Kingdom, was significant. The sexual revolution and its ethos of turning conventional society upside down was the key contextual factor. There were at the time numerous psychotherapists and psychiatrists who preferred a psychological approach and who were opposed to surgery and cross-sex hormone treatment. Following the lead of Harry Benjamin those in favour of surgery, who were driving the agenda for physical treatment of transsexualism, disregarded the new evidence for post-operative misery and failure, such as that of the wealthy American female-to-male transsexual Reed Erickson.<sup>12</sup> This is important because amid the current talk of regret for gender reassignment (the current preferred term for 'sex-change surgery') and detransitioners (people who revert to living as members of their sex), readers must understand that for as long as there have been 'sex-change operations' performed, there have been people who regretted undergoing them. Not only that but the Reed Erickson Foundation continued to promote the matter. It organised the first International Symposium on the subject in London in 1969.<sup>13</sup>

Then in the 1970s the annual number of patients seen by Randell increased from 100 to 200. This sounds very much like social contagion caused by increased media exposure during the sexual revolution. He claimed that around 30 patients a year underwent surgery during the 1970s. Randell reported that by 1980 he had seen 2,438 patients, 1,768 male and 670 female.<sup>14</sup> It is highly significant that Randell worked alone for many years, seemingly unaccountable to any colleagues. For in reality most doctors have never really approved of referring patients for surgery and cross-sex hormone treatment, seeing this not so much as medicine as an attempt at reinventing the human body. In addition, doctors have always worried that disappointment by patients when they learn from bitter experience that they have not truly 'changed sex' might lead to them being sued on grounds of medical negligence. It is perhaps not an accident that precise figures for the number of people who underwent surgery during Randell's time at Charing Cross are not available, though estimates are possible.<sup>15</sup> It was in Randell's interest for there not to be comprehensive high quality record-keeping on the subject, making it easier to avoid the detection of serious mistakes.

### Early history of campaigning in the UK

The earliest groups in the United Kingdom for people now known as 'transgender', namely tranvestites and transsexuals, were formed as overseas chapters of American organisations. For example, the highly influential American male transvestite Charles 'Virginia' Prince founded the Foundation for Personality Expression for male transvestites in 1960. In 1964 three British transvestites formed a British chapter, which became the Beaumont Society in 1966.<sup>16</sup> Most of the members were heterosexual male transvestites, with many married. The Beaumont Society operated as a secret society originally, but slowly started to organise events to make transvestism respectable. It organised a conference in Leeds in 1974 to which a hundred people came. A small British chapter of the Transsexual Action Organisation was formed

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<sup>12</sup> Harry Benjamin, 'Transvestism and Transsexualism', *International Journal of Sexology* 7, 1953, 12-14. Benjamin attacked all psychotherapy in relation to transsexualism and transvestism.

<sup>13</sup> The First International Symposium on Gender Dysphoria was held at the Piccadilly Hotel in London, 25-27 July 1969, co-sponsored by the Erickson Educational Foundation and the Albany Trust, a gay rights group. The chair was Prof. C. J. Dewhurst of Queen Charlotte's Hospital, London. One of the speakers was Labour MP David Kerr, Vice-President of the Socialist Medical Association, which was and is affiliated to the Labour Party. [http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1347&pk\\_association\\_webpage=4229](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=4229)

<sup>14</sup> <http://www.gender.org.uk/conf/2002/king22.htm>

<sup>15</sup> Gender Identity Research and Education Society (GIRES) estimated in 2008 that only around 10,000 people had hitherto presented themselves for gender dysphoria treatment. This is a credible estimate given the rise in referrals since 1999 when local NHS boards were legally required not to refuse gender reassignment. Yet GIRES also claimed, without providing supporting evidence, that 'the adults who present emerge from a large reservoir of transgender people, who experience some degree of gender variance. They may number 300,000, a prevalence of 600 per 100,000, of whom 80% were assigned boys at birth. However, the number would be nearly 500,000, if the gender balance among transgender people is equal.' Bernard Reed, Stephenne Rhodes, Dr. Pietà Schofield, Professor Kevan Wylie, *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*, GIRES, 2009: 4. <https://web.archive.org/web/20100215040008/http://gires.org.uk:80/assets/Medpro-Assets/GenderVarianceUK-report.pdf> Curiously the article is no longer up on the GIRES website.

