

Transsex 1304

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Lonely life of transsexuals

Mismatch means a life of misery

PALO ALTO, Calif. (AP) — It is a long and lonely journey across the border of sex, but thousands feel they must make the trip.

They are transsexuals, people with the mind of one sex imprisoned in the body of the other. This tragic mismatch can produce a state of misery that drives such people to drastic action: sex change through surgery and a reversal of life styles.

Perhaps 3,000 persons in the United States have been sexually reassigned, as doctors call it, mainly in the last 10 years as the surgery has become widely available. At Stanford University Medical Center, one of the most active institutions in sexual reassignment, more than 150 persons have undergone the hormone therapy and plastic surgery.

Doctors have a hard time evaluating how much transsexuals are helped by the switch, because so many disappear and cut all their old ties.

Nevertheless, the Stanford specialists feel that their patients — carefully selected from thousands of applicants — have generally been helped. Some feel whole and happy for the first time in their lives, showing "major improvements" in sexual function and psychological adjustment, said Dr. Norman Fisk. Vocationally there also is some improvement, said Fisk, a Palo Alto psychiatrist and co-director of the Stanford program.

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Few is any regret what they did, he said, though two patients later reverted to their pre-surgical sex roles.

Sexual reassignment is currently performed at some 20 centers in 17 states. One of the pioneering institutions was Johns Hopkins Medical School, where sex-change surgery began in 1966. In an evaluation two years ago, doctors were more qualified in their enthusiasm than are their Stanford counterparts.

Although some of the patients did "extraordinarily well" after surgery, said a Hopkins report, others did "extraordinarily poorly," falling into self-destructive relationships, drug abuse, suicide attempts.

Drs. Jon K. Meyer and John E. Hoopes said a post-surgical euphoria in many patients drained away two to five years later, as they realized the switch was not a cure-all for personal troubles.

"Sex reassignment surgery seems to temporarily palliate an unfortunate emotional state, rather than really cure the problem of gender dysphoria," they wrote.

Gender dysphoria is a term that means unhappiness of an intense and overriding degree about one's sex. In some persons — estimated at one in 10,000 to one in 100,000 births — this dissatisfaction is so strong that there is a feeling of revulsion at one's own sexual organs and a compelling wish to be of the other sex.

These people are called transsexuals. Dr. Renee Richards, the male-to-female eye doctor who recently stirred up controversy in the tennis world by daring to compete as a woman, expressed the transsexual dilemma:

"Emotionally the desire to be a woman and a girl had been a most overwhelming drive ever since I can remember."

The causes of the disorder are not known, though Fisk believes the answer is to be found in the development of the brain before birth.

"My feeling is that it is a biological abnormality; in animals, there's no question it's biological," he said. Injections of male hormones into female animal fetuses have



Dr. Renee Richards, who switched sexes last year, says she is ready to fight now with a lawsuit and "an all-out effort on the tennis court" for her freedom to play competitively as a woman. (UPI Photo)

produced masculine behavior in the offspring, for example.

There are far more applicants to centers like Stanford than are accepted. Dr. Fisk is one of the specialists who help evaluate and screen out poor surgical candidates.

Psychotics and publicity seekers are usually rejected, as are people with a collection of psychological problems that they blame entirely on their gender difficulty.

"Our best patients are people who have led reasonably functional lives despite being very unhappy," said Fisk. He said only 10 to 15 per cent are accepted at first, though some of the others manage to rehabilitate themselves enough to be permitted later.

What about those rejected? Some, said Fisk, find others have less strict standards. Some go abroad, where some surgeons do a brisk business in operations on those who couldn't obtain it in their own countries.

Fisk warns that "there are a lot of charlatans in this business" but he does not imply that private physicians outside the medical centers are generally unqualified.

Hormone therapy and living in the opposite sex role usually begin a year or more before the operation. Dr. Richards, in fact, said her home treatments began 12 years before surgery.

In males, the female hormones helped to soften the skin and redistribute the body's fat in a womanly way. At the same time, many patients have facial hair removed by electrolysis. This can take 150 to 200 hours and run into thousands of dollars.

Male hormones given to women deepen the voice and bring facial hairs sprouting into mustaches and beards.

This is the crucial time when the patient must learn the behavior of the opposite sex — and not the stereotypes of the sex.

"We do not want people to become caricatures, but to have naturally masculine or feminine behavior," said Fisk.

It's all part of a requirement called "passability."

Males-to-females have to be able to wear makeup convincingly, walk and act in a feminine way. Sometimes Stanford brings in charm or modeling school teachers to give workshops in social behavior. "If they are not convincing, it's a nightmare," said Fisk.

Of course, many women who make the switch are on the short side as men, and males who become women are unusually tall. If the transition would be ludicrous, the patient is strongly discouraged.

Age is not a bar in most cases: Stanford has converted patients as young as 21 and as old as 65. If tendencies toward transsexualism are noticed in children, they are usually treated with psychotherapy, which may be able to reverse the condition in the early years.

By the time for surgery, the transition has been largely carried out.

"It is the cross-living, and not the surgery, that really causes the transformation," said Marti Norberg, coordinator of Stanford's Gender Dysphoria Program. "The surgery merely confirms what has already happened — and the promise of the operation is what motivates the patient to do well in the cross-living."

Sex-change operations have come to be accepted by the medical profession in general as a valid procedure, but insurance companies are often reluctant to cover the costs, which may range as high as \$7,000 or \$8,000. Some policies exclude such surgery specifically, or label it as an "experimental" procedure that is not covered.

The male-to-female procedure is easier and more likely to be cosmetically successful. Briefly, the testicles are removed, the penis is amputated and its skin inverted to line the new vagina, which is created by cutting into the area between the rectum and prostate.

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Often the vaginal lining produced this way is sensitive enough to allow orgasm. Breast implants of silicone are sometimes added.

The female-to-male operation is more difficult, and several methods have been tried. Sometimes the clitoris is enlarged by hormone therapy and freed of its connective tissue to form a small penis.

Another approach is to cut a flap of skin from the abdomen and shape it into a tube. Artificial testicles are implanted.

Not all patients can have satisfactory sexual relationships, though Ms. Norberg said "orgasm is reported by both male and female" sex change recipients.

Marriage is common after the transformation, with female-to-male patients generally having better, more stable relationships, Ms. Norberg said.

After the change, many patients are so convincingly living their new roles that they can keep their history a secret. This is especially true in male-to-female changes, because the plastic surgery makes a better resemblance.

About 40 per cent of the patients willingly reveal their great secret, said Fisk; the others manage to conceal it.