

The TRANSSEXUAL PHENOMENON
Harry Benjamin, M.D.

Dedicated to my wife
GRETCHEN

My companion through life and my inspiration. Thanks to her insight, patience, and unfailing devotion, it was possible to spend the time in preparing this book, time that rightfully belonged to her.

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Preface and Acknowledgements

There is a challenge as well as a handicap in writing a book on a subject that is not yet covered in the medical literature. Transsexualism is such a subject.

The handicap lies in the absence of all previous observations to which to compare one's own, and which would thus allow a more meaningful appraisal of the entire problem.

The challenge lies in the novelty of these observations and in the attempt to describe clinical pictures and events without preconceived notions, with no axes to grind, and with no favorites to play. Conclusions, therefore, are "untainted," growing out of direct observance.

As one who is neither surgeon nor psychiatrist - but rather as a student of sexological problems, and also as a long-time practitioner in sexology - I feel myself to be in a good position for the necessary objectivity.

There exists a relatively small group of people - men more often than women - who want to "change their sex." This phenomenon has occasionally been described in its principal symptoms by psychiatrists and psychologists in the past; but a deeper awareness of the problem, and especially its general sexological as well as its therapeutic implications, was largely neglected, at least in the United States. It has been considered only during the last (roughly) thirteen years and then with much hesitation.

The case of Christine Jorgensen focused attention on the problem as never before. Without her courage and determination, undoubtedly springing from a force deep inside her, transsexualism might be still unknown - certainly unknown by this term - and might still be considered to be something barely on the fringe of medical science. To the detriment if not to the desperation of the respective patients, the medical profession would most likely still be ignorant of the subject and still be ignoring its manifestations. Even at present, any attempts to treat these patients with some permissiveness in the direction of their wishes - that is to say, "change of sex" - is often met with raised medical eyebrows, and sometimes even with arrogant rejection and/or condemnation.

And so, without Christine Jorgensen and the unsought publicity of her "conversion," this book could hardly have been conceived.

If credit, therefore, goes to her (and to a few other pioneer patients who made their experiences known in the United States and in England), so it must also go to those courageous and compassionate Danish physicians who, for the first time, dared to violate the taboo of a supposedly inviolate sex and gender concept, and who published their findings in the *Journal of the American Medical Association*.¹ Furthermore, being true physicians, they considered the patient's interest before they thought of possible criticism by their colleagues.

This criticism was not long in coming. New and rather revolutionary medical and surgical procedures readily found their opponents, especially since sex was involved. Such a contretemps, however, is no novelty in the history of medicine.

Conservatism and caution are most commendable traits in governing the progress of science in general, and of medicine in particular. Only when conservatism becomes unchanging and rigid and when caution deteriorates into mere self-interest do they become negative forces, retarding, blocking, and preventing progress, neither to the benefit of science nor to that of the patient. More power, therefore, to those brave and true scientists, surgeons, and doctors who let the patient's interest and their own conscience be their sole guides.

When I decided to write this book, with the principal objective of describing my own clinical observations of the past decade, I was well aware that I would meet opposition in various quarters and by no means only the

medical. Breaking a taboo always stirs quick emotions, although attempts to rationalize may follow. How great this taboo is that aims to protect man's sex or gender was for the first time well emphasized by Johann Burchard, psychiatrist at the University of Hamburg.

The forces of nature, however, know nothing of this taboo, and facts remain facts. Intersexes exist, in body as well as in mind. I have seen too many transsexual patients to let their picture and their suffering be obscured by uninformed albeit honest opposition. Furthermore, I felt that after fifty years in the practice of medicine, and in the evening of life, I need not be too concerned with a disapproval that touches much more on morals than on science.

Nevertheless, encouragement was needed. That came, directly or indirectly, from those doctors and friends, here and abroad, who themselves had observed the transsexual phenomenon in some patients and had formed an independent opinion. To these unnamed supporters go my heartfelt thanks; so also to my collaborators in this volume, science writer Dr. G. B. Lal, psychiatrist Dr. Richard Green, and sexologist-writer R. E. L. Masters. And not least to the publisher Mr. Arthur Ceppos, president of the Julian Press. Likewise to my associate Dr. Leo Wollman, surgeon-gynecologist, for his editorial advice in technical matters. Also to my friend Dr. Wardell Pomeroy for his frequent valuable assistance, as well as to Mr. Richard D. Levidow, New York attorney-at-law, for checking the accuracy of the chapter on legal aspects.

My sincere appreciation goes also to Dr. Robert W. Laidlaw and Dr. Johannes Burchard, psychiatrists, and to editor Mr. Brooking Tatum for their encouragement and interest in this book.

Indirect encouragement came unexpectedly when Mr. Reed Erickson, chairman of the Erickson Educational Foundation, offered me a grant for three years to conduct research in transvestism and transsexualism. This research has been in progress for only a short time and is, therefore, not included in the present book; however, it has given welcome moral support to its writing. My sincere thanks to Mr. Erickson for this support, and also to all my collaborators who are taking an active part in this research. Let us hope their names will soon appear in coming publications, publications that may well modify, change, supplement, or confirm statements in the chapters that are to follow.

Can an author ever appreciate sufficiently what a competent secretary can do in taking care of such matters as extracting essential scientific data from medical records, tabulating them, and arranging them so that they become useful? Hardly. Here I can only thank Mrs. Robert Allen, the understanding and much admired Virginia of my office staff, for her help in this aspect of the book's preparation: for her devotion to the work and for her intelligent, efficient cooperation.

My thanks must also go to Mrs. Rhoda Sapiro in New York and to Miss Maureen Maloney in San Francisco for their ever-ready and valuable assistance in many ways.

Harry Benjamin
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The Symphony of Sexes

There is hardly a word in the English language comparable to the word "sex" in its vagueness and in its emotional content. It seems definite (male or female) and yet is indefinite (as we will see). The more sex is studied in its nature and implications, the more it loses an exact scientific meaning. The anatomical structures, so sacred to many, come nearer and nearer to being dethroned. Only the social and legal significances of sex emerge and remain.

According to the dictionary, sex is synonymous with gender. But, in actuality, this is not true. It will become apparent in the following pages that "sex" is more applicable where there is the implication of sexuality, of libido, and of sexual activity. "Gender" is the nonsexual side of sex. As someone once expressed it: Gender is located above, and sex below the belt. This differentiation, however, cannot always be very sharp or constant and therefore, to avoid pedantry, sex and gender must, here and there, be used interchangeably.

With the advancement of biologic and especially of genetic studies, the concept of "male" and "female" has become rather uncertain. There is no longer an absolute division (dichotomy). The dominant status of the genital organs for the determination of one's sex has been shaken, at least in the world of science.

Furthermore, there is also the psychological reaction to sex, which is widely different in different individuals. It means one thing to an objective scientist, for instance such a man as Kinsey. It means an entirely different thing to a fanatical and antisexual crusader such as Comstock. A Brigitte Bardot will look at sex in her own way, and so will the courtesan. The average citizen may not identify himself or herself with any of these interpretations but will have his or her own concepts and ideas as to what sex means or should mean.

The biologist, the medical man and clinician, the psychologist, the jurist, the sociologist, and finally the priest and theologian are all apt to view and study sex from different angles and in different lights. In some instances, sex means gender; in others, it means sexuality, sex relations, and, occasionally, "vice" or something "obscene" and pornographic.

The object and purpose of sexual relations varies with various persons and under various circumstances. In the animal world, the sex urge is the instrument for procreation. Animals fornicate instinctively for that purpose only. Humans do not do so as a rule. Yet the Roman Catholic Church would want just that: sex relations for the same purpose in man as in animals, procreation only. But most individuals seek pleasure in sex or at least seek relief from unpleasant tensions. More and more persons realize that sex serves recreation as well as procreation. But such is rarely admitted and rarely taught in any schools, including medical schools. Sexology as a branch of medicine is still rather widely ignored in formal medical education, to the great disadvantage of the young doctor and his future patients.

For the simple man in the street, there are only two sexes. A person is either male or female, Adam or Eve. With more learning comes more doubt. The more sophisticated realize that every Adam contains elements of Eve and every Eve harbors traces of Adam, physically as well as psychologically.

The better educated person knows of the existence of intersexes, of true and of pseudohermaphrodites in whom the physical sex is in doubt. He is also acquainted with homosexuality, bisexuality, and transvestism, all revealing a disturbed, doubtful, confused, and uncertain manifestation of sex.

Here must be added the picture of the immature sexuality, the sexuality of the child (polymorph perverse, in psychoanalytic terminology), some of which frequently persists into adulthood and then may give rise to homo- and bisexuality, to all kinds of deviations, such as sadomasochism and the often bizarre forms of various fetichisms. Some individuals do "get stuck" in their infantile sexuality.

Aside from such diversity of the expression of the sex urge, there is another more basic multiformity rarely considered except by research scientists, but highly essential for the subject of this book. The reference is to the various *kinds of sex* that can be identified and separated, in spite of overlapping and interaction.

Ordinarily, the purpose of scientific investigation is to bring more clarity, more light into fields of obscurity. Modern researches, however, delving into "the riddle of sex," have actually produced - so far - more obscurity, more complexity. Instead of the conventional two sexes with their anatomical differences, there may be up to ten or more separate concepts and manifestations of sex and each could be of vital importance to the individual. Here are some of the kinds of sex I have in mind: chromosomal, genetic, anatomical, legal, gonadal, germinal, endocrine (hormonal), psychological and - also - the social sex, usually based on the sex of rearing.

The *chromosomal sex*, rather loosely equated with the *genetic sex*, is the fundamental one and is to be considered first. It determines both sex and gender.

At the moment of conception, when fertilization takes place, and when the father's sperm cell enters the mother's egg, the sex of the future child is decided upon. If the father's sperm happened to carry a Y chromosome (and approximately half of them do), the fetus will - normally - develop male sex organs and a boy will be born. If it contained an X chromosome, the normal development will provide female sex organs for the fetus, resulting in the birth of a girl.

The mother's egg cell always carries an X chromosome and therefore the normal male chromosomal constellation is XY; the normal female, XX. In rare cases, various imperfectly understood abnormalities may occur and constellations of XXY, XXYY, even to XXXXY, and so on, have been observed with more or less severe defects in the physical as well as the mental structure of the child. Some of these patterns have been aptly described as a "mosaic" of sex. According to recent investigations, it seems that the more severe the chromosomal abnormalities are (for instance, the more X chromosomes are found), the more marked are mental retardation, testicular cell distortion, and genital as well as skeletal disorders.²

The pattern of the sex chromosomes, the so-called sex determinants, remains frozen in every body cell including blood cells. The true sex of an individual can therefore be diagnosed from these cell structures, usually taken for microscopic examination from the skin, the mucous membranes of the mouth, or the blood.

It is not always necessary to make a complete study of the (normally 46) chromosomes (a so-called karyotype) to arrive at the diagnosis of an individual's true sex. The scientist can also - more simply although less revealingly - look for the so-called sex-chromatin body in the cell structure. If it is found, the individual is female. Males are "chromatin negative." A subdivision of the "chromosomal sex" can therefore be the "chromatin sex."

A great deal has yet to be learned about the genetic sex and until more is known, it may be well to keep an open mind as to the possible causes of some mental abnormalities and sex deviations. At present, they are mostly ascribed to psychological conditioning; but they may yet find an additional explanation in some still obscure genetic fault, perhaps as a predisposing factor for later environmental influences.

Barring accidents during gestation which could bring about hermaphroditic deformities, the newborn boy or girl will reveal the sex through the presence or absence of primary and secondary genital organs. The testes (and the ovaries) are "primary" because they are directly concerned with reproduction. The secondary organs of the male are the penis, scrotum, prostate, masculine hair distribution, a deeper voice, and so on, and a masculine psychology (such as aggressiveness, self assurance, and related traits). All these are further developed and maintained by the testicular hormone called androgen. The secondary female characteristics are the clitoris, vulva, uterus (with its menstrual function), vagina, breasts, a wide pelvis, female voice,³ female hair distribution, and the usual feminine mental traits (shyness, compliance, emotionalism, and others.)

Both together, the primary and the secondary sex characters, constitute another, the second "kind of sex," the *anatomical (or morphological) sex*.

Again a subdivision may be recognized as the *genital sex* or the *gonadal sex*, gonad being the collective term for the testes and ovaries.

This *genital sex*, in everyday thought or language, decides who is a man and who is a woman. The visible sex organs indeed provide the simplest way of differentiation, of which an unwritten law takes advantage. The genital sex in this way becomes another kind of sex: the *legal sex*, actually not defined in legal codes, yet employed in everyday practice.

In this area, errors of sex can occur and are not too infrequent. The obstetrician or the midwife may be deceived. Usually they take only a quick look at the newborn baby and congratulate the parents on a boy or a girl. But they may have made a mistake. Hermaphroditic or - much more frequently - pseudohermaphroditic deformities may have escaped them, or the organs may be so incompletely developed, "unfinished" (as John Money calls it), or the testes undescended, that the observer was misled. In this way the so-called *nursery sex* was not the true sex. Consequently the legal sex was wrong too and complications may loom large for the future.

We spoke of the gonadal sex which, however, on closer examination must be divided into two varieties because the gonads have two separate functions. They produce the germ cells and they secrete hormones. And so we have the *germinal sex* and the *endocrine (or hormonal) sex*.

The germinal sex serves procreation only. The normal testis produces sperm and where there is sperm, there is maleness. The normal ovary produces eggs (ova) and where they are found, there is femaleness.

But male- or female-ness does not mean masculinity or femininity. These are different concepts, the former referring to "sex" and the latter to "gender." They take in the entire personality. The masculine man and the feminine woman are primarily inherited qualities, but to a large extent they are also the products of the *endocrine sex*. The abundant supply of androgen in a male would tend to make him more virile, a "he-man," and the rich production of estrogen would insure - at least to some extent - the soft and lovely femininity of the typical woman (I am referring here mainly to physical characteristics. Many psychological ones can be acquired).

The endocrine sex, however, is not linked to the sex glands only. Other glands too supply hormones essential for both sexes to maintain their sex status. Without normal pituitary activity, the endocrine function of the gonads could suffer. Without normal adrenal function, a man is said to lose more of his androgen supply than if he lost his testes, that is, were castrated. This theory, however, based on laboratory work, does not fit the clinical picture and may have to be revised. Just as the anatomical sex is never entirely male or female (one must recall the existence of nipples in men and of a rudimentary penis, the clitoris, in women), so is the endocrine sex "mixed" to an even greater extent. Testes as well as the male adrenals produce small amounts of estrogen. Androgen, in more or less distinct traces, can be found in the ovaries and in larger amounts in the adrenals of females. Their metabolic end-products can be identified and measured in the blood as well as in the urine.

Therefore it can well be said that, actually, we are all "intersexes," anatomically as well as endocrinologically. But we are male or female in the anatomical or endocrine sense, according to the predominant structures or hormones.

The diverse amounts of both sex hormones in both sexes can have their influence on appearance as well as behavior, the appearance, however, largely determined by the genetic constitution, the behavior also by environmental and educational factors.

Consequently, the treatment with hormonal products (or surgical procedures) can make more or less distinct impressions on the endocrine sex, feminizing a male and masculinizing a female. This is an example of how one of the various "kinds of sex" can be deliberately altered. None of them is fixed and unchangeable except the inherited, genetic sex.

Even more flexible than any other is the next and highly important *psychological sex*. It may be in opposition to all other sexes. Great problems arise for those unfortunate persons in whom this occurs. Their lives are often tragic and the bulk of all the following pages will be filled with the nature of their misfortunes, their symptoms, their fate, and possible salvation.

Many psychiatrists, and especially psychoanalysts, ascribe to early childhood conditioning in an environment unfavorable for a normal healthy development the plight of such patients, who feel that their minds and their

souls are "trapped" in the wrong bodies. More will have to be said about this theory. It may suffice to say here that equally unfavorable childhood influences can be traced back in persons who later grew into perfectly normal adulthood with no apparent split between the psychological and the physical sex. Therefore a constitutional factor must be at work (besides the events of childhood) that is a source of the future mental state.

The most striking among these sex-split personalities are the transsexuals. Their problems are intertwined with those of transvestites and also of homosexuals, as we will see in later chapters.

Transsexuals, who want to belong to the opposite sex, and transvestites, who only "cross-dress" in their clothes, sometimes live, quite unrecognized, as members of the sex or gender that is not theirs organically. In these cases, the psychological sex determines the *social sex*, which otherwise follows the *sex of assignment* at birth, and the *sex of rearing* in childhood, both based on the anatomical (and legal) sex. These are normally the kinds of sex in which a person dresses and finds his or her place in the world.

In the vast majority of all people, these latter sexes as well as the psychological sex blend harmoniously with all the other kinds of sex.

To summarize and conclude this introduction: The normal male (normal by his genetic inheritance) has his masculine build and voice, an ample supply of androgen, satisfactory potency, a sperm count that assures fertility, feels himself to be a man, is sexually attracted to women, and would be horrified to wear female clothes or "change his sex." He is often husband and father, works in a job or profession in accord with his sex and gender that is never questioned legally or socially.

The genetically normal female presents the opposite picture. She feels, looks, acts, and functions as a woman, wants to be nothing else, usually marries and has children. She dresses and makes up to be attractive to men and her sex and gender are never doubted either by society or by the law.

Such more or less perfect *symphony of the sexes* is the rule. Yet, disturbances may occur more often than is usually assumed. Unfortunately, our conventions and our laws have no understanding, no tolerance for those in whom nature or life (nature or nurture) have created a dissonance in their sexuality. Such individuals are frequently condemned and ostracized. Among them we find transsexuals, transvestites, eunuchoids, homosexuals, bisexuals, and other deviates. These latter, however, are not under consideration here.

In rare cases and often against great odds, defying tradition and orthodoxy (not least in the medical profession), some of them, particularly transsexuals, may succeed in "changing their sex" and find a degree of happiness that our present society denies them.

Our sexuality has to be without fault. It must function in strict conformity with customs and laws, no matter how illogical they may be and to how much hypocrisy they may give rise.

Any interference with the sacrosanct stability of our sex is one of the great taboos of our time. Therefore, its violation is strongly resented with emotions likely to run high, even among doctors. Much of this will appear in the chapters that are to follow.

Transvestism, Transsexualism, and Homosexuality

- *A general survey with an attempt to define, diagnose, and classify*
- *Transvestism versus transsexualism*
- *The Jorgensen case*
- *The term transsexualism and synonyms*
- *Sex role disorientation*
- *Definitions and classifications*
- *Sex object choice*
- *Are all transvestites transsexuals?*
- *Sex orientation scale (S.O.S.)*
- *Relationship to homosexuality*

A general survey with an attempt to define, diagnose, and classify

Transvestism (TVism) as a medical diagnosis was probably used for the first time by the German sexologist, Dr. Magnus Hirschfeld, about forty years ago when he published his book, *Die Transvestiten*.^[1] The term is now well known in the sexological literature, indicating the desire of some individuals - men much more often than women - to dress in the clothes of the opposite sex. It is, therefore, also described as "cross-dressing."

Most writers on the subject refer to transvestism as a sexual deviation, sometimes as a perversion. It is not necessarily either one. It also can be a result of "gender discomfort" and provide a purely emotional relief and enjoyment without conscious sexual stimulation, this usually occurring only in later life.

Hirschfeld and his pupils saw many of these persons in his Institute of Sexual Science in Berlin, Germany. This memorable Institute with its famous and rich museum and its clinic and lecture hall (*Haeckel Saal*) was destroyed by the Nazis rather early in their march to power (1933). (This destruction occurred soon after the first and only issue of *Sexus*, an international sexological magazine, was published by Hirschfeld while he was away from Germany.) The Institute's confidential files were said to have contained too many data on prominent Nazis, former patients of Hirschfeld, to allow the constant threat of discovery to persist.

Many times in the 1920's, I visited Hirschfeld and his Institute. Among other patients, I also saw transvestites who were there, rarely to be treated, but usually, with Hirschfeld's help, to procure permission from the Berlin Police Department to dress in female attire and so appear in public. In the majority of cases, this permission was granted because these patients had no intention of committing a crime through "masquerading" or "impersonating." "Dressing" was considered beneficial to their mental health.

Havelock Ellis proposed the term "eonism" for the same condition, named after the Chevalier d'Eon de Beaumont, a well-known transvestite at the court of Louis XV. In this way, Ellis wanted to bring the term into accord with sadism and masochism, also named after the most famous exponents of the respective deviations, the French Marquis (later Count) Donatien de Sade, and the Austrian writer, Leopold von Sacher-Masoch.

Because of the much more permissive fashions among women, and for other reasons, the problem of transvestism almost exclusively concerns men in whom the desire to cross-dress is often combined with other deviations, particularly with fetishism, narcissism, and the desire to be tied up (bondage) or somehow humiliated

masochism).

Transvestism versus transsexualism

Transvestism (TVism) is a rather frequent occurrence, although it would be impossible to say how many transvestites (TVs) there are, for instance, in the United States. From students of the subject (TVs themselves) I have received estimates ranging from ten thousand to one million. Many transvestites are unknown as such, indulging in their hobby in the privacy of their homes, known perhaps only to their closest relatives, sometimes only to their wives. Others are most attracted to going out "dressed" in order to be accepted as women in public by strangers. They may invite discovery and arrest, but this danger is an additional attraction for some of them. Others may live completely as women, their true status sometimes discovered only after death.

The majority of transvestites are overtly heterosexual, but many may be latent bisexuals. They "feel" as men and know that they are men, marry, and often raise families. A few of them, however, especially when they are "dressed," can as part of their female role react homosexually to the attentions of an unsuspecting normal man. The transvestite's marriage is frequently endangered as only relatively few wives can tolerate seeing their husbands in female attire. The average heterosexual woman wants a man for a husband, not someone who looks like a woman; but mutual concessions have often enough preserved such marriages, mostly for the sake of children.

It is not the object of this book to deal in detail with transvestism (TVism) in all its aspects. The object is to deal with transsexualism (TSism) principally. Yet, an extra chapter on TVism with further characterizations will have to be inserted in order to let the picture of transsexualism emerge more clearly. Repetitions will be unavoidable; but the relative unfamiliarity with the subject, even in the medical profession, may make those repetitions permissible, if not desirable.

The transsexual (TS) male or female is deeply unhappy as a member of the sex (or gender) to which he or she was assigned by the anatomical structure of the body, particularly the genitals. To avoid misunderstanding: this has nothing to do with hermaphroditism. The transsexual is physically normal (although occasionally underdeveloped) [2]. These persons can somewhat appease their unhappiness by dressing in the clothes of the opposite sex, that is to say, by cross-dressing, and they are, therefore, transvestites too. But while "dressing" would satisfy the true transvestite (who is content with his morphological sex), it is only incidental and not more than a partial or temporary help to the transsexual. True transsexuals feel that they *belong* to the other sex, they want to *be* and *function* as members of the opposite sex, not only to appear as such. For them, their sex organs, the primary (testes) as well as the secondary (penis and others) are disgusting deformities that must be changed by the surgeon's knife. This attitude appears to be the chief differential diagnostic point between the two syndromes (sets of symptoms) - that is, those of transvestism and transsexualism.

The transvestite usually wants to be left alone. He requests nothing from the medical profession, unless he wants a psychiatrist to try to cure him. The transsexual, however, puts all his faith and future into the hands of the doctor, particularly the surgeon. These patients want to undergo corrective surgery, a so-called "conversion operation," so that their bodies would at least resemble those of the sex to which they feel they belong and to which they ardently want to belong.

The desire to change sex has been known to psychologists for a long time. Such patients were rare. Their abnormality has been described in scientific journals in the past in various ways; for instance, as "total sexual inversion," or "sex role inversion." Beyond some attempts with psychotherapy in a (futile) effort to cure them of their strange desires, nothing was or could be done for them medically. Some of them probably languished in mental institutions, some in prisons, and the majority as miserable, unhappy members of the community, unless they committed suicide. Only because of the recent great advances in endocrinology and surgical techniques has the picture changed.[3]

The Jorgensen case

One of the first to take advantage of these advances was a very unhappy young American photographer and ex-G.I. by the name of George Jorgensen. He pursued his desire for a "sex change" with remarkable perseverance and was fortunate enough to find in his family's homeland, Denmark, physicians of compassion, scientific objectivity, and courage to help him. And so, an unknown George Jorgensen became the world-famous Christine Jorgensen, not the first to undergo such surgery, but the first whose transformation was publicized so widely that the news of this therapeutic possibility spread to the farthest corners of the earth.

The facts of her case, which she herself related with good insight and restraint - unfortunately only in a magazine article - caused emotions to run high among those similarly affected. Suddenly they understood and "found" themselves and saw hope for a release from an unhappy existence. Among the public, there was praise for Christine for the courage of her convictions; also there was disbelief with criticism of her physicians, as well as outright condemnation on moral grounds. Such emotional reactions in lay circles reached the height of absurdity and bigotry when Christine was once barred from a New York restaurant and night club as a guest.

Physicians, including psychiatrists, were divided in their opinions, but the conservative *Journal of the American Medical Association* published an article^[4] written by Christine Jorgensen's group of Danish physicians, headed by the noted scientist and endocrinologist, Christian Hamburger, in which the Jorgensen case (or a parallel one) was fully described as to history, nature, and treatment, including surgery. Nevertheless, many physicians were critical of the use of any treatment other than psychotherapy in a condition apparently of a psychopathological nature. This was especially true of psychoanalysts. Other physicians, not too well versed in sex problems, confused transsexualism with homosexuality. "Oh, just another fairy," one commented to me when speaking of the Jorgensen case.

For a reasonably normal man or woman, it is almost inconceivable that anyone should want to change the sex or gender into which he or she was born, especially by such radical means as major surgery. Therefore, it is extremely difficult for a transsexual to find understanding, sympathy and, most of all, empathy. Yet, so strong is the desire that self-mutilations are no rarity, and how often a mysterious suicide is due to the utter misery of a transsexual is anybody's guess.

The term transsexualism and synonyms

Following the sensational Jorgensen publicity in 1952, I was asked to write an article on the subject for the now no longer existing *International Journal of Sexology*. In this article, which appeared in August 1953, I chose the term *transsexualism* for this almost unknown syndrome. I did the same in a lecture (as part of a symposium) at the New York Academy of Medicine, before the Association for the Advancement of Psychotherapy in December, 1953, discussing male transsexualism only. (The person so afflicted is best referred to as a "transsexual," a simpler term than "transsexualist," which is also used and which, unfortunately, I myself used in the beginning). Dr. Van Emde Boas of Amsterdam prefers to call such patients "transexists," which is shorter but a bit of a twister for the American tongue; and Dr. John Money of Johns Hopkins University has written aptly of "contra-sexism" which, however, ignores the transformation urge. Hamburger and his associates spoke of the transsexual urge as "genuine transvestism" or "eonism." The late Dr. David O. Cauldwell had, in 1949, described in *Sexology Magazine*^[5] the strange case of a girl who wanted to be a man and called the condition "Psychopathia transsexualis." Dr. Daniel C. Brown^[6] speaks of transsexualism as a term related to "Sex role inversion," specifically meaning that this type of invert wants or receives surgical alteration of his genitals. He uses "inversion" as the widest term with transvestism, transsexualism, and homosexuality "expected to accompany most cases of inversion."^[7] So much for the terms and its synonyms.

In the years following the Hamburger et al. publication in the A.M.A. Journal and my own in the American Journal of Psychotherapy in 1954 (constituting the lecture of the previous year) there were hardly any references to transsexualism, in the American medical literature. The clinical material that I was able to accumulate grew steadily.

In October 1963, I was invited to report my clinical experiences at New York University School of Medicine. This lecture was published nearly a year later in the Western Journal of Surgery, Obstetrics and Gynecology (March-April 1964). Two other lectures followed in quick succession, one at an annual conference of the Society for the Scientific Study of Sex (November 1963) [8], and another one at the Jacobi Hospital of the Albert Einstein College of Medicine (April 1964). This brings the history of my own work fairly well up to date.

The use of "transsexualism" (sometimes called "transsexuality") seems to have caught on in the international medical literature of recent years. It is applied to both sexes but until the much rarer female transsexual receives attention in a separate chapter, the following will from now on deal with the male almost exclusively.

Sex role disorientation

The relationship between transvestism (TVism) and transsexualism (TSism) deserves further scrutiny and reflection. Both can be considered symptoms or syndromes of the same underlying psychopathological condition, that of a sex or gender role disorientation and indecision. Transvestism is the minor though the more frequent, transsexualism the much more serious although rarer disorder. Cross-dressing exists (with few exceptions) in practically all transsexuals, while transsexual desires are not evident (although possibly latent) in most transvestites. It seems to depend upon how deeply and for what congenital or acquired reasons the sex and gender orientation is disturbed, whether the clinical picture of transvestism or transsexualism will emerge. The picture of TSism may first appear to be merely TVism, but whether this indicates a progressive character is by no means certain. (See chapter 4, "The Male Transsexual").

Definitions and classifications

In previous medical publications, I have divided all transvestites into three groups according to the clinical picture they presented. First there are those who merely want to "dress," go out "dressed," and to be accepted as women. They want to be allowed to do so. Their clash is with society and the law. Most of them feel, live, and work as men and lead normal, heterosexual lives, often as husbands and fathers.

Group 2 constitutes a more severe stage of an emotional disturbance. It could be interpreted as an intermediate stage between transvestism and transsexualism. These patients may waver in their emotions between the two. They need more than merely "dressing" to appease their psychological sex with its commanding and demanding female component. They want to experience some physical changes, bringing their bodies closer to that of the female, although they do shy away from surgery and the alteration of their genitalia. Such a desire, however, can play a part in their fantasies and daydreams. Like those of Group 1, for them the penis is still an organ of pleasure, in most cases for masturbation only. They crave some degree of gynecomastia (breast development) with the help of hormone medication, which affords them an enormous emotional relief. Psychotherapy is indicated but the patients frequently refuse it or fail to benefit from it. Their clash is not only with society and the law, but also with the medical profession. Relatively few doctors are familiar with their problems; most doctors do not know what to do for them except to reject them as patients or to send them to psychiatrists as "Mental cases."

This clash with society, the law, and the medical profession is still more pronounced and tragic in Group 3, which constitutes fully developed transsexualism. The transsexual shows a much greater degree of sex [9] and gender role disorientation and a much deeper emotional disturbance. To him, his sex organs are sources of disgust and hate. So are his male body forms, hair distribution, masculine habits, male dress, and male sexuality. He lives only for the day when his "female soul" is no longer being outraged by his male body, when he can function as a

female - socially, legally, and sexually. In the meantime, he is often asexual or masturbates on occasion, imagining himself to be female.

This, very briefly, is the clinical picture of the three groups as they appeared to me originally during the observation of over two hundred such patients. More than half of them were diagnosed as transsexuals (TSs).

The above interpretation, that is to say, transvestism as the mildest and transsexualism as the most severe disturbance of sex and gender orientation, seems to be practical and to fit the facts. Lukianowicz [10] and Burchard,[11] an English and a German psychiatrist, respectively, are in general agreement with this view. But there are other concepts that deserve consideration and should be outlined.

Sex object choice

Some investigators believe that the two conditions, TVism and TSism, should be sharply separated, principally on the basis of their "sex feel" and their chosen sex partners (object choices). The transvestite - they say - is a man, feels himself to be one, is heterosexual, and merely wants to dress as a woman. The transsexual feels himself to be a woman ("trapped in a man's body") and is attracted to men. This makes him a homosexual provided his sex is diagnosed from the state of his body. But he, diagnosing himself in accordance with his female psychological sex, considers his sexual desire for a man to be heterosexual, that is, normal.

The choice of a sex partner is changeable. A number of transvestites are bisexual. As men, they can be attracted by women. When "dressed," they could be aroused by men. Chance meetings can be decisive. The statements of these patients cannot always be relied upon. They want to act within the conventions, or at least want to appear to do so. They may claim heterosexuality when actually they have more homosexual tendencies, which they suppress or simply do not admit. Some feel sufficiently guilty as TVs without wanting to confess to homosexual tendencies besides. Some do admit that heterosexual relations are possible with recourse to fantasies only. (In this way, transsexuals explain their marriages and parenthood and this explanation is most likely correct.)

When first interviewed, the patient may appear to be a TV of the first or second group. He often hesitates to reveal his wish for a sex change right away. Only after closer contact has been established and confidence gained does the true nature of his deviation gradually emerge. Such seeming "progression" was observed in five or six out of my 152 transsexual patients, on whom I am reporting in this volume.

The opposite is rare but I have seen it happen. The apparent transvestite, or even transsexual, under treatment or - more likely - through outside influence (meeting the right girl) - turns toward heterosexuality and "normal" life. For how long is always the question.

Are all transvestites transsexuals?

Coming back to the differences between transvestism and transsexualism., another simpler and more unifying concept and a corresponding definition may have to be considered. That is, that transvestites with their more or less pronounced sex and gender indecision may actually all be transsexuals, but in varying degrees of intensity.

A low degree of largely unconscious transsexualism can be appeased through cross-dressing and demands no other therapy for emotional comfort. These are transvestites (Group 1).

A medium degree of transsexualism makes greater demands in order to restore or maintain an emotional balance. The identification with the female cannot be satisfied by wearing her clothes alone. Some physical changes, especially breast development, are requirements for easing the emotional tension. Some of these patients waver between transvestitic indulgences and transsexual demands for transformation (Group 2).

For patients of a high degree of transsexualism (the "true and full-fledged transsexual"), a conversion operation is the all-consuming urge, as mentioned earlier and as a later chapter will show still more fully. Cross-dressing is an insufficient help, as aspirin for a brain tumor headache would be (Group 3).

