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What sex change can, can't do

By Bob Rose Our West Coast Bureau Chief

Male and female start out the same in the womb.

"Actually we all begin as women. Up until six weeks there's no differentiation. Both sex systems are present to be developed," said Dr. Norman M. Fisk of Stanford University.

"If you're programmed genetically to be a male, certain substances are elaborated and the female parts atrophy and the male parts go on to develop and you're a boy.

"Now if there's any error in that programming, it can result in all of these problems of gender disorder, boys who are girls in every respect but their sex organs, and vice versa."

That's the extreme, the classic "transsexual" who "knows" almost from birth he/she is the wrong anatomical sex. There are gradations all along the way, from birth, and then there are the things that happen psychologically when the parents get hold of the baby.

"IN THE DEVELOPMENT of somebody's sex there are four steps. Three steps take place before you're born, and one step afterwards — how your mother and father look upon you, handle you and dress you," explained Dr. Donald R. Laub, head of Stanford's "gender-reorientation" program.

One of the aspects of the program is to grant corrective surgery to patients who can be helped by it, to correct "nature's mistake" with the scalpel.

How do gender-orientation problems develop? How large a role does "sex change" surgery play in solving these problems. These are some of the questions discussed by Doctors Donald R. Laub and Norman M. Fisk, of Stanford University's "gender-reorientation" program in this second of two articles.

Nobody knows how the mistake is made when it happens in the womb. But a hormone imbalance is suspected.

"We don't think it's a chromosomal or genetic problem," Dr. Fisk said.

Dr. Fisk participated in experiments with animals to determine if tiny shots of female hormones before birth would affect the male offspring. They did.

"In animals it's unequivocal. You can by using hormones prenatally change behavior along gender lines. There is such a thing as a female brain and a male brain in the animal world," he said.

It's unethical to experiment with humans, but there has been evidence to confirm it, as with a group of boys now 20 whose mothers were given hormone shots before their births as a diabetes remedy. The boys were recently examined and showed marked feminine characteristics.

DR. LAUB, A SURGEON, and Dr. Fisk, a

psychiatrist, agree that parental influence on the very young child has a lot to do with whether the child has problems in his own mind about just what sex he is.

"There are children who have been misassigned at birth. They have ambiguous genitalia. The parents are told, say, 'Here's your baby. It's a boy.' But it's really a girl. They raise that child as a boy and beyond 3 or 4 that can't be reversed," Dr. Fisk said. "No matter what the chromosomes or hormones are."

Dr. Laub said such a child may eventually wind up seeking help and an operation to set things straight.

"That child programmed to be a female may be discouraged by his parents. They may resist if they see the boy putting on girls' clothes, trying on his mother's wigs, playing with dolls and not liking to do rough-and-tumble sports," Dr. Laub said.

"The kid may be forced to be a male until maybe he goes away from home in the middle of high school. That developing human may have tremendous frustrations going on."

DR. LAUB NOTED that a Los Angeles child psychiatrist, Dr. Richard Green of UCLA, has identified gender-problem symptoms in children under 4 and believes they are treatable up to age 8.

"He feels you can get a child back to the original sex of the anatomy, that they're moldable at that stage and the situation can

be reversed," Dr. Laub said. "When we get them at age 20 it's irreversible.

"Dr. Green tells physicians that when Mother tells them little Jimmy keeps wearing her wigs, don't say this is only a stage the kid will go through. Rather, this is a problem, a very, very serious one.

"When the child goes to school and the others call him a sissy, a girl, that isn't curing him. That's reinforcing his problem. If all the kid hears all day is 'You're a girl, you're a girl,' he's going to begin to act that way and think of himself that way."

THE OUTWARD MANIFESTATIONS of sex-role problems may not show up for years. There may also be harmless episodes or episodes that appear harmless that can trigger a whole new existence.

"I think an example of the mildest form of gender dysphoria is the guy who puts on a female costume, joins the chorus line and does the can-can at the annual club show, for instance. He puts on lipstick and what have you and that's all he does. It's a once a year thing. It's fun for him and he'd never seek treatment," Dr. Fisk said.

