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Dr. Donald Laub LAUB

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Going 1304 (A) from Stan to Sharon

By Mary Fortney
Times Tribune staff

Who would want to be a middle-aged woman?

Stan did.

He's now Sharon, a tall, aristocratic lady with curly gray hair and tasteful clothes.

Mark's male co-workers couldn't understand his desire to be a woman, but Mark was "totally baffled by the fact that men want to be men."

He turned his back on macho superiority to become Marcia, a striking, very feminine woman with long, wavy hair and blue eyeshadow.

Patricia happily relinquished pretty clothes to become Pat, a burly man in a white T-shirt.

Tom, a man now, reports, "I had a boffo time in PE class in school." Although physically a girl, in his mind he was male, and saw girls as a boy would.

"It was really a trying period," he says. "I didn't know what I was. I really liked to be around girls...and I didn't want to date boys."

These four are transsexuals, persons



Times Tribune staff photo by Joe Melena

Mildred Brown, a San Jose sexologist, is counseling more than 25 transsexual patients.

who are physically one sex but consider themselves emotionally and psychologically the opposite sex.

The term was defined by Dr. Harry Benjamin, author of "The Transsexual Phenomenon," published in 1966. The first publicized sex change happened in Denmark in 1952 when ex-GI George Jorgensen became Christine Jorgensen.

The first sex-reassignment (the pre-

ferred term) operation was performed in the U.S. in 1966. The current total is estimated at 7,000 to 8,000. Estimates of the number of transsexuals in the U.S. who have not had sex-reassignment surgery ranges from a conservative 30,000 to 150,000.

The best guesses for the number of transsexuals who live in the Bay Area

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range from 200 or 300 to 500. Marcia reports she has met nearly 100 transsexuals in the past two years, and knows 12 who are living in Sunnyvale.

Peninsula transsexuals include an electronic engineer, a journalist, a psychologist, a commercial pilot, a stewardess and several housewives.

Transsexuals come from all ethnic groups, religions, and socio-economic levels, and their ages range from the 20s to the 60s. The one thing they have in common is the feeling of being trapped in the wrong kind of body, and a loathing for the genitalia that defines their sex.

From her earliest memory, Marcia, then Mark, felt he was really a girl. But, she says, "my parents kept telling me I was a boy."

He grew up hating his body, but trying to live up to it, playing football, getting married, all the things a man should do.

The pressure within him grew. He hated to get up in the morning, because he wanted to put on pretty feminine clothes, not male garb. He tried being gay, but that nearly drove him to suicide.

Finally, Mark realized he had to do something. Otherwise, he would destroy himself, if not by suicide, then by drugs or alcohol.

It meant divorcing his wife, whom he

loved, and endangering his relationship with his son.

When first told about the change, his wife said, "I'd rather have a live girl friend than a dead husband."

Today, she says, "Marcia makes a good woman. There's a big difference. She's happier now and calmer. The tension has gone away."

Marcia's parents also accepted the change, as did Tom's parents, who were shocked at first but stood beside him.

Tom was fortunate also in his marriage, which is the kind that could happen only to a transsexual.

"I was in a lesbian relationship with the lady I'm married to now," he explains. "Before determining to go ahead with the sex reassignment, I discussed it with her."

"She stayed with me, and we were married three years ago. We've been together seven years."

Tom and Pat, two female-to-male transsexuals who moved to the Peninsula to be near their doctor, come across as stereotypic males. This is characteristic of transsexuals. The female-to-males turn into macho men, and the male-to-females are very feminine.

Sharon, at 53, feels she is older than most. She's less euphoric than Marcia, explaining, "I know this won't solve all my problems, but it will solve the problem of feeling that I'm not the person I appeared to be superficially."

She has quiet good taste in her clothes, and a good eye for the correct shade of makeup. But her height — 6

feet 2 inches — and size 12 shoes have made shopping difficult.

Transsexuals have been recorded from earliest history, but only in the last decade have scientists taken a serious look at the syndrome.

Speculation now is that transsexualism may have a biological cause. The wrong hormones may affect the fetus while the brain is developing, or it may be caused by something that happens in early childhood.