It must be left to further observations and investigations in greater depth to decide whether or not transvestitic desires may really be transsexual in nature and origin. Many probably are, but the frequent fetishistic transvestites may have to be excluded.

If these attempts to define and classify the transvestite and the transsexual appear vague and unsatisfactory, it is because a sharp and scientific separation of the two syndromes is not possible. We have as yet no objective diagnostic methods at our disposal to differentiate between the two. We - often - have to take the statement of an emotionally disturbed individual, whose attitude may change like a mood or who is inclined to tell the doctor what he believes the doctor wants to hear. Furthermore, nature does not abide by rigid systems. The vicissitudes of life and love cause ebbs and flows in the emotions so that fixed boundaries cannot be drawn.

It is true that the request for a conversion operation is typical only for the transsexual and can actually serve as definition. It is also true that the transvestite looks at his sex organ as an organ of pleasure, while the transsexual turns from it in disgust. Yet, even this is not clearly defined in every instance and no two cases are ever alike. An overlapping and blurring of types or groups is certainly frequent.

Sex orientation scale (S.O.S.)

As a working hypothesis, but with good practical uses, the accompanying [Table 1](#). Should illustrate six different types of the transvestism-transsexualism syndrome as clinical observations seem to reveal them. While there are six types, there are seven categories listed on the scale, the first one describing the average, normal person. The seven categories were suggested by the Kinsey Scale (K.S.) and could be described as the Sex Orientation Scale (S.O.S.).

To remind the reader, the Kinsey Scale was introduced in Kinsey, Pomeroy, and Martin's monumental *Sexual Behavior in the Human Male* [12] as an ingenious rating scale between hetero- and homosexuality, a continuum of human sexual behavior, allowing any number of intermediate stages between complete hetero- and complete homosexuality. The Kinsey Scale reduces them to seven, from zero to six. A zero would be an exclusively heterosexual man or woman, a six an equally exclusive homosexual. A three would be a bisexual person who can be sexually aroused, equally, by members of either sex. The other figures (one, two, four, and five) indicate and diagnose the respective intermediate stages.

The *Sex Orientation Scale (S.O.S.)* likewise lists seven categories or types (not necessarily stages), the zero, however, separately, as it would apply to any person of normal sex and gender orientation for whom ideas of "dressing" or sex change are completely foreign and definitely unpleasant, whether that person is hetero-, bi-, or homosexual. It must be emphasized again that the remaining six types are not and never can be sharply separated. The clinical pictures are approximations, schematized and idealized, so that the TV and TS who may look for himself among the types will find his own picture usually in between two recorded categories, his principal characteristics listed in both adjoining columns. Type I, Type II, and Type III would belong to the original Group 1. Type IV would be Group 2 and Types V and VI would equal Group 3, as the accompanying [Table 2](#) shows.

The following chapters will make use of the types from I to VI in relating case histories and in establishing a diagnosis of the respective patients. Referring to [Table I](#) will then enable the reader to get a somewhat clearer picture of the particular individual and his or her problem. It should be noted again, however, that most patients would fall in between two types and may even have this or that symptom of still another type.

TABLE 2		
Group 1	Type I	Pseudo TV
	Type II	Fetishistic TV
	Type III	True TV
Group 2	Type IV	TS, Nonsurgical
Group 3	Type V	TS, Moderate intensity
	Type VI	TS, High intensity

It has been the intention here to point out the possibility of several conceptions and classifications of the transvestitic and the transsexual phenomenon. Future studies and observations may decide which one is likely to come closest to the truth and in this way a possible understanding of the etiology may be gained. If this etiology should ever be established through future researches, classifications may have to be modified accordingly. In the meantime, the S.O.S. may serve a pragmatic and diagnostic purpose.[13]

Relationship to homosexuality

The term "homosexuality" has never impressed me as very fortunate. It indicates an exclusiveness and a finality that exists in only a relatively small group of men, those who are entirely homosexual. According to Kinsey, Pomeroy, and Martin, this group (the 6 on their rating scale) applies to not more than 4 per cent of the total male population.

To quote again from *Sexual Behavior in the Human Male* (page 652), "since only 50 per cent of the population is exclusively heterosexual throughout its adult life, and since only 4 per cent is exclusively homosexual throughout its life, it appears that nearly one half (46 per cent) of the population engages in both heterosexual and homosexual activities or reacts to persons of both sexes in the course of their adult lives."

If we allow ourselves the use of the term "bisexuality" in this 46 per cent, it is evident that the term homosexuality is applied much too often. The reason is that even one homosexual contact in a man's life, if it becomes known, all too often stamps him forever as a homosexual which, of course, he is not.

If, therefore, we restrict "homosexuality" and "homosexual" to only the above 4 per cent, and otherwise speak merely of homosexual behavior, inclinations, and more or less frequent activities, we come a little closer to the truth and are being, in addition, more fair. In any event, let us remember that the great majority of all so-called homosexuals are in reality bisexually oriented although they may live exclusively homo- or heterosexual lives. These are fundamental facts that deserve to be recalled.

Furthermore, homosexual orientation may be a symptom, as are transvestism and transsexualism, with a variety of possible causes and inceptions. These causes and inceptions may be anchored in an inherited or congenital (constitutional) predisposition or they may be an acquired condition.

It is unfortunate in a way that the very descriptive term "intersexuality" is not used in this country except for hermaphroditic deformities, that is to say, for purely physical manifestations. Why it should not be used for psychosexual abnormalities too is not quite clear. But, making concessions to American science, "intersexuality" shall not be applied either to transvestism or transsexualism, nor to homosexuality.

The most evident distinction between these three disorders lies in the sex partner: for the present discussion, a male sex partner, his existence or nonexistence, and his significance. Homosexual activity is not feasible without him. He is a primary factor. The homosexual is a man and wants to be nothing else. He is merely aroused

sexually by another man. Even if he is of the effeminate variety, he is still in harmony with his male sex and his masculine gender. The TV and the TS are not in such harmony. Besides, TVism (that is, cross-dressing) is a completely solitary act, requiring no partner at all for its enjoyment. In TSism the chief object is the sex transformation. A male sex partner may afterward be desired more or less urgently, but he is a secondary factor, often enough dispensable and by no means constant.

The sex relations of the male homosexual are those of man with man. The sex relations of a male transsexual are those of a woman with a man, hindered only by the anatomical structures that an operation is to alter. The sex relations of a transvestite are (in the majority) those of heterosexual partners, the male, however, frequently assuming the female position in coitus. In other words: Homosexuality is a sex problem, affecting two persons, a sex partner (of the same sex) being a primary and generally indispensable prerequisite.

Transsexualism is a sex and gender problem, the transsexual being primarily concerned with his (or her) self only, a sex partner being of secondary although occasionally vital importance.

Transvestism is a social problem with a sex and gender implication, the transvestite requiring no sex partner (for his cross-dressing). Neither the homosexual nor the bisexual is disoriented in his sex or gender role. Even those known as "queens," who are the effeminate type of homosexuals, as a rule "dress" for expediency without emotional necessity and have no desire to change their sex.

There are homosexuals who get an emotional satisfaction from cross-dressing. It would be a matter of semantics to consider them "homosexual transvestites" or "transvestitic homosexuals." They simply desire, for their sexual gratification, both cross-dressing and a partner of the same sex.

Daniel Brown [14] says "The criterion of homosexuality is simply sexual behavior involving individuals of the same sex, while the criterion of inversion is a personality in which the person's thinking, feeling, and acting are typical of the opposite sex."

Charles Prince, whom we will meet again in a later chapter, formed a theory as to the psychological inception of all three deviations. It concerns the child's identification with the wrong parent, particularly the boy with his mother or with another female. He says:

Those impressed with the sexual women are likely to express their femininity in sexual behavior and become homosexual; those fixed on the psychological aspect maintain that they are women in a male body and that they feel as women. They seek emasculatory surgery to bring the body in conformity with the psyche. They are the transsexuals. Finally, those who were set on the social aspects of women seek to emulate her in expressing their femininity, which means their clothing, abdomen, hair-do, mannerisms, etc. This type becomes a transvestite.[15]

From all that has been said, it seems evident that the question "Is the transsexual homosexual?" must be answered "yes" and "no." "Yes," if his anatomy is considered; "no" if his psyche is given preference.

What would be the situation after corrective surgery has been performed and the sex anatomy now resembles that of a woman? Is the "new woman" still a homosexual man? "Yes," if pedantry and technicalities prevail. "No" if reason and common sense are applied and if the respective patient is treated as an individual and not as a rubber stamp.

Again the thought clearly emerges that what we call "sex" is of a very dubious nature and has no accurate scientific meaning. Between "male" and "female," "sex" is a continuum with many "in betweens." [16]

To bring the discussion regarding the three deviations of the title of this chapter to a close, a nutshell characterization would be this:

- The transvestite has a social problem.
- The transsexual has a gender problem.
- The homosexual has a sex problem.

Footnotes

- [1] Die Tranvestiten. Eine Untersuchung über den erotischen Verkleidungstrieb. Ferd. Spohr Verlag. 1925.
- [2] In rare cases a structural abnormality is said to have been found when the abdominal cavity was opened, for instance, ovaries in males. Such a TS would then also be a pseudohermaphrodite.
- [3] A few daring surgeons performed "conversion operations" thirty or forty years ago but with very doubtful if not unfavorable results. In most cases, they castrated or removed the penis only, without attempting to create a vagina (see case of Lilly Elbe, as described in Niels Hoyer's Man into Woman, Dutton & Co., 1933).
- [4] J.A.M.A., Vol. 152, May 30, 1953, pp. 391-396.
- [5] Sexology, December 1949.
- [6] "Transvestism and Sex Role Inversion," Chapter in The Encyclopedia of Sexual Behavior, Hawthorne Books, Inc., 1961.
- [7] "Inversion and Homosexuality," Amer. J. Orthopsychiatry, Vol. 28, No. 2, April 1958.
- [8] Published in the Amer. J. Psychotherapy. Vol. 28, No. 3, July 1964.
- [9] Sex is a matter of anatomy and physiology. "Male" and "female" are sexual terms. Gender, however, can be considered a mixture of inborn and acquired, that is, learned characteristics. "Masculine" and "feminine" are therefore expressions belonging to the gender concept.
- [10] Lukianowicz, D. D. P., "Survey of Various Aspects of Transvestism," J. Nervous & Mental Diseases, Vol. 128, No. 1, January 1959.
- [11] Burchard, J. M., Struktur und Soziologie des Transvestismus und Transsexualismus. F. Enke Verlag, 1961.
- [12] W.B. Saunders Co., 1948.
- [13] After having devised the first S.O.S. chart, it was shown to two of the most earnest students of the transvestitic problem, both transvestites themselves, and they formulated charts of their own. In one, seven types were likewise recognized and recorded as follows:

Type	Characterization
1	Fetishist
2	Low intensity TV
3	True femiphile TV
4	Asexual type
5	Gender type TS
6	Intensive sexual type TS
7	Operated TS

In the other chart, five groups of transvestites were classified and their prevalence estimated as follows:

Type	Percentage
1 Fetishist	25
2 Narcissist	50
3 Exhibitionist	10
4 Pseudo-transsexual	10
5 Transsexual	5

An interesting and detailed description of the individual types or groups in these two charts may - it is to be hoped - find a place of publication elsewhere. An estimation such as this "from within" is certainly valuable to compare with my own S.O.S. derived strictly "from without."

[14] Brown, Daniel. Amer. J. Orthopsychiatry, April 1958.

[15] Taken from an abstract of "The Expression of Femininity in the Male," a lecture given before the SSSS, November 1963. See also C. V. Prince, "Homosexuality, Transvestism and Transsexualism," Amer. J. Psychotherapy, January 1957.

[16] See also the striking discussion with philosophical overtones in the chapter "The Complimentarity of Human Sexes," by G. B. Lal.

**Table 1. Sex Orientation Scale (S.O.S.)
Sex and Gender Role Disorientation and Indecision (Males)**

	Group 1			Group 2	Group 3	
Profile	Type I TRANVESTITE	Type II TRANVESTITE	Type III TRANVESTITE	Type IV TRANSSEXUAL	Type V TRUE TRANSSEXUAL	Type VI TRUE TRANSSEXUAL
"GENDER FEELING"	Pseudo Masculine	Fetishistic Masculine	True Masculine (but with less conviction.)	Nonsurgical Undecided. Wavering between TV and TS.	Moderate intensity Feminine. ("Trapped in a male body".)	High intensity Feminine. Total psycho- sexual inversion.
DRESSING HABITS AND SOCIAL LIFE	Lives as man. Could get occasional "kick" out of "dressing." Not truly TV. Normal male life.	Lives as man. "Dresses" periodically or part of the time. "Dresses" underneath male clothes.	"Dresses" constantly or as often as possible. May live and be accepted as woman. May "dress" underneath male clothes, if no other chance.	"Dresses" as often as possible with insufficient relief of his gender discomfort. May live as a man or a woman; sometimes alternating.	Lives and works as woman if possible. Insufficient relief from "dressing."	May live and work as woman. "Dressing" gives insufficient relief. Gender discomfort intense.
SEX OBJECT CHOICE AND SEX LIFE	Hetero-, bi-, or homosexual. "Dressing" and "sexchange" may occur in masturbation fantasies mainly. May enjoy TV literature only.	Heterosexual. Rarely bisexual. Masturbation with fetish. Guilt feelings. "Purges" and relapses.	Heterosexual, except when "dressed." "Dressing" gives sexual satisfaction with relief of gender discomfort. May "purge" and relapse.	Libido often low. Asexual or auto-erotic. Could be bisexual. Could also be married and have children.	Libido low. Asexual, auto-erotic, or passive homosexual activity. May have been married and have children.	Intensely desires relations with normal male as "female," if young. Later, libido low. May have been married and have children, by using fantasies in intercourse.
KINSEY SCALE*	0-6	0-2	0-2	1-4	4-6	6
CONVERSION OPERATION	Not considered in reality.	Rejected.	Actually rejected, but idea can be attractive.	Attractive, but not requested or attraction not admitted.	Requested. Usually indicated.	Urgently requested and usually attained. Indicated.
ESTROGEN MEDICATION	Not interested. Not indicated.	Rarely interested. Occasionally useful to reduce libido.	Attractive as an experiment. Can be helpful emotionally.	Needed for comfort and emotional ballance.	Needed as substitute for or preliminary to operation.	Required for partial relief.
PSYCHOTHERAPY	Not wanted. Unnecessary.	May be successfull. (In a favorable environment.)	If attempted usually is not successful as to cure.	Only as guidance; otherwise refused or unsuccessful.	Rejected. Useless as to cure. Permissive psychological guidance.	Psychological guidance or psychotherapy for symptomatic relief only.
REMARKS	Interest in "dressing" only sporadic.	May imitate double (masculine and feminine) personality with male and female names.	May assume double personality. Trend toward transsexualism.	Social life dependant upon circumstances.	Operation hoped for and worked for. Often attained.	Despises his male sex organs. Danger of suicide or self-mutilation, if too long frustrated.

*See explanation in the adjoining text.

Type 0: normal sex orientation and identification, heterosexual or homosexual. The idea of "dressing" or "sex change" foreign and unpleasant. Vast majority of all people.

The Transvestite in older and newer aspects

Men who dress as women can have a variety of motivations for doing so. Their emotional lives may or may not be involved.

- *Nonaffective dressing*
- *Pseudo transvestism*
- *The true male transvestite*
- *Sexual roots of transvestism*
- *The fetishistic transvestite*
- *The transvestite with a latent transsexual trend*
- *Transvestite publications*
- *Interpretations of transvestism*
- *Illegality of transvestism*
- *Family life of transvestites*
- *Transvestites' wives*
- *Concomitant deviations*

Nonaffective dressing

To dress in female attire may be merely an expediency, a disguise in order to remain unrecognized, for instance, when trying to hide or escape arrest or when crossing a border. The same disguise may be used by women who put on men's clothes. Crimes are known to have been committed with such help, entrance has been gained into otherwise inaccessible places such as club rooms, closed meeting places, and the like. Detectives have masqueraded as women for the purpose of entrapment. None of such persons is a transvestite.

Professional female impersonators "dress" on the stage, but not all of them are transvestites and even fewer are transsexuals, who attain emotional relief through their job. The majority are homosexual with or without transvestitic tendencies, while a few are "straight" and merely make their living in this type of stage work.

There are also homosexual men who go "in drag," that is to say, dress as women in order to compete at a contest or, as male prostitutes, wish to attract normal men. Their intentions usually have nothing to do with transvestism either, the female attire being incidental, nonaffective, and without eroticism. There are, of course, also transsexual male prostitutes, as we will see later on.

In *transvestism proper*, the emotions are always involved, tinged more or less with eroticism, sexual stimulation, - and often masturbatory satisfaction.

Pseudo transvestism

The mildest form of transvestism (I on the S.O.S.) would be represented by the following case: V.A. is a professional man, an art teacher, and a student of psychology. Now in his sixtieth year, he considers himself largely homosexual, at least in the last few years of his life. He was married twice but has no children. His second wife, who died only recently, was an attorney and a very understanding companion. His sexual history would classify him on the Kinsey Scale as a 3 (bisexual) throughout his younger years, and now probably a 5.

When asked about transvestism, he said: "Certainly I used to get a kick out of putting on some female underwear and even 'dressing' entirely. It was a sexual stimulant and could help with girls as well as boys. Now I 'dress' no more, and even in the past I didn't do it too often".

Many such cases undoubtedly exist, but since they are not obsessive or likely to cause complications, they require no treatment and are of minor importance to the individual as well as to society. They may be called pseudo-transvestites.

Another, probably very small group of men may belong to the same category. They do not ever "dress" overtly, out of fear or shame, but greatly enjoy trans vestitic fantasies and literature. It is probably immaterial whether to classify them as pseudo or not at all.

The true male transvestite

A large group of male transvestites (TVs) can be called "true" because cross-dressing is the principal if not the only symptom of their deviation. They dress out of a strong, sometimes overwhelming, emotional urge that - to say the least - contains unmistakable sexual overtones. Some of them can resemble addicts, the need for "dressing" increasing with increasing indulgences.

This true male transvestite may be called periodic or, in other instances, partial, when he dresses only on more or less frequent occasions or when he merely wears some female garments under his man's clothes. He would be constant if he lived altogether as a woman.

The facts may apply to the female as well as to the male, but this chapter will be devoted to the male only. Female transvestism seems to be rare and of somewhat doubtful reality. Women's fashions are such as to allow a female transvestite to indulge her wish to wear male attire without being too conspicuous. Her deviation has been considered merely arrogant while male transvestism is to many objectionable because, in their opinion, it humiliates.

Transvestism has been known throughout history and is not confined to any races or racial groups [1], nor to any stratum of society. A competent student of transvestism and a transvestite himself who wrote under the name of "Janet Thompson" says this: "It appears to develop in families ranging from the apparently well-balanced emotionally and financially secure to the insecure, impoverished, or broken families. Neither economic, social, marital, family status, nor type of career can be pointed to as being particularly conducive to the development of transvestism." [2]

Sexual roots of transvestism

Many times I have asked transvestites: "What do you get out of 'dressing'?" The answers naturally differed from individual to individual.

- *"When I dress, it feels as if I have a continuous orgasm," was the frankest sexual answer.*
- *"A great erotic stimulant," "a sexual release," "a sexual glow," "a wonderful erotic pleasure," were others.*
- *There were nonsexual answers too, usually among the older transvestites or from the transsexuals or from those under estrogen medication. They said:*
- *"When I dress, I feel at last myself," or "it's a delicious relaxation." "That's the life," exclaimed one, stretching himself voluptuously, and many similar expressions, pointing more to a relief of gender discomfort than to sexual pleasure.*

Sexual reasons for male transvestism are especially evident in the early stages of a transvestitic career. No experienced clinician can doubt the sexual roots in the large majority of transvestites. In most of the medical literature it is, therefore, perhaps not too fortunately, referred to as a sexual deviation or perversion. The often admitted masturbatory activities during or after a transvestite spree confirm this view. The frequently reported guilt feelings and disgust that are followed, with purges, that is to say, getting rid of all female attire, likewise point to the, - basically - sexual nature of transvestism (*"Post coitum omne animal triste?"*).

In a heterosexual relationship (and most true TVs are overtly heterosexual; some may be bisexual), potency can often be assured only by partial "dressing," for instance, in a female nightgown [3].

It is undoubtedly correct that many TVs, in the later years of their lives, "dress" more for emotional comfort than for conscious sexual reasons. But it must also be remembered that the tendency exists with many TVs to minimize the sexual nature of their "caprice" because they like to conform to morality, that is to say, to the antisexual atmosphere of our culture.

Emphatic among present-day writers as to a supposedly nonsexual nature of transvestism is Charles Prince, Ph.D., who himself is a transvestite. He would like to see the term transvestism replaced by "femiphilia," indicating "the love of things feminine," and he believes that in this way much of the association between transvestism and sex may be eliminated. More will have to be said on his concept a little later.

The aforementioned, rather keenly observant "Janet Thompson" does not completely deny the sexual roots of the disorder, but adds these words: "Transvestism falls into the category of a behavior problem rather than into that of a sexual problem as it is usually being classified."

Older European writers on the subject, such sexologists as Krafft-Ebing, Havelock Ellis, Hirschfeld, Moll, Bloch, Rohleder, and others have recorded numerous types of TVs according to other accompanying symptoms, most of them having a definite sexual implication. We find references, to "heterosexual," "homosexual," "bisexual," "automonosexual" (autoerotic), "narcissistic," "fetishistic," and "somasochistic," and also to the above mentioned "constant," "partial," or "periodic" TVs, and so on. All these definitions are largely descriptive and such would be their principal value. All kinds of combinations may exist and no two cases are ever alike.

Every TV follows his own individual pattern that does not readily fit into a too rigid classification. Anticipating a later discussion, I may say here that in my opinion, TVs are products of their congenital or inborn sexual constitution that is shaped and altered by cultural factors and by childhood conditioning. It can, therefore, produce an endless variety of clinical pictures.

Havelock Ellis believed in two basic groups of transvestites: one that only "dresses," and another that "feels" [4] himself to belong to the opposite sex, although having no delusion as to his or her anatomical conformation. This concept is strikingly similar to my own: One group includes the transvestites, and the other the transsexuals.

Kinsey and collaborators [5] recognize the phenomenon to have "many different situations and many different origins."

The inception or the "trigger" of transvestitic desires and activities (inception not being synonymous with causation or etiology) can, I believe, be twofold: (1) fetishistic (S.O.S. II) and (2) latent and basically transsexual (S.O.S. III). The first would represent a sexual deviation; the second a gender disharmony as well.

The fetishistic transvestite

The fetishistic transvestite usually starts, often even in childhood, with a morbid interest in a particular object of the female wardrobe (usually mother's or older sister's as the ones most readily available and therefore not incestuous). They are panties, bloomers, corsets, bras, nightgowns, or other garments, but also shoes (especially with high heels), stockings, or gloves. These articles often serve masturbation. A thoughtful student of transvestism, drawing from personal experience and intimate talks with other transvestites, has divided these fetishistic preferences into "overs" and "unders." The "overs" begin with shoes, the "unders" with undergarments. More and more articles of female clothing can then become fetishes, the "overs" gradually leading to the complete act of female impersonation with total feminine simulation in hair-do, dress, and makeup." [6] The "under" group of fetishistic transvestites dress less often in complete attire but go through life like any other man, only constantly wearing some female garments like panties or bras underneath their normal male clothing. Without them, their frustration may become well-nigh intolerable.

One of my patients of many years ago [7] a man in his late sixties, was accustomed to this form of transvestism when he went out. Only at home did he "dress" completely. Once he was in a street accident and was taken unconscious to a hospital. When the female undergarments were discovered, the examining physician, completely unacquainted with transvestism, wrote the fact into the hospital record (where I saw it), together with the diagnosis of "concussion" and "patient evidently a degenerate." The only consoling feature is that this example of medical ignorance occurred over twenty years ago.

Another one of my patients, a nearly sixty-year-old, largely heterosexual pharmacist, who looks little more than forty, combines his fetishistic "dressing" with a strong fetish for youthful apparel (civistism). He gets an even greater "sexual glow" (as he describes it) from dressing like a very young boy than as a woman. Once, he related, when he was almost fifty, he was alone at home and indulged in dressing in a young boy's suit. The bell rang and he opened the door. A man was there and in the poorly lighted entrance hall, he mistook my patient for a child and asked: "Sonny, is your mother home?" That thrilled him to such an extent that he almost had an orgasm.

The transvestite with a latent transsexual trend

The second inception of transvestism is not fetishistic but in all probability the result of an inborn or early acquired transsexual trend of "latent" character. (S.O.S. III). Those patients (like true transsexuals), invariably date the beginning of their deviation to earliest childhood. "As long as I can remember, I wanted to be a girl" is a frequent part of their history. [8] While it is quite possible that such statements may merely express the wish that it may be so, most evidence gained not only from patients but also from relatives points to the fact that transvestitic tendencies, in the great majority of all cases, were noted in the first five or six years of the child's life.

A sharp differentiation between a fetishistic and a latent transsexual inception of transvestism is not always possible. The fetishistic can gradually develop into the (basically) transsexual variety, as case histories have repeatedly shown me. The former, however, may well contain elements of the latter from the very beginning. Otherwise the initial morbid interest in one or several articles of female wardrobe would hardly have evolved into the desire for total "dressing." The basic transsexualism may therefore explain an occasional and, seemingly, progressive nature of transvestism.

The sexual element in transvestism seemed to me always more manifest in the fetishistic than in the latent transsexual type where (as in true TSism) a low sex drive and gender dissatisfaction frequently predominated.

Transvestite publications

One of the most devoted students of the transvestitic puzzle is the aforementioned Charles Prince, who is the founder and (under the name of Virginia Prince) editor of *Transvestia*, a magazine "by, for, and about transvestites." This magazine, founded in 1959, has been enormously helpful to persons who had suffered intensely under this lonely deviation and, for the first time, learned that they were not alone and that many others are in the same situation. By accepting themselves as they are, many have learned to live with transvestism in reasonable contentment.

Transvestia gives the impression of a "subjective" publication, "Virginia's" name dominating the pages of many issues as teacher, mentor, and spokesman for the transvestitic "sorority." Support is given by a co-editor, "Susanna," who rarely fails to contribute interesting thoughts. Through questionnaires sent to subscribers and through lectures and articles for scientific and educational journals, Prince has made valuable contributions "from within," while most other writers on the subject (including the present one), decidedly approach the subject "from without."

Prince coined the word "Femmepersonator" (F.P.) to replace transvestite for two reasons: first, to counteract the popular confusion with homosexuality, under which the word transvestism suffers, and second, as mentioned before, to try to take "some sex out of it." Unfortunately, *Femmepersonator* readily invites confusion with female impersonator," and is therefore hardly the best term. The de-sexing attempt is merely one example of the frequent lack of realism among transvestites and their ever-present capacity for illusion and self-deception.

The inability of many of them to look at themselves objectively is their great handicap. It explains that all too often they do not look like women at all when "dressed," but like men dressed up as women. They do not see it and that is why some of them are arrested. One only has to look at some of the photos published in *Transvestia* and *Turnabout* to recognize the truth of this observation. While unfortunate, the self-deception is understandable if we think of the wish being the ever-present motivating force.

Side publications by Prince, called *Femme Mirror* and *Clip Sheet*, add little if anything to the original educational nature of a praiseworthy enterprise and may even - by its vague commercializing character - detract from its value.

The denial of sexual motives for transvestites, except for those that are fetishists, is meant to make TVism more respectable and therefore more acceptable to the public. "Virginia" and her followers believe in "the need for adornment and personality expression" and in the "relief from the problems of masculinity and social expectancy" as explanation and justification for transvestism.

Prince has developed a rather elaborate theory. He believes the cause for transvestitic desires and behavior to be largely cultural. Boys are taught to do this, and not to do that, for instance, not acting in feminine ways, not crying too easily, or not playing with dolls instead of with trains. In this way, the female component in their constitutional makeup is artificially suppressed. But it may break through sooner or later in life, leading to transvestitic urges. This is an interesting concept but the objective and emotionally uninvolved outsider and clinician cannot agree. The cultural pressure applies to practically everybody, but transvestites are only few, very few, in proportion to the population.

Besides, to take sex out of transvestism is like taking music out of opera. It simply cannot be done. The histories of too many patients prove that sex is more often involved than gender, although gender too can naturally supply a vital motive for cross-dressing.

The actual cause of sex and gender disorientation, with its transvestitic and transsexual syndromes, is still to be discovered. An immature or an infantile sexual constitution (fostered by a faulty upbringing) may have something

to do with the cause of transvestism, even if gradually, and with advancing years, the social contentment and a gender harmony that goes with "dressing" overshadows or even replaces its original eroticism.

A seemingly more objective approach to the problem can be found in the pages of *Turnabout*, another more recent magazine of transvestism. Its competent editor, Fred Shaw, writing under different pseudonyms, with several qualified collaborators, likewise provides self-expression for their readers through letters and photographs, but they provide, at the same time, education and information through scientific debates, giving expression to diversified views.

They disagree with "Virginia Prince" and her principal theory that "the girl within" prompts transvestites to be what they are and to act as they do. Yet - as we have seen - such theory does contain a grain of truth, namely, the biological fact that in every male there is an element of the female, and vice versa. Our culture and upbringing, however, lead to the practical demands (for males and females), for masculinity and femininity as such, and allow no "girls within" men. It does exist only under just such abnormal conditions as transvestism, transsexualism and certain cases of homosexuality with effeminacy. All this, however, permits no generalization.

In both publications, *Transvestia* and *Turnabout*, articles written by TVs and letters to the editor furnish interesting and valuable material for the psychologist. The often infantile and completely self-centered attitude of many transvestites and transsexuals is occasionally and strikingly illustrated, together with a deeply disturbed, unrealistic, frustrated frame of mind which is the more outspoken, the more the writer inclines toward transsexualism. Many articles and letters, however, are remarkably sensible and sometimes humorous.

In any event, the opportunity to write these contributions and see them printed has a therapeutic value that should not be minimized. Full credit should go to those who had courage enough to furnish the opportunity by pioneering the respective publications. If a danger exists that they may, here or there, seduce a susceptible person, the probability is that, sooner or later, this person would have come to transvestism anyway. And any such theoretical risk to a few is greatly outweighed by the actual benefit for many.

Those TVs, however, who wish to get away from their disturbing hobby would have to shun these publications, together with all transvestitic temptations, gatherings, and the like, and train themselves to live in a completely "normal" (*sit venia verbo*) environment.

TV publications with their detailed descriptions of "dressing" and their many photos over female names can be an endless delight to the TVs. They can be instructive to the psychologist, but are an unmitigated bore to all others. So are undoubtedly "girlie magazines" to homosexuals and "muscle men" pictures to the heterosexuals. Shoe stores and lingerie shop windows can be sexually stimulating ("obscene," our moralists would say) to the respective fetishists and utterly indifferent to others. So the old clichés are only too true. "It's all in the mind of the spectator," or "One man's meat is another man's poison."

Interpretations of transvestism

The idea that transvestism may be a latent or masked form of homosexuality was expressed by several writers but particularly by the Viennese psychoanalyst, Wilhelm Stekel [9], and is still favored by some of his followers. The explanation seems simple enough, but to the unprejudiced clinical observer it does not ring true. Kinsey and his collaborators also consider it incorrect. There are too many clearly heterosexual transvestites and it could do no good to saddle them with another (the homosexual) emotional burden, a deviation that they often greatly resent and reject.

But psychoanalytic theories are something like a cult, if not a religion, and are often quite incomprehensible to ordinary clinicians. To them, their explanations and analyses many times appear far-fetched, even absurd, in spite of their often intriguing and sometimes poetic quality.

Psychoanalysis has a language and jargon all its own. In the field of transvestism (and homosexuality) we owe to the psychoanalysts the concepts of the "mother with a penis," the "phallic woman," the "castration fear" which

"transvestism attempts to overcome" and others, unnecessary to describe here. These psychoanalytic concepts have been accepted variously as important scientific discoveries, or as ingenious theories, but have also been criticized and rejected as merely intellectual "games," a sophisticated voodoo, if not as plain nonsense and balderdash. This author neither feels competent to pass judgment as to which of the above characterizations is most likely correct, nor would this be the place to express a preference on his part. The prominent psychiatrists and university professors Buerger-Prinz, Giese, and Albrecht in an important German monograph [10] call some psychoanalytic theories "think possibilities without evidence in clinical observation" (phenomenology).

Johann Burchard, psychiatrist and teacher at the University of Hamburg, Germany, gives us a much more acceptable interpretation than the psychoanalytic one. In his recent German monograph [11] on the subject, he says that homosexual and heterosexual transvestites and transsexuals are, sexually, double-oriented: toward the ego and toward a partner. In an asexual transvestite or transsexual, even masturbation can be dispensed with, the libido being completely reverted to the ego. These cases become anorgasmic.

In other types, a partner or an object (fetish) plays a part and the narcissistic transvestite has his mirror image. Burchard says transvestism is the result of a pathological development, the etiology of which is yet unrecognizable. It is a nonpsychotic syndrome similar to other sexual perversions.

Freud himself, if alive today, would not deny a possible constitutional basis, as he believed in "hereditary, organically fixated, and not only educational factors." [12]

Dr. Robert J. Stoller of the University of California, Los Angeles Medical School, in his recent lectures on the biological basis of human sexual behavior, recalled Freud's conviction that sexual conduct has its roots deep in the physical structure of the brain, to which brain chemistry may have to be added.