But some try it and find they like it. Too much. But with severe gender problems "cross dressing" always comes into it, sooner or later.

"It may be early in childhood or quite late.

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The first time he wears female clothes may come quite by accident, as with the club show, or maybe he gets invited to a drag queen party and says, 'Hey, wouldn't that be fun?' and starts dressing up.

"It may be a man who has been a loser all his life. Always in trouble, in school, in service, everywhere. He begins to cross-dress and for the first time in his life begins to gain acceptance. People start to defer to him. Good things start to happen to him as a girl and this becomes terribly compelling."

WHATEVER THE CAUSE of the role change, the problem can be severe, sometimes motivating people to seek surgery.

The Christine Jorgensen story gave some people the idea that an individual could walk into a hospital as a male and leave as a female.

"That's nonsense," said Dr. Fisk.

Even if accepted as a viable candidate for surgery, nobody, but nobody gets an operation in less than a year, and often much longer—if at all.

The in-between time is used in a presurgical rehabilitation program, learning how to live successfully as a member of the opposite sex—everything from grooming and vocational counseling to living-in with a successful post-operative "graduate," to pick up tips on getting along.

"Surgery is the carrot that makes the patient jump through hoops in the rehabilitation program," said Dr. Laub. "It also gives us time to make sure surgery is the proper procedure."

DR. FISK TELLS patients repeatedly that a sex operation "is not magic—no way."

"A person may say, 'If you change my sex, the whole world will open up. All my problems will be solved. But it isn't that way. We play one tune over and over to them: face reality,'" Dr. Fisk said.

Candidates for surgery come from all social economic groups.

"I see the children of prestigious people, heads of corporations. And those people themselves," said Dr. Fisk. "Many of our patients are stunning 'girls'—models and actresses."

Physical passability is very important.

"That doesn't mean you have to be beautiful. But it does mean you have to be able to walk into a restroom without being questioned," he said. "Unfortunately in some cases we have to dissuade people if they can't be helped by cosmetic surgery."

DR. LAUB EXPLAINED why the rehabilitation program came about.

"Some patients may come in as a beautiful attractive woman who has been working as an executive secretary to the president of a bank for 15 years. She's married, as a woman, and has adopted children. She has all the qualities of a woman. But she says her genitals are male. Can you fix it? There's no problem," he said.

"The problem arises when a woodcutter or a farmer reads a newspaper article, decides he should be a female, gets on an airplane and shows up at the hospital Monday morning in a miniskirt. He has whiskers, huge biceps and hairy legs and he says, 'Give me a sex change.'"

AT FIRST SUCH applicants were turned away but later the Stanford group decided to try to help them with the rehabilitation program.

A vocational counselor talks to him/her about job opportunities perhaps more compatible with the chosen sex. The California Department of Vocational Rehabilitation can provide retraining.

A professional model helps with grooming, instructs the candidate on "good taste and deportment."

A football coach-physical therapist directs a body-building exercise and conditioning program for the female-to-male candidates.

There is group therapy with others with the same problems plus the sort of "halfway house" live-in with a patient who has been operated on.

A lawyer helps with a change of name, birth certificate and other documents. A police liaison officer advises the patient about impersonation laws.

All along, the patient is getting hormones, perhaps electrolysis to remove unwanted hair, and other treatments.

Most important, he/she must prove a success, financially and socially, in cross-living the life of the opposite sex, all leading up to the demanded surgery.

IN THE MALE-TO-FEMALE process, the surgeon removes the penis and constructs a functional vagina out of the tissue that's left. In the opposite procedure, he uses stomach flesh to build a penis, which has no function except cosmetic and psychological.

At first the applicants ran 8 to 1 anatomic males. Now the figures are closer to 1 to 1, as females feel more secure about asking for help.

"Psychotherapy does not work in these cases of severe gender dysphoria syndrome," Dr. Laub said.

"So the best treatment right now seems to be a rehabilitation program plus surgery. The rehabilitation gets them situated in life, in a job, with some general happiness and success — and surgery merely confirms it."