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You Should Read

The Transsexuals

When I was 6, I began sneaking into my mother's closet and taking some of her clothes. I would put them on in the basement and spend half an hour pretending I was a girl. In junior high school, I went out for basketball and tried to act like a boy. When I was 25 I got married but it was a disaster. For a while, I worked as a security guard at night and as a female impersonator on weekends. Then I made my decision — I threw away all my male clothes and started taking hormones. I've been a woman for three years now and life is unbelievably satisfying.

— Wendy [redacted], born Philip [redacted]

I had this fantasy of being male as far back as I can remember. My first real crisis came with puberty — my first period, my breasts beginning to grow. Later, it was hard to get a job because I refused to wear women's clothing. I assumed I was a lesbian. Then I heard about the Stanford transsexual program and applied straight away. The surgery was a miracle. For the first time in my life, I felt completed. My new girlfriend depends on me to be the strong one.

— Jude Patton, born Judy Patton

WHEN AN AMERICAN ex-GI emerged from a Danish clinic as Christine Jorgensen in 1952, she was regarded as an oddity to rival the sideshow attractions of P.T. Barnum. But today, a quarter of a century later, the number of men and women in the U.S. who view themselves as members of the opposite sex is estimated at 10,000 — and 3,000 more such transsexuals have undergone drastic surgery to make their bodies conform to their psyches. Like Wendy and Jude, many are willing to discuss their transformations freely. They are also demanding that they be accorded the same rights and privileges in their new identities that they enjoyed in their old ones. "Society spurns us," says Arlene Lafferty of Hollywood, Calif., "just when we need the most understanding." Born a man, Arlene underwent transsexual surgery a year ago, and is now married. Renee Richards, the former male New York City eye doctor who unsuccessfully sought to enter this year's women's U.S. Open tennis championship, is perhaps the most controversial recent example of the desire of transsexuals to be treated as equals.

Taboo

BUT TO MANY ORDINARY people, transsexuality is an offensive taboo. They see it as a much more bizarre affliction than transvestism or homosexuality — and they are particularly appalled at the idea of transsexual surgery.

Many psychiatrists and surgeons are also doubtful that transsexual operations constitute a real cure for the patient. But a number of highly qualified experts in the field now incline to the view that the true transsexual can be helped to live a happier life by surgery and that this alone is sufficient to justify the operation in certain cases. This in part accounts for the rapid rise in the number of so-called gender-identity centers in the U.S. — from one in 1966 to twenty today.

"Transsexualism is a very serious problem," says John Money, a medical psychologist at the Johns Hopkins Gender Identity Clinic. "The only way the true transsexual can be helped to feel at ease is by sex-reassignment surgery."

Most psychiatrists distinguish between transsexualism and other sexual disorders. The transvestite, says Money, achieves sexual stimulation by wearing the clothes of the other sex. The homosexual does not see himself as a member of the other sex but as a person attracted to his own sex. The transsexual always acts, feels and truly believes that he was born in the wrong gender.

Hormones?

THE CAUSE OF transsexualism is unknown. Some experts think that the tendency may begin during fetal life with an abnormal response of the brain to hormones produced by the mother. Others suspect that there is a psychological failure during childhood to identify appropriately with the parent of the same sex. But no studies so far have shown a clear pattern of parent-child relationships that sets transsexuals apart from anyone else. Whatever the cause of their "gender dysphoria," the tragic fact is that some transsexuals are driven to suicide or self-castration if they fail to obtain treatment.

Many transsexuals obtain help through the Erickson Educational Foundation in Baton Rouge, La., an organization that is dedicated to exploring unconventional medical and scientific subjects. The Erickson group refers applicants to the recognized gender-identity centers. At such centers, great pains are taken to screen candidates to eliminate those who are plainly psychotic, masochistic or are not actual transsexuals. At Johns Hopkins and Stanford University Medical Center, 80 to 90 per cent of applicants for sex reassignment are turned down.

As a fundamental requirement, most of the centers require that applicants dress and live as members of the opposite sex for at least two years before being considered for surgery. During this period, they may take the appropriate hormones to begin the physical transformation. In men, female hormones will round out the figure, cause the breasts to enlarge and retard beard growth. In women, male hormones will thicken the skin, induce beard growth, deepen the voice and firm up the musculature. "It is the cross-living and not the surgery that really causes the transformation," says Marti Norberg, coordinator of the Stanford program. "The surgery merely confirms what has already happened."

Transsexual surgery requires about two weeks of hospitalization and costs \$5,000 or more. Most medical insurance policies don't cover such operations on the ground that they are cosmetic rather than therapeutic. As a result of the high cost and growing demand for transsexual surgery, a good many doctors are performing surgery without adequate screening and at cut-rate prices.

On balance, most experts think that the properly screened transsexual is much happier after surgery than before. A five-year follow-up study of 100 Stanford patients found that every one showed improvement in sense of ease and in sexual function — though obviously finding a suitable marriage partner remained a problem. For the moment, transsexual surgery is regarded as a palliative rather than a cure. The ultimate — and best — treatment for the transsexual must await the results of research to determine the cause of this deep-seated human problem.

—In NEWSWEEK