Around 1930, I once called on Freud during one of my visits to Vienna. At that time, he was still in his home and office at the Bergstrasse. A mutual friend, Dr. Eugen Steinach, Professor of Physiology at the Vienna University and the famous discoverer of the "puberty gland" [13] had made the introduction and appointment for me.

The hour I spent with Freud can never be forgotten. Among many other topics, we discussed the body-mind relationship (suggested by Steinach's researches) and when the pun came to my mind that "the disharmony of the emotions may well be due to a disharmony of our endocrine glands," Freud laughed and fully agreed.

If I learned one thing from this visit, it was that Freud certainly was no "Freudian," in the sense of some of today's practitioners. His biological background and training protected him against the "extremism" of the Bergler and like types. Besides, Freud was big enough to recognize his own occasional errors, admitted them, and tried to correct them.

Illegality of transvestism

The typical or true transvestite is a completely harmless member of society. He derives his sexual pleasure and his emotional satisfaction in a strictly solitary fashion. The absence of a partner for his particular sex expression differentiates him radically from all so-called sex offenders. According to a strict interpretation of the law, however, he can be prosecuted just the same, even for "dressing" in the privacy of his own home (in an "enclosure"); more so, of course, if he appears in public in female attire.[14]

Some transvestites have learned to dress and make up so cleverly and move in such a natural, feminine way that they cannot be "read," as the saying goes. This affords additional satisfaction because the transvestite now feels he has succeeded in creating a new (and second) personality for himself. [15] This "new" female personality reinforces the female name that all transvestites assume. The male speaks of his female counterpart as of another person, a habit that can be most confusing to the uninitiated. I have examples of transvestites possessing two driver's licenses, one in a male and one in a female identification. Also, two social security cards, in case they hold jobs as males and females at different times.

Family life of transvestites

The majority of transvestites I know make their livings as men, but can be quite miserable when dressed in male clothes. Not being interested, they do not dress well as men and frequently look shabby. They long for the moment when they come home and can relax in their feminine finery, perhaps only a fancy dressing gown. There, the best is never too good. The wife is often in a quandary, lest the children get a glimpse of their father dressed as a woman, or visitors may come before the husband can disappear into the bathroom and change clothes.

For their future psychological development, children should certainly be protected against learning of their father's transvestism and seeing him "dressed." Especially, a boy's identification with the father image may suffer irreparable damage. I have one patient, a transsexual, who told me "she" (this patient is living as woman although she has had no operation), has never seen her father dressed as a man, nor has she ever seen her mother (who was also a transvestite) dressed as a woman. It would appear most unlikely that under such pathological conditioning a normal adult male could have resulted. This, however, is an extreme case, possibly consciously or unconsciously exaggerated to justify the patient's own transsexualism. It is by no means typical.

In any event, it seems inexcusable for any father to let his children see him openly indulging in his transvestitic pleasures. Few wives and mothers would stand for it either, although I have known of two or three such marriages to persist.

Transvestites for whom "dressing" is necessary to preserve an emotional balance can develop other and more serious symptoms, if frustrated too long. I have seen alcoholic excesses acting as substitutes, and drug habits may find their inception in this way. I have also seen great nervous irritability develop so that a job was lost and family life disrupted. "He flies off the handle at the least provocation," a wife said of her husband, when he was unable to "dress" from time to time and "be himself" in female attire.

One of my patients, a rather shy and timid person as a man, changes completely when he assumes his female role. As a woman, he loses his self-consciousness and his feeling of insecurity which he himself explains: "Self-reliance, a certain aggressiveness and dominance are expected of a man. This is against my nature. It is not expected of a woman. Therefore, as a woman, I feel at ease, more secure and my true self." In his male role, this patient suffers from intense fear of high places. He panics at the idea of traveling by plane. When "dressed," no such fear exists and he takes trips by plane regularly and can enjoy them.

Not all such "nervous" symptoms need be psychogenic. It would be wise for a doctor to be hypoglycemia-conscious. Intense frustration to which TVs and TSs are subject, coupled with (frequently observed) poor eating habits, can produce a functional hypoglycemia that may give rise to emotional extremism, lack of judgment and control, compulsive actions, together with physical manifestations, dizziness, fainting spells, heart palpitations, and so on. Proper medical treatment with particular attention to diet can then be very helpful.

Transvestites' wives

The wives of transvestites constitute a psychological problem by themselves. I have spoken to at least a dozen. Most of them put up a brave front, claiming to be unaffected in their love for their husbands, but admitting they are certainly not happy about the TVism, even suffering acutely at times. Few, but very few, say they enjoy helping their husbands to "dress" and "make up" and actually like him in his female as much as his male role. Are they fooling themselves, or are they lesbians? I have asked myself these questions many times. Only deeper psychological probing may provide the answers. The husband's ability as a lover and the wife's sexual needs are often deciding factors as to whether a marriage can endure or not. Some can (if mutual concessions are made). Many cannot.

I have observed rare examples when the wife actually was more homo- than heterosexual and liked her husband better as a woman than as a man. A lesbian like relationship existed that satisfied both, with the husband's transvestism on a transsexual basis (S.O.S. III-IV) finding an almost ideal outlet.

Perhaps a majority of transvestites' wives are willing to tolerate the husband's hobby, provided they do not have to see him dressed as a woman. I also know marriages of many years' standing when the wife actually never knew of the husband's transvestism, although he indulged in it regularly, several times a month outside of the house.[16] Hugo Beigel, in an article, "Wives of Transvestites,"[17] described the situation in similar terms.

No transvestite should ever marry a girl without telling her of his peculiarity beforehand. It would be too unfair. Too many have not done so and paid dearly later on. Among Buchner's subjects, 72 per cent did not tell.

Concomitant deviations

Accompanying perversions or deviations that often complicate transvestism have been hinted at earlier. They occasionally worry the wives particularly or aggravate their problem. They are rarely mentioned in the literature, except in the TV publications.

The most dangerous is probably the desire for "bondage," occasionally with self-strangulation attempts. How often these attempts may go just a little too far, or help may come just a little too late and an unexplained and mysterious "suicide" makes the headlines, anybody may guess.

Flagellation is occasionally demanded by TVs visiting prostitutes in female attire or wanting to "dress" in their homes and merely talk "girl talk" to them like "one girl to another." Some TVs with masochistic inclinations want to be humiliated at the same time. They dress in a servant girl's clothes and want to be ordered around to do washing, cleaning, scrubbing floors, and the like. They are willing to pay well for this kind of "sex service." I knew a noted cardiologist who indulged regularly in this, his only adequate sex life.

Fetishism (S.O.S. II) complicates other TVs' sex lives. At the same time, it puts an additional strain on married life. There are those who like furs or leather. They buy jackets, coats, and entire outfits at considerable expense so that the wife has a just grievance, if she cannot afford anything like it for her own wardrobe.

That applies equally to expensive silk gowns and still more so to shoes made to order, often with extra high heels, and new ones all the time. Considerable expenditures also go into the purchase of wigs, jewelry, and accessories.

Much has been made of narcissistic tendencies in TVs. True, most of them spend an abnormal time in front of mirrors, admiring their images as women, only too often overdressing and over adorning themselves with costume jewelry. But whether they are really "in love" with themselves as the classic Narcissus was supposed to be is another question. Exaggerated female vanity may account for the same actions and also for the delight in being photographed in all kinds of poses to show off their new dresses, wigs, or hair-dos. Mirror and camera are certainly indispensable adjuncts to a transvestite's life. Since they are harmless and help emotionally, they have their justification.

The transvestite types discussed here are the S.O.S. II and III principally. In them the symptom of cross-dressing is by far in the foreground of the clinical picture. The TVs with their desire to see such physical changes as gynecomastia through hormone treatments or plastic operations show enough of an overt transsexual trend to be included in the following chapter.

Footnotes

[1] See Appendix C, by Dr. Richard Green, page 173.

[2] International J. Sexology, May 1951.

[3] A. Taylor Buckner, in a master's thesis for the University of California, based on a questionnaire sent to 262 subscribers to Transvestia (a magazine for transvestites), reported that the following were worn during intercourse:

Garment	Percentage
Shoes with high heels	10
Stockings	16
Panties	22
Nightgown	26
Full costume	19

[4] This reference to "feeling" here and in other places is of little scientific significance, as it is too vague, too subjective, and could vary in its meaning, not only from case to case, but also from mood to mood in the same individual.

[5] Kinsey, Pomeroy, Martin, Gebhard: Sexual Behavior in the Human Female, W. B. Saunders Co., 1953, p. 679.

[6] Turnabout, No. 3, pg. 3. 1964.

[7] His case was fully described by Dr. B. S. Talmey in the NY Medical Journal of February 21, 1914, except for the incident here reported, which occurred toward the end of the patient's life.

[8] Buchner found that first transvestitic experience in his group of Transvestia readers were:

Age	Percentage
Before 4.9 years	14
Between 5 and 9.9 years	39
Between 10 and 17.9 years	39
After 18 years	8

[9] Stekel was first a pupil of Sigmund Freud, but later became his rival and antagonist.

[10] Buerger-Prinz, H., Albrecht, H., Giese, H. Zur Phenomenologie des Transvestismus bei Maennern. Enke Verlag, 1953.

[11] Struktur und Soziologie des Transvestismus und Transsexualismus, Enke Verlag, 1961.

[12] Sigmund Freud. Ges. Werke. Imago Publications, London, Vol. 70.

[13] The hormone-producing part of the testicle.

[14] See Chapter 9 on legal aspects.

[15] Among Buchner's subjects, from 20 to 37 per cent seem to feel that way.

[16] Buchner found the wives' attitudes as follows:

Attitude of wife	Percentage
Completely accepting and cooperative	25
Permits dressing only at home but in her presence	11
Permits, but does not want to see	20
Knows about TVism but completely antagonistic	21
Unaware of husband's transvestism	18

*According to my observations, the 25 per cent is too optimistic.

[17] Sexology Magazine, July 1963.

The Male Transsexual

Readers of the foregoing chapters already should be fairly well acquainted with the (transsexual) man who wants not only to appear as a woman by dressing as one, but who actually wants to be a woman in appearance as well as function and wants medical science to make him such as far as that is possible. In other words, it is the man who suffers from a reversed gender role and false gender orientation. He wants to change sex.

As we have seen, these persons, in a strictly scientific sense, fool themselves. No actual change of sex is ever possible. Sex and gender [1] (to repeat for the sake of clarity) are decided at the moment of conception, when either two X chromosomes, one from the father and one from the mother, lay the foundation for a future girl, when one Y chromosome (from the father) and one X chromosome (from the mother) insure the birth of a boy. Nevertheless, the wish to change sex persists, and for all practical purposes such can and has been accomplished as far as the individual's future life and position in society are concerned. This alteration, from male to female, concerns only the visible genitalia and secondary sex characters. To the extent of external appearance it can be successful and convincing.

If a chromosomal study should be made, however, the true (chromosomal) sex would be discovered and this remains true no matter how long the person may have lived as a member of the opposite sex or what operations or hormone treatments may have been applied.

- *The transsexual in life and love*
- *Psychological state and sex life in transsexuals*
- *The transsexual's plight*
- *The physical state of male transsexuals*
- *Three different types of transsexuals*
- *Further handicaps of transsexuals*

The transsexual in life and love

There is hardly a person so constantly unhappy (before sex change) as the transsexual. Only for short periods of his (or her) life, such as those rare moments of hope when a conversion operation seems attainable or when, successfully assuming the identity of a woman in name, dress, and social acceptance, is he able to forget his misery. It is not always the frustrated, passionate sexuality, but more so the heart-breaking anguish of the transsexual's gender disharmony that makes him forever a candidate for self-mutilation, suicide, or its attempt. The false relief obtained from alcohol and drugs is not an infrequent complication.

Self-mutilations are no rarity and have occurred in at least four of my patients out of a total of 152 transsexual males. Two of them tried to castrate themselves but had to give up and call a doctor. One succeeded with the help of a friend in completing the job. One mutilated the penis, requiring several stitches to repair the damage. Many more such incidents have been reported and still more can be safely assumed.

The three patients who castrated themselves or attempted it eventually succeeded in being operated upon in the United States, having testicles and penis removed and a vagina constructed. They are now living as women. The fourth patient is still hoping to find a courageous and understanding surgeon in the United States or, otherwise, to raise the money for a trip abroad.

Sometimes these acts of self-mutilation are done in desperation. Others are more deliberate and are meant to force the surgeon's hand to complete the genital alteration which he had refused to undertake for reasons of his ethical concepts, or for lack of hospital facilities (where the necessary permission was withheld by the hospital board), for fear of criticism or out of consideration of existing laws.

Finally, surgeons untrained in this type of surgery may lack confidence in their own skill and may be fearful of consequences if a satisfactory (to the patient) outcome should not ensue. Lawyers too are known to have advised the surgeon against operating. Suicides with "motive unknown" have undoubtedly occurred because of the inability to procure surgical help for the sex change.

I remember only too vividly thirty-year-old Juan, a true TS, who much preferred to be called Juana. Aside from his gender unhappiness, his greatest physical handicap was a very heavy dark beard which would have taken much time and money to remove. He was also handicapped by extreme, almost paranoid sensitiveness to remarks referring to the feminine impression he made and to his assumed homosexual inclination. In addition, there was great poverty and inferior education. It all added up to deep unhappiness without hope for the future. The time came when my psychological help and estrogen treatment had reached the limit of what they could do. Then the surgeon should have taken over to try to salvage this patient. But no surgical help was available.

I did not hear from Juan for several months, but at Christmas time 1963, the following note was received:

Dear Dr. Benjamin:

Finally I have to give up my struggle. Now I just exist waiting in misery for the moment to take leave of this earth in which I have been so miserable.

My regards to Virginia, God keep you all in health and good will, so that you can be, someday or another, of good to your fellow man.

Good-bye forever, J.

Attempts to get in touch with him failed. I would like to believe his note to be not more than a hysterical outcry, but the probability is he did find the only solution that he could see for his problem.

Sympathy, understanding, and especially any degree of empathy is found for transsexuals generally only among their own. Therefore they are always anxious to meet someone with the same problem or at least correspond with one. Close friendships are often formed, two transsexuals for instance living together before or after the operation. Contrary to popular assumptions, these friendships are without overt sexuality. They are like two lonely, "normal women" living together, each one wishing for a man as a sex partner, unless asexuality prevails.

To their families, these transsexuals are often an enormous problem. Such a person may dress and behave in an embarrassingly feminine manner, let the hair grow long, may have love affairs with normal men, threaten suicide when opposed too much, speak of his future life as a woman after the operation without much regard for the feelings of others, especially parents, who cannot easily accept having a daughter instead of a son, or siblings who may respond in the same way to having a sister instead of a brother. The patient, however, feels that it is his own future life that is at stake and he does not want to sacrifice it to please somebody else. Relatives often fear being embarrassed through gossip among friends and neighbors more than anything else, and for that reason oppose the "change," the possible happiness of the child taking second place.

Psychological state and sex life in transsexuals

"The need for recognition, attention and acceptance, coupled with inner feelings of being rejected and ignored is prominent in all subjects," said Drs. Worden and Marsh [2] with full justification. Many transsexuals have no overt sex life at all. As Burchard [3] has said, the sex drive in some of them is turned inward toward their own ego. Masturbation is then occasionally practiced, but the urge for it is low and under estrogen treatment gets even lower, to the point of zero.

Other transsexuals, however, have a sex life. There are those who still preserve a normal married life, that is to say, with a woman. They say they are able to have sex relations with the help of fantasies, by taking a succubus (under) position in intercourse, or by wearing a female nightgown. Some of these married transsexuals described to me a mental state during intercourse in which the penis seems to lose its identity of ownership. "The penis may just as well be my wife's being inserted into me as vice versa," one patient expressed it. Another one said bluntly, "I don't know whether I screw or am being screwed." Psychoanalysts may find ingenious explanations for such a phenomenon.

Other transsexuals again have normal boyfriends who treat them as girls whether they live as such or not. They hope, work, and save money for the conversion operation so that they can marry legally. Occasionally, the two persons live beforehand as a married couple, nobody but a few intimates knowing that they are actually two genetic males. Of course, there is always the fear of discovery, arrest, scandal, and the like, which keeps their emotional state in a precarious balance.

Sex relations vary, the "husband" most often substituting the anus for the not yet existing vagina. Orgasm may be claimed by the "wife," but especially under estrogen treatment, "she" has difficulty getting an erection, which is not considered any handicap at all, rather the opposite, as all manifestations of masculinity are abhorred. Erections are often described as painful, which may have a psychosomatic explanation. Ejaculations gradually diminish and finally disappear as the prostate shrinks under estrogen therapy.

The "husband" in such a union offers an interesting psychological study. Are there actual or latent homosexual inclinations in him so that he can be attracted to a transsexual man? Naturally, the attraction is to the "woman" in this man, but could completely normal, heterosexual men be able to forget the presence of male sex organs, or, if an operation has been performed, even their former existence?

Still other transsexuals find prostitution a useful profession for emotional as well as practical reasons. I am not referring here to the male hustler, who may dress as a woman for "business reasons," but only to the (unoperated upon) transsexual who plays the part of an ordinary prostitute looking for normal heterosexual men as clients. He hides his genitals rather cleverly with the help of a bandage that draws penis and scrotum between the legs. A corset may further protect him against a too inquisitive "John" to whom he offers anal or oral contact, explaining the refusal of normal peno-vaginal relations by claiming menstruation or a too recent abortion or merely that he prefers to "french." He invites playing with his breasts that have usually been enlarged through hormone treatment or a plastic operation. This gives him pleasurable sensations and allays any suspicion the customer may have. Much of the existing handicap and danger are compensated for by the enormous satisfaction the transsexual derives from being so thoroughly accepted as a woman. How much more can his femininity be reaffirmed than by again and again attracting normal, heterosexual, and unsuspecting men and even being paid for rendering sex service as a woman?

Aside from the emotional satisfaction that prostitution may afford (in spite of its hazards as an illegal occupation) it has its decided practical advantages. Not only can the transsexual make his living, but he may also be able to save enough money for the trip abroad (usually Casablanca in 1965) that is his ever-present goal.

How many such male transsexuals are engaged in prostitution before any conversion operation has been performed is impossible to estimate with any degree of accuracy. They are rare, possibly not more than a few dozen in the whole country. Whether fewer transsexuals become prostitutes, full or part-time, after their operations and after they have become legally female, is difficult to judge (see [Chapter 8](#)).

It has happened in a few cases that all of a sudden, money became available to go abroad (and come back a broad, as somebody quipped) without any evident source. Being aware of the overwhelming, desperate urge of the transsexual to be made "female," doubts have sometimes crept into my mind whether funds were not acquired illegally, other than by prostitution. A parallel to the crimes committed by equally desperate drug addicts readily comes to one's mind.

As far as the psychological state of the transsexual, not operated upon, is concerned, for some of them even a restricted and only partially satisfying sex life seems better than complete frustration and no sex outlet at all. Psychoneurotic symptoms seemed to me to be the more pronounced the greater the sexual frustration. In several, perhaps six to eight of the 152 transsexuals that I have observed up to the end of 1964, a paranoid state or a schizophrenic reaction was diagnosed by psychiatrists, but it was always a question in my mind how much of the psychotic reaction or how much of the psychoneurotic symptoms may be due to the thwarted sex

life and the gender discomfort of the transsexual state.

Doctor Ira S. Pauly, psychiatrist at the University of Oregon, said in a recent lecture before the American Psychiatric Association's 120th Annual Meeting in Los Angeles (May 6, 1964): "Because of his isolation, the transsexual has not developed interpersonal skills, and frequently presents the picture of a schizoid or inadequate personality."^[4]

Improvement of the mental condition occurred under estrogen treatment as well as after the corrective surgery, but by no means in all cases. Much is yet to be observed and studied along these lines. As a general rule, however, transsexuals are nonpsychotic.

The physical state of male transsexuals

The physical examination of transsexual patients usually reveals nothing remarkable. With the exception of one female transsexual (with ovaries, a rudimentary womb, and a small hypospadiac penis), I have seen no hermaphroditic abnormalities. (In this case, correction was made through operation and this patient is living as a reasonably well-adjusted man.) Among my patients I discovered no so-called Klinefelter syndrome (a chromosomal abnormality, characterized by gynecomastia, sterility, mental retardation, and so on), although such combination of transsexualism and Klinefelter syndrome has been observed and reported in the medical literature.

Otherwise the transsexual male and female are genetically normal. The chromatin pattern was repeatedly examined in both sexes and was negative in all males and positive in all females, which are the normal findings. In three of my rather outspoken cases, one male and two female transsexuals, a so-called karyotype was made, which is a visualization of all (normally 46) chromosomes, and no abnormality was found.

An interesting incident occurred with a female transsexual who was living as a male. "He" was sent to a laboratory specializing in this type of work for a chromatin test. Smears were taken from the mucus membrane of the mouth and the report came to me: "Male."

Somewhat surprised at this finding, I phoned the laboratory and told the examiner that he had found a genetic male in an anatomical female. The examiner who had seen this patient and had assumed he was dealing with a man was taken aback and asked me:

"Is there a vagina?"

"Yes, indeed," I said.

"Then let me make a chromosomal visualization," he requested.

"The chromatin test was not too clear."

When such visualization was completed, the diagnosis was unmistakably "female."

All patients were examined routinely for possible sexual underdevelopment, immaturity, or eunuchoidism. Diagnosis of such condition was based on the inspection of the genital organs which naturally allows for a wide variety of individual sizes; on skeletal measurements, for instance, the span being wider than the height; on a low secretion of the 17-ketosteroids, which are the end products of male hormone production as they appear in the urine. Naturally, subjective symptoms were taken into consideration, too: for instance, a sex drive and potency below the average, a late start of any sex life including masturbation, and so on.

Such more or less distinct underdevelopment, known as hypogonadism, but rarely to the point of eunuchoidism, was found in 61 cases out of a total of 152 male transsexuals, approximately 40 per cent. These findings may eventually prove to have significance as far as the underlying causes of transsexualism are concerned.^[5]

The transsexual's plight

"I cannot stand all this any more," said one of my patients, characteristically pointing downward. "It does not belong to me; it must go."

Another transsexual who had lived and worked successfully as a woman for years, was accepted by her family, and had an excellent plastic breast surgery performed, wanted me to send her finally to a surgeon for genital alteration. I could not help asking her why, when she had already accomplished so much and seemed reasonably contented. With genuine astonishment, she pointed below and said: "But girls don't have that!"

The greatest plight of any true male transsexual is the problem of where to turn to have the conversion operation performed. Even if they find a surgeon who is willing and competent to do the operation (and there are undoubtedly many urological surgeons in this category in the United States), the problem is by no means solved. A hospital is needed for this operation and hospitals have their boards. These boards are partly composed of laymen; among them may be priests, ministers, and rabbis. Without the board's permission, the operation could not be performed in that particular hospital.

One of my patients had a deeply disturbing experience, disturbing not only to him but to every fair-minded person, including independent physicians. Being a highly articulate and educated man, he wrote up his experiences for a magazine, *Sex and Censorship*, which was published on the West Coast several years ago, but exists no longer. I was impressed with this patient's truthful statements and agreed to write an introduction to his story. In it, I explained the fundamental facts of transsexualism and discussed (regretfully) medical censorship as it exists in this country and in this day and age. Here, in a slightly abbreviated form, is what the patient wrote:

THE UNFREE

by William J. O'Connell

This writing is about Freedom. It is about how freedom was denied to one person and thus potentially to all, not in Russia or Germany but in the United States dedicated to its defense. It is about me, because I am involved. It is about how I was engaged in the pursuit of happiness. How I chose a certain goal, being sure that my reaching it could not harm anyone else in the pursuit of his happiness. And how I was frustrated in the pursuit of my happiness by men who were bigoted and self-righteous, constituting themselves into a sort of modern lynch mob, the more dangerous for being subtle. I do not ask you, reader, to be concerned about my frustration. Be concerned, though, for freedom, mine and yours.

The happiness I chose to pursue - had to pursue, more precisely - was simply and shockingly, an operation to change my ostensible sex; for I am a person, physically male, whose mind and heart are feminine. If you, the reader, now turn away, muttering: "Oh, one of them! You ought to be frustrated!" - then you are kindred to the lynch mob, kindred to those who judge black men and Jewish men and freckled men because they are different.

The leopard cannot change his spots, and I cannot alter, if I would, the basic femininity of my psyche. If there is indeed an eternal soul, then I suppose mine to be in gender feminine. At all events, what is certain is that from babyhood I have known - call it intuition, call it recognition - known beyond all doubt that I belonged among the women, and have longed to take my place there. Englishmen born and raised in India go home to England. So with me, always: to become a woman would be to come home. A dull home, perhaps, that of a thirty-four-year-old spinster, but still and always home. This would be my happiness: to wake tomorrow and find myself just such a woman. It is, you may think (especially if you are yourself such a woman), a curious sort of happiness to pursue. True; but plain water is more than champagne to one in desert lands.

The pain in my life is not merely that caused by prejudice and misunderstanding. Far more, it is the pain of conflict, the profound dichotomy of mind and body. I have perforce "lived a lie" as man and boy, always painful, always false. Yet to dress as a woman, not being one, is equally false, as well as dangerous. What, then, to do? A problem implies a solution: the solution to mine is to alter one of the elements, mind or body, to conform to the other. Putting aside the possibility of an unchangeable feminine soul, I still must say that my mind and heart - my

psyche - have been shaped by a thousand million longings and choices and feminine values; I could not acquire a masculine psyche without ceasing to be myself. Any psychiatrist would admit, a "cure" is hopeless.

But, if mind-conforming is not the solution, there remains the alternative: changing the body to fit the mind. This, within limits, is possible; and to a people that accept false teeth and spectacles, plastic surgery and artificial limbs, it ought not to appear unreasonable. A man may be made endocrinally female by the female hormones, which control the secondary sexual characteristics of hair and breasts; and anatomically female by the removal of male organs and the surgical creation of a vagina. She cannot bear children; but, surely, if she is female in anatomy and hormones and psyche, she is woman. This limited womanhood became my goal, this was the happiness I pursued.

My decision was made in the clear perception that my life was quite intolerable in its falseness. After some hard, realistic thinking, I went to a sexologist, a man wise in the ways of glands and their secretions. He received me with kindness and understanding, and sent me to a psychiatrist who confirmed his judgment that I was of sound mind and quite competent to decide where my happiness lay. Then he carefully began the process of feminization by the administration of estrogen and other female hormones. Months went by while my breasts began to develop and other changes took place and while my doctor studied me and tested and observed. Then at last - a glorious day - he approved me for surgery.

The surgeon, skilled and courteous, was not to be rushed; it was necessary that he be certain in his own conscience that what he was doing was best for me. I could not doubt that this great gentleman, like the sexologist, truly intended, in the words of Hippocrates, to govern his treatment by the needs of the sufferer. To make assurance doubly sure, he sent me to another psychiatrist who, in turn, convened a panel of his brethren.

After many hours of discussion and questioning and study, these three psychiatrists unanimously recommended the operation, adding that they were powerless to alter my feminine psyche and that the surgeon would be doing me a great service by operating. Even then the surgeon was not wholly convinced and there were further discussions with him before he at length consented. "Now," I thought, "now at last, the long waiting and the long anxiety are done. Now my life will take on harmony and meaning. Now my great adventure . . ."

But I reckoned without bigotry and prejudice and timidity.

After a fortnight's wait for a bed, I went to the hospital that had agreed to the operation being done provided, I was told, their psychiatrists approved. One of them turned up the first day and, after conversations and tests, endorsed the views of his colleagues. This made a total of five psychiatrists unanimously in favor of the operation. The staff surgeon, who would collaborate in doing it, also came round, friendly and sympathetic. But then there was a delay. A staff psychiatrist was supposed to come by, but, it seemed, he was unwilling to do so.

Day after day I lay there, existing on the meatless diet, having to go outside to smoke - rigors imposed not by my religious beliefs but by the hospital's. Finally a member of the all-important Tissue Committee appeared: the Committee, because of protest from the "religious elements" of the hospital, were to review my case. But my visitor, although he was perhaps to present my side of the matter to his colleagues, seemed much more interested in talking than in listening; I think his mind was made up, and I think that neither justice nor "the needs of the sufferer" found any room there.

The Tissue Committee refused to permit the operation. They did not ask me to present my case; indeed, it was quite obvious (as I was told by one of the doctors) that they did not consider me at all but only considered placating the "religious elements." Thus the careful, conscientious studies of sexologist, surgeon, and a battery of psychiatrists went for nothing. The hospital had sacrificed their honor (since I had been admitted under an implicit agreement) and their mission (to help those in need) for the sake of a bigoted few. For all that, they did not hesitate to charge me two hundred of the dollars I had so laboriously saved for the operation - two hundred dollars for discomfort and profound disrespect. No other hospital, now, would accept me after this one had turned me out; in any case, my short vacation was gone for another year. There was nothing to do but accept defeat and go home to Seattle. Later I wrote twice to the Committee, protesting, offering religious reasons for the operation. There was no reply at all - perhaps they had carried out an ecclesiastical excommunication with bell, book, and candle. More probably, the individual soul was not important to these "Christian gentlemen."

Where does the blame lie for this fiasco? I had sought my own happiness, a happiness that could harm no other living person; and I had been stopped by the bigoted and the self-righteous; my freedom had been denied. Not

very much can be said in extenuation of the particular hospital involved, for they had admitted me and charged me under an agreement which they dishonored; and the gentry who voted not to allow the operation were manifestly false to their oath to be governed in their treatment "by the needs of the sufferer" - they were governed by bigotry and timidity and my needs were not considered. But other hospitals, though less dishonorable, are as timid. What lies behind their unwillingness to permit an operation that, in the considered judgment of nearly a dozen doctors, is necessary? There are, it seems to me, three elements of their timidity: legality, religion, and disrespect for freedom.

The law is not lucid in matters of this sort. The common law and certain ancient statutes forbid mayhem. Mayhem is depriving someone of limbs necessary for self-defense - a sword arm or a trigger finger. It is somewhat difficult to regard sexual organs as being useful in self-defense. Moreover, such laws had in view, of course, maiming by force, without consent. In short, the law of mayhem is not automatically applicable, if at all, to the removal of sexual organs with the patient's consent. Especially since the courts themselves castrate certain criminals. Nevertheless, a prejudiced district attorney might drag out this law and attempt to apply it to a hospital which was a party to the operation. Whether there could be a conviction and, particularly, whether any higher court would sustain such conviction, is perhaps doubtful. The surgeons were willing to risk it, if their consciences approved. It is difficult to believe that the hospital refused me because of this law.

Religion, not necessarily genuine religion, is the force behind the hospital attitude; indeed, it would be the force behind the public opinion that might persuade a district attorney to invoke the law of mayhem. Public opinion is undoubtedly hostile to this operation, as witness the covert sneers surrounding the recent celebrated case of an American soldier who became a woman; people are shocked at femininity in a man and at castration (far more so than at the removal of a woman's ovaries). Undoubtedly this attitude is based on ideas of the inferiority of women, ideas that receive a certain sanction in the writings of St. Paul. Obviously, an operation never dreamed of in early Christian times is not forbidden in the Bible, nor is there any verse that can be construed to forbid it in spirit. Thus the vaguely religious hostility to the operation does not at all mean that Christianity is really opposed to it. Being myself a devout Baptist, I've had some reason to think about the morality of the operation, more deeply perhaps than the "religious element" at the hospital, more deeply than many who condemn out of hand. I do not assert my reasoning to be valid; indeed, I shall do no more than suggest the lines of such reasoning. Christian belief in the immortality of the soul does but strengthen the view that, if there is conflict between body and soul, the corruptible body ought to yield. Some have argued that to remove organs is mutilation - but "if thine eye offend thee . . ." In truth, if the soul is feminine, this operation is a species of healing. But all this is an argument that need not be made; for nearly all Christians agree that man has free will to choose Heaven or Hell and the way thereto. When the hospital imposed their religious views upon me, without so much as a call from the Chaplain to learn mine, they denied me the exercise of that free will.

And freedom, both religious and secular, was denied me, by that hospital specifically, and by every hospital tacitly, that refuses to allow the operation. It is necessary to be very clear about this. What is this freedom we cherish? Someone has said that to define freedom is to limit it, and to limit it is to destroy it. This is not quite true. There is one, and only one, necessary limit to freedom: one must not exercise it so as to infringe on the rights of others. Thus one may not put arsenic in the salad, or sell atomic secrets to smiling Soviets, or run down old ladies with one's car. There is no other rightful limitation of human freedom. As to defining freedom, it can be said at least that it is not a negative thing, not "freedom to conform" or "freedom from want"; a slave has those - and still he is unfree. Freedom is the right to choose, to act, to pursue one's happiness. "The philosophy of the First Amendment is that man must have full freedom to search the world and the universe for the answers to the puzzles of life" - so wrote one great jurist; and another: "The essence of an individual's freedom is the opportunity to deviate (from the norm)."

I searched for an answer to the puzzle of my life, but the answer I found was denied me. I chose, but my choice was denied me. "Yes, but what you chose was abnormal," I hear someone say. And, yes, I agree; precisely so; a deviation from the norm. Freedom is freedom to differ, or it is nothing. No one would have been harmed by my attaining my happiness; I've no dependents except an indifferent cat. And Society, which has so much to fear from criminals and bombs and too much government, would certainly not be harmed by one woman, no longer young, having a cup of tea with a friend or growing a geranium in a pot. If the day comes in America when one who is different is condemned for that reason only, when courts (and hospitals) have no courage to defy such irrational condemnation, then freedom will be dead.

