

Low-key sex changes

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By Bob Rose Our West Coast Bureau Chief

Five years ago when Stanford University established its "gender reorientation" program, word got out that sex-change operations would be done and scores of applicants wrote and called, asking for immediate surgery.

The extent of the interest was surprising to Dr. Norman M. Fisk, chief psychiatrist for the program, because publicity had been guarded and rigid criteria set up for applicants.

There were questions of protecting the university's reputation and avoiding notoriety, which might have destroyed the program. Dr. Donald R. Laub, the surgeon who heads the program, put it bluntly: "Publicity has never done this subject any good."

Word of the program, however, was passed among the troubled.

"People flew in from all parts of the country. They literally showed up on our doorstep," said Dr. Fisk.

In five years, the program has accepted 80 candidates for surgery from 800 applicants. The work has been done quietly, and extreme care has been taken to protect the privacy of the individuals. The doctors have been successful in keeping their vow that Christine Jorgensen-type notoriety would be kept out of the program.

AS WORD SPREAD of the program, so, too, did word of the limited area in which the doctors would work.

The first two dozen interviews were practically carbon copies. The word had spread that to qualify for an operation you had to be a "transsexual," as defined by Dr. Harry Benjamin in a widely distributed landmark study 15 years before.

All these applicants gave the same answers to the same questions, just as if they were rehearsed.

For example, Dr. Fisk said, the transsexual is not supposed to be interested at all in the opposite sex, so the applicants would uniformly deny any heterosexual experience. They also clung to the other points that defined a classic transsexual:

- A lifelong history of a desire to be of the opposite anatomical sex. Having a nondelusional idea they actually ARE the other sex in a wrong body.
- Behavior patterns matching the other sex. In the male, wearing women's clothing and being attracted to other males in a heterosexual not homosexual way.
- Getting no pleasure from their own sex organs.

Eventually some interviewees who were turned down accused others who had been accepted in the program of having lied and of being effeminate homosexuals or transvestites, belonging to two other major groups with "gender disorder" problems.

As defined by Dr. Laub:

- A transvestite is a "cross-dresser," at intervals; achieves arousal when he/she does it; is heterosexual, and may be married, have children and be productive in society.

- An effeminate homosexual is erotically attracted to men, may wear women's clothes at times; gets pleasure from his sexual organ, and isn't mixed up on whether he's male or female, just "in his partner preference."

DR. FISK SAID that when the Stanford team began, it had "nearly a total lack of experience" in the field and decided to stick to textbook cases of transsexualism in looking for candidates to answer this question, put as a program goal:

"Is surgery a worthwhile consideration as a method to improve the quality of life of certain patients desiring surgical sex change?"

"After a time I began to wonder if surgery wouldn't help other than transsexuals? So then I began to accept into the program people in these other categories who had moved so far along the spectrum of such disorders, had become more and more involved in cross-dressing, and believed finally that they were women and indeed transsexuals, Dr. Fisk said.

IN ORDER TO COVER the new concept of likely surgical candidates, the Stanford team came up with a new designation — gender dysphoria syndrome. Dr. Laub defined it in a paper presented to the Third International Meeting on Transsexualism at Stanford earlier this year:

"A patient with an unalterable disgust for his/her genital anatomy, a patient in a diagnostic category distinct from homosexuality,

a patient with a desire to more fully assume the gender in which he/she has achieved success (by crossing over), judged by the criteria of employment, legality, social and economic success and even sexuality.

"A patient who has demonstrated repeated failures in a previous gender, a patient in whom psychiatry claims no ability to achieve any success in behavioral modification therapy, and a patient whose determined quest for rehabilitation via surgery is an almost psychopathic drive."

ALTHOUGH GOALS have changed, the screening remains thorough.

Some applicants have been mentally ill, and a few have been publicity seekers. That eliminates them.

Some have been male prostitutes working as female. That doesn't eliminate them.

"We're not setting ourselves up as moral judges," said Dr. Fisk, but he admitted that his associates prefer to hear a story that runs:

"I'm a prostitute. I want a change so I can get married, so I can go to school, get a job and get out of prostitution, get off drugs."

"And, indeed, it has happened with many of our patients," Dr. Fisk added. "Heroin addict-prostitutes after three or four years are out of the business and still doing well."

THE INDIVIDUAL Dr. Fisk is constantly on the watch for is the con man.

"He comes here to get a sex change and try

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to make a living out of that. He wants to write a book about his experiences or become an exotic dancer, billed as a sex-change queen. Or go on talk shows and get a lot of notoriety and possibly money," Dr. Fisk said.

The program's best patients are just the

"By 'best' I mean people who are functioning well. They want no notoriety. They want to be like everyone else," he said.

THE PSYCHIATRIST SAID one out of five of the people who seek a sex operation are mentally ill.

"Their wish to change sex is part of their psychosis. I refer them for psychotherapy and medicine. Surgery for them would be tantamount to malpractice," he said.

But there are counterindications.

Just once, he said, the group broke its rule and helped a man who had a history of three

hospitalizations for paranoid schizophrenia with multiple electric-shock treatments.

The man, after his last release from the hospital, decided to live out his so-called "somatic delusion" of being a female. From then on he had no more psychiatric problems, earned a PhD and "led a productive and meaningful life."

"With great trepidation," Dr. Fisk said, the team decided to grant his request for surgery — after keeping him on "hold" for a year and a half and after he had successfully completed 10 years of cross-gender living with no problems.

Dr. Fisk said it's an unresolved question whether the team will make a second exception to its rule.

NEXT: How gender-orientation problems start and the role of surgery in correcting them