Paul Walker, San Francisco psychologist who works closely with many transsexuals, believes there must be a biological factor because transsexualism occurs "so early, and is so strong and resistant to change."

The question of what causes transsexualism may be unanswered, but treatment of transsexuals must go on, just as cancer patients are treated even though the cause of cancer is unknown.

Palo Alto plastic surgeon Dr. Donald R. Laub, director of the gender dysphoria program in Palo Alto, believes sex-reassignment surgery is just another kind of plastic surgery.

The Palo Alto program formerly was based at Stanford University when Laub was at the Stanford medical school.

"Sex reassignment surgery is the ultimate in body image surgery," Laub explains. "The difference is that in a breast reconstruction, the surgery counts for 70 percent of the change and the other parts of the patient's life count for 30 percent."

"With transsexuals, surgery counts

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for only 20 percent, and the other adjustments in life for 80 percent."

Surgery comes at the end of the process of changing from male to female, or female to male, not at the beginning.

"People come in, having self-diagnosed themselves as transsexuals, and are terribly frantic," Walker says. "They demand to have their genitals cut off."

In the past, some charlatans took advantage of that urgency. But now the 23 transsexual programs in the U.S., most connected with universities or medical centers, have established a high standard of ethics through the Harry Benjamin International Gender Dysphoria Association, of which Laub is president.

In all the programs, applicants are screened carefully, and only those considered capable of living successfully in the opposite sex are accepted.

Physicians are able, after removing the penis and testicles, to create female genitals that fool even gynecologists.

Creating male genitals poses greater problems, but physicians have improved their techniques so they can create a functioning penis from tissue taken from the lower abdomen.

Laub expects more improvements in female to male surgery in the next 18 months. "The idea of sensation (in the

penis) is the last area we have to solve," he says.

Before surgery, the transsexuals must go through a year or more of living as a member of the opposite sex, and must show they can hold a job as one of the opposite sex.

Laub believes this is the most important part of the program.

But it's the most difficult for the transsexuals, according to Mildred Brown, a San Jose sexologist who currently is counseling more than 25 transsexuals.

"The transsexual process is painful," she explains. "There's a lack of intimacy because they're cut off from family and friends. Their body is changing from taking hormones. The male to female transsexual may dress as a woman, but he still has a penis.

"Also, they're functioning as adolescents (in their new gender role). They have to learn all the skills. It's a hell of a life, even with support."

Georgia Saunders, director of Gateway Gender Alliance, a Sunnyvale-based support group for gender dysphoric people, calls that period of a transsexual's change the "It" stage.

The male to female transsexual looks like he has terminal acne because of electrolysis to remove his beard. The painful electrolysis can dominate his life. For instance, Marcia has spent 262 hours and \$6,000 and the electrolysis is still not finished.

The female to male, because of the male hormones, loses weight and looks gaunt.

"It gets to the point where you can't tell if they're male or female," Saunders, a male transvestite, says.

Because they feel so isolated from

others, the transsexuals have developed their own support systems and have a tremendous grapevine to spread the word where transsexuals can find help.

Psychologists who can understand the special problems of transsexuals are high on the list of needed services.

Walker stresses, "Without adequate counseling, the transsexuals have a naive fantasy that life as the opposite sex will be perfect. They're not prepared to run into sexism, and find they still have to work, put up with nasty bosses and pay taxes."

Laub has had two patients go from male to female and back to male because they found they couldn't make as much money as women.

Other needs are:

Where can a female to male transsexual go for his first male haircut? Answer: there's a barber in Campbell who's sympathetic.

And how about the male to female transsexual who's trying to change his voice so it sounds like a woman's. Carol Friedenberg, a San Francisco speech therapist, not only helps them raise the pitch of their voice but teaches them the other differences that characterize the way a woman talks.

Transsexuals join the alliance during this trying period in their lives to get peer support, Saunders says. "They stay three to six months post-surgical, and that's when we expect to lose them. The person wants to get on with his life, and to disappear in the crowd." 1304A

Laub emphasizes that transsexuals are not asking society to accept them as a minority group, but want to alter themselves so they can fit into the mainstream.