

# Transsexual Surgery, Counseling Results Said Equal

By Katherine Ellison

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Transsexuals who have sex-change operations and those who undergo psychiatric counseling experience no real difference in later adjustment, a Johns Hopkins psychiatrist said yesterday.

Dr. Jon K. Meyer, who wrote a followup study of 50 transsexuals (persons predisposed to identify with the opposite sex or who have effected a change of sex), 15 of whom had surgery and hormone treatments to change their sex and 35 of whom underwent psychiatric counseling, found no real difference in the "social rehabilitation" of the two groups.

Meyer's study utilized criteria such as employment, educational and marital status and police records.

Johns Hopkins, a pioneer in sex-change operations in this country, limited its surgical program last spring, partly in response to Meyer's research. The hospital now performs sex-change operations only on hermaphrodites, persons with both male and female sexual organs.

Meyer said his study is the first followup on transsexuals' adjustments. He said he decided to do the research when he observed that 80 percent of the transsexuals applying for treatment at the Hopkins clinic were between 20 and 30.

"What happens to the transsexuals 30 years old and older?" he asked. "Something happens to their desire for sex reassignment over time."

It has not been medically established whether changing one's sex is

physically harmful. Meyer said men who become women increase their risk of getting breast cancer, but lessen the odds of getting prostate cancer. The reverse is true for women who become men.

Opting for a sex-change operation could be more expensive than counseling, Meyer said. The surgery costs from \$5,000 to \$10,000, whereas he said psychiatric consultation costs about \$100 for each of an average of two sessions per year.

Meyer's findings are to be released Monday in the August issue of the Archives of General Psychiatry. His findings were presented in 1977 to a psychiatric convention in Toronto. "The reaction was divided," he said. The study was inaugurated in 1971.

One of Meyer's critics, Dr. Richard

Green, a psychiatrist at New York State University at Stony Brook, questioned at the Toronto presentation whether transsexuals who underwent sex changes started out at a lower level of adjustment and thus made a greater total improvement than those who opted for counseling.

"You can't say specifically that surgery isn't very good for a given patient," Meyer said. However, he said a surgeon would have to "look into his own soul" to determine whether a sex-change operation was necessary. "To say this type of surgery cures psychiatric disturbance is incorrect," he said.

From 1966 when the first sex-change operation was performed at Johns Hopkins, until last year, transsexuals seeking medical help could go to its gender identity program committee.

Now the only Hopkins facility that can assist them is a consultation unit that makes referrals to psychiatrists or other hospitals.

"The demand for the operations is pretty steady," Meyer said, adding that Hopkins recommends surgery for 4 to 6 percent of its 150 annual applicants. Among universities where the operations are performed are Stanford in California and the University of Virginia.

About 4 times more men than women apply, Meyer said.

The Hopkins clinic sees patients as young as 5. "Little boys may be saying they are girls, wearing dishtowels on their heads like hair. Some of the little girls may not ever wear dresses, and say they'll never have babies. Children simply do not outgrow this syndrome," Meyer said.