Ought you, reader, to be concerned about this, since you do not want - certainly not! - what I want? Of course you should, for freedom is indivisible. If it is denied to me in this, it is precedent for denying it to you in your

deviation from the norm. Does the fact that what I want is wanted by few rather than many alter in the slightest degree my right to have it? If you love freedom, you should paraphrase Voltaire and cry: "I do not agree with what you do, but I will defend to the death your right to do it." I tried very hard to do it, and skilled men stood by to help me: but between me and the happiness I sought there stood a formless specter compounded of bigotry and self-righteousness and disrespect for freedom, supported by all the Little Timid Men - and it won. That's what is so horrifying - it won! We frequently hear an anthem rendered with spirit if not precision, which includes the inspired phrase, "the land of the free." But freedom here has been denied me.[6]

To bring this tale to a close and up to date, this patient, after another year or so, did find a skillful surgeon abroad. The operation was successful as I was able to convince myself. This is a more contented person now. Before discussing further the handicaps and plights of transsexual patients, an example of each of the three types (S.O.S. IV, V, and VI) may be in order. (See [table 1](#)).

Three different types of transsexuals

The first type to be described under "transsexual" would be one of the intermediate stages, one that wavers between transvestism and transsexualism, and in whom the cross-dressing is in all likelihood not of fetishistic but of basically transsexual origin. He lives as a transvestite but, if honest with himself, he would want to be sex-changed, that is to say, operated upon. External factors or fears of pain may, however, prevent him from actually seeking surgery. With "dressing" and under estrogen treatment, he manages to live in reasonable comfort.

Such a person is Peter A. (who, however, much prefers to be called Irene). He is a rather well-known musician from Oregon, married for twenty-five years, with a grown-up daughter who knows nothing of her father's hobby. The wife knows and makes the best of it, but does not want to see him "dressed," except perhaps on occasion of a masquerade ball.

Peter is in his late forties, dark of complexion and with hair that is just turning gray, somewhat overweight, but with a skin that could be the envy of any normal woman. As a man, he is soft-spoken and gentle, though not an effeminate type. As a woman, he is attractive, fully believable, and could be taken for a school principal, a housewife, or a dowager.

He is an only child who had the desire to dress in girl's clothes from early childhood, was reared as a normal boy, and had a good education, graduating from college. He travels a good deal and then "dresses" as much as possible. Without it, he says, he would be "a nervous wreck." Estrogen medication is almost equally as necessary for him. After much experimentation, he has found the dose that gives him a calming effect, with slight fullness of his breasts, but that does not interfere too much with his potency. He claims to have satisfactory sex relations with his wife and with her only. He had rare homosexual contacts during his college days, but none since, although he thinks he might enjoy them.

When asked about the conversion operation, he admitted that if he were alone in the world, nothing could keep him from undergoing it. But as things are, he would harm too many people, could not continue in his profession, or preserve his present standard of living. Therefore, he does not consider surgery and a complete changeover. He manages to continue his present "pursuit of happiness" with "dressing" and estrogen. Peter's classification on the Kinsey scale (K.S.) would be a 2 or 3. On the S.O.S., IV.

Ricky V., in his late fifties, is more of a true transsexual. Genetically and anatomically a normal male, Ricky has lived and worked as a woman in a business office for seven years (and will therefore be referred to as "she").

She owns no male clothes. No one in the office knows of her true status. She has had one unhappy marriage as a male, has two children, now grown up, and is a grandfather. Ricky is most anxious to have corrective surgery in order to legalize her position as a woman and also to feel her body to be more in accord with her mind. The presence of the male sex organs bothers her considerably. A psychiatrist agreed that the operation would be indicated in her case. So far, Ricky has been unable to accumulate sufficient funds to make a serious effort to be operated upon. With the help of psychological guidance and rather constant hormone (estrogen) treatments, she lives in a fair although somewhat precarious emotional balance. At present there is no sex life and Ricky would

have to be called asexual and anorgasmic. Her past life, of which she hates to talk, was bisexual and would be a 3 on the Kinsey scale. The S.O.S. would show a rather typical V. An example of a full-fledged transsexual, a S.O.S. VI, is that of Harriet, whose childhood in foster homes and similar abodes is related among the Case Histories. As this twenty-eight-year-old patient still, as this is written in 1964, lives and works as a male, he shall (for the beginning of his story) be referred to as such, and with the initial H.

Hoping to cure his TVism and TSism, H. married at the age of nineteen a completely unsophisticated, seventeen-year-old girl whose femininity he envied with irrational possessiveness. With the help of fantasies, he succeeded in fathering three children. Although a good provider as a successful salesman, the marriage was in an "off again, on again" state when he and his wife came to see me first. His transvestism (on the surface) was the principal stumbling block in the marriage and appeared much more prominent than any transsexual urge. (He admitted later that he purposely failed to mention his transsexual desires, fearing he might antagonize me as he had other doctors in the past.) Brave attempts to preserve the marriage for the sake of the children were doomed to failure. When H. told me that he had been under psychiatric treatment in his home town, I suggested that I consult with the psychiatrist by phone to get his psychiatric diagnosis and see what possibly could be done to calm his emotional turmoil with estrogen in addition to the psychotherapy he was receiving.

The doctor did phone me, but to my astonishment he took a nonmedical, strictly moralistic stand. "This man wants an operation," he said, priest like, "and naturally we cannot tamper with our God-given bodies. His wife should leave him, children or no children. H. is a degenerate and a no-good scoundrel," or something to that effect. The doctor had no psychiatric diagnosis to give me. A letter in which I asked again his medical (psychiatric) opinion remained unanswered.

H., a deeply disturbed and bewildered young man, then told me that his sessions with this psychiatrist had been expensive hours of nothing but argumentation and berating on the part of the doctor without any psychological benefit to him. After every session he was worse than before.

Another psychiatrist examined H. later at my suggestion, found him to be nonpsychotic, of superior intelligence, a greatly disturbed transsexual for whom psychotherapy in present available forms would be useless, as far as any cure might be concerned. Operation was suggested.

Since H. had made two attempts at suicide, psychological guidance with estrogen treatment was undertaken in order to enable him to continue - though precariously - in a rather responsible job with a good enough salary, to save money for the operation abroad. Various attempts to have the operation performed in the United States had failed. H. was a slightly built, attractive, feminine-looking man, when examined in 1964, whose appearance is much more acceptable when in female dress. On Kinsey's hetero-homosexual scale, he could be classed as a 4 during his married life, but would now be a 6, that is to say, completely homosexually oriented. On the S.O.S. he is likewise a VI.

Early in 1965 the great day arrived at last and H. flew to Europe for the operation that was to change him into the woman that he wanted to be all his life. After an insufficient time at the hospital, following the rather major operation, and after an unusually strenuous plane trip home, H. arrived utterly exhausted but happy nevertheless. He had been compelled to travel as a man and being overanxious to get into female attire, he had unduly hurried the homecoming. Complications (an internal abscess) developed and some further surgery was required. At the end of the summer, however, a much improved and "deliriously happy" attractive young lady presented herself at my office.

A clerical position was soon procured and H. was evidently accepted and treated like any normal girl. The consequences of a not too successful operation, however, continued to cause a good deal of discomfort as healing was delayed. Otherwise life seemed good indeed and during the fall H. met her Prince Charming.

A responsible and understanding older man (a far cry from the seventeen-year-old girl of her past life) who is fully aware of the entire situation is now her devoted husband. They are planning the adoption of a child. Household duties have replaced office work and although some minor surgery may still have to complete the physical transformation, true happiness seems to have dictated the following words in H.'s most recent letter to me (November 1965):

I have found happiness that I never dreamed possible. I adore being a girl and I would go thru 10 operations, if I had to, in order to be what I am now. A girl's life is so wonderful. The whole world looks so beautifully different. The only thing that could add to my life now, would be a baby girl. D. (her husband) says that after all legal matters are settled, maybe we will adopt one.

So far, this case seems to have found a happy ending.

Further handicaps of transsexuals

The difficulty in procuring surgical help is not the only plight of the TS patient. Any medical help, including hormone treatment, may be denied him by overcautious and overconservative physicians. Dr. Walter C. Alvarez said in one of his recent editorials: ". . . because of our national ignorance, prissiness, and lack of sympathy for a person terribly gypped by nature, no one will help." [7] For these physicians (and they are usually quite unfamiliar with the problem) transsexuals are "mental cases" and should be under psychiatric care, possibly institutionalized. But, alas, the failure of psychotherapy to achieve any change in the patient's attitude is fully acknowledged by those who have had any pertinent experience. With a rather unprofessional antagonism, some physicians are known to have hurt these patients psychologically. Here is an example:

Recently, during an absence from my practice, a transsexual patient of mine was sent through an error to a doctor unfamiliar with the subject for which the young man consulted him, that is to say, to receive estrogen injections. Unfortunately, this doctor's sparkling ignorance was evidently combined with such unphysician-like manners that the patient wrote me as follows: "The doctor's attitude toward me was sullen and indignant, making me feel like some kind of terrible creature he did not care to be in the same room with. . . ."

Alas, an experience like that can be duplicated many times when an emotional reaction on the part of the doctor defeated the healer, the gentleman, and the scientist.

The family physician is often the first one to whom a parent brings the child who behaves differently from expectation. Usually he advises them to take the boy (or girl) to a psychiatrist. In adolescence, or later in life, the same may happen, and I was told again and again that the psychiatrist then diagnosed "homosexuality" and - at best - advised the patient to accept himself (or herself) as he or she was. The "gay" life, however, is no solution for the transsexual. He does not like it. He actually dislikes homosexuals and feels he has nothing in common with them. His loneliness therefore becomes more and more evident and painful.

Cross-dressing is a help, but not always and not enough. The law forbids them to "dress" and hold a job as a woman. Yet this would be the most effective form of therapy (together with estrogen) until an operation can be had, provided the demand for it persists.

At least ten or twelve male transsexual patients that I could observe lived and worked as women in legitimate jobs, usually office work. Most of them still do at this writing, their true sex status unknown to their employers or associates. A few of them have been unusually successful in their work in spite of the handicap of their emotional instability. Sometimes I have wondered whether their success may not be due to a fortunate mixture of male and female traits in their psychological makeup (male logic and aggressiveness, plus female intuition). One such patient told me, in describing her work, "When I am engaged in a business deal, I still feel and act like a man."

Another patient, living after her operation the woman's life that she always wanted, once - as her surgeon related to me - bought a car from a used car dealer, and paid for it in cash. The salesman had assured her that she had made a good buy. After driving only a few blocks the car proved to be defective and could hardly be driven back to where it was bought. The salesman listened to the complaint, but refused a refund or an exchange for a different car. "You have bought yourself a car, lady," was all he had to say. The "lady" saw red. With a "We'll see about that, you bastard," she proceeded to give that salesman the beating of his life. Perhaps with memories in her subconscious mind of the Chevalier d'Eon drawing his sword from under his petticoats to defend his honor, her masculinity, aided by army training, had evidently reasserted itself temporarily. She also got her money back.

To help patients in possible legal difficulties, and to give them at least some feeling of security when they go out "dressed" or live as women, I wrote a certificate that they were to carry with them. It read as follows:

To Whom it May Concern:

This is to certify that the bearer, _____, is under my professional care and observation. This patient belongs to the rather rare group of transsexuals, also referred to in the medical literature as psychic hermaphrodites. Their anatomical sex, that is to say, the body, is male. Their psychological sex, that is to say, the mind, is female. Therefore they feel as women, and if they live and dress as such, they do so out of an irrepressible inner urge, and not to commit a crime, to "masquerade," or to "impersonate" illegally. It is my considered opinion, based on many years' experience, that transsexuals are mostly introverted and nonaggressive and therefore no threat to society. In their feminine role they can live happier lives and they are usually less neurotic than if they were forced to live as men. I do not think that society is endangered when it assumes a permissive attitude, and grants these people the right to their particular pursuit of happiness. Like all patients of this type, _____ has been strictly advised to behave well and inconspicuously at all times and to be careful in choosing friends.

This certificate was actually used very rarely. In one instance, of an arrest on the charge of "impersonating," I was told that the policeman tore it up and threw it into the patient's face. In another instance, the detective was sympathetic and let the patient go. ("She" had been pointed out as a disguised man by a jealous friend.) In two other cases, my certificate procured dismissal in court. In one case, however, a conviction for "impersonating," was obtained by the District Attorney who later on complained to the County Medical Society, of which I am a life member, about my certificate. The complaint was referred to the "Division of Professional Conduct" of the respective State Department and I was politely but firmly asked by two attorneys not to write such certificates any more. They may be adjudged illegal and therefore "unethical." And so, one little help for the transsexual's plight was nullified.

Another handicap for some transsexuals is their masculine appearance. With almost unbelievable energy, they attempt to alter it. A flat chest is the worst feature. If hormone treatment is too slow or not effective enough to produce the semblance of a bust, plastic surgery is employed. Their beards are removed by long continued electrolysis, applied occasionally also to body hair unless the latter can be influenced sufficiently by estrogen medication.

A large nose is made smaller and more feminine-looking. Exercises and massages are tried to change objectionable body contours. A beginning baldness and a receding hairline have been treated with implants of hair taken from other parts of the scalp. Voice training is resorted to in order to change a baritone into at least a contralto. In one instance, a successful operation reduced a too prominent Adam's apple and in another the shape of the chin was altered.

While all these measures are more often applied after a conversion operation than before in order to complete the transformation and perhaps satisfy the urge for more and more feminization, they illustrate nevertheless the transsexual's burden, which becomes particularly heavy if economic factors prevent some of or all these measures.

Another handicap for many transsexuals is their character and their behavior. From a so-called "character neurosis" to outspoken hostile, paranoid demands for help from the doctor, all kinds of objectionable traits may exist. Unreliability, deceitfulness, ingratitude, together with an annoying but understandable impatience, have probably ruined their chances for help in more than a few instances. Many transsexuals are utterly self-centered, concerned with their own problems only and unable to consider those of anyone else. A surgeon wrote once to me: "Our experience is growing in regard to the fact that most of them (transsexual patients) are willing to do anything on earth before operation, but nothing at all afterwards."

On the other hand, there are also those patients who are touchingly appreciative, grateful, and eager to cooperate. They compensate the doctor for many of his disappointments. Alas, they seem to be in the minority.

Still another handicap for transsexuals is their rather frequent immaturity in thinking and acting. Driven by the pleasure of anticipation, they commit the most impractical errors. I have seen grown-up men in their thirties or

forties waste their savings on trips abroad to surgeons they "heard about," without further information or appointments. Others have fallen victim to quacks and fraudulent nostrums and rarely learned by their experiences.

It cannot be surprising that among the dangers that transsexuals face, when frustration and unhappiness seem unbearable, are alcoholism and drug addiction. I have only wondered that these do not occur more frequently. In not more than three or four of my patients did I become aware of an alcoholic problem. Undoubtedly some others were carefully kept from me. In a few instances, excessive drinking was resorted to only when "dressing" had to be suspended. As soon as it could be resumed, liquor was no longer necessary.

The same may be true of drug addiction. I have found telltale marks of "main-lining" in only one instance, but the use of "goof balls" was occasionally admitted.

One tragic case is that of Joan. She was twenty-six when I met her and that was just after she had her conversion operation as well as plastic breast surgery. She was then a strikingly attractive redhead, vivacious, possibly somewhat reckless, making her living as a call girl and cocktail waitress. I lost sight of her for several years. When I saw her again, I was hardly able to recognize her. Her attractiveness was all but gone. She had lost much weight, had aged considerably, and looked sick. She had become a "goof ball" addict and was still "in the racket." One day, she was found dead in her furnished room. There was a vague rumor of suicide but no evidence. The medical examiner's office listed her death as "narcotic." In all probability, she died from an overdose accidentally administered when she experimented for the first time with an injection.

In a few instances under my observation, criminality complicated the transsexual's life. Aside from prostitution, there have been rare examples of theft, forgery, and attempted blackmail, however only before the operation had been attained.

The great majority of transsexuals, let it not be forgotten, are merely utterly unhappy individuals. Some of them have become misfits through their gender disorientation that neither society, nor the law, nor the medical profession at present understands and acknowledges as an undeserved misfortune. Innumerable letters testify to the transsexual's often desperate plight. There are many, many in my files, some pathetically infantile, crude and uneducated, others highly sophisticated, intelligent, even brilliant.

Dr. Christian Hamburger of Copenhagen, Denmark received similar documents after his name was mentioned as Christine Jorgensen's physician. He published [8] interesting statistics gained from 465 such letters and added abstracts from them. Many letter writers, for instance, complained about the treatment they had received from the medical profession. One wrote: ". . . here was no loving hand reached out to guide me. It was more like a doubled-up fist."

Dr. Hamburger came to the following conclusions:

These many personal letters from almost 500 deeply unhappy persons leave an overwhelming impression. One tragic existence is unfolded after another; they cry for help and understanding. It is depressing to realize how little can be done to come to their aid. One feels it a duty to appeal to the medical profession and to the responsible legislature: do your utmost to ease the existence of these fellow-men who are deprived of the possibilities of a harmonious and happy life - through no fault of their own. (PLEASE READ THE LAST FOUR PARAGRAPHS AGAIN.)

"Each Day I Live a Lie"

by Lorraine Channing, taken from Turnabout, Vol. 1, No. 3, illustrates and echoes Dr. Hamburger's words.

From childhood's hour I have not been
As others were - I have not seen
As others saw - I could not bring
My passions from a common spring.

- Edgar Allen Poe: "Alone"

Each day I live a lie. Mine is a life of deceit, for I am forced to wear a mask, to be an actor on a stage not of my own choice. I cannot do . . . cannot act as I would like or as I feel.

Yet, I am not evil. I am not criminal.

I desire, in fact, to be good in the highest sense. I long to give, to help, to protect, to learn, to create, perhaps above all, to love. . . and to be loved.

I look about me and see all that I cannot be and cannot do. My heart cries with a pain like no other, for my deepest desires - to me, my most natural wishes - cannot be fulfilled. I am forced to be and act that which I am not.

I see other women. I see them with children and am reminded that I cannot bear children, cannot give them life. Children are to have and hold, to cherish and caress, to nourish and nurture. Without them, I shall always be incomplete. To be a mother, nurse, or teacher, to be close with children - all this is denied me.

Oh, to be and to live as other women do! To do the things they do, to go to the places they go - these are vital to me. I wish to dress as they do - to wear the clothes, the jewelry, the cosmetics, all the things they wear - these are symbols of their femininity, their womanhood, their very essence.

Would that I were as other women are! Yet I am not a woman either in body or in the life they lead. I am a woman in my soul, in my fantasy. In the deep recesses of my being, I am like them. Inside me, I am one of them. How can I be more in their likeness?

That is what I want, yearn for, seek more than anything. Now I live only incompletely. I am in a prison - the prison of my body, the prison of a society which does not understand.

Until I can become more like other women - if I ever can - I must live a lie, day after day. Physically I am a man; mentally and emotionally I am a woman.

I am a transsexual.

Footnotes

[1] As stated earlier, sex and gender are synonyms according to the dictionary. But as it was well put by Dr. Prince, sex is "below the belt" and "gender is above."

[2] Worden, F. C., Marsh, C. T., "Psychological Factors in Men Seeking Sex Transformation," J.A.M.A., April 9, 1955.

[3] Burchard, J., Lecture before the Society for the Scientific Study of Sex, New York, November 2, 1963.

[4] Archives General Psychiatry, August 1965, page 172.

[5] A study to investigate the nature of the hypogonadism (primary or secondary) is now in progress.

[6] Reprinted from Sex & Censorship Magazine, 693 Mission St., San Francisco 5, Vol. 1, No. 2.

[7] "Sexual Aberrations on an Organic Basis," Modern Medicine, July 5, 1965.

[8] "The Desire for Change of Sex as shown by Personal Letters from 465 Men and Women," Act Endocrinologica 14, 1953, pp. 361-375.

The Etiology of Transsexualism

- *Genetic sources*
- *Endocrine sources*
- *Psychological causes*

The causes of transsexualism and the possible sources from which the desire to change sex may spring are probably the most controversial, puzzling, and obscure parts of this book. There is so far only the very beginning of a type of scientific investigation that takes more than merely psychological aspects into consideration.

The possible origin of transsexualism is not discussed in the medical literature very often or in very much detail. Most frequently, there is the simple statement that the cause is unknown. Almost invariably, it is linked with that of transvestism and sometimes also with homosexuality, both giving rise to confusion.

The two principal theories are concerned either with possible organic, that is, biological (inborn) causes not necessarily inherited, or - much more often - with purely psychological ones. Biologically minded authors are likely to consider TVism and TSism as "intersexual" phenomena but those are almost exclusively European scientists. American writers, as mentioned previously, reserve the term "intersexuality" exclusively for visible signs of disorders of sexual development, that is to say, for hermaphroditic and pseudo-hermaphroditic abnormalities. The Europeans, especially the Germans, use the term in a much wider sense, including not only transvestism and transsexualism as "intersexual" but also homosexuality. "Zwischenstufen" ("stages in between") was the term employed by Hirschfeld and his school.

Among the more modern writers, Helene Stourzh-Anderle, a Viennese physician, is outstanding with her remarkably erudite book, *Sexual Constitution, Psychopathia, Criminality, Genius*, published so far only in German.[1] As a clinician, she favors a biological approach without, however, minimizing the great contributions made by Freud and his school.

In her opinion, TVism, TSism, and homosexuality are intersexual manifestations that could be combined with infantile (subsexual) features. All are anchored in an inborn sexual constitution and are caused by a "disturbed chromosomal sex."

Here, mention should also be made of the researches of Schlegel [2] of Germany who found that "intersexual" types of men and women differed from normal types in the measurement of the pelvic outlet and also in the size and shape of their hands. Schlegel claims that in thousands of examinations, he has been able to prove this difference and therefore the existence of a constitutional factor in "intersexuality" to which - naturally - transvestism and transsexualism would belong.

In this country, psychology and psychoanalysis still dominate the field of sexual deviations. Many psychologists, particularly analysts, have little biological background and training. Some seem actually contemptuous of biological facts and persistently overstate psychological data, so much so that a distorted, one-sided picture of the problem under consideration results.

Psychiatrists with biological orientation strongly disagree and even decry the exclusive psychoanalytic interpretations. But their voice is heard too rarely.

Two possible biological sources of transsexualism (and - not to forget - this book occupies itself principally with this phenomenon) are the genetic and the endocrine.

Genetic sources

No genetic cause has as yet been proved for any transsexual manifestation. In a few rare cases of the Klinefelter syndrome, being complicated by transsexualism (or vice versa), the usual genetic fault was found, the patients showing 47 chromosomes (instead of the normal 46), with a chromosomal constellation of XXY instead of XY. At the same time, there were the usual clinical findings (see Chapters II and III). All transsexual patients without complicating disorders so far reported showed a normal chromosomal sex.

Let us remember, however, that genetics is still a young science and our investigating methods may still be rather crude, compared to possible future methods. At present we have hardly lifted a corner of the veil that hides the mystery. It would well behoove us, therefore, to keep an open mind, remembering also that negative findings in medicine mean little as compared to the positive. The absence of findings does not negate their possible existence.

A recent valuable article in the British Journal of Psychosomatic Research, [3] "Karyotyping of Transsexualists," by J. Hoening and J. B. B. Torr, reports genetic studies on thirteen patients with transsexualism. The authors came to these conclusions: "None of the patients showed any signs of hermaphroditism or other physical abnormality. No chromosome abnormalities were found. These negative results do not exclude the possibility that chromosome abnormalities are associated with this condition."

Future investigations dealing with transvestism and transsexualism may incidentally supply valuable research data for the understanding of the nature of sex in general and may well clarify its riddle, correcting some of our present concepts.

We are still used to speaking of a "male" when there are (or were) testicles and a penis, and of a "female" when there are (or were) ovaries and a vagina. As we have seen, the geneticist has now added to our knowledge the "chromosomal sex," which is not always the same as the anatomical. How many unknown factors may still await elucidation, nobody can tell. Even the term "transsexualism" may prove to be inappropriate if it should ever be shown that an anatomically normal male transsexual may actually be a genetic female, or at least not a genetically normal male. In such event, we would be dealing with a transgenital desire instead of a transsexual.

In a recent important and learned treatise, A Periodic Table of Sexual Anomalies, the authors, Drs. M. M. Melicow and A. C. Uson, briefly discuss transsexualism to which, however, they still refer as (the better known) transvestism.[4] Speaking of the possible etiology, they say:

The cause of the sexual aberration is not known. One may postulate that there is a gene in the sex chromosomes which has to do with the identification and feel of maleness or femaleness and that this sex gene is intimately attached to Y chromosomes in males and to one (or both) of the X chromosomes in females. If the bond is broken up, then the sex identification gene, which ordinarily is intimately attached to the isosex differentiation gene, may become transposed and attach itself to the heterosex differentiation gene, resulting in a transvestite. (Iso-equal.)

A theory such as that would indeed explain much better than psychological "conditioning" the astonishing depth and the intensity with which a transsexual identifies with the opposite sex. Incidentally, it would also explain the resistance to treatment.

Per Anchersen, head of the department of psychiatry at the City Hospital of Oslo, Norway, briefly discusses etiology in his paper "Problems of Transvestism." [5]

He has himself examined six transsexuals to whom, however, he refers as "genuine transvestites," using Hamburger's terminology. He found no symptoms of "primary mental disease." He feels that bisexuality, some forms of homosexuality, and transvestism are "different stages along a line of sexual deviation."

Two of the transvestites were a monozygotic pair of twins. "From their early childhood they behaved like girls." After their sixteenth year, they "have been working separated in kitchens." . . . Both "stressed their aversions to homosexual men . . ." one of the twins urgently wished to change his sex, the other preferred to wait and see how his brother was going on . . . "Intellectually both were retarded with an I.Q. of 74."

This seems so far the only case of identical twins among transsexuals reported in the medical literature. I have seen none among my own patients.

Anchersen quotes Kallmann from his studies of homosexual twins as follows: "In 40 monozygotic pairs of twins there was not only a complete concordance concerning the homosexuality as such. Even the development and the performance of the sexual activity were quite identical. . . . In many cases, the twins lived separated from their early childhood." [6]

Albert Ellis, the noted psychologist, disagrees and says:

If homosexuality is a directly inherited human trait, it could reasonably be expected that the fathers of homosexual twins would also, in a very high percentage of cases, have distinct homosexual histories. Since this was not found and since there is no other evidence showing that homosexuals have fathers, uncles, or other male relatives who, in a significantly high percentage of cases, also prove to be homosexual, it seems highly unlikely that true hereditary factors are directly involved in homosexuality. Congenital factors, possibly, but hardly hereditary ones. [7]

Per Anchersen himself concludes: "the homosexuality manifested in the genuine transvestite seems to belong to the constitutional form."

Endocrine sources

A possible endocrine cause of transsexualism has been investigated in a few cases with great thoroughness. Beyond a few suspicious findings, no definite proof has as yet been found. It may or may not have an endocrine significance that among my 152 male transsexuals, nearly 40 per cent were found to have more or less distinct signs of a degree of sexual underdevelopment (hypogonadism), as was mentioned previously. In such a condition, the pituitary as well as the gonads may be at fault with, of course, an inborn reason behind it.

A few years ago the American psychiatrist, Robert J. Stoller, and his collaborators [8] reported the case of an evidently transsexual man who had a typically feminine body build with feminine hair distribution, but with testes and a normal penis and without internal female organs as revealed through laparotomy. Nevertheless, there was "evidence of continuing estrogen influence from a source which has not been determined The microscopic examination of testicular tissue has failed to reveal estrogen producing cells."

Schwabe and his collaborators,[9] however, reported shortly afterward that in another, probably transsexual male, large amounts of estrogen (more than double the normal) were found in the testes. The hormone-producing Leydig cells were held responsible for this estrogen production.

More investigations have been made along these lines with negative or doubtful results and still more are in progress. It must not be forgotten that transsexual patients are not too frequent and that reliable scientific studies can be made only where the necessary facilities exist, that is to say, through hospitals, laboratories, and research institutes.

In recent years, evidence has accumulated that hormone medication during pregnancy can have serious consequences for the newborn. If the mother was given testosterone or progesterone for any length of time during her pregnancy (usually to prevent abortion), genital deformities of the newborn may result and have resulted if the genetic sex of the baby was female. Pseudohermaphroditism was the consequence.

Here, a thought is bound to occur: What if the fetus is a male? It is normally under the influence of the mother's female hormone (her estrogen) for nine months. Could that, under certain circumstances, interfere with the development so that the maleness of the newborn is repressed and a too feminine or underdeveloped infant is born? [10] Maybe the mother's progesterone and her small amounts of testosterone could, and probably normally do, act as a "brake," neutralizing the estrogen, or a metabolic conversion takes place automatically somewhere in the body. (Liver?) But maybe this does not always happen. Maybe an especially sensitive "sex center" in that small brain somehow becomes impaired in its development, either in its structure or in its

chemistry, by the maternal estrogen. Could that explain why there are so many more male transsexuals, transvestites, and homosexuals than female?

A child's brain is different from an adult's. The brain waves of an encephalogram do not begin to show an adult pattern until the child is four years old or even older.[11] What may be harmless to an adult may be detrimental to the young child. For instance, estrogen.

The female transsexual naturally would need a different explanation, if the mother's endocrine status during pregnancy is being considered. Could an abnormal conversion of estrogen into testosterone take place so that a disturbed chemical mechanism underlies the biological one? Speculation may be allowed in an area that is still as obscure as that of gender disorientation from earliest childhood on. A new line of observation and investigation may have to be opened up.

Another interesting observation, neither genetic nor endocrine, but nevertheless organic, was made some years ago by three American public health physicians, Drs. E. G. Williams, J. D. Richard, and M. Pescor.[12] It concerned the reaction of the nervous system to Prostigmin, a rather powerful drug that acts directly on the nerves.

Normal males and females react alike. So do homosexual males. The drug, however, had no effect at all on the nerves of "feminine men." According to the authors, this may indicate a possible inborn physical trait having to do with an enzyme that takes part in the chemical reaction through which nerves stimulate muscular action. To the best of my knowledge, these experiments have not been repeated as yet and therefore no confirmation or elaboration of the observation is available. In the light of the following paragraphs, however, they seem to gain particular significance.

Related to the genetic as well as the endocrine possibilities of etiology is a most recent one, coming from William C. Young [13] and his group at the Oregon Regional Primate Research Center. It may be termed the neural or cerebroneural one. The neural structures and brain centers are the "target," that is to say, receiving organs for hormonal influences. Their genetic quality can decide how these hormones may affect them.

The Oregon group, working largely with monkeys, point to the "mechanism of hormonal action in organizing the tissues of the central nervous system." They say, "Evidence has accumulated indicating that the gonadal hormones have a broad role in the determination of (sex) behavior" through their "differentiation or organization of neural tissues."

And so, after fifty years and more, the fundamental experiments of Eugen Steinach [14] of Vienna, who masculinized castrated females by implanting testicles and feminized castrated males through ovarian implants (and later female hormone injections) have found a modern substantiation, explanation, and elaboration. Recent brain research has likewise revealed possible pertinent facts. A frontal lobotomy, for instance, severing connections between the cerebral cortex and certain parts of deeper, more primitive centers (of the limbic system) sometimes results in bizarre and uninhibited sexual behavior. On other occasions, in clinical work, for instance, the lobotomy eliminated such behavior.

With the help of exceedingly fine electrodes inserted into the brain structure, response to stimulation could be tested. Moving these electrodes only a fraction of a millimeter, either fear or anger or sexual excitation would be elicited.

The possibility of other organic causes may be thought of, such as early encephalitic infections or brain injuries at birth, but no evidence along such lines has as yet been found.

However, a report recently came from Dr. Roger A. Gorsky of the Brain Research Institute of the University of California at Los Angeles that may prove to be of greatest importance. Dr. Gorsky, as reported in Science

Newsletter [15] found that at least a portion of the brain, known as the hypothalamus, is inherently feminine. "Unless there is testicular tissue secreting testosterone during this period of development to organize this portion of the brain along masculine lines, it remains forever feminine."

Since the hypothalamus has much to do with the regulation of the pituitary function, secondary endocrine anomalies could well occur.

A psychic trauma, too, seems to have produced a period of transvestism. A case has been reported to me of a man who had never previously been a transvestite; but after the sudden death of his father, he turned to cross-dressing. After a few months, the desire disappeared as suddenly as it had started. It seems likely, however, that the tendency toward TVism existed as a latent or suppressed condition and the psychic shock merely "triggered" it into reality. Such a psychic mechanism may be operative to explain occasional actions of the "pseudo-transvestite" (Type I in S.O.S.).

Psychological causes

The possible psychological causes of transsexualism have received much more attention and also more endorsement than those that could be called "organic" (at least in the American literature). Among those causes, the phenomenon of imprinting should be mentioned first.

IMPRINTING

This is a form of learning in earliest childhood, at a critical period of development, roughly between eighteen months and two and a half years. This theory is based on convincing experiments originally conducted and described by the Austrian zoologist, K. Z. Lorenz.[16] They may accidentally have a parallel in humans. Green and Money [17] of Johns Hopkins School of Medicine have this to say:

Imprinting is triggered by a specific perceptual stimulus which can be varied within certain limits. Lorenz' classic experiment demonstrated that the mother-following reaction in newly-hatched mallard ducklings can be manipulated experimentally to become imprinted to any substitute object that has the correct height-width ratio and moves. When he squatted and substituted himself for the duckling's mother, the birds followed him, and only him, around with the same devotion they would otherwise exhibit for their own mother. Lorenz similarly imprinted newly hatched jackdaws and found that when these birds reached sexual maturity, they imprinted not another jackdaw but a human being as sexual partner, courting either Lorenz or some other person.