<sup>16</sup> Mel Porter, 'Gender identity and sexual orientation', in Pat Thane (ed.), *Unequal Britain: Equalities in Britain since 1945*. London: Bloomsbury, 2010: 147-148.

in 1977. Stephen Whittle, a female-to-male transsexual born Stephanie, who became a lawyer to fight for transsexual rights, claims to have started the Self-Help Association for Transsexuals (SHAFT), which became the Gender Trust.<sup>17</sup>

## The road to transsexual rights

By the 1980s European transsexual activists were taking cases to court in their own countries, aiming to get them sent on for appeal at the European Court of Human Rights. Coincidentally, the European Parliament initiated the move towards transsexual rights in law across EU member states with a resolution opposing discrimination against transsexuals on 12 September 1989, calling on the Council of Europe to enact a convention for the protection of transsexuals. On 29 September 1989 the Parliamentary Assembly of the Council of Europe adopted Recommendation 1117 proposed by the Italian Communist MEP Stefano Rodotà:

### Condition of transsexuals

Author(s): Parliamentary Assembly

Origin - Assembly debate on 29 September 1989 (21st Sitting) (see [Doc. 6100](#), report of the Legal Affairs Committee, Rapporteur : Mr Rodotà). Text adopted by the Assembly on 29 September 1989 (21st Sitting).

The Assembly,

1. Considering that transsexualism is a syndrome characterised by a dual personality, one physical, the other psychological, together with such a profound conviction of belonging to the other sex that the transsexual person is prompted to ask for the corresponding bodily 'correction' to be made;
2. Considering that modern medical progress, and in particular recourse to sexual conversion surgery, enable transsexuals to be given the appearance and, to a great extent, the characteristics of the sex opposite to that which appears on their birth certificate;
3. Observing that this treatment is of a nature to bring the physical sex and the psychological sex into harmony with one another, and so give such persons a sexual identity which, moreover, constitutes a decisive feature of their personality
4. Believing that account of the changes brought about should be taken in the transsexual's civil status records by adding such details to the original record so as to update the data concerning sex in the birth certificate and identity papers, and by authorising a subsequent change of forename;
5. Considering that a refusal of such amendment of the civil status papers exposes persons in this situation to the risk of being obliged to reveal to numerous people the reasons for the discrepancy between their physical appearance and legal status;
6. Noting that transsexualism raises relatively new and complex questions to which states are called upon to find answers compatible with respect for human rights;
7. Observing that, in the absence of specific rules, transsexuals are often the victims of discrimination and violation of their private life;
8. Considering, furthermore, that the legislation of many member states is seriously deficient in this area and does not permit transsexuals, particularly those who have undergone an operation, to have civil status amendments made to take account of their appearance, external morphology, psychology and social behaviour;
9. Considering the case-law of the European Commission and Court of Human Rights;
10. Referring to the resolution which the European Parliament adopted on 12 September 1989, in which, among other things, it called on the Council of Europe to enact a convention for the protection of transsexuals,
11. Recommends that the Committee of Ministers draw up a recommendation inviting member

<sup>17</sup> This evidence is from the TRANS-ACADEMIC archives on JISCM@ail, 1 June 1999. <https://www.jiscmail.ac.uk/cgi-bin/webadmin?A2=trans-academic;d79f3aba.99> Also see <http://www.lawsociety.org.uk/Policy-campaigns/documents/Stephen-Whittle-bio-June-2015/>

states to introduce legislation whereby, in the case of irreversible transsexualism:

- a. the reference to the sex of the person concerned is to be rectified in the register of births and in the identity papers;
- b. a change of forename is to be authorised;
- c. the person's private life is to be protected;
- d. all discrimination in the enjoyment of fundamental rights and freedoms is prohibited in accordance with Article 14 of the European Convention on Human Rights.

Here we can see that the concept of 'psychological sex' noted above, as having originated among gender identity professionals in the USA, came via the Legal Affairs Committee of the Parliamentary Assembly of the Council of Europe, which was responsible for picking the judges of the European Court of Human Rights. This meant that it was only a matter of time before this idea entered the court's jurisprudence, enabling transsexual activists to win victories against member states of the Council of Europe.

The militant transsexual rights campaign group Press For Change was formed in 1992 by Stephen Whittle.<sup>18</sup> PFC focused on legal and lobbying activity. Out of PFC ten activists formed Gender Identity Research and Education Society (GIREs) in October 1997, an organisation which became a charity in 1998.<sup>19</sup> GIREs are still very active today. In 1994 Lynn Jones, the Labour MP for Selly Oak in Birmingham, along with Jane Playdon, formed the Parliamentary Forum for Transsexualism. The occasion for this was concern about transsexual prisoners brought up by a constituent.<sup>20</sup> During this period transsexual rights activists targeted key public institutions to influence them. Press For Change and the Gender and Sexuality Alliance (which closed in 1998) were invited by the Home Office in 1996 to prepare a report as part of a proposed review of Prison Service Guidelines regarding transsexual prisoners. The Home Secretary at the time was Michael Howard. A male-to-female transsexual called Kate More wrote Guideline proposals in June 1996.<sup>21</sup> This document cited Bryan Tully's three-year longitudinal study of transsexuals at Charing Cross Hospital Gender Identity Clinic in the 1980s, which found that over half of the male-to-female patients and roughly one third of the female-to-male patients had criminal backgrounds.<sup>22</sup> Kate More was also responsible for arguing that rape crisis centres for women should allow male-to-female transsexuals in. More also supported male-to-female transsexual/transgender prostitutes.<sup>23</sup> Thus we can see that today's debates about males in women's prisons, rape crisis centres and domestic violence shelters actually have their root in some very shady dealings over twenty years ago. (One of the serious shortcomings of the evidence on transsexualism/transgenderism in the UK is in criminology. I know of very few studies since Tully's of the criminal background of people referred to gender identity clinics. Today's discussions of transgenderism and crime are stunted by the fact that police forces do not record the transgender status and biological sex of people arrested and charged for particular crimes. Hate crime data records the transgender status of victims, however, resulting in a one-sided picture.)