Green and Money then continue to draw these conclusions:

Aberrations of gender role may represent misprinting, so to speak, in which a more or less normal response, that of identifying with and impersonating a specific human being, becomes associated with the wrong perceptual stimulus. Among animals, good and poor imprinters can be bred. Perhaps, therefore, those human cases of gender role disorder which come to our attention are examples of people especially prone to fall victims of their particular environment.

The authors very clearly indicate here the possibility of an inherited predisposition for imprinting and naturally for its consequences. They found among their patients an "infrequency of forceful parental dominance in the household" and also "the relatively fragile body build of many of these boys."

This again combines imprinting, a psychological factor, with body build, a physical attribute.

The difficulty of proving (not only assuming), imprinting lies in the fact that parents may not remember the details in their households during the very early lives of their children and the patients themselves can hardly help. But their incongruous gender role is already recognizable when they are still very small.[18]

CHILDHOOD CONDITIONING

In the scientific literature, the psychologically harmful influences in childhood, so-called "conditioning," are the most frequently mentioned and most widely accepted causes of transvestism, transsexualism, as well as homosexuality.

Literally, or in substance, here are statements that were made to me by transsexual patients:

I know my parents were disappointed when I was born a boy. They were so much hoping for a girl.

My mother wanted me to be a girl and secretly dressed me as a girl and brought me up that way till I was old enough to go to school.

I am an only child and I was pampered by my parents. They let me play with the toys I wanted and they were the ones that girls prefer, like dolls, etc.

I was raised the only boy among five sisters and I was always envious of their nice dresses and wanted to be like them.

My parents were divorced when I was very young and I hardly knew my father. My mother raised me. . .

My parents died when I was very young and my grandparents raised me and let me have my own way. I remember, my mother occasionally punished me for something I had done by making me wear my sister's dress to humiliate me.

I was never a "real boy" and my father wanted to make me one. He hated me for my lack of masculinity and showed me his dislike. He always preferred my sister and gave her all she wanted. I envied her. I hated my father and I still hate him.

Many similar early histories of transsexuals as well as of transvestites could be gleaned from the literature and certainly from my private correspondence. (See also the case histories in R. E. L. Masters' chapter). Lukianowicz [19] in his comprehensive survey not only relates some of his own observations, but quotes at length those of other authors. The possibility should, however, not be overlooked, that some of these patients may prefer such explanation to an inborn one and therefore allow a wish to be the father of their thought.

Buchner found among his 262 TVs (with a small but unknown percentage of TSs) the following:

Family Background	Percentage
Parents divorced or separated before 18	18
Father good masculine image	75
Father dominant	52
Mother dominant	42

These figures are based on the first eighteen years of life. Taking a more vital earlier period, conditioning may be much more important. "Janet Thompson" says: "It seems evident to me that the inception of TVism falls in the one- to five-year-old period of the child' s life as a result of faulty, incomplete, or distorted sex identification."

There can be no doubt that unfavorable early childhood experiences can constitute truly corrosive emotional traumata. That can neither be denied nor minimized. Yet, for the sake of scientific objectivity, it should be repeated here that many similar histories from the first few years of life can be elicited from persons who grew into perfectly normal adulthood later on. Those histories rarely become known, simply because "normal," well-adjusted men and women do not go to psychologists as a rule and one would have to look among one's friends and acquaintances for examples. With a little effort, they would be readily available.

We all know men who lost their fathers at an early age, devoted their lives for years and years to their mothers, and by all psychoanalytic theories should have become homosexuals, transvestites, or transsexuals. But they did not. They had girl friends off and on and married as soon as the mother had passed away. It seems to me that conditioning cannot be the whole story. Unless there is a constitutional weakness, conditioning won't "take." Around the turn of the century, it was widely customary to raise boys almost the same as girls. They kept their long curls and wore dresses till they were five or six, that is to say, during rather critical years. Winston Churchill

was one of those children, according to early pictures of him. Were there more transvestites, and the like then than there are now? Certainly not.

A question of cause and effect should be raised in this connection. Could it not be that a constitutionally rather feminine-looking boy "conditioned" his parents so that they were inclined to forget about the tiny sex organs and reared him as a girl until it was time to send him to school? Especially if they had hoped for a girl?

"*He always looked and behaved more like a girl than a boy,*" is the explanation that parents gave to me to justify their errors.

Whenever "conditioning" went against a healthy boy's true nature, no harm was done. As soon as he was old enough, he would rebel against the girl's dresses, because he wanted to be like all the other boys. But when the false upbringing harmonized with a constitution of a high feminine component, then it was a different story. Then the ground could have been laid for a future sex and gender disharmony.

In one case that I observed some years ago, a kind of reverse situation actually seemed to exist. The parents were very glad to have the boy that was born to them, but at the age of three or four the child became very unhappy and difficult and wanted to be dressed and treated "like all other girls." The parents and two older sisters fought for a son and a brother, but finally had to give in to keep the peace. They allowed the little boy to wear girl's dresses, but insisted on a regular boy's haircut. These constituted the most distressing moments in the boy's life.

Finally, he had to go to school as a boy and grew up into an extremely feminine-looking transsexual and transvestite. Desperately clamoring to have a conversion operation performed, he was studied by two groups of psychiatrists at the University of _____. One group recommended the operation as the only way to protect the patient's sanity. The other group advised against it, because they considered it unlikely that it would solve the underlying psychological problems. Psychotherapy was attempted for a short time, but failed, perhaps owing to the patient's lack of cooperation. With financial help from the mother who was sympathetic toward a change, the patient at last went abroad and succeeded in realizing his life's ambition. The operation was performed, but only partially so. For unknown reasons, no vagina was constructed at that time.

In spite of that defect, the patient seemed more contented and emotionally better balanced when I saw him several weeks after the operation: better, at least, than on a visit to my office two years prior. He went to work as a woman, but the desire to become more complete never left him. After another two years, he returned to Europe for his vaginal plastic. The last I heard was that the operation was not successful because a fistula formed between the artificial vagina and the rectum. A further operation, however, may in the meantime have corrected this condition.

In any event, this case seems to prove that an unknown constitutional factor was at the bottom of the gender disorientation and that "conditioning" evidently played no part in this instance.

As reported in a lecture at the Albert Einstein College of Medicine (Jacobi Hospital) in April 1964, in 122 cases of male transsexualism among my own patients, conditioning in childhood could be shown in twenty-five cases (20 per cent). To this figure we may possibly add thirty-two doubtful cases (26 per cent). In 64 cases (56 per cent), no evidence of conditioning could be found. (In three cases, the early history was unknown.)

C. V. Prince, editor of *Transvestia*, also investigated the probable frequency of conditioning by sending out questionnaires to 166 known transvestites, containing an unknown but small number of transsexuals. Conditioning was reported in "fewer than 20 per cent," according to Prince, who published his findings in *Sexology Magazine*.^[20]

More recently, H. Taylor Buchner, from the Survey Research Center of the University of California, who had sent out a questionnaire to 262 subscribers of *Transvestia* (mostly transvestites) reported the following data as far as the problem of conditioning is concerned:

Childhood	Percentage
Treated as a girl because mother wanted a girl	4
Made to wear dresses as a punishment	3
Kept in curls longer than other boys	6
Treated just as any other boy, as far as can be remembered	84

Summarizing my impression, I would like to repeat here what I said in my first lecture on the subject more than ten years ago:

Our genetic and endocrine equipment constitutes either an unresponsive, sterile, or a more or less responsive, that is to say, fertile soil on which the wrong conditioning and a psychic trauma can grow and develop into such a basic conflict that subsequently a deviation like transsexualism can result.

To express it differently, our organic sexual constitution, that is to say, the chromosomal sex, supported and maintained by the endocrine, form the substance and the material that make up our sexuality. Psychological conditioning in early life would determine its final shape and individual function. The substance is largely inaccessible to treatment. The function alone would be the domain of psychotherapy.

Footnotes

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- [10] A feminizing influence of estrogen has been demonstrated when a mother, soon after her confinement, began taking birth control pills (which contain estrogen) and at the same time, breast-fed her baby. Enough estrogen entered her milk to produce enlargement of the baby's breasts.
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- [19] Lukianowicz, D. P. M., "**Survey of Various Aspects of Transvestism**," J. Nervous & Mental Diseases, Vol. 128, No. 1, January 1959.
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Nonsurgical Management of Transsexualism

The management of transsexualism is, in the majority of cases, radically different from that of transvestism. Although this volume does not deal with transvestism specifically, a few remarks as to the therapy of this less serious deviation, in comparison with TSism, may be in order.

- *Therapy in transvestism*
- *Psychological guidance in transsexualism*
- *Psychotherapy in transsexualism*
- *Estrogen therapy*
- *Estrogenic Preparations*

Therapy in transvestism

The true transvestite as a rule does not want any treatment. Doctors do not see them except in rare instances. They want nothing from the medical profession. They merely want to be left alone to pursue their own particular form of happiness, that is to say, "dressing," and rather want society to be treated educationally so that a more tolerant attitude would gradually emerge.

There are instances, however, when transvestism may be a great handicap for the patient and he would then be ready to undergo treatment with the hope of being cured of his strange and embarrassing compulsion. He may be in love with a girl whom he wants to marry and who would not tolerate transvestism. He may be disturbed and annoyed with himself or feel that his job is endangered. Or his family may have found out and may urge him to seek psychiatric help. Psychotherapy, possibly with hypnosis, would then be the method of choice, and if the patient persists long enough in an honest wish to be cured ("honest" at least in his conscious mind), success may be attained. There are former transvestites who claim that they have overcome their desires, but relapses have occurred so often that the state of an actual cure must, at least for the first few years, be considered uncertain.

Furthermore, a form of "substitute" deviation or neurosis may develop. Overt homosexual behavior or alcoholism have in some instances taken the place of the former cross-dressing and a return to it may finally be the lesser evil.

The form of psychotherapy applied in transvestism depends entirely on the attitude of the therapist. He may be permissive and merely guide the patient to accept himself as he is and to live with his peculiarity without getting into trouble with society or the law. That, of course, would not be curative. Or, more often, he may use almost any kind of psychotherapy, including deep and long-continued analysis or hypnosis, for effecting a cure.

For any success, much will also depend upon the atmosphere in which such patients continue to live. Part of the curative treatment would have to be removal from transvestitic temptations, friends, transvestitic literature, and the like, as completely as possible. To continue in the old surroundings would be like trying to treat an alcoholic inside a brewery or a bar.

Transvestites are known to have stopped "dressing" completely while in the armed services, although frustration may have been more or less severe. But a return to transvestism was almost unavoidable when they returned to their former environments or even to ordinary city life.

The alcoholic may join Alcoholics Anonymous and may find help that way, but the transvestite has, at least as yet, no parallel institution to cling to. Wherever he goes, he is surrounded by attractively dressed women whom he envies passionately, by lingerie shops, by shoe stores (fascinating if he is a shoe fetishist), and so on. The enticement is all around and his plight is a serious one. He would have to retire to a lonely island to be free from outside temptation.

It has been said that transvestites can simply use will power and stop "dressing" and then they will be cured. That is nonsense. Many have tried, have burned their female wardrobes, "purging" themselves, so to say, but without psychiatric or other help, a relapse was almost unavoidable. If the transvestitic urge (no matter whether basically fetishistic or latent transsexual) is forcibly suppressed, it is likely to find a different outlet through some other, perhaps more serious neurotic syndrome unless, of course, it is successfully treated psychiatrically, or a completely new interest such as marriage to the right kind of girl will prove strong enough to act as a cure.

The uncertainty of psychotherapeutic results is illustrated by some new and rather outlandish form of therapy that was recently publicized in the medical [1] as well as the lay press. It has been called "Behavior" or "Aversion" therapy.

The transvestitic patient is given an emetic drug (such as apomorphine). As soon as nausea develops, he has to view slides of himself dressed as a woman, prepared beforehand, and at the same time he has to listen to tape recordings describing in detail the mode and technique of "dressing." This form of treatment continues until vomiting occurs or acute illness prevents continuation.

Success has been claimed for this rather brutal and humiliating form of brain-washing, but the time of observation for the "cure" was, at the time of the report, only three months. And will such violent and undignified interference with an emotional life not again produce other, perhaps more serious substitutional symptoms?

Less degrading, although likewise rather brutal is the new type of aversion therapy utilizing painful electric shocks in place of the nausea. Patients are subjected to these shocks whenever they do something they are not supposed to do, for instance, enjoying women's finery, dressing in some, but also having homosexual inclinations, indulging in various sexual deviations as well as drinking or smoking too much. All these things are treated as bad habits. Successes are reported from England [2] but confirmation is still lacking.

Whether aversion treatments can be applied to transsexuals and with what result is not known.

A comparison with Antabuse in the treatment of alcoholism readily comes to one's mind. All transvestites, transsexuals, and alcoholics are problem personalities. If the emotional disturbance behind these personality disorders are rather superficial, an equally superficial symptomatic success may be accomplished at least for a while. But it seems to me that any more deep-seated disturbance (perhaps constitutionally anchored) would be quite unresponsive to this kind of aversion therapy, at least as far as any lasting benefit is concerned.

The transvestitic urge (fetishistic or transsexual) contains an element of addiction. Larger "doses" may be required for certain individuals as time goes on. Therein may lie a "progressive" nature of TVism in some instances. If untreated and uncontrolled, "dressing" may be desired more and more frequently and even the idea of physical changes through hormone treatment or through an operation may be gaining ground, particularly in unfavorable - that is to say, constantly stimulating - surroundings. Here psychotherapy and proper guidance at the right time may help, provided a transsexual tendency is not too deep-seated.

Such seemingly progressive aggravation of transvestism was rarely noticed under treatment, although it did apparently occur in a few cases. However, later on, these patients proved to be initially unrecognized transsexuals. The opposite was more frequently observed: under estrogen medication, the desire to "dress" became often less demanding and less sexual and the inability to indulge grew somewhat less frustrating. The explanation probably is that the libido was reduced in its intensity through estrogen and since the transvestitic urge is part of the libido, it was likewise lowered. But I am anticipating a later discussion.

The foregoing paragraphs (if repetition may be permitted) apply chiefly to that form of transvestism that is its own purpose, which is to say that it is not the chief symptom of transsexualism. As soon as physical changes are

desired, it ceases to be true transvestism, and inclines toward transsexualism (Type IV of S.O.S.; table on page 22). The full and complete transsexual (S.O.S. V and VI) finds only temporary and partial relief through "dressing." I have even met transsexuals who would not "dress" at all." What good is it?" they said; "it does not make me a woman. I am not interested in her clothes; I am only interested in being a woman." That is the true transsexual sentiment.

Psychological guidance in transsexualism

If the transsexual does find relief in "dressing," to do so would be the first logical advice to be given therapeutically. Its permissive character can be questioned by those who may think of the law before they think of the patient, or who may have insufficient experience along these lines, or who are the type that, automatically, favors prohibition. Too many individuals are that way; what they do not like must be forbidden and punished. Then they are satisfied. I have even met transvestites who dislike (or pretend to dislike) transsexualism so much that they are against estrogen treatment and operation (for reasons of self-protection?). There are also transsexuals who dislike transvestites as well as homosexuals. Intolerance can be found in strange quarters.

It is my hope that this volume may induce doctors as well as laymen who may come across the transsexual phenomenon to assume a tolerant and rational attitude and let the light of facts replace the ever-present twilight of prejudices. Walter Alvarez [3] was right when he wrote in one of his newspaper columns in sympathy with a transsexual that he had met:

I know that for having written this column, I will get a number of vituperative letters from people who will think that I am foul-minded. No, I am just talking about these people dispassionately and scientifically. Let all of us who tend to look on these people as vile, remember that their mix-up was obvious in early childhood when, surely, there was no vileness. We must all learn to have sympathy for these persons who were so badly gypped by Nature. But for the grace of God, we too might be caught in the same cruel trap.

Living completely as a woman (though illegally) can actually be a life-saving measure for those transsexuals who find an operation unattainable. I know at least a dozen who are in this situation right now. They work as women in offices, factories, beauty salons, as nurses, domestics, and some, alas, as prostitutes, all quite unknown to their employers, associates, or clients. They would best have psychological as well as medical help in addition to living in their female gender identity; but very few actually have such help. Merely the opportunity to talk to somebody about their problems has its therapeutic value. To find some understanding from a doctor instead of coldness, rejection, or ridicule goes a long way toward easing their burden.

Psychotherapy in transsexualism

Psychotherapy with the aim of curing transsexualism, so that the patient will accept himself as a man, it must be repeated here, is a useless undertaking with present available methods. The mind of the transsexual cannot be changed in its false gender orientation. All attempts to this effect have failed. Dr. Robert Laidlaw, chief psychiatrist at Roosevelt Hospital, New York, has studied a number of transsexuals and has come to the conclusion that "psychotherapy has nothing to offer to them," as far as any cure is concerned. In numerous conversations and in psychiatric reports, Dr. Laidlaw considered the transsexual's state "inaccessible to psychotherapy." Dr. John Alden, a prominent psychiatrist in San Francisco, fully concurs with this opinion and has repeatedly stated so. Numerous other psychiatrists agree, to my own personal knowledge. (See psychiatric reports in Chapter 7.)

In my own practice, I have seen ten or more patients who have been in analysis for as long as three and more years without the slightest change in their transsexual attitude.

Since it is evident, therefore, that the mind of the transsexual cannot be adjusted to the body, it is logical and justifiable to attempt the opposite, to adjust the body to the mind. If such a thought is rejected, we would be

faced with a therapeutic nihilism to which I could never subscribe in view of the experiences I have had with patients who have undoubtedly been salvaged or at least distinctly helped by their conversion.

This help has been given by two therapeutic measures aside from psychological guidance and living as a woman: first, estrogen medication and second, surgery. Most of the time, both.

Estrogen therapy

Estrogen, the principal female hormone, in sufficient dosage over a sufficient length of time, acts on the male body in two ways. It produces partial chemical castration and hormonal feminization. Both are temporary results unless treatment is continued for years. Then some permanent changes like a degree of testicular atrophy and more or less distinct gynecomastia may remain. Ordinarily, however, when estrogen treatment is discontinued, a return to the former state can gradually be expected.

I know of one patient who was moderately feminized by estrogen but, being bisexual and not a true transsexual, fell in love with a girl, gave up the idea of sex change, married, and now has two children. The question remains whether he will stay free from transvestism, and for how long.

The clinical results of estrogen (to which I usually add progesterone), can be dramatic for the deeply disturbed transsexual. These results are by no means entirely psychological as may be suspected. They are also distinctly endocrine. The hormonal castration produced by estrogen reduces androgen (testosterone) output and activity. In consequence, it lowers libido, it calms the patient, and acts as a biological tranquilizer. The transsexual drive, being part of the transsexual's libido, decreases in intensity, although in the "intensive type" (S.O.S. VI), not always sufficiently to give the necessary comfort. Then ordinary tranquilizers may have to be added.

Side effects of estrogen therapy, most of them greatly welcomed by the patient, depend upon individual responses, upon dosage, and chiefly upon length of treatment. Foremost among such side effects is breast development, the appearance of which provides tremendous emotional relief to the transsexual patient. The degree of gynecomastia that may be achieved depends upon the patient's constitutional physical build, that is to say, the amount of glandular breast tissue that is present and could respond to estrogen and progesterone, the breast being the target organ for these hormones. A further important factor is how readily an underweight patient may gain weight and in this way increase the fatty part of the breast.

It may take many months, even a couple of years, to develop a breast that would resemble that of an average, normal female. Chest measurements must naturally be correlated to body weight and can show increases of five or more centimeters a year with weight being constant.

Frequently transsexuals are too impatient and insist upon quicker results through breast surgery with implants of various kinds. The outcomes are not always satisfactory. I have seen bad infections develop, painful and abnormally hard breasts, but also satisfactory results that helped the patient's emotional status. At best, breast surgery is a gamble.

Accompanying the development of the breast is an increase in the size of the nipples and a distinct, measurable increase in the areola, the pigmented area around the nipple. Over sensitiveness of the nipple, sometimes to the point of discomfort, occurs with some regularity, especially during the first few weeks of estrogen therapy. Gradually, however, the sensitiveness subsides, or dosage would have to be reduced.

Another side effect of estrogen therapy concerns hair growth. Body hair almost invariably decreases and after enough time actually disappears, with the exception of pubic and axillary hair. The beard is rarely affected and would have to be removed by electrolysis. Scalp hair is favorably influenced. Usually it grows faster and heavier; baldness may or may not be prevented; probably this is dependent upon hereditary factors.

I have often seen skin texture improve distinctly under estrogen medication and an acne condition was occasionally cured.

Fat may shift from the shoulders to the hips in feminine fashion so that hip measurements increase by as much as five to seven centimeters within a year's time, in spite of stationary weight.

Strikingly affected are the sex life and the sex functions. Within a few weeks of treatment, some patients report they no longer feel like masturbating, their sex urge, including the desire to "dress," being much reduced. There are no or fewer involuntary morning erections and after six months or so, voluntary erections also become difficult to elicit and about one out of ten patients describes them as distinctly painful. If orgasm can still be reached, there is in more than 50 per cent of the cases no ejaculation, which may to a large extent be due to prostatic shrinkage.

The physical examination reveals a reduced size of the prostate and after about a year of treatment a somewhat smaller penis also (from disuse?) and perhaps a moderate testicular atrophy. The 17-ketosteroids almost regularly sink below the normal level of the female. Abnormally large estrogen values are found in the urine.

All these changes make the transsexual happy, as he despises each and every manifestation of male sexuality.

This may be the occasion to mention the fact that, in about one quarter of my patients, androgen in the form of testosterone injections had been administered at some time in the past, the doctor evidently hoping to cure the transsexualism and the effeminacy of the patient through masculinization. Alas, it is the wrong treatment. The conflict is aggravated when the body becomes hairy and the libido increases without, of course, changing its direction. Androgen is to my mind contraindicated in male transsexualism.

In hypogonadal young boys, an attempt may be made to help the maturing process through injections of the gonadotropic hormone of the pituitary (APL). Hoping to influence nature in this direction, I continued in a few cases weekly injections of 500 to 2000 units for several months, but saw no influence on the transsexual drive. Estrogen therapy is either given as the substitute for a conversion operation or, in accordance with the suggestion of Hamburger et al., in preparation for the operation in order to test the patient's psychological reaction to feminization. "Let us have it on a temporary, reversible basis first, before an operation would make it irrevocable," has been my argument.

Per Anchersen suggests the following: "Treatment with estrogen hormones to suppress the internal secretion of the testicles and in this way try to feminize the patients by a hormonal castration. This treatment must always be tried for a long time before one decides on a surgical castration." [4]

Close observation and repeated examinations are essential during treatment. Liver function tests may be advisable, the so-called BSP (bromsulphthalein) being probably the most valuable. The liver is the organ that metabolizes ("digests") the estrogen and it is conceivable (although not actually shown) that it may be unfavorably affected by long-continued medication. A hazard may possibly exist if there is a history of hepatitis. The fear of developing cancer through hormone treatments crops up from time to time, especially if there are irresponsible newspaper reports, for instance, of the results of someone's experiments with mice and rats to produce cancer artificially with estrogen. Such experiments admittedly have no bearing on the reactions of the human organism. Is the attempt to apply experiments with the cancer-susceptible mouse to the human area anything but ludicrous?" asked Dr. Robert A. Wilson, whose extensive work has thoroughly debunked the cancer fear of women receiving estrogen during their change of life.[5]

In my own clinical material of 152 male transsexuals, 141 of whom were treated with medium to fairly large doses of estrogen, some over several years, no incident of breast or any other cancer was observed. One may argue that these are mostly young men, less apt to develop a malignancy. The experiences of urologists, however, who treated elderly and old men with even much larger doses of estrogen for cancer of the prostate, must then be recalled. With the exception of one disputed case of breast cancer (it may have been a metastasis of the prostatic cancer) reported in the medical literature, no such incident was observed in hundreds if not thousands of cases. In a personal communication from Dr. Elmer Belt, one of the outstanding and most experienced urologists in the country, he said:

In regard to the taking of Stilbestrol as a cause for cancer of the breast, we have placed several hundred men on this material (I imagine if we were to search our records we would find the number to be in excess of two thousand) and in all of these cases we have not seen a single occurrence of cancer of the breast, although the dosages we used were of a very high level.

Estrogenic Preparations

Parenteral use

As to the particular estrogenic preparations and dosages to be employed in transsexualism, a good deal of experimentation was and will still be necessary. There are so far very few leads in the medical literature.

In my own practice, Squibb's Delestrogen for intramuscular injections was employed with much satisfaction and positive results. This is a slowly absorbing, well-tolerated, potent preparation (chemically, Estradiol Valerate), and was applied in doses of 20 to 60 mg. ($\frac{1}{2}$ to 1 $\frac{1}{2}$ cc.). Usually 30 to 60 mg. of Delalutin (Squibb) was added, an equally potent progesterone. This combination was given once a week or once in two to three weeks, according to the response as measured by the patient's emotional balance and physical feminization symptoms. Generally I found that dosage seems less important than length and regularity of administration.

Another preparation of even higher potency is Squibb's Delestrec, which at this writing is not yet on the market in the United States, but is well known in Germany and other European countries under the name of Progynon Depot (Schering). It is chemically Estradiol Undecylate in oil, likewise slowly absorbing, and containing 100 mg. to 1 cc. Injections of 1 cc. once or twice a month can be sufficient. Occasionally, however, larger doses are required to influence the patient's emotional distress.

These estrogenic preparations are solutions in oil. There are also suspensions of tiny estrogenic crystals in water (aqueous) available for intramuscular injections. They are of much lesser potency and would have to be given more frequently (twice weekly or more) over many months to produce sufficiently feminizing results.

In general, injections, as compared to oral medications, are justified for more easily measurable dosage, and usually prompt effects, but also for the fact that some psychological guidance or even brief psychotherapy can take place during the patient's visits, not to speak of the important physical checkups. Self-medication by patients is definitely to be discouraged.

Oral use

Of the oral preparations, there is a considerable choice. They can be employed together with injections or in their stead.

Diethyl Stilbestrol is the cheapest, but has the most frequent side effects in the form of nausea and gastrointestinal upsets. Better borne and rarely causing nausea is ethinyl estradiol in the form of Schering's Estinyl. The largest dose of 0.5 mg. daily or three times a week is usually necessary to accomplish positive results. Occasionally a patient may not tolerate Estinyl and then Premarin (Ayerst) or Amnestrogen (Squibb) in doses of at least 5 mg. daily could be employed. These are excellent preparations of so-called natural female hormones, of somewhat lesser potency but often useful and sufficient, especially in patients operated upon and castrated, to prevent castration symptoms, and to further their feminization.

Potency and dosage of the estrogen preparation is not always the deciding factor in this type of hormone therapy. Many patients have the unfortunate tendency to believe that the more estrogen they take the more they will accomplish. They may actually do the opposite. Doses that are too large for a particular patient may not only constitute certain hazards for the liver but, by suppressing the pituitary gland function with its growth hormone, may actually accomplish less, for instance, in breast development. Smaller doses may do more; the regularity and length of treatment has appeared to me more important than the dose. The optimal dose will have to be determined for each patient individually.

The latest female hormone preparation that has been used in cases of transsexualism is Enovid (Searle), the well-known birth control pill, containing both estrogen and progesterone. Promising results have been observed, but more extensive observations by a number of different clinicians is advisable. Enovid in doses of 10 to 20 mg. daily has served me well in the endocrine management, particularly of those transsexual males who were underweight. An increase in appetite and weight was almost regularly observed. The repressing influence on

libido and sex functions seemed to me less pronounced than that of estrogen alone. Therefore combinations of Enovid with Estinyl or Premarin occasionally gave the best results.

Finally, in addition to the parenteral and oral routes of administering estrogen, the topical (local) use must be mentioned. A cream that can be easily absorbed and that contains a sufficient dose of estrogen and progesterone can aid the development of breast tissue. Goldzieher [6] and others proved conclusively that estrogen is absorbable through the skin and can aid the mammary development of hypogonadal young girls. The same is true in transsexual men although only as contributing treatment.

A twenty-six-year-old male transsexual had used rather liberally a commercially available hormone cream on his breasts without any other treatment. There was only a modest response (if any) of the breast tissue, but when this patient came under my observation and a hormone assay was made of a twenty-four-hour urine specimen, the 17-ketosteroids were found to be normal but the estrogen contents very high (110), when the normal is considered to be from 0 to 30.

Some years ago, workers in a chemical factory that produced estrogenic preparations complained of developing gynecomastia, impotence, and other feminization symptoms. They had constantly, over a considerable period of time, handled this estrogenic material without protection for their hands. The steady hormone absorption, through the skin, although in minimal doses, was found to be the cause. Such factory or laboratory work is now continued with glove protection of the exposed parts of the hands.

In presenting the above experiences, it is my wish merely to give the doctor some general lines of a possible therapeutic approach to this largely untrodden field of medicine. A better system of treatment may well be evolved, larger or smaller doses of estrogen may be found advisable, and more suitable combinations. It is my own conviction that "much does not help much" and that the general tendency should be to use the smallest possible doses that give sufficiently satisfactory results for a particular patient.

Finally, and to conclude the discussion of the nonsurgical therapy for transsexuals, it may be most interesting in future years to watch these patients who have received estrogen over a long period of time. Will they be less prone to develop coronary heart disease and other circulatory ailments that go with the process of aging? A well-known cardiologist, noted for his research in cholesterol metabolism, who had occasion to see a number of transsexuals under estrogen therapy, remarked jokingly, "These people will probably live forever."

Another question may be asked and possibly receive an answer in years to come. Will "chemical castration" with estrogen act similarly to surgical castration? Will estrogen-treated or operated transsexuals become bald as rarely as eunuchs do and less often than the average man? The sexologist as well as the endocrinologist of the future will undoubtedly find fascinating new avenues of study in the management of transsexualism.

Footnotes

[1] Raymond, M. J., British Medical J., Vol. 11, 1956, p. 854, and Lancet, March 4, 1961, p. 510.

[2] Dr. J. C. Barker, British Journal of Psychiatry, March, 1965.

[3] New York Herald-Tribune, July 1, 1957.

[4] Acta Psychiatrica et Neurologica, Scandinavica, Suppl. 106, 1956, p. 253.

[5] Wilson, Robert A., "**The Roles of Estrogen and Progesterone in Breast and Genital Cancer**," J.A.M.A., Vol. 182, October 27, 1962, pp. 327-331.

[6] Goldzieher, Max A., J. Gerontology, Vol. 1, 1946, p. 196; McBryde, C. M., "**Production of Breast Growth by Local Application of Estrogenic Ointment**," J.A.M.A., Vol. 112, 1939, p. 1045.

Conversion Operation

- *Part I. Technique of the operation*
- *Part II. Nature of the operation*
- *Contraindications*
- *Four Motives for the Conversion Operation*
- *Procuring the Operation*

Part I. Technique of the operation

In the majority of cases the operation consists of three principal steps: (1) Castration; (2) penis amputation; (3) plastic surgery to create an artificial vagina and external genitalia, which should resemble those of a female.

1. Castration. The technique is well known to every urologist. The question faced by some surgeons is, however, whether to remove the testicles or preserve them, yet make them invisible. A surgeon who prefers the preservation described his technique as follows:

The patient has first one and then the other inguinal ring opened. The testicle is isolated from the scrotal sac and is pressed upward through the inguinal ring into the abdomen. The inguinal canal is then closed as in a hernia operation. The testicle now lies like an undescended one outside the perineum, but inside the abdominal cavity. It is hidden from sight and touch. It loses its procreative, but retains its glandular function.

The reason why some surgeons may wish to retain the testes is chiefly endocrine, based on the theory that the testes in transsexual men may produce more estrogen than they do normally. The findings reported in [Chapter 5](#) strengthen this view, although they have as yet found no confirmation.[1] In any event, this reasoning supports the patient's intended feminization.

Another reason for a surgeon's wish to preserve the testes is because of a legal technicality. He cannot be accused of a (possibly illegal) castration operation.

In most conversion operations, I believe, the testes are discarded, that is to say, the patient is castrated. The consensus would probably be in favor of this procedure.

While most transsexuals themselves prefer to be castrated in order to remove more of their masculinity, an occasional patient wants to see the testicles retained with the strange, completely unfounded idea that they are necessary for a future climax during sex relations. It is astonishing how often the wrong information, superstition, and gossip circulate among transsexuals when they are those who should want correct information more than anyone else.

2. The removal of the penis is called penectomy or penotomy. The principal technical difficulty is the preservation of a functionally normal though greatly shortened urethra. I have seen poor results in this respect, the urethra requiring constantly repeated dilatations, or even corrective surgery. Unskilled surgeons have also left a penile stump, which resulted in later complications.

3. The plastic surgery is a challenge to the urologist, the gynecologist, and the plastic surgeon. It can be divided into two parts: the creation of female-looking external genitalia and of a functionally useful vagina.

Scrotal tissue is used to fashion the labia majora and, in the hands of a skillful surgeon, the appearance ultimately can indeed be deceiving. I know of a case when even a gynecologist was fooled. He had made a vaginal examination (undoubtedly superficial) and exclaimed: "I cannot find any uterus in this girl."

Occasionally the skin of the penis is utilized to form labia minora-like folds. All these tissues contain sensory nerve ends which later may help to convey sexual satisfaction, possibly climaxing in orgasm.

The creation of the artificial vagina is for many transsexual males (those with a primary sex motive for the conversion [2]) the crucial part of the operation. Its success or failure may spell the success or failure of the entire sex change undertaking.

In years past the creation of the artificial vagina was performed as a separate stage of the conversion, that is, months or even years after the first stage, which was castration and penectomy. With greater perfection of the surgical technique, all this is now done in one operation.

For the vaginal plastic, a pouch, eight or more inches deep, is dissected in the perineum, close to but well above the rectum, so that a firm floor of the vagina may later exist, eliminating or minimizing the danger of a vaginal-rectal fistula. This pouch or channel passes behind the posterior aspect of the prostate. The incision extends upward from the apex of the perineal wound to the posterior surface of the seminal vesicles. The question then arises how to line this channel so that it can remain open and serve as a permanent vagina.

Three types of material have been and are still being used for that purpose. The oldest method is to use the skin from the thigh, buttocks, or back. Such skin is soft and contains relatively few hairs but has no natural lubrication. It is cut in thin transplants with the help of a special instrument, the dermatome. The transplants are placed around a rubber form, about two inches in diameter. The skin sections are then inserted into the pouch and are stitched to the skin of the perineum to prevent slipping. If all goes well, the skin segments will heal in and, with the help of artificial lubrication, the patient will then have a functioning vagina. The most striking studies in the physiology of the vaginal function and vaginal lubrication were made by W. H. Masters and V. E. Johnson. Those particularly interested in this special field would do well to peruse the pertinent articles by these two scientists.[3]

Dilatation, however, first with one or two fingers, then with an instrument, a test tube or a plastic mold, is essential. Some patients have to wear a mold for several months. If they do not or if they do not dilate regularly, the vagina is likely to contract more and more and eventually close up entirely. A new operation would then be required. Only if the wall between vagina and rectum is thin, the wearing of a mold would be inadvisable as the constant pressure could produce a fistula.

In recent years a rather ingenious and, from what I have seen, so far the most successful method, has been perfected and is exclusively used by Dr. George Burou, a French surgeon in Morocco. Instead of using skin from the body to line the vaginal canal, the skin is stripped from the amputated penis and is inverted like the finger of a glove. This tube like organ is then inserted into the previously prepared canal and utilized to form the inside of the tunnel that is destined to be a vagina. Penile skin offers advantages over skin from other areas because it has no hair at all and has nerve endings which cause it to bear the closest resemblance to that of a sexual organ. The two wound surfaces usually heal together without difficulty but dilatation is required the same as previously described. An uncircumcised penis is better because more skin is available, thus permitting the vagina to be made deeper. In any event, the outside skin of the penis, later on, represents the inner wall of the vagina.

Complications in the form of contractions through scar formations, occasional granulations (keloids), and insufficient depth of the vagina can occur after either method. They may necessitate additional minor surgery. Major surgery would be required only if the vagina has become obliterated and useless for normal sex relations.

As a third technique a more complicated procedure has been devised that is rarely, employed for the first attempt to form a vagina. It is probably more often the logical method when others have failed.

This third method utilizes a part of the gut, a loop of ileum, to serve as a vagina. The operation is a more formidable one as it requires not only the opening of the abdominal cavity but also a more intricate technique to insure the proper blood supply for the implant. The advantage is that a mucous membrane (with natural lubrication) and not skin forms the vaginal wall and that this wall may be less likely to contract.

In one patient undergoing a fourth attempt of vaginal plastic after others had proved unsuccessful, the method seems to have worked well. I have only the patient's written report; there was no personal inspection, nor an examination by a gynecologist.

One other patient had his initial operation recently performed with an ileal loop implant. The early outcome was unfortunate. The new and hopeful young "girl" suffered intensely for weeks afterward with abdominal pain and discharge from a vagina that had much too narrow an entrance to serve its intended purpose. It was found that an abdominal abscess had formed and a new operation was required for its removal. At the same time the entrance to the vagina was widened.

It is evident to me, a nonsurgeon, that the ultimate techniques for a successful conversion operation for male transsexuals are yet to be perfected. Perhaps there has so far been too little opportunity for surgeons to acquire the skill that future experience may bring. One handicap to be considered is that lack of complete success may discourage continued acceptance of these patients for surgery. The highly sensitive nature of most transsexuals, their precarious emotional stability, and the uncertainty of counting on their cooperation would more fully explain the hesitancy of doctors to venture into this - for many - controversial field.

An added difficulty for American patients is the fact that they have to leave the country to seek this particular surgical help abroad. Being anxious to get home as soon as possible, they deprive the surgeon of sufficient time for observation and themselves of the important follow-up care.

Whenever, in the future, a conversion operation will be recognized as legitimate surgery, perhaps even as a specialty within a specialty, and then become respectable therapy, improved techniques are bound to follow and with the improvement, perhaps more regularly obtained good results. Blessed and burdened with their ability to choose, transsexuals may then face a future that holds fewer risks and greater rewards.

Part II. Nature of the operation

Such a major and irrevocable procedure as the surgical alteration of the male genital organs cannot be undertaken lightly. The indication for the operation must therefore be made strictly and with the greatest caution. The patient's request for surgery may be most impressively presented to the doctor; yet, before consenting to it, the doctor has to be certain he is not dealing with a passing erotic mood of an immature personality, but with a deep and honest conviction gained after long and mature consideration.

A psychiatric evaluation should precede all such operations to establish not only the possible existence of a psychosis (which may or may not be a contraindication for surgery), but also a reasonable degree of intelligence and emotional stability. Furthermore, it must be the psychiatrist's opinion that there is no other way to help this particular TS patient to a happier future.

Repeatedly, I have received reports from psychiatrists stating these facts. Here are some abstracts of psychiatric reports that I have received, or that came to my attention.

A professor of psychiatry at a large university wrote to the surgeon to whom he referred the patient:

In addition, as a result of this extensive psychiatric evaluation, I do not feel that any form of psychiatric treatment could make her either more masculine or content with a masculine role. Such treatment would be doomed to failure.

In the course of this evaluation, no evidence of serious mental illness has been found. The patient is not psychotic, and I do not believe she ever will be. Her character structure is essentially that of a woman, and she has adjusted very well to the feminine role. A complete battery of psychological tests has confirmed the impressions I have noted above.

Another prominent psychiatrist with much experience in the field of transsexualism had this to say in referring a patient to a surgeon:

I can find no areas in this young man's personality that suggest any pathological anxiety. His whole emotional defensive symptom is definitely stable and I do not anticipate any emotional difficulty whatsoever.

I heartily endorse this young man's wish for the operation, and from a psychiatric point of view, I recommend it.

Again, another psychiatrist expressed his opinion in these words:

There is no evidence of any gross psychotic process, and whatever course of action takes place in this next year, it is unlikely that he will become psychotic. On the basis of his superior intelligence he is able to make his own decision. I consider that any attempts at psychotherapy would be fruitless and that his character structure would be inaccessible to any change through any psychotherapeutic process available today.

Unfortunately, not all transsexual patients submit to psychiatric evaluation or wait for anyone's consent, but through friends and acquaintances find their own surgeon, usually abroad.

In order to have all transsexual patients realize what they are doing when they undergo a major, transforming operation, I wrote an "Advice" for them that Sexology Magazine [4] published first and which was reprinted in several other publications likely to be read by transsexuals. The magazine's identification of one is included in Footnote 4, together with that of the writer.

An interesting coincidence occurred in this connection. A reader of Sexology Magazine had written to the editor the following letter, which is rather typical and which I could duplicate many times from my files:

Dear Doctor:

What can I do to end my misery? In body I am looked at by others as a male, but in my mind and heart I see myself as a woman.

Life has played a dirty trick on me, forcing me to live with the outer appearance of a man, but the inner feelings and emotions of a woman. Although my sex is male, I really think I am very much on the feminine side. Except that I do not have breasts, I have a womanly figure. On occasion, while dressed as a female (something I feel compelled to do quite frequently to ease my emotional tension) I have been told that I am quite beautiful. People look at me with respect and admiration. Not so when I am dressed as a man.

Perhaps I could live always dressed in a woman's clothes; but then I would always live in fear of being recognized and arrested. That will not help. Even now, I feel that I am a true woman hiding in the false physical shell of a male.

I understand that some people like me have been able, after years of torment, to find relief and happiness by actually becoming female through treatments and an operation. I am convinced that this is what I really need to end my misery.

I want to change my sex. Can you help me? - F.T.S.

Just at the moment this letter was received, my "Advice" was submitted for publication. The editor promptly and logically used it as answer to the above correspondent; it is reprinted here for the particular benefit of all those who contemplate the operation or play with the idea:

Medical science and modern surgery have indeed helped cases like yours, although not too many and not always too well.

An operation to have your sex "changed" is probably foremost in your mind. Sometimes you may feel that such an operation is all you live for and that without it and without the change you can accomplish

that way, life is not worth living. This is an understandable emotional reaction to your deep-seated urge to go through life as a woman.

You must realize, however, that emotion, especially if unusually intense, is not always rational and may well conflict with sound reason. Therefore, you should make an effort to think over your problem as unemotionally as possible, and to do so more than once. Let me help you to do it by supplying a little more knowledge and common sense. It may prove useful for your entire future life.

First of all, sex is determined at the moment of conception and therefore never can be changed. The so-called "change" by surgery concerns only those organs that make you physically and legally a man (or a woman). A serious major operation or series of operations are required to change the external appearance from male to female.

The difficulties of finding a competent surgeon are great. Few hospitals at the present time will allow such operations. Complications may arise afterward, more operations may become necessary, and the outcome is never certain. The artificial vagina that can be created by plastic surgery may or may not function to your later satisfaction in marital relations. I am speaking from experience with more than a single patient.

Furthermore, the operation, even if successful, does not change you into a woman. Your inborn (genetic) sex will remain male. You must be aware of this fact, although it may have no practical meaning for your later life as a woman. If the surgeon castrates you as part of the operation, you would be, technically and from the glandular point of view, neither male nor female. You would be a "neuter."

Only your psychological sex is female. (Otherwise you would not have wanted the operation in the first place.) If the surgeon merely places your testicles in the abdomen to make them invisible, you would have to be considered a male, from a glandular viewpoint as well as legally.

Yet, it is true, you could look like a woman in the genital region and function as one after the operation. Even a climax (orgasm) during sex relations has been reported by most such patients. But remember, a time may come when sex is no longer important. Would you still want to be a woman then? Furthermore, constant glandular treatment with hormone injections or tablets - off and on - probably would be necessary for the rest of your life.

Is your general appearance and physical build such that you can pass as a woman, or is it possible you will look more like a man dressed up as a woman?

Don't ask the mirror. Take the word of an objective outsider.

Masculine features, a heavy bone structure, a height above the average, a prominent "Adam's apple," a heavy beard could be handicaps because they would be difficult or impossible to change.

The law too may cause you many difficulties and complications, even after the operation. Much red tape stands in the way for you to have your birth certificate read "female" instead of "male." But you may need that for a new job, or if you should want to get married as a woman.

And then, please remember that you are not alone in this world. You undoubtedly have relatives, parents, brothers and sisters. You must ask yourself how they would feel, having a daughter instead of a son, a sister instead of a brother. Their attitude and their happiness deserve your consideration before you undertake such an irrevocable step as a "conversion operation." You can only hope that they will put your happiness before their own preferences.

Religious convictions may trouble your conscience. Find peace and clarity before you decide on something that cannot be undone.

Even if all obstacles (including the important financial one) have been overcome and the operation has become possible for you, you should remind yourself once more that when you awake from the anesthesia, you are not a woman by any means.

When you have recovered from the pain and the aftereffects of the operation, after a few weeks or months, your real work begins - to change into a "woman." You have to learn how to behave like a woman, how to walk, how to use your hands, how to talk, how to apply make-up, and how to dress. Existing handicaps would require special attention.

Of course, you may have had your experience with dressing, etc., for some time already, but it was then more or less a game. Now it would be so much more serious because it is permanent. Also, your beard and body hair may require long and costly electrolysis to be removed.

Finally, but highly important, how do you know you can make a living as a woman? Have you ever worked as a woman before? I assume that so far, you have only held a man's job and have drawn a man's salary. Now, you may have to learn something entirely new. Could you do that? Could you get along with smaller earnings?

Again, I ask you to think over all these problems carefully, sensibly, and unemotionally. If you could try, perhaps with the help of a psychologist, to adjust yourself to your present male status, making the best of it in whatever form or manner, you may certainly save yourself immense complications in your future life and probably many sacrifices too.

If you can, discuss the problem with someone who is understanding but who does not have the handicap of emotional involvement. If everything seems favorable, a doctor - preferably an experienced psychiatrist - should still be asked to approve of the step you want to take. If he agrees with you and recommends the operation, then I would say "by all means, go ahead and the best of luck."

The above advice was written with the male transsexual in mind who desires to become a woman. But there are also female transsexuals who want to become men and live and work as such. They are rarer, but their emotional problems are the same. My explanations and warnings, in principle, apply equally to them.

The operations they are seeking with the same emotional intensity naturally are different. They want a reduction in the size of their breasts, in order to appear masculine, the removal of the womb, and the ovaries, so that there is no menstrual period to fear anymore, and sometimes the closing up of the vagina.

More complicated plastic operations on the genitalia are very rarely requested. For instance, the construction of a penis that could be of use would require a series of complicated operations, costly through long hospitalization, and highly uncertain as to results.

Glandular treatment with hormones and psychological guidance are as important for females as for males, but naturally hormones produce no permanent changes. These can only be accomplished through surgery, which in turn requires as much mature and unemotional consideration as the parallel procedures in men.

Most important for my own satisfaction and consent to the operation was the belief that a reasonably successful "woman" could result and, naturally, that there appeared to be no other way to help this patient through any form of conservative treatment to a happier and mentally healthier future. For a "successful woman," I had in mind particularly the outward appearance and the impression of the total personality.

A heavy masculine build, a height of six feet or more, and a strong, dark beard were causes for worry and doubt. But even with these handicaps, the operation was performed in several instances, with or without my consent. So far, all seems to have gone well with them. One patient who is now, several years after the operation, a decidedly masculine-looking "woman," with tattoos all over her body, is getting along well in an active business and is unrecognized as a former male. She is merely considered eccentric by her associates.

Under no circumstances, she assured me repeatedly, would she ever go back to living as a man. "This way I am at least myself and can relax," were her own words.

A couple of times she was arrested under the suspicion of "impersonating." When she was taken to a police station, examined and declared to be a woman, the arresting officers apologized and in one instance, bought her a dinner. Not all patients in such situations fared equally well, as will be seen in Chapter 9 on "Legal Aspects."

A reasonably good emotional stability likewise played a part in my prognostic considerations and also, quite prominently, the attitude of the family if there was one to be considered. If happiness for one individual has to be bought with unhappiness for several others, it is not an ideal situation.

Finally, last but not least, I was concerned with the economic prospects of the future woman. Could "she" make a living and blend into society without friction and failure? I have seen difficulties in this respect and therefore preferred (without actually advising it) to have the patient live and work as a woman, although illegally in a technical sense, for a year or so before taking an irrevocable step. But such a trial period was not always possible.

It is understood that general health considerations, physical and mental, likewise could influence the indication for a conversion.

A period of six months or longer of observation is rather imperative before the operation is undertaken, best under estrogen therapy, in order to reduce the emotional intensity. Hamburger and his associates [5] made the same suggestions and I found such an observation period invaluable to learn more about the patient's problem personality.

Contraindications

Contraindications are self-revealing when evaluating the indications but further objections are raised against the operation which deserve consideration. These objections can be psychiatric, psychological, philosophical, medical, moral, or plainly emotional. An active psychotic state may certainly give pause and may require at least a postponement of any surgical procedure. Psychotic reactions may or may not be the result of long-continued and often intense frustration. They may not respond sufficiently to estrogen and other conservative treatments. It is therefore always possible that psychotic symptoms or a condition actually appearing to be a psychosis (for instance, a "schizophrenic reaction") will improve after the operation.

Psychologists, and especially psychoanalysts, have emphasized that the basic conflict of the transsexual is fear of the opposite sex, which cannot be resolved by any operation. Under analytic probing, such a fear may indeed be found to persist after surgery without, however, disturbing the patient's life. Some further feminization wishes and fantasies may occupy the minds of these patients after the operation but they are not always verbalized and a realistic outlook usually gains the upper hand, especially with the help of some psychological guidance. Cosmetic procedures (breasts, nose, chin, Adam's apple, facial skin), have occasionally followed the conversion. They could be interpreted as motivated by further "feminization cravings."

A rather extreme but actually published objection to the operation by a psychoanalyst was expressed in this hypothetical question to a hypothetical doctor:

"If a patient came to you and wanted you to remove his normal left eye or his right hand, would you do that, just because he asked you to?"

The illogic of this comparison is evident to an objective observer. First of all, a patient who comes in with such a request is, on the face of it, acutely psychotic. Transsexuals as such are not psychotic unless one wishes to interpret the gender disharmony as a "partial" or "localized" psychosis, hardly an acceptable diagnosis. Furthermore, the transsexual does not want a useful organ (such as a normal eye or hand) removed, and thereby reduce his efficiency; but he wants a more or less (to him) useless sexual equipment altered so that a more or less useful (to her) equipment will result. Could thoughtless comparisons like this one be due to an unconscious antagonism on the part of the doctor? Or could even a self-protecting mechanism be at work?

There are of course many more psychoanalytic arguments against a conversion operation, especially having to do with the "castration complex," but this would not be the proper place (nor the proper author) to enlarge upon them.

Philosophical objections are probably based to a large extent on the violation of a taboo, that of interfering with the sacredness of man's physical sex. The gravity of this taboo has become more evident only since sex changes have been requested and undertaken in recent years.

The religious objections cannot be analyzed in a predominantly medical and secular text. For the devout, their beliefs are paramount. As such, they defy all argumentation. Objections, even from the side of the doctors, are sometimes made so passionately that they betray the high emotional potential that accompanies the violation of a taboo as well as that of cherished prejudices. (See page 62, Chapter 4)

Medically, or rather endocrinologically, we are reminded that no "female" can ever result from the operation but merely a castrated (or mutilated) male, with artificially created sex organs resembling those of a female and, if successfully created, allowing normal peno-vaginal sex relations. These comments and explanations are naturally correct. Patients are always made aware of them but I have yet to find a transsexual who would be deterred from his goal by these considerations. Their identification with the female is evidently so complete and their psychological (female) gender-feeling so deeply ingrained (imprinted?) that the morphological sex has to yield.

Other emotional objections, based on the general antisexual culture in which we live, cannot be analyzed here in any detail. Sentiment mixes with sentimentality. Particularly the often violent protests by women may have their roots in an idea of personal loss, or the psychoanalytic theory of "penis envy" may be at work unconsciously. Its mere mention may suffice here.

There are, of course, legal implications too, which will be considered in a later chapter.

Four Motives for the Conversion Operation

My clinical impression of the more specific reasons why transsexual men want conversion surgery caused me to identify four principal, fundamental motives within the general picture of sex and gender disorientation.

The first, foremost, and most frequent is the sexual motive. It concerns particularly the younger transsexuals. Their sex drive is not that of a homosexual man but that of a woman who is strongly attracted to normal heterosexual men. In love-making, their male sex organs are in the way and must be altered so that the lover can be accommodated in as normal a manner as possible. A well functioning vagina is therefore indispensable. Marriage with the adoption of children is the goal for most. But not infrequently, promiscuity, prostitutional or nonprostitutional, appears tempting for a period of time. "Let me try out my new toy for a while," one very attractive young "convert" pleaded with me when I pointed out to her the disadvantages and risks of promiscuity and prostitution.

The second motive, always present, but often overshadowed by the sexual, is the gender motive. Especially for the older transsexuals, the urgent need to relieve their gender unhappiness can be powerful and impressive. "Would you want the operation," I frequently asked, "if there could never be a chance for any sex relations with a normal man?" Some hesitated to answer, then said they would have to think it over. Those were the younger ones in whom the sex motive predominated. But others replied unhesitatingly, "Yes." They admitted they might lose something of their future happiness, but the gain would still be much greater than the loss. "I will feel free for the first time in my life," said one forty-year-old, referring to her "imprisonment" in a male body.

The third motive is even more universal. It is the legal motive. The constant fear of discovery, arrest, and prosecution when "dressing" or living as women is a nightmare for many. They want to be women legitimately and have a legal change of their sex status. Alas, red tape, if not personal antagonism of some bureaucrats, is their powerful enemy. The impossibility (in the great majority of cases) of changing name and status (on the birth certificate) while male genitalia are still present, is a strong incentive for surgery. The legal change is somewhat easier afterward, but by no means easy. Red tape is a rather enduring adversary, especially in some states of the Union. (See Chapter 9.)

The fourth motive is a social one and applies only if the transsexual patient happens to have a conspicuous feminine physique, appearance, and manners. It may constantly embarrass him through snickering, pointed

remarks, and knowing looks. It has even endangered some of them through physical attacks by moronic, would-be "he-men," sometimes undoubtedly latent homosexuals who were "protesting too much." The appearance of the very feminine-looking young man could also be a serious handicap in procuring a job.

"I hated to go out with my son," a mother once remarked to me. "He embarrassed me no end by his looks. Now he made the change and lives and works as a girl (waiting and hoping for the operation). Now I am proud of my new and attractive 'daughter.' A former nasty remark from someone is now - if anything a wolf whistle. I love to be seen with her."

From personal observation, I could certainly verify the attractiveness of this otherwise completely inconspicuous "young lady."

In many patients, all four motives, especially the first three, play a part, merging and overlapping according to individual traits and circumstances.

Procuring the Operation

It seems almost unbelievable that in the United States, with all its resources and abundance of surgical talent, the operation is not available for a TS patient, at least not legitimately, in spite of valid indication and psychiatric recommendation. He has to leave the country and go to Europe, Africa, or Asia to find surgical help.

Nevertheless, a breakthrough in attitude, although not in performance, occurred during the summer of 1964. Dr. J. B. de C. M. Saunders, the chancellor of the University of California in San Francisco, issued a rather startling, courageous statement in response to inquiries from the press, relative to sex change operations.

While largely describing the corrective surgery in hermaphroditic conditions, he also spoke of transsexualism where

. . . the normal, firm establishment of gender role has failed to occur. Psychiatric treatment rarely if ever has helped transsexual patients to accept a male role in life. A small number of male transsexual patients are known to have been provided with treatment, facilitating their lives as women - the techniques involved are similar to those used in correcting physical anomalies of sex, hormone therapy and extensive surgical alterations, together with continuing psychiatric support. Although favorable results have been obtained in terms of mental health and social adequacy, these measures are undertaken with reluctance in transsexual patients. They have been advocated only as a course to be embarked upon when there is no other means of salvaging the patient. . . . Among such patients provided with endocrine, surgical, and psychiatric therapy in the United States, three have been treated at the San Francisco Medical Center, all within the past decade. In each instance, expert consultants concluded after prolonged study that no alternative course of treatment would suffice, and that the patient (already living as a female) could never adapt to a male role. . . . Such patients are extremely rare, and are not to be confused with homosexuals or the great majority of transvestites seen by psychiatrists. However, long-term study of the three patients treated here, and of those treated elsewhere, may provide a useful approach in the efforts of medical science to understand the many remaining questions about normal and abnormal sexual differentiation.[6]

I have quoted at such length from this official document issued by one of the foremost universities in the country, because it is the first of its kind. While, to the best of my knowledge, no transsexual patients are being accepted by the Medical Center of the University of California for surgery, I feel the first step has been taken to help these patients and, at the same time, provide the opportunity for further studies. A change in attitude always has to precede a change in policy.

Another startling development along the line of progress occurred in Baltimore in January, 1965. According to newspaper reports (verified through personal information), a judge issued a court order to have a sex change operation performed on a seventeen-year-old transsexual boy, relieving a surgeon of responsibility. This followed the repeated delinquency of the boy (who stole wigs for personal use). An application by the parents and by the probation officer as well as the endorsement of an outstanding psychologist at Johns Hopkins University had brought the case to court.

Reports of isolated cases that were operated upon in Europe appear from time to time in the medical and lay press. Recently one came from Russia under the heading: "Sex Change in Moscow." "Soviet physicians have changed the sex of a twenty-seven-year-old male by surgery and hormone treatments. . . ." "The operation was reported in papers read at a recent Academy of Medical Sciences conference in Leningrad." The newspaper said a photograph of a mustachioed male taken before the operation was shown together with a postoperative picture of a smiling woman. The story said the man's mustache and beard disappeared after the operation and hormone treatment and the facial oval, skin, figure, eyes, and walk also changed.[7]

It is not too difficult to visualize a possible future when extended scientific investigation might show that transsexual patients in the end - say after twenty years' observation - had not been materially benefited by the surgical alteration of their genitals. In such case, the operation would fall into disrepute and would be largely abandoned.

If, on the other hand, a prolonged observation period should reveal the patients operated upon to be - at least in the majority - happier and better adjusted persons in the role of the opposite sex, that is to say, in the case of men living reasonably normal lives as women, then the conversion operation would emerge from the medical doghouse and become "respectable" as an accepted procedure. Some surgeons may actually specialize in such surgery and develop techniques compared to which the present ones may appear crude. All observations so far (as will be shown in the following chapter) point to the likelihood of this latter eventuality.

Older surgeons and physicians in my own age bracket will readily remember the history of plastic surgery.

Fifty years ago, when I was a medical student in Germany, plastic surgery began to shape noses and perform face-lifting operations for cosmetic purposes. I remember a surgeon in Berlin who specialized in nose operations. His name was Joseph and he was referred to as the "Nasen Joseph" (Nose Joseph). He was bitterly criticized for what he did. Surgeons such as he were refused membership in medical societies and were branded as quacks by some of their particularly orthodox colleagues. And then, sex was not even involved.

A sex change operation will naturally make emotions run much higher, not only on account of the aforementioned taboo but also because procreation is prevented. It is difficult to reconcile this argument with the only too well justified fear of overpopulation. The following chapter will provide a brief survey of my own observations during the past thirteen years with patients who have undergone a surgical alteration of their (male) sex organs.

They are only a relatively small number (51), not enough to allow final conclusions. More case histories over a longer period of time should be reported, especially by different observers. That may take time as there is still much hesitation on the part of the doctors and medical editors to publish data dealing with such a controversial subject.

Footnotes

[1] "Testicular feminization" has been described repeatedly and is a well known though rare abnormality. It is a combination of a genetic male sex with testes or a testicular tumor that produces an undue amount of estrogen. The patients, therefore, appear to be normal women externally, with rudimentary sex organs internally. That differentiates them from male transsexuals. See Caffrey and Fitzlen, "The Problem of Intersex," J.A.M.A., Vol. 192, No. 7, May 17, 1965, pp. 641, 642.

[2] See Part 2 of this chapter.

[3] Masters, W. H., "The Sexual Response Cycle of the Human Female, II. Vaginal Lubrication," Annals N.Y. Academy Science, Vol. 83, 1959, pp. 301-317; Masters, W. H., and Johnson, V. E., "The Physiology of Vaginal Reproductive Function," West. J. Surgery, Obstetrics, Gynecology, Vol. 69, 1961, pp. 105-120.

[4] Sexology Magazine, December 1963. Dr. Benjamin is a prominent N.Y. endocrinologist and specialist in sexology. He was consulting endocrinologist of the College of the City of New York and has contributed to numerous scientific and medical journals.

[5] J.A.M.A., Vol. 152, May 30, 1953, pp. 391-396.

[6] Quoted from the release of August 6, 1964, from the office of public information of the University of California Medical Center.

[7] New York Herald-Tribune, December 10, 1964

51 Male Transsexuals and the Results of their Operations

- *Operative date*
- *Personal data*
- *Results of the conversion operation*
- *Changes following the conversion*
- *The male transsexual's life after conversion*
- *The medical literature on the conversion operation*
- *Conclusions*

Operative data

By the end of 1964, a total of 249 male transvestites were observed in my offices, either in New York or in San Francisco. Of these, 152 were diagnosed as transsexuals. This figure, however, may actually be higher as some transvestites do not reveal their true intentions during the first few interviews. In some others, an apparent transvestism may gradually seem to progress into transsexualism with or (more likely) without any treatment and patients originally diagnosed as transvestites (of the II or III type in the S.O.S.) are actually transsexuals (V or VI on the S.O.S.). A few of them are among the 51 cases operated upon.

These patients were, in the earlier years, mostly operated upon in Denmark, Holland, or Sweden, and a few in Mexico. Then, Dr. Elmer Belt in California performed a series of such operations. In approximately half of them I could observe the results. Dr. Belt discontinued this type of surgery a few years ago, largely for personal reasons. During the last three or four years, most conversion operations among patients I know were done in Casablanca, Morocco, by a French surgeon, Dr. Georges Burou. Reports have reached me of operations being done occasionally, rather secretly, in the United States, rather freely in Japan, occasionally in Mexico, and a few in Italy.

In the three northern European countries, the operations are still being performed but only on their own citizens, not on foreigners, because too great an influx of patients from other countries, especially the United States, is feared, patients who would want to take advantage of the more enlightened attitudes in matters of sex in Denmark, Holland, and Sweden.

The technique employed by the different surgeons undoubtedly varied from time to time and according to the patient, particularly concerning the formation of the vagina. In the majority of the 51 cases of operation in this country, the vaginal canal was lined with skin taken from the thigh, while in all those operated upon in Casablanca the inverted skin of the penis was utilized. In two patients that I know of, a short piece of gut (ileal loop) was removed and used to form the vagina. This technique naturally constitutes a more extensive operation as it involves the opening of the abdominal cavity. In four of my 51 patients, the technique is unknown.

As far as pain and discomfort after the operation are concerned, the reports that I received varied greatly, probably in accordance with the constitutional pain threshold of the individual, his psychological state, the atmosphere in the hospital, the operative technique, and the way the surgeon and his staff acted.

From "It was rough," "I had dreadful pain, especially the first few days," to "It was really nothing," "I had very little discomfort," all kinds of descriptions were related to me. It seems that the most frequent complaint was about painful, early, and sometimes forcible dilatation of the newly created vagina with an instrument or with the surgeon's fingers.

The fees reported to me by patients ranged in the majority from \$2,000 to \$4,000, usually including a three- to four-week stay in the hospital. It was disheartening to some patients to be prepared to pay the reported fee of \$2,000 or even \$3,000 to a particular surgeon, only to find out when they tried to make a definite appointment that the price had gone up \$500 to \$1,000 in only a few months' time. The surgeon, however, is said to have operated anyhow, allowing the patient credit for the balance of the fee.

Personal data

The ages of the 51 patients at the time of their operations were as follows:

23 in their	20's
14 in their	30's
11 in their	40's
3 in their	50's

The youngest patient was twenty years old. The oldest was fifty-eight. The average age was 33.02 years. The social (educational) level of these patients was as follows:

Upper	6
Middle	37
Lower	8

At the time of their operation, the patients stated the following occupations:

Occupation	Number
Office work	10
Salesperson	3
Musician	1
Store proprietor	3
Hairdresser	6
Housewife	5
Stockbroker	1
Show business (acting)	10
Domestic	1
Office manager	1
Prostitute	3
Teaching	2
Practical nurse or companion	2
Photography	1
Retired	1
Unknown	1

Hypogonadism, that is to say, a more or less distinct sexual underdevelopment, existed in twenty patients (39.2 per cent).

There are nine only children among the 51. This amounts to approximately 17.6 per cent, which is higher than in the general population at a given time (Maximum 10%).

First evidence of transsexualism among these 51 patients was reported as follows (this would refer to the patient "feeling" like a girl, dressing in mother's or sister's clothing, etc.):

Early childhood	43
Puberty	2
Unknown	6

Evidence of childhood conditioning was as follows:

Positive conditioning	12
No evidence	28
Doubtful evidence	10
Early history unknown	1

In perhaps twenty-three patients, the sexual motive appeared to be dominant. The gender motive seemed to prevail in twenty-eight cases. A sharp separation is not possible. As explained previously, the legal motive exists in all cases and the social motive has to be thought of in only a minority.

Results of the conversion operation

In assessing the over-all results of the operation (to which estrogen treatment has to be added in practically all cases), several factors have to be considered: the physical and mental health, the emotional state, the social status, as compared to that before the change; the attitude of the family, the position in society, and last but by no means least, the sex life, largely dependent upon the adequacy of the newly created female genitalia, especially the vagina.

As to the period of postoperative observation, the longest period was thirteen years, the shortest period three months, with an average period of five to six years.

The descriptions of the results are based on personal interviews and examinations in forty-six cases. Otherwise, or supplementing the examinations, was correspondence, sometimes with the patient's doctor as well as with relatives or friends.

In describing the total result as good (including those that could be called excellent), satisfactory, doubtful, or unsatisfactory, conscious conservatism was attempted. In some cases, major or minor corrective surgery in the genitourinary region had already been performed when the estimation was made. In others, such operations may still have to be done and if successful, may then alter the estimation upward. The same could be said of later cosmetic procedures, especially breast surgery.

The impression of the total result was judged with the inclusion of the sex life, provided it played any part for this particular patient. This was not always the case. The results were:

Result	Number	Percentage
Good	17	33.3
Satisfactory	27	52.9
Doubtful	5	9.8
Unsatisfactory	1	1.9
Unknown	1	1.9

To be assessed good, the total life situation had to be successful as well as the sex life. A good integration into the world of women with acceptance by society and by their families was essential.

Regarding the sex life, more will have to be said later. Here it should only be noted that an absence of an orgasm, if unimportant to the patient, did not necessarily exclude her from the good classification. If this defect, however, was sorely missed by the patient, the result was not considered good.

If the result was distinctly lacking in any of the above areas but otherwise fulfilled the patient's wishes, it was termed satisfactory. Whenever I was uncertain whether to judge the result good or satisfactory, the latter designation was chosen.

Cases were considered doubtful whenever only insufficient or contradictory information was available, or whenever the genital status (appearance) and sex functions were unsatisfactory, yet the relief from gender unhappiness was present and the patient had no regrets.

Considered unsatisfactory was the case of a "woman" now sixty-four years old, of Latin extraction, operated upon in Europe in 1955 without my consent. She was the only one who expressed regret over the decision to be sex changed. The operation, incidentally, did not include the formation of a vagina. This patient, in his former male role, was reasonably prosperous, having always held a well-paying position in the business world. As a woman, he was never able to make a satisfactory living and was always in financial difficulties, although fully acceptable as a woman in appearance and manner. She had insisted on conducting her own mail-order business in which she had no experience. Her command of the Spanish language was hoped to be a great asset. Alas, it did not prove to be so.

Her general health had also failed, perhaps owing to psychosomatic influences (lack of a sex life?) and a return to the male status is now being considered and most likely advisable.

In this case, the sex motive had probably played an equal part with the gender and legal motives when the operation was decided upon at the age of fifty-six. Emotional frustration, however, compounded by economic failure and the aging process, probably led to the present unsatisfactory state which, as may be hoped, can be improved under a new life pattern.

Here, the outcome of his venture into the female world was considered unsatisfactory by the patient himself. Such self assessment, I feel, is necessary to justify an unfavorable diagnosis. I found no other similar example among the 51 patients.

In one other instance too, the outcome could be considered "unsatisfactory," although this patient never actually said so or expressed the wish to return to male status. Here again was economic failure as a female and with it, failure in the social status, so that the present "woman" cannot be compared to the former man. In addition, there is no satisfactory sex life. Yet female dress and female occupation (factory work) were considered preferable to the previous well-paying male job (architect). Here a satisfied gender motive evidently acted as a compensatory factor.

Three of the 51 TSs operated upon unfortunately have died. One was successfully married as a woman for six years, a house wife and clubwoman, a charming, intelligent lady who succumbed to a fatal heart attack at the age of 50.^[1] The second died a "narcotic death," according to the medical examiner's office (see page 68 in Chapter 4).

The third died in her 51st year. Her "sex change" dated back to 1954 when she was operated upon in Holland but without the formation of a vagina. This was first attempted later in the same year in the United States, but unsuccessfully. The vagina was reconstructed in the United States in 1958 but a vaginorectal fistula developed. It was repaired successfully the following year.

In the meantime, the patient had lived in reasonable comfort as a woman, held a clerical position with a large business concern for ten years, and was fully accepted as a woman. She enjoyed several "sex affairs" after the final operation on her vagina.

The patient died late in 1964 of a complication of illnesses requiring repeated operations. Several large liver cysts were removed. (There was a history of hepatitis in the late forties.) Part of a benign pancreatic tumor was excised. Later a "dormant" carcinoma of the pancreas was discovered. She was also operated upon for stomach ulcers, developed diabetes and hypertension, but the immediate cause of death was a pulmonary embolism.

AN EXAMPLE OF SUCCESS

If an example was given above in some detail of an unsatisfactory outcome of the operation, at least one history should in fairness be related where a good (if not excellent) designation is justified.

Jonathan, usually called Johnny, was twenty-four years old when I saw him first. He was a miserable, unhappy young man of rather short stature, slightly overweight and moderately underdeveloped sexually, a transsexual of the VI type in the S.O.S. He worked in a restaurant as a checker. One of the headwaiters was homosexual and gave our patient a bad time with his unwanted propositions. While Johnny was attracted to men, he disliked homosexuals. "They want another man," he said, "but I feel I am a girl."

Finally Johnny had saved enough money, his family was understanding, and a psychiatrist to whom I had sent him definitely recommended surgery. One year later, he went to Europe (in 1955) and, in those earlier years, had only a castration and penectomy done. An American surgeon, two years later, fashioned a well-functioning vagina.

Then Johnny (now Joanna), met a man a few years older than he (now she) when she was working as a receptionist in a dentist's office. He was and still is a reasonably successful salesman. He fell in love with Joanna and married her. He knows only that Joanna as a child had to undergo an operation which prevented her from ever menstruating or having children. They have had a distinctly happy marriage now for seven years. Joanna no longer works but keeps house and they lead the lives of normal, middleclass people. To compare the Johnny I knew with Joanna of today is like comparing a dreary day of rain and mist with a beautiful spring morning or a funeral march with a victory song. The old life in the original (male) sex is all but forgotten and is actually unpleasant to be recalled.

This "John to Joanna" transformation is not unique. It could be duplicated perhaps a dozen times among my own patients, naturally with all kinds of variations.

Yet these successful outcomes should not deceive us as to the risks involved. While most transsexuals who underwent the operation were decidedly better off afterward than before, they did not become models of emotional stability and mental adequacy. A few do remain more or less disturbed, insecure, in precarious emotional balance, problem personalities who could perhaps be helped by psychiatric guidance. Alas, too few seek it and that may be another reason why some drift occasionally into reactive depressions or into promiscuity, prostitution, and addictions. The salvaging of transsexuals does not always end with the operation, though without it there would have been no hope.

Changes following the conversion

Physical Changes

The physical changes soon after the operation were few. It takes time for them to develop. They can generally be described as demasculinization, but actual feminization is probably due more to the continuing estrogen medication than to the surgery (see Chapter 6). If the technique included castration, it is conceivable that a reduction of androgen production aided the estrogen effect, unless one adheres to the theory that the testicles of transsexuals always produce a considerable amount of estrogen. As yet, this has not been proved, although one may suspect it at least in some cases from evidence so far inconclusive.

The regular loss of weight during hospitalization is soon recovered and a moderate gain in weight (owing to estrogen, especially Enovid medication?) soon takes place. Estrogen medication occasionally seems more effective, even with smaller doses, after the operation than before, which may be psychological, but could also be endocrine provided the testicles had been removed. Actual castration symptoms were rarely observed, undoubtedly on account of the continuing estrogen therapy.

The "female form"

Breast development, necessary for an emotional relief in all transsexuals, may respond a little better to estrogen after the operation (with castration), but, to repeat, I still feel that this particular response is more dependent upon constitutional, hereditary factors than to any particular form of therapy. Sometimes small doses are more effective than large and sometimes it is the other way around. Therefore, breast surgery, with implants of various types, is often chosen as a surer, quicker, although more risky way to acquire the All-American "May West-Jayne Mansfield" bosom. The sometimes exaggerated and unnatural results, the usual hard, marble like structure, seems no deterrent and can please just the same.

In several cases, I saw infections develop that necessitated the removal of the implant. Silicone injections into the breast tissue, which some plastic surgeons prefer, yielded a satisfactory result in one case and rather negative results in two or three others.

After a recent survey [2] conducted in this country, the American Society of Plastic and Reconstructing Surgery came out against breast implants or similar devices used in women; thirteen out of twenty-three doctors had discontinued this technique after finding it unsatisfactory. "Stick to falsies," they said.

Mental changes

The mental changes were invariably more pronounced than any physical ones, as is to be expected. The great satisfaction that goes with a final accomplishment of a difficult and long-sought-for mission was strikingly evident. Occasionally, however, it was marred by an unsatisfactory genital (and sexual) state and the necessity of further corrective surgery.

"How do you feel now, after it is all over?" was my regular question. The answers ranged from "In seventh heaven," and "Oh, so wonderful," to the more cautious "Okay, I'm glad it's all over." My "Would you do it again?" was answered in the great majority of cases with an emphatic "Yes." A few were hesitant; two said: "I don't know" and one or two inclined toward "No," because there had been too much pain and discomfort and the result, because of sexual difficulties or frustrations, not sufficiently rewarding, at least at the moment (see also remarks on page 120 in this chapter).

Handicaps and disappointments

Invariably, disappointments had to do with the sexual functions. If the surgical result was satisfactory, the sex motive for the operation later on requires the proper sex partner in the form of a husband or lover. Even an attractive girl may find it difficult to meet her Prince Charming. If she feels that time may be running out, it could easily cause much feeling of insecurity, dissatisfaction and depression, in spite of the attainment of her life's ambition, and still leave her with unsolved problems.

The physical state of the vaginal canal is, however, paramount for all those whom the sex motive led to the conversion. To repeat: unless proper, skillful dilatation of the vagina is resorted to from the very beginning, the vagina may contract through scar formation, even years later, and eventually close up entirely. This would necessitate a new and major correction, possibly with the formation of a new canal, lined with skin from the thigh or even a loop of intestine.

Minor scar formation or insufficient depth or (rarely) a retention of a small penile stump can more easily be corrected. In three of four cases a widening of the urethral opening was necessary and in one case, unsightly and disturbing long scrotal folds had to be shortened to resemble the labia majora.

The immediate postoperative period is fraught with the possibility of complications. Constitutional factors, the surgeon's skill and experience, and scrupulous aftercare seem to be vital factors in avoiding disappointments and securing ultimate success.

In a smaller group of patients the gender motive outweighed the sexual. Thus the state of the genital region was of minor importance as was their entire sex life.

Orgasm

The inability to achieve orgasm was a handicap for only a few. Pleasurable sensation and satisfaction were repeatedly claimed even without an actual climax. However, definite orgasmic ability with a more or less distinct ejaculation from the urethra was described by more than half of these 51 patients, although the orgasm did not take place on every occasion (which is the case in normal relationships too). The explanation for the orgasm without a clitoris and a natural vagina is probably twofold. First, the psychological effect of, at last, being able to take the longed-for female role in the sex act. Second, the possible retention of sensory nerve ends in the scrotal (now labial) fold and also in the penal (now vaginal) tissue, provided this particular surgical technique was used. Occasionally it took several months, and of course the right partner, before the first orgasm was achieved. But even without it, they were satisfied with their ability to be a normal sex partner (in a face-to face position) to their husband or lover. Ejaculation even with orgasm does not persist for long. It usually disappears, in all probability, with the gradual atrophy mainly of the prostate gland.

Corrective surgery

Among the 51 cases, major corrective surgery was required in eight instances, minor in seven. The major consisted of the formation of a new vagina with a lining different from the one originally used. Minor ones were usually the removal of scar tissue and surgical dilatation of the vagina or urethra with prescription for molds or dilating objects for the former.

Additional surgical corrections were required in twelve of those (among the 51) whose vagina was lined with body skin. It was necessary in three who were operated upon with the use of penile skin.

The male transsexual's life after conversion

Postoperatively, it is a great delight right away for the true TS to view his (now her) own genitals in the mirror, thus having visual proof of femininity. To show the female genitals to doctors or intimate friends likewise gives great satisfaction.

My secretary told me she once entered the waiting room unexpectedly and saw a newly operated upon TS with uplifted skirt, proudly and quite unconcernedly exhibiting her "female" genitals to two other TS patients. But aside from the appearance, the attainment of a sex life as a woman is the most essential part of the future life, with marriage and the possible adoption of children as the dearest wish.

The sex life is less essential or altogether immaterial if the gender motive was the driving force for the operation. Of these 51 patients, twelve married as women. Also, twelve were married previously as men. Five have experienced married life from both sex angles (as a male, unsuccessful, some not even consummated); five were divorced [3] as females and three remarried one or more times.

Of the 39 unmarried, twenty-three reported sex relations. Of these, nine are part or full-time prostitutes, at least at this time of writing.

The unfortunate fact that a number of patients went into prostitutional activities right after their operations has turned some doctors against its acceptance as a legitimate therapy.

As one urologist expressed it: "I don't want a respectable doctor's clinic to be turned into a whorehouse." Behind this exaggeration is not necessarily a puritanical mentality alone. It may have very practical reasons (loss of other patients?) or spring from the idea that a doctor is not only there to protect or restore his patient's health but also his morals.

A physician with such a concept may enjoy the feeling of being on the side of the angels but he scarcely has ethics or logic for support. Should a physician refuse to heal the injured right hand of a pickpocket because he may return to his profession and perhaps forge checks besides? Should a urologist - for argument's sake - decline to treat sexual impotence because a cure may induce the patient to start an illicit love affair or, if married, lead him to adultery?

A doctor could hardly be held responsible, and should not hold himself responsible, for what a patient will do with his regained health. That is none of his business. Such an attitude could lead to endless absurdities as the above examples show.

The medical literature on the conversion operation

Scientific reports as to the result of the operation are so far meager indeed but will most likely increase in the near future. Several reports in the past dealt with only one case, successful or unsuccessful. In 1961, an article appeared in *Acta Psychiatrica Scandinavica* [4] written by John Hertz, Karl-Gunnar Tillinger, and Axel Westman, dealing with five cases. Here is their summary:

The authors give a report on five cases of Transvestitism, two males and three females. After a thorough examination, including endocrinological and psychiatric exploration, they were all treated hormonally and surgically. In the males a surgical demasculinization, i.e., extirpation of the penis and scrotum with its contents, was followed by administration of estrogens while in the females a effeminizing procedure, i.e., extirpation of the ovaries, tubes, and uterus as well as extirpation of the breasts, was followed by treatment with androgens. Postoperative follow-ups for 3½ to 16 years revealed that the final outcome in three of the cases could be characterized as satisfactory and in one case as definitely good. In the fifth case the outcome was satisfactory until an unsuccessful attempt to form an artificial vagina induced rather deep depression.

Dr. Leo Wollman, noted gynecologist and student of hypnotism, who had occasion to examine and treat a considerable number of transsexuals after their operation, has this to say: [5]

"Before irrevocable surgery makes the transition from male to female physically permanent, it is essential that a psychiatric evaluation and a psychological examination be done. This is indicated for the protection of the physician as well as the patient. Also a period of observation under estrogen therapy to reduce libido and tension is recommended.

It is suggested, as an avant garde technique, that hypnotic progression might be an important asset in the true evaluation of the transsexual's needs and aspirations. This projection into the future may, in some cases, dispel certain faulty attitudes and provide the faltering future female with second thoughts before definitive surgery.

Following the preparatory estrogen hormone therapy to provide breast tissue and decrease the male libidinous feelings, the transsexual embarks upon a new life immediately after the surgical removal of the external male sexual apparatus and the creation of a functional vaginal sheath. Many varying surgical procedures have been devised and are being carried out with equivocal results. However, in those cases where medicine and surgery have successfully created a phenotypic female, the "gynecological" problems of the male-to-female individual merit special attention.

For this patient, patient understanding and gentle treatment are necessary. The most frequent complaint after the operation, excluding the painful convalescence, is urinary frequency usually due to a urethro-cystitis. Antibiotic treatment will effect a rapid surcease from the disquieting urinary signs and symptoms.

A rather unusual urinary complaint is the control of the direction of the urine stream flowing from the urethra. If the urethral opening remains high, the flow will run over the rim of the toilet seat. This messy condition may be prevented by adjusting the tilt of the pelvis to permit the urine to flow into the bowl.

Another common complaint is the inability of the transsexual (now a female) to consummate sexual intercourse. This may be due to many factors. Notable among these are 1) an artistic vagina, 2) a narrow introits, 3) a thin vaginorectal septum, 4) an insufficiently lubricated vaginal canal, 5) vaginal bleeding from the apex of the freshly scarred vaginal pouch after vigorous coitus.

Treatment for these aforementioned dyspareunic states will vary with the condition found. Simple hygienic measures, proper lubrication methods, new coital techniques, dilatation by means of a Kelly aluminum dilator or a bakelite Young's dilator or a solid plastic mold worn with a flattened superior surface to protect the urethral

passage, and sensible advice usually meted out to newly-weds are some of the physical and psycho-physiological treatments found effective.

Above all, it is imperative for the gynecologist to regard his patient as a "female" - as "she" so rightly deserves to be considered after the lengthy and costly efforts to become a physical female. A great deal of research is indicated by the medical and psychological investigators before more consistent help can be offered to these male transsexuals, now ostensibly functioning females. The Harry Benjamin Foundation is now actively engaged in a research program of this type."

In a lecture before the American Psychiatric Association, on May 6, 1964 in Los Angeles, Ira B. Pauly, psychiatrist at the University of Oregon, carefully reviewed the international literature on transsexualism. I am quoting from the summary in his manuscript:

The transsexual attempts to deny and reverse his biological sex and pass into and maintain the opposite gender role identification. Claims of organic or genetic etiology have not been substantiated. The evidence from cases of transsexualism appears to complement the information from studies of human pseudo-hermaphrodites and stresses the significance of early learning and conditioning in the determination of gender role preference. The choice is made early and is difficult to reverse. Although psychosis is not frequent in the schizophrenic sense, in its most extreme form, transsexualism can be interpreted as an unusual paranoid state, characterized by a well-circumscribed delusional system in which the individual attempts to deny the physical reality of his body. The term Paranoia Transsexualis has been suggested as an appropriate descriptive term for this syndrome. Psychosexual inversion is seen as a spectrum of disorders, from mild effeminacy to homosexuality, transvestism, and finally transsexualism, each representing a more extreme form, and often including the previous manifestation. An attempt to approximate the female anatomical structure is the final step in this syndrome. At least 93 men and 22 women have obtained surgical intervention to some degree. Follow-up studies at the present time are inadequate to determine empirically the value of surgical treatment in this syndrome. An understanding of this syndrome may prove helpful to further our knowledge of psychosexual development in general, and hopefully reversible problems of psychosexual identity in particular.

Per Anchersen [6] writes as follows:

In treatises on these problems we find that the discussion has been characterized by strong emotional reactions and conventional points of view. Glaus (1952) mentions two male transvestites who were operated (castration and ablation penis) and who afterwards gained a feminine social position. He adds himself a third similar case.

In an extensive discussion in Psyche (1950), religious and ethical views were raised and disturbed the impression of more rational points of view (M. Boss, C. G. Jung, H. Kranz, and others). In Denmark Stürup and collaborators have maintained a sober humane point of view in order to manage to help these unhappy human beings to a better psycho-social adjustment.

Interpreting the result of a sex change operation is not as easy as that of a cataract or a gallbladder removal. Too many factors enter, psychological and physical, that may obscure the issue, and not the least, the observer's own attitude may color his reports. Much of it has been discussed in previous pages. Furthermore, the statements of patients who may still have their neurotic tendencies have to be employed as yardsticks much more often than measurable physical changes. There are also patients who want to please the doctor with their statements. Pauly calls transsexuals "unreliable historians." Furthermore, the results observed and reported by one investigator are not enough. They should be complemented and confirmed by others, working possibly in a different emotional atmosphere and with different medical criteria.

I have heard the operation condemned by a prominent internist who never saw a single case. He replaced knowledge with arrogance when uttering his prejudices. I have heard the results of the operation generally minimized by a surgeon and also by a psychiatrist who saw only those doubtful or temporarily unsatisfactory cases who came to them for further help. They did not see and therefore did not consider those who were well and satisfied and no longer in need of medical attention. It has been my endeavor to avoid these pitfalls.

Conclusions

My observations have forced upon me the conclusion that most patients operated upon, no matter how disturbed they still may be, are better off afterward than they were before: some subjectively, some objectively, some both ways. I have become convinced from what I have seen that a miserable, unhappy male transsexual can, with the help of surgery and endocrinology, attain a happier future as a woman. In this way, the individual as well as society can be served. The rejection of the operation and/or treatment as a matter of principle is therefore not justified.

Footnotes

[1] This patient had not been castrated, therefore may have retained more androgenic activity.

[2] Quoted from Science Newsletter, Oct. 22., 1965, p. 264.

[3] Or marriage annulled.

[4] Vol. 37, Fas. 4, 1961, pp. 283-294.

[5] Personal communication.

[6] Per Anchersen, "**Problems of Transvestism**," Acta Psychiatrica et Neurologica, Supp. 106, 1956.

Legal Aspects in Transvestism and Transsexualism

Criminality before the law is not necessarily criminality before science and common sense. Transvestism, transsexualism, homosexual behavior, drug addiction, alcoholism, and prostitution are examples. They are problems of health, behavior, and character. They call for treatment and education instead of punishment. Their interpretation as "crimes" creates criminals artificially merely by definition. This holds true particularly of transvestism, which is as much an abnormality of behavior as it is a sexual deviation.

Please read this introduction once more

A contact between the law and the transvestite-transsexual phenomenon exists principally in three separate areas. (1) The male transvestite's desire to "dress" and appear in public in female attire. (2) The performance of the conversion operation, which primarily concerns the surgeon; and (3) the legal change of the sex status of an operated upon or (more rarely) a non-operated upon transsexual person who lives as a member of the opposite sex.

- *The transvestite's "dressing"*
- *Three cases*
- *A remedy?*
- *An ancient law threatens surgeons*
- *The legal change of sex status*

The transvestite's "dressing"

For all practical purposes, "dressing" concerns only the man who puts on female clothes. The female transvestite hardly ever gets into trouble with the law.

There is actually no law anywhere that expressly forbids a man to dress as a woman; but the New York State Code of Criminal Procedure, Section 887, Subdivision 7, is being used against transvestites, and other states have similar statutes. This law says that a person (designated as a "vagrant") must not appear with "a face painted, discolored, or covered or concealed or being otherwise disguised in a manner calculated to prevent his being identified." This applies to persons "on a road or public highway, or in a field, lot, wood or enclosure."

This law had been passed more than one hundred years ago for an entirely different purpose. It was directed against farmers who disguised themselves as Indians and sometimes attacked law officers when they tried to enforce an unpopular rent law.

Under this catch-all "vagrancy" statute, transvestites have been arrested repeatedly when recognized while venturing outside their homes and many have been convicted, fined, and jailed. Theoretically they also could be arrested in their homes for "dressing," because the law refers to an "enclosure." So far, however, that has not happened, to the best of my knowledge.

Three cases

A middle-aged man, an airline pilot for many years, of high standing in the community, a recent widower and a father, whom I knew well and for whom I have the highest regard, was arrested last year in the street near his

home, wearing a wig, female clothing, and so on. This man had been a transvestite for many years with the full knowledge of his wife, who understood and protected him while she lived. Now he lived alone and indulged only rarely in his hobby. Looking rather masculine, he knew he was taking a chance going out "dressed," but the urge at times was too irresistible. And so on this occasion he ventured out and near his home was recognized by a police officer who later appeared as the only witness against him at the trial. There was no testimony that the defendant was engaged in any immoral or criminal activity beyond his being in female attire.

The defendant's attorney pointed out that Section 887-7 was unconstitutional as in violation of the "due process of law" provisions of the 14th Amendment of the Constitution. The Court ignored this as well as favorable testimony as to character and the like, ruled the defendant guilty and sentenced him to two days in the workhouse. Then the court suspended sentence. Maybe the judge felt that the letter of the law conflicted with plain common sense and in this way tried to help the defendant.

However, the damage was done. His employers learned of his conviction and he was suspended from all his duties. Amusingly, right after his arrest, one of his superiors in the airline phoned me to ask my opinion about the man's sanity. After I assured him that he was perfectly sound mentally, the superior asked me: "Would you let your wife fly with him?" (He had been a pilot for this airline for over twenty years). "Of course I would," I replied, "and I would fly with him myself with fullest confidence, his transvestism has nothing to do with his competence."

But this and other testimony did no good. The arrest and conviction could not be undone. The man lost his job. And this, a year before he would have been eligible for pension. This case was appealed but came to an end when the U.S. Supreme Court refused to review.

Another patient of mine had a different kind of experience. He was a transsexual, overanxious, as many are, to be operated upon without being fully ready yet to change to a believable woman. "She" could still be "read" (recognized) rather easily.

Back from abroad after the conversion operation, and no longer a male anatomically, she felt safe and confident in her new role as a female. Two detectives thought otherwise and arrested her for "impersonating." Her plea that she was a woman brought forth only an "Oh yeah! Let's see." She was taken to the police station and there examined by a matron who told the detectives that they had made a mistake. The suspect was a woman. But, contrary to the case previously described, [1] when the arresting officer tried to make good his error with a dinner invitation, these two detectives thought of another way out of their predicament (false arrest). They changed the charge from "impersonating" to "soliciting." The girl had to stand trial as a suspected prostitute. A wise judge, however, recognized the charge for what it was and promptly dismissed the case.

How I tried to protect transvestites and especially the more vulnerable transsexuals from arrest by letting them carry a certificate of explanation and the consequent failure of my effort is related in Chapter 4.

A strict and pedantic and somewhat automatic adherence to the letter of the law is often nothing but an exercise in the abolition of common sense. We can be consoled, however, by an occasional exception through the courageous act on the part of some highly placed official or judge. Here is an example:

E, a transvestite who for years had lived as a woman and whom I knew through frequent contacts to be a respected and responsible person, wanted to travel in Europe as a woman although the birth certificate and the given name were that of a man. I wrote the Passport Bureau, State Department, Washington, presenting fully all the facts in support of E's application for a passport to be issued in her female name and identity. Without comment, E's request was granted and she received the desired passport. Someone in the respective department was big enough to override technicalities and, in this instance, common sense won out over possible "rules and regulations."

If this official, he or she, should happen to read these lines, I want to salute this rare bit of courage and wisdom.

A remedy?

Incidents of arrests and convictions of transvestites for "impersonating," often with prison sentences, take place daily in this country. When acquittal or probation takes the place of imprisonment, it is not always due to clemency on the part of the court. It is sometimes because the defendant is such a feminine-looking individual (and perhaps possessing no male clothes) that no one knows whether he belongs in the male or the female section of the jail. To let him go is then the simplest way out of a predicament. But I know of incidents too when, with rather medieval brutality, "masculinization" with forcible haircuts and prison clothes fitted the TV or TS into the section for men, naturally exposing him to ridicule or sexual abuses by the inmates.

All this can be avoided and is being avoided, for instance, in Hamburg, Germany, where an enlightened administration found way to help transvestites and serve justice at the same time. Based on a physician's certificate, the Hamburg police department issues a card to the transvestites, not giving them permission to "dress," but merely stating that this person is known to the department as a transvestite. That is all, but it is enough to absolve the particular person from any suspicion of "criminal intent" in "dressing" and therefore from arrest.

More than thirty years ago, I wrote to the then New York Police Commissioner, Edward P. Mulrooney, in the interest of a transvestite patient of mine, suggesting the method described above and at that time in use in Berlin. A polite but negative answer came, pointing out that the law would have to be changed.

Two German psychologists, in a recent article for a medical journal, [2] suggested and certified by citing cases that wherever a greater permissiveness of society and the law allowed first-name changes and the wearing of female attire, the transvestite's peace of mind was promoted and thus his ability to work and maintain himself better economically and psychologically, to the benefit of the community. Incidentally, such a method could, in some cases, forestall the request for a conversion operation, as previously explained (see Chapter 7, regarding the "legal motive" for the operation).

Here it may be appropriate to repeat the advice that *Turnabout*, a magazine for transvestites, gave in its fourth issue, Volume I, 1964: "**How to Keep an Arrest from Becoming a Disaster.**"

- DO ADMIT your male status, if you are questioned in a public place by an officer of the law.
- DO CHECK the identification of the officer, especially if he happens to be a plainclothesman.
- DO OFFER your male name and address only, if you are asked to do so by a bona fide policeman.
- DO SHOW the officer your own legal masculine identification when it is requested from you.
- DO FOLLOW the officer peacefully to the police station if he decides to take you there.
- DO INSIST upon contacting an attorney or public defender as soon as you arrive at the station.
- DO REQUEST postponement of your court appearance if your attorney is not in the courtroom.
- DON'T ATTEMPT to flee or evade arrest if a police officer challenges you.
- DON'T TRY to bargain with the arresting officer or with any other officer.
- DON'T GIVE any statement whatever, whether it is a written one or an oral one.
- DON'T ANSWER any questions with regard to the subject of homosexuality.
- DON'T GIVE any information as to your job or the identity of your employer.
- DON'T ADMIT or DENY the charge which the arresting officer places against you.
- DON'T DISCUSS your case with another prisoner or anyone else before trial.

I sometimes wonder if the Chevalier d'Eon ever had trouble like that and needed such advice.

An ancient law threatens surgeons

Older than the law used against transvestites is the one that could be used to forbid the performance of a conversion operation. It is the so-called "mayhem statute" that goes back to the days of Henry VIII, and as the New York attorney R. V. Sherwin [3] says, "has no connection with anything remotely related to the subject under discussion."

England had many wars in those years and soldiers too often tried to evade military service by mutilating themselves, or would have someone do it for them, by amputating fingers, toes, even a hand or a foot. The king therefore had a law enacted that forbade depriving a soldier of any part of his body necessary for his defense and making him less able to fight. To visualize the male genitalia in this category is difficult; yet this old English law, having with many others been embodied and still existing in our present American penal code, could be used to prosecute a surgeon - at least theoretically. I know of a surgeon who refused to operate after being warned by a district attorney. I too have received a letter from another district attorney's office with the same warning after I had asked for the respective information. While no case of an actual prosecution under this law has come to my attention, it has undoubtedly served to intimidate doctors who otherwise might have been willing to operate upon an occasional transsexual patient. Whether fear of actual legal complications, or fear of blackmail, or fear of being criticized predominated, is a matter for conjecture. Eventually a Supreme Court decision may be required to ban the specter of the mayhem statute for surgeons and allow them to act in accordance with science and their own consciences.

Legal reforms notoriously take place at a snail-like pace. J.W. Ehrlich, famed San Francisco attorney, said in his recent book, *Reasonable Doubt*: "... if medicine had remained as backward as the law, the chief remedial aid of today's doctor would still be bloodletting."

But there is another point that should not be forgotten. Many of the objections against a sex conversion are rooted in religion, as are most sex laws and legislation of morals. One may ask whether such legislation is justified in a society in which church and state are supposed to be separated. In "Sex vs. the Law, a Study in Hypocrisy," [4] Harriet F. Pilpel, a noted New York attorney, has this to say about our sex laws: "They can only be enforced by snooping, informing, and entrapment. They make 'sins' into 'crimes', in short, they are completely at variance with the realities, and even with ethics, of our lives today."

The legal change of sex status

When the transsexual has been operated on or sometimes even before any operation, when he or she has decided to live and work as a member of the opposite sex, the change of the sex status in a legal manner is urgently requested. It often takes the form of asking for a new or a change or amendment of the birth certificate. As Robert V. Sherwin, author of *Sex and the Statutory Law* [5] and attorney for the Society for the Scientific Study of Sex rightly pointed out, a birth certificate cannot be changed because it is just that: a certification of a birth. Only its annotation that the birth was that of a male or a female baby (with its name) could possibly be corrected. But only "possibly." "Rules and regulations" may prevent tampering with a "biological document." (How "biological" is a moot question.) [6] I have found doctors with extremely pedantic, bureaucratic minds, occasionally in a political post, expressing their opinions with such arrogant self-assurance that little could be done for their unfortunate victims.

In practice, and in the United States, much depends upon the state in which the applicant for a legal change of sex status had been born. In some states, it proved to be easy and merely required filling out some form and sending it to the respective Bureau of Vital Statistics, with a doctor's certificate. I have repeatedly used the following statement:

To whom it may concern:

This is to certify that John Doe, now known as Jane Doe, is under my professional care and observation and has been for the past ___ (number of years).

Jane belongs to the rather rare group of transsexuals, also referred to in the medical literature as psychic hermaphrodites.

In ___, 19___, Jane underwent corrective surgery and (number of months) later, I examined her and found that she is no longer able to function as a male, either procreatively or sexually, but that she is able to function as a female - that is to say, she can have marital sex relations.

A legal status as a male would not be consistent with the present facts, and Jane must now be considered of the female gender. I do believe that an unrecognized constitutional factor existed at birth which was responsible for the later development of transsexualism (a condition inaccessible to psychotherapy).

Some few states promptly issued a new birth certificate with the name and gender changed accordingly. In other states, a more complicated procedure was required, namely, a court order. Sometimes that took so much time and money that the applicant gave up and continued to live in his or her "new sex" illegally, hoping that there might never be the need for a birth certificate, for instance, for the purpose of getting married. (A trip to Nevada could then be a way out of it.) Again, in other states, the request was such a novel and unprecedented one that delaying tactics were resorted to or the application was denied, unless proof could be rendered that the original certificate had been issued in error. Such is, of course, not possible in transsexualism (at least not yet), only in clear cases of hermaphroditism. (See Appendix A)

I know of one wise official who issued a new birth certificate if a physician could furnish some laboratory proof indicating abnormal values in the male-female balance (low 17-ketosteroids, for instance). He helped a few operated-upon transsexuals in this way in their new life pattern until, alas, bureaucracy, ignorance, or a combination of these caught up with him and forced him to ignore or reject applications for a legal sex change.

Such a sex change does constitute a problem for a conscientious administrator, for instance, a Health Department official. It has legal as well as medical implications and lawyers as well as doctors may disagree. Could an amendment at a later date disturb statistical data? Would it be legal? Could easy access to a new birth certificate induce some patients to seek the operation who otherwise may have been satisfied to continue in their status quo? (I feel this last question can safely be answered in the negative.)

One thing seems certain. While great conservatism should prevail in advising, consenting to, and performing a conversion operation, all possible help should be given those who present a fait accompli by having undergone the irrevocable step of surgery. It seems to me to be the duty not only of physicians, but also of the community, to pave the way as much as possible for such persons so that they can succeed in their new pattern of life as members of the opposite sex.

Please read the last paragraph again

Would it be possible to empower health departments to issue a "certificate of sex status" based on examinations by one of their accredited physicians? This would leave the birth certificate untouched and at the same time would possibly satisfy the needs of the operated-upon transsexual (see Appendix A).

In any event, the male transsexual may find no easy road to travel if he wants to be the same law-abiding citizen after the operation that he has been before.

And so, the transsexual's plight exists in the legal field as it does in the medical. That may be partly because there is actually no legal definition of "male" and "female." Such a definition hardly seems necessary since everyone knows the answer, or thinks he does. But we have seen in the preceding pages and especially in the introductory chapter that the still young science of genetics is already confusing the issue. I asked a well-informed and prominent San Francisco attorney, Mr. Kenneth Zwerin, how the law defines the two sexes and his answer is so clear and striking that it is worth recording here:

Mr. Zwerin wrote:

As far as my research discloses, there has never been a judicial decision determining what is meant by the words "male" and "female."

There are many cases that deal with rape committed on the body of a female and other cases which construe the meaning of the term "male issue" for inheritance purposes, but the decisions are silent as to what these words specifically mean.

Our Civil Code permits marriage only between a male and a female, but our court has never been called upon to pass upon the meaning of these designations. Since the courts do not render advisory opinions, I must conclude that the problem has never been judicially raised.

As a layman, I can only conclude that the time may not be far away when the courts may be called upon to decide the actual significance of the male or female genitalia for the determination of one's sex. Neither the genetic nor the psychological sex could then be ignored.

Footnotes

[1] Chapter 4.

[2] Birker, H., and Klages, W., "Der Transvestismus, als Socialmedizinisches Problem," Zeitschrift für Psychotherapie & medizinische Psychologie. Vol. 11, 1961, p. 1.

[3] Robert V. Sherwin, "The Legal Problem in Transvestism," in a Symposium on Transsexualism and Transvestism. Amer. J. Psychotherapy, Vol. 3, No. 2, April 1954.

[4] Harpers' Magazine, January 1965.

[5] Oceana Publications, New York, 1949.

[6] The diagnosis of "male" or "female," made hurriedly at birth, could be questioned, especially in view of future developments. How "biological" and how truthful would the official document then be?

The Female Transsexual

It is probably very unfair to devote only one chapter in this volume to the female transsexual: unfair because her emotional problem is in every way as serious as that of her male counterpart. However, the frequency of female transsexualism is considerably less than that of the male. While the clinical experiences described in the preceding pages are based on 152 cases of male transsexualism, the female transsexuals here reported number only twenty (by the end of 1964). Even so, sometime in the future she may merit a book devoted to her alone.

- *Frequency of female transsexualism*
- *Symptomatology*
- *Sex life*
- *Etiology*
- *Physical data*
- *Social position*
- *Management - treatment*
- *Surgery*
- *Results of therapy*

Frequency of female transsexualism

The proportion between male and female transsexuals in my series is approximately one to eight. According to the international medical literature, carefully scanned by I. S. Pauly, [1] other investigators have found this proportion: one to three or one to four. I myself in a previous publication found the proportion in my own practice at that time to be one to six.

All these figures, however, are of little value as they merely indicate the accidental frequency with which these patients appeared in a particular doctor's office. More significant is the figure of one to three that Dr. Christian Hamburger gives and that was arrived at from letters he received after the world-wide publicity of the Jorgensen case.

Hamburger reported [2] on 756 letters written by 465 patients. There were "three times as many men as women desiring the change of sex." Hamburger believes the reason for the one to three proportion "may be biological in nature"; he continues: "a contributing factor may also be that the case we reported involved a change from man into woman."

While this particular publicity dealt indeed with the case of a male transsexual, the female patients who wanted to be males may have been equally awakened to the possibility of a sex change, thanks to modern medical advances described in newspaper and magazine articles of thirteen years ago.

If a female transsexual, after having been changed into a male, should receive the same publicity as Christine Jorgensen, it is possible that a greater number of female patients might apply for treatment. How many of them might do so merely as a passing mood, and would then not be acceptable for treatment, is conjectural.

It is interesting to mention in this connection that in our culture about twelve times more women would have liked to have been born as men than vice versa. They said so when they were questioned in a Gallup-type poll. These

were normal women, normal in their sex and gender identification. Among them may quite naturally be a very small and statistically insignificant number of female transsexuals.

With this statistic in mind, it may appear puzzling that transsexual women are so much rarer than transsexual men. The more intimate, maternal relationship, however (with its exposure to the mother's female hormones during the nine months of gestation), may offer a possible explanation. (Hamburger's "biological" reason?)

In this connection, the lesser frequency of female homosexual behavior as compared to male deserves to be mentioned again. According to the Kinsey et al. studies, there are about 50 per cent fewer female than male homosexuals and only about 30 per cent reporting overt homosexual activities. Dr. Wardell Pomeroy, [3] coauthor of the "Kinsey Reports," adds the further observation that probably only one eighth as many females as males appear to the public to be "obviously" homosexual ("obvious" are those ordinarily described as "butch" or "dyke").

Symptomatology

The female transsexual has many symptoms in common with the male and much that was said in the previous chapters could apply equally to her.

The female transsexual's conviction that she "was meant to be a man" is as strong as the reverse is in our male patients. She resents her female form, especially the bulging breasts, and frequently binds them with adhesive tape until a plastic surgeon can be found who would reduce the breasts to masculine proportions.

Transsexual women fall deeply in love with normal or homosexual girls, often those of a soft, feminine type. Besides wanting to be lovers, they want to be husbands and fathers.

One of my patients so much desired to be a father that she allowed one particular man to have sex relations with her until he could impregnate her, but this man then had to relinquish all claims on her and on the child. She reared the child, a boy, as a father would and wanted him to consider her his father, although the child, when old enough, was informed of the fact that "father" was really his mother, but his "natural parent." The psychological impact on the child's mind of this confusing situation is worth studying. The persistent demand of this patient to be treated, operated upon, and "made" a man, and her hostile reactions to the refusals by doctors, have brought her several times into mental institutions with the diagnosis of schizophrenic reaction. For patients of this type, Pauly coined the term "paranoia transsexualis," an apt label but naturally only a label. Whether the patient "reacted" with a psychosis to her transsexual problem with its frustrations, or whether the TS problem should be considered part of her psychosis, is still an unsolved question.

This patient, in spite of a short course of androgen treatment, is still in and out of hospitals, and the question whether to allow her (him?) custody of the child is undecided at this writing. Further studies of her case may deserve publication at some later date.

Menstruation constitutes a psychological trauma to the female TS. Its suppression under androgen therapy affords enormous emotional relief. Interests, attitudes, and fantasies take a masculine direction. Typically masculine occupations such as those of soldier, policeman, truck driver, would be their ideal, but only too often they have to be practical and settle for office work. Just like some of their male counterparts, they frequently show much ability in their work, can be highly successful in business or profession, profiting perhaps by the combination of male and female traits in their constitutional makeup and in their psychological development.

Sex life

Sexually, female transsexuals can be ardent lovers, wooing their women as men do, but not as lesbians, whom they often dislike intensely. They long for a penis, yet mostly understand realistically that the plastic operation of creating a useful organ would be a complicated, difficult, highly uncertain, and most expensive procedure. Only

one of my twenty patients had the operation performed in several stages, but the final result is still questionable. The first surgical attempt, as his doctor explained to me, was ruined because the patient went horseback riding too soon!

I have had extensive correspondence with another intelligent female transsexual whom I never met personally. He described 33 plastic operations, but the male organ, although serviceable, still does not seem fully satisfactory. The technique of creating a penis varies greatly with the various surgeons who have attempted it. The textbook by Gillies and Millard [4] goes into considerable detail. The Russians are said to have more extensive experience with this type of operation than anybody else.

In some instances, a prosthesis, an artificial penis made of a plastic material, has been successfully employed. In the United States it is available with difficulty and on a doctor's prescription only. It is easier in Europe, and simpler still in the Orient.

Of the twenty patients, five had been married as women before I ever saw them. These marriages were entered into either in the hope that it might reverse the psychological trend, or under pressure from the family, or to escape family supervision. All these marriages failed, ending in annulment or divorce, or, in one instance, in a reversal of roles with the wife becoming the husband and the former husband becoming the wife. Some were never consummated and were highly unpleasant experiences, probably for both partners. There were four pregnancies in three patients with one abortion, one miscarriage, and one ending in normal birth twice. This person, living as a male (whether married as a male is unknown) now has two children to which "he" is the mother.

The technique of sex relations naturally varies greatly. Petting and kissing are followed by some form of genital caressing. Mutual masturbation by manual stimulation is probably as frequent as oral-genital contact. Most desired and perhaps most frequently practiced is the face-to-face position of an imitation of the heterosexual coitus, the transsexual female on top, rubbing the clitoris against the partner's genital region. This is accomplished by the TS's closed legs between those of the girl, which are spread apart, or by intertwining the legs, known as "dyking."

Etiology

Much that has been said on etiological speculation for the male transsexual applies equally to the female, especially as far as conditioning is concerned. Definite conditioning could be proved in only two cases, and not at all in eleven. The remaining seven were considered doubtful.

The relatively large number of only children (five out of twenty) would lead one to think that the parents wanted the child to be a boy, because this is the more frequently desired gender for the first or only child (carrying on the family name, and the like). Accordingly, parents may be tempted to rear the child as a boy, even if it were a girl. But those parents who could be questioned did not confirm this view. One mother especially insisted that she wanted a daughter and never became reconciled to the fact that this daughter, an only child, had made a successful change to a man. The same strong resentment of a mother against having a son in later life, instead of a daughter, was evident in at least three other cases.

Even if conditioning played its part in the development of female transsexualism, the constitutional "predisposition theory" is by no means refuted (see Chapter 5). As one mother told me: "In her earliest years, long before she became a tomboy, I knew there was something wrong with my little girl. She was always so much more like a boy." In such a situation, it would be easy to imagine that parents could be conditioned by their child, rather than the other way around.

In nineteen of the twenty patients, the first evidence of a false gender identification was reported in "early childhood." It is unknown in one case.

Physical data

The physical examination of the female transsexual usually reveals a normal girl except that, as in the male, hypogonadism seems to be more frequent than one would expect. Among my twenty patients, it was more or less distinctly evident in nine. There was no sign of hypogonadism in ten, and in one case it is unknown.

The diagnosis of hypogonadism was based largely on the menstrual history, a gynecological examination, and laboratory data. Menstruation had never occurred in one case (primary amenorrhea). It started late (at sixteen or seventeen) in seven cases. At the same time, it was either unusually scanty or irregular or painful.

Gynecologically, a "small uterus" was found in six cases. Skeletal measurements did not reveal abnormalities as often as in the males. No ovarian dysgenesis (Turner syndrome) was seen, but the possibility of this genetic abnormality should not be forgotten if the usual symptoms of infantilism, small stature, and the like exist. (Patients of this type are usually although not always chromatin-negative, that is to say, genetic males. They were, for the most part, reared as girls. They have forty-five instead of forty-six chromosomes with only one X and no Y chromosome (XO).)

One case was that of a female pseudo-hermaphrodite who underwent corrective surgery late in life and had been happily married as a man for five years when he was widowed.

In addition to the gynecological examination, a chromatin study and a hormonal assay, whenever possible, should follow. The latter includes the determination of the 17-ketosteroids, estrogens, F.S.H. (follicle-stimulating hormones of the pituitary) in a twenty-four-hour urine specimen. Routine laboratory work, including liver function tests, should be added as well as vaginal smears for estrogen activity.

Social position

The social and education levels were divided into upper, middle, and lower levels. The upper level included those who had graduated from high school or had some college education. The lower level never finished grade school, and the middle was in between. The social, economic, and cultural position of the family could, however, modify the classification so that a girl with a "middle" education but from a well-to-do or socially prominent family might be classified as "upper level."

Six of the twenty patients thus were upper level, twelve were middle, and only two were lower level. The following occupations were ascertained:

Occupation	Number
Artist	2
Entertainer	1
Librarian	1
Engineer	2
Selling	1
Ranching, farming	3
Office work	6
Factory work	2
Restaurant	2

Naturally there were changes in stated occupations, especially after treatment or operations, and even more so after a legal change of sex status had been accomplished: changes in the pattern of their lives, for instance disposing of female attire, occurred more gradually in the female because the "change" in the male is naturally more abrupt owing to his more visible conversion operation.

Management - treatment

The patients who came for consultation and possible treatment were mostly in their twenties (twelve), one in her teens, four in the thirties and three in the forties; 30.3 was the average age as compared to 29.3, the average age of the male transsexual when first seen.

If the patient is underage, the parent's or guardians written consent for treatment must be procured.

The most immediate help to these often very disturbed and deeply unhappy girls is to lend a sympathetic ear to the descriptions of their lives and their ambitions for the future. Ridicule, moralizing, or hostile rejection is as unethical, harmful, and ineffective as it is in the male TS.

Great emotional relief is obtained, if the doctor does not refuse offhand the hormonal (androgen) treatment, and does not try to eliminate the possibility of surgical intervention at some time in the future. If he insists on psychotherapy instead, he may do more harm than good. Mere psychiatric evaluation, however, is usually accepted.

The immediate method of choice as to therapy would then be a series of androgen injections to the point of suppressing menstrual periods and keeping them suppressed with the smallest possible dose. I found Squibb's Delatestryl the best preparation because it is highly potent and slow-absorbing, therefore requiring at most one injection a week; 1 cc. of Delatestryl contains 200 mg. of testosterone. I usually started with $\frac{1}{2}$ cc. (100 mg.) to $\frac{3}{4}$ cc. (150 mg.) weekly until the first menstruation had been missed and the vaginal smear showed distinctly decreasing cornification (indicating lowered estrogenic activity). How soon this can be accomplished depends upon constitutional factors, but with 500 mg. monthly, menstruation usually ceases after perhaps one more period. As soon as amenorrhea is established, two injections a month of $\frac{3}{4}$ to 1 cc. each (150-200 mg.) were generally sufficient to preserve this - for the patient - happy state.

The masculinizing side effects of the treatment are likewise helpful for the patient's emotional balance. Very gradually, there may be more hair growth on face and body, a slightly deepening, somewhat husky voice, better physical strength as measured by a hand dynamometer and often a gain in weight which, of course, could be due to water retention. An occasional diuretic or a salt poor diet is then indicated. It is wise to warn the patient that sometimes facial acne may develop and if severe enough, may require interruption of the treatment. A menstrual period may then promptly reappear. A thinning of scalp hair is a theoretical possibility under androgen medication, although in practice I have never seen it occur.

Sexually, a heightened libido is almost regularly reported and a more or less distinct increase in the size and sensitivity of the clitoris takes place. In some patients, the clitoris grew enough to serve as a small penis.

Whenever the libido seemed to become unduly strong, one may add small doses of progesterone to the testosterone injection, but that again may counteract to some extent the suppressing influence on the menses. It is therefore rarely useful before a hysterectomy has been performed. A tranquilizer by mouth can help.

I have seen little help from oral androgen preparations. Besides, several of them contain methyl testosterone which should certainly not be taken for any length of time as it may be dangerous to the liver.

Surgery

A total hysterectomy, including the removal of the ovaries, is often as ardently desired by the female transsexual as the male desires his conversion operation. It is almost as difficult to obtain because surgeons, quite naturally, are reluctant to remove healthy organs.

After a more or less extended period of androgen treatment, a physical state resembling pseudohermaphroditism (enlarged clitoris, body hair, etc.) develops, so that some surgeons at times felt justified in operating, especially if the social status (male) of the patient is already well established. In several instances, the patient was not fortunate enough to find a surgeon in the United States and had to go abroad or to Mexico for the operation.

Of the twenty female transsexuals here reported, nine had a hysterectomy performed. In eight it was total and in one the ovaries were retained. The average age of the nine patients at the time of the operation was 35.5. Four patients were in their twenties, two in their thirties, two in their forties and one in the fifties, at the time of operation. The corresponding average age in male patients was 33.2.

It seems strange that the conversion operation for the female does not, as a rule, include the closing of the vagina. To the best of my knowledge, it was done in only one instance. Such closing would justify the statement later on that the patient, could no longer function as a female, even sexually, and that in turn, should make the legal change of the sex status (for instance, by issuing a new birth certificate or amending the original one) a good deal easier.

A mastectomy, the reduction of the breasts so that they resemble the male, is at least as important to many patients as the genital surgery. It all depends upon how large the breasts are (even after androgen treatment may have caused a shrinkage) and how disturbing the "bulge" is for the patient's particular mode of living and for the sex life. The sex partner's taste in this respect may be a decisive factor. This plastic operation is almost as difficult to obtain in the United States for the female as the hysterectomy. Some surgeons have refused the patient's request until after a hysterectomy and androgen treatment had created a more masculine personality and with it, an acceptable indication.

Mastectomy alone was performed in five of the twenty cases, both mastectomy and hysterectomy also in five cases. Four patients had a hysterectomy but no mastectomy. Since I have unfortunately lost contact with several patients, it is possible, even probable, that more of them have had either one or the other or both operations performed.

Sixteen of the twenty patients received androgen therapy. The doses of testosterone after ovariectomy can be considerably smaller than before, when menstruation had to be suppressed. Further masculinization post-operatively is advisable for the patient's emotional state. It is also useful to prevent the symptoms of an artificial menopause. Sometimes tablets alone of testosterone propionate are sufficient. Bucal tablets such as Schering's Oreton Propionate are to be preferred. They are not swallowed but put under the tongue or between the cheek and gums, where they are absorbed by the mucous membrane of the mouth. The use of methyl testosterone tablets is not advisable because, as previously mentioned, their prolonged administration may harm the liver.

Results of therapy

Psychotherapy with the purpose of having the patient accept herself as a woman is as useless in female transsexualism as it is in male. Psychotherapy can be helpful only as guidance and to relieve tension, provided there is a permissive attitude on the part of the doctor regarding masculinization. If the patient is of age, not acutely psychotic, and reasonably intelligent, the doctor might best say: "as to masculinization and your future life, you have to make your own decision."

The results of either androgen therapy or operations or both have generally been decidedly satisfactory. With one doubtful exception (to be mentioned later), all patients under my observation (and I know the fates of fifteen of the twenty fairly well) were benefited. They still have problems. There still can be spells of depression (mostly

reactive) and more or less distinct neurotic or psychoneurotic traits. They were unhappy, disturbed persons before any treatment and they are not boundlessly happy and free of disturbance afterward. Who is? But they are better off; better able to find a satisfactory niche in life, perhaps in a job or profession as a bachelor or as a married man.

A person born with a congenital hip disease is a cripple. After an operation, he is not orthopedically normal, but he can get around with reasonable ease and comfort. That would be a comparison.

The aforementioned young lady, a student and musician, who seems to have had a doubtful result from her treatment and operations (hysterectomy with the ovaries retained, and mastectomy), was seen about ten years ago. She had been married and divorced, had several years of psychoanalysis, but still wanted to change. After the operation she tried living as a man, then changed her mind and returned to her female role. She even had the shape of her breasts restored by plastic surgery. But she is not unhappy and has no regrets. Her "double sex" may give her a feeling of satisfaction. Unfortunately I have had no opportunity to see her in recent years, but I know from correspondence and from her physician that she feels her therapeutic attempts "basically have worked."

Of the remaining eight patients who underwent hysterectomies, the result in one is unknown. In the other seven, it must be called good, if not excellent.

Six patients are married as men to women. Two married before and four after their operations. There has been no divorce. Two patients experienced marriage both as female and male.

One twenty-six-year-old, disturbed, unhappy girl is now, four years later, a busy, handsome, bearded young man, proud husband of a beautiful wife and father of two legally adopted children.

One confused, unhappy girl, after two disastrous marriages, an attempted suicide, years of futile psychoanalysis is now, seven years later, a man in his early forties, of some importance in the art world, married to a highly intelligent woman and living in an environment where very few of the numerous friends of this couple have any idea of the husband's past.

Still another woman, prominent in society, the sports world, and business, but suffering intensely under her false gender identification, underwent treatment and operation at forty-six. Now, after three years of treatment and after surgery, this handsome, youthful man is married to an attractive woman, continues actively and energetically in more than one business, and is fully accepted as a man by friends and associates, many of whom "don't know."

George (formerly Ann), now forty-three, comes from a different environment. She has had a hard time all her life making a living. An only child, her mother was hostile to the idea that her daughter should follow her desire to become a man. The father was not interested and so George-Ann went her, or rather his, own way, lived as a man as best he could in different jobs, hoping and working for the day when finances would allow him to get rid of the "curse" of the female, the menstrual period, and live the life that he felt was the only one in which he could find peace of mind and a measure of happiness.

The day came when a surgeon with courage and compassion performed a hysterectomy. Androgen treatment had paved the way and is completing the transformation. An infinitely happier person is now looking for the right outlet for his many fine qualities. His chances, I feel, are ever so much better than hers were five years ago.

Bobby, formerly Mary, is a very similar person, even in appearance and manners, although there is no relationship whatever. When first seen ten years ago at the age of thirty-seven, he was living and working as a man. He had been successful in obtaining a complete hysterectomy as well as a mastectomy and his greatest problem was a legal change of sex status. Red tape offered formidable obstacles. After waiting several years, and with the help of various medical certificates, a new birth certificate was finally issued with strikingly good results on the emotional life and his job prospects.

Bobby is now reasonably successful as an architect, gets along with people much better than in years past, and his only regret is that his aged mother never became reconciled to the change, although an older sister had readily done so. Bobby has some flair for writing. He is doing his autobiography now, the first one written by a female transsexual for possible publication as a book.

More cases could be related, almost equally satisfying. There are those for whom an operation is not yet attainable, but androgen treatment is at least a partial substitute. A great and deeply disturbing handicap for some is their inability to secure for themselves the legal change of sex status. But there are prospects that conversion operations and treatments will eventually be recognized by the medical profession as accepted therapy for the transsexual state, female as well as male. Legal and administrative processes would then have to follow suit and a way would have to be found to overcome the technical and bureaucratic barriers that now exist in almost every state in the United States. Those few states, however, that have cut through red tape, issued a new birth certificate (probably with retention of the old one in their files) and have therefore helped the patients greatly in their new lives, certainly deserve the highest credit for their logical and humane actions. (See Appendix A.)

Footnotes

[1] Pauly, I. S., Archives General Ps ychiatry, Vol. 13, August 1965, p. 172.

[2] Hamburger, Christian, "The Desire for Change of Sex as Shown in Personal Letters from 465 Men and Women," Acta Endocrinologica, Vol. 14, 1953, pp. 361-375.

[3] Sexology Magazine, May 1965, p. 653.

[4] Principles and Art of Plastic Surgery, Little, Brown, 1957

The TRANSSEXUAL PHENOMENON

Harry Benjamin, M.D

Appendix A

Concluding Remarks and Outlook

(December 15, 1965)

The collection of statistical data in the preceding pages was closed at the end of 1964. Toward the end of 1965, a total of 307 cases of the transvestite-transsexual phenomenon were observed. Among them were 193 males (S.O.S. IV, V, and VI); 62 of them were operated upon. Besides, there were 27 female transsexuals; 11 of them had either hysterectomies or mastectomies or both performed. The rest of the males were transvestites.

The additional number of clinical observations has not materially changed a tentative fact drawn from the clinical material presented in this book. A few definite factors seem to have emerged.

The etiology of the transsexual state is still largely obscure, but a light seems to blink here and there in publications from the laboratories of brain physiologists.

Childhood conditioning and possible imprinting undoubtedly have a connection with the development and the intensity of the transsexual phenomenon, but can only be considered as contributory or as one of several possible causes. The presence of an inborn, organic, but not necessarily hereditary origin or predisposition appears more and more probable. Further research, aside from psychological and endocrine studies, will most likely have to concern itself primarily with work in two areas: genetics and neurophysiology.

Ever greater refinements in genetic (chromosomal) studies may find a clue. Brain physiological experiments and neurological investigations may hold even greater promise. Naturally, inborn, that is, organic, abnormalities in the structure of certain brain centers would have their genetic basis. The hypothalamic region of the brain seems to yield more and more information, linking its function (structure? chemistry?) with sex behavior. If it should be confirmed, for instance, that homosexual behavior can develop after organic changes such as the removal of a tumor from a certain brain region, [1] a new and startling aspect of human sexuality, including transsexualism, could emerge as factual, not only as speculative.

Psychological studies will have to continue to clarify the psychological structure of transsexuals. Endocrine studies likewise will analyze abnormalities, but they may have to be interpreted more as an accompanying factor and less as a causative one.

From the therapeutic end, it cannot be doubted or denied that surgery and hormone treatment can change a miserable and maladjusted person of one sex into a happier and more adequate, although by no means neurosis-free, personality of the opposite sex. The degree of such a change depends upon constitutional factors, as well as upon the environment in which the individual's new life pattern will develop.

Sex reassignment surgery, that is to say, a conversion operation, will be accepted eventually as a legitimate treatment for a selected group of transsexuals. Such is at least probable at this writing, unless radically new therapeutic procedures should succeed in bringing the psychological sex into harmony with the anatomical. No such procedures can now be visualized.

Operative techniques will have to be perfected so that the often all-important sex life as a female will be realized in a satisfactory manner.

Legal reforms will have to follow. After a conversion operation, for instance, a way will be found to allow life in the new sex status to be without illegality and such status will be made available without too many technicalities. Common sense will prevail and practical experiences will take precedent over theoretical considerations.

A very recent incident should be reported here, so that the necessity for a future, more realistic approach to the legal problem may be highlighted.

The Health Department in a large eastern city had received several applications from operated-upon transsexuals to "have their birth certificates changed" (and with it their sex status) because they are no longer anatomical males but are now living and functioning as females.

The director of this Health Department, very wisely, turned the matter over to a representative committee of physicians, who studied the novel problem conscientiously. In their report (October 4, 1965), they came to the conclusion that:

1. Male-to-female transsexuals are still chromosomally males while ostensibly females.
2. It is questionable whether laws and records such as the birth certificate should be changed and thereby used as a means to help psychologically ill persons in their social adaptation. The Committee is therefore opposed to a change of sex on birth certificates in transsexualism.

The Committee would point out that there are other ways to help these persons by: relief by court order to change name and sex; or amendment of the birth certificate by showing the new sex, but still showing the original sex and the change of sex.

On the strength of this report, this Health Department passed the following resolution:

Resolved, that in view of all the evidence considered, including the report of the Committee of Public Health of the Academy of Medicine, it is the sense of the Board of Health that the Health Code not be amended to provide for a change of sex on birth certificates in cases of transsexuals.

This leaves the transsexual patient abandoned by the medical profession and dependent upon judicial decision.

In the collective opinion of the medical committee (in spite of dissenting voices), the invisible "chromosomal males" outweigh the very visible "ostensible females." In other words, a very practical evidence of sex change, that is to say, the ostensible female sex after a demasculinizing operation, was adjudged inferior to the genetic male sex, which nobody could possibly detect in a person's appearance. Vice versa, the same could apply to female transsexuals.

It shall be assumed that neither the medical committee nor the Health Department could have acted any differently under present circumstances.^[2] Eventually, however, this irritatingly academic attitude will have to collapse under the weight of reality. Either the welfare of patients will constitute this reality or new scientific evidence establishing, for instance, the constitutional nature of transsexualism, will do so.

In the latter instance, a similar procedure would appear logical that is now applied in those rare cases when an error has occurred in diagnosing the sex of a newborn baby. The Health Department is then authorized to correct certificates. The original (wrong) certificate is removed and replaced with a new one.

The only difference between a wrong sex-diagnosis at birth and (inborn) transsexualism would then be the time element, that is to say, how soon after birth either fact is discovered and amply verified.

As far as the legal change of sex after a conversion operation is concerned, the respective patient in the United States in 1965 has to be lucky. He has to have been born in a state that proceeds from good will, cuts through red tape, and issues a new birth certificate on application accompanied by medical testimony. If he is not lucky and has been born in a state like the one mentioned above, he has to have money, swallow his sugar-coated pill of disappointment, entrust his fate to a judge, and hope for the best.

Footnotes

[1] Petit-Dutails, D., et al. *Revue Neurologique* 91: 129-133, 1954. (Homosexual behavior was observed in patients with temporal lobe lesion.) Anastasopoulos, G. *Wiener Zeitschrift für Nervenheilkunde* XVI: 131-161, 1959. (Draws attention to "the feminine behavior of male patients with temporal lobe lesions who had previously shown no homosexual tendencies.")

[2] Fortunately, a more favorable situation for transsexuals exists in several other states.

Appendix B

Complementarity of Human sexes

by Gobind Behari Lal [1]

Sex unites and divides man and woman. About the unity and the disunity of man and woman human thinking changes with human evolution. The time probably will never come when a particular thought will become established forever.

During the past six thousand years of Asian-European history the sex-unity-and-disunity of man and woman has been embodied in theological, political, artistic, and mythological ideas. Since the rise of modern science the man-woman sex relation has received scientific conceptual treatments. Particularly important have been interpretations in the light of Darwin's theory of biological evolution.

While some varieties of theology, especially Judaism and its offshoots, Christianity and Islam, have emphasized (1) the separateness of man from the woman and (2) the overlordship of man over woman, Darwin's theory has pointed up the identity of male and female origins. Out of the same basic living molecules there were evolved different sex patterns, male and female.

Thus the old language of "opposite sexes," derived from the theological mythology that God (Male) created "man" and "woman" as absolutely separate creatures, has been modified by modern biology. Out of the same molecules the chemist can produce estrogens and androgens, powerful female hormones and male hormones. Out of the same nucleic acids the chromosomes that make a man or a woman are evolved. Medical arts can bring about dramatic womanization of a man, or manization of women. So far, of course, no man has been sex-changed to the degree of acquiring the capacity to give birth to a baby.

But the progress of medical science and technology, I believe, will eventually make it possible to change a normal man into a normal woman with the capacity to become a reproducing other.

Not that there is any need of more mothers, more breeders of more babies. The world population is expanding, to the dismay of the rulers of nations. What makes the changing of sexness from male to female or from female to male patterns really significant is this: it demolishes some false, even superstition-rooted beliefs, customs, and laws that divide men and women, like two segregated races.

Recognition of the harm done to men and women by absolute, institutionalized separation of the two varieties of human beings is not new. A minority of radical thinkers, saints, poets, lovers, and rationalists, under mighty male tyrannies of kings and priests, remained dissenting believers in the similarities of man and woman. After all, everybody knows that a boy has a mother, whose nature he inherits and acquires in various ways, and a girl has a father, whose nature she receives in all sorts of ways. That means that there is no singleness of male or female sexness in any human individual.

Among religious thinkers who perceived the plurality of sex patterns in every human being, conventionally regarded as a creature of only one sexness, there was the heretical Hindu saint of the nineteenth century, Ramakrishna of Calcutta.

A man without any school or college education, without the sophistication of a great city, married in early boyhood to a girl child, Ramakrishna had some kind of genius that enabled him to see through many frauds and lies. Without bothering about having children, indifferent to domesticity, he plunged himself into religion, which he interpreted to suit himself. He became a believer in God as Brahma, of the ancient Aryan priest-philosophers of India. The Brahma doctrine is pantheism, a conception of God as Nature, not as separate form and creator of Nature. It conceives God-as-Whole-of-Nature as the entire universal reality, underlying the countless material bodies.

So, reasoned Ramakrishna, man and woman are different manifestations of the same Brahma. If Brahma is personified, Brahma is "Father in Heaven," but also "Mother in Heaven." And in order to train himself and his disciples and admirers in such thinking and feeling he used to make up dramas in which he was the actor. Sometimes he played the role of Man-God, sometimes the role of Woman-God.

Writes one of his biographers, Christopher Isherwood: "When Ramakrishna praised the madhura bhava (the sweet mood) ... he actually wore women's dress and imitated feminine behavior." He would argue that a person's understanding of Brahma was hampered by his or her "egoism," which emphasizes the individual's separateness from the rest of the universe. And such egoism began in a person's awareness of the body, in the idea: "I have a body." From this "body idea" sprang two further ideas, mutually exclusive: "I am a man" or "I am a woman." If the religious devotee, Brahma-seeker, could make himself or herself seriously believe for a while that he or she belongs to the "opposite sex," he or she will be well on the way to overcome the "illusion" of sex-distinction altogether; for he or she will then know that the distinction is not absolute, as he or she had supposed.[2]

Paraphrasing the Ramakrishna idea in secular terms, one reaches this conception: "There are two sex-sides to being human." No one is completely human with only one sex, male or female. While the relative proportions of the two sexes are not equal, except in rare individuals, both are present in every person.

The recognition of the dualism of sexness in a man or in a woman is easier when the sex phenomena are viewed from a non-reproductive angle. For it is the difference between being a childbearing person, a mother, and a non-childbearing person that makes sharp and crystallizes the distinction between the two sorts of persons. On the contrary, the aspect of sex that has to do with playfulness, pleasure, stimulation, companionship, collaboration, the aspect not concerned with reproduction, has no sharpness of boundaries.

Sexness-as-play-and-love is more like the waves of the sea, not like the rocks that stand isolated from one another. It was this sort of sexness that, in his religious way, Ramakrishna seemed to consider of paramount importance for the building up of a new better civilization.

Now some concepts of modern physics provide us with metaphors that can be very helpful in clarifying our thoughts about the sex relations of man and woman, about the dual nature of sexness in every human being.

In the old physics, which came down from Newton to 1900, matter was matter and energy was energy. Matter could not be created or destroyed, but it could be changed from one form to another. Similarly energy could not be created or destroyed. It could change its forms. Matter and energy were like two independent nation-states; they could not be converted into each other. But in 1905 Einstein established the law of relativity, of which one of the most surprising concepts was that matter and energy are different aspects of the same physical reality, and they can be mutually converted. Experimentally, lumps or bits of matter were converted into electromagnetic waves; and electromagnetic waves, such as gamma rays, were frozen into material particles. Well may this law of physics provide an analogy to the surgical-medical attempts to convert a person's sex.

Another revolution in physics was the giving up of the old theory of light. What was light? In 1900 most physicists were sure that light consisted of waves or vibrations of "ether," a universal space-occupying, invisible substance - like the