Transsexual rights campaigning in the UK in the early 2000s focused on campaigning for the Gender Recognition Bill to become law. This was a Bill tabled by the Blair government in response to the UK losing a case at the European Court of Human Rights.<sup>24</sup> Specifically, the Department for Constitutional Affairs (previously the Lord Chancellor's Department and now the Ministry of Justice) conducted a Final Regulatory Impact Assessment for the Bill in November 2004 just before it was tabled in the House of Lords, assessing the costs of not implementing the Bill. Consideration was only really given to the risk of continued litigation by transsexual right activists.<sup>25</sup> No consideration was given to the effects on families and children, single-

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<sup>18</sup> <https://web.archive.org/web/19990506043352/http://www.pfc.org.uk:80/legal/tsprison.htm>

<sup>19</sup> <http://www.gires.org.uk>

<sup>20</sup> <http://www.lynnjones.org.uk/lynn-jones-mp/transsex.htm#forum>

<sup>21</sup> <https://web.archive.org/web/19990506043352/http://www.pfc.org.uk:80/legal/tsprison.htm>

<sup>22</sup> Bryan Tully, *Accounting for Transsexualism and Transhomosexuality*. London: Whiting and Birch Ltd, 1992: 267.

<sup>23</sup> Kate More and Sandra Laframboise with Deborah Brady, 'Testimonies of HIV Activism', in Stephen Whittle and Kate More (eds.), *Reclaiming Genders: Transsexual Grammars at the Fin de Siecle*. London: Bloomsbury [1999], 2016: 144. <http://www.gender.org.uk/gendys/bookshop/more.htm>

<sup>24</sup> The decision of the European Court of Human Rights in the case of Goodwin v. United Kingdom in 2002 gave transsexuals the right to change the sex/gender on their birth certificates. <https://hudoc.echr.coe.int/eng#%7B22itemid%22001-60596%225D%7D>

<sup>25</sup> The Final Regulatory Impact Assessment for the Gender Recognition Bill was published in November 2003, with three Options.

sex spaces, services and facilities, women's prisons, educational institutions, the quality and consistency of official data, the funding and staffing of the NHS, the effect on psychiatry and mental health, or other relevant fields. Only now are we seeing people starting to identify the problems involved, but only really in relation to transgender as a category that has been stretched by the Equality Act 2010 and of course the current proposals to allow legal gender change without medical checks. What is really required is an assessment of the implementation of the Gender Recognition Act since 2004.

## Conclusion

I have used the term 'transsexual' in this article partly because this was the term used for people who fantasised about living as members of the opposite sex during the period about which I have been writing. Since then activists have pushed for the term 'transgender' to be used. This seems to be in response to the fact that the 2004 law safeguarded the definition of biological sex in UK law by using John Money's idea that people were choosing to live in something called a 'gender'. Activists keep on changing the terms; now we have 'gender identity' (or 'identities'), gender-neutral or non-binary (refusing to be known as either male or female). The general direction of travel remains the same as always – away from the person's biological sex towards the reconstruction of the body according to an idea in his or her head, and the demand now enshrined as a right in law, that everybody else should play along and call a man a woman and a woman a man.

*Carys Moseley*

**Dr Carys Moseley** is a policy researcher for Christian Concern and also works part-time as Church and Society Liaison Officer for the Presbyterian Church of Wales.

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Option 1 was 'Do nothing': 'The government is obliged to breaches of international law. A declaration of incompatibility with the [European] Convention [of Human Rights] can be made by a UK court and its effect is similar, i.e. if the government does nothing, the pressure to legislate will continue to build and further challenges and claims for compensation will continue to be brought.' The other options were a remedial order or primary legislation. <http://webarchive.nationalarchives.gov.uk/20040722074350/http://www.dca.gov.uk/risl/grbria.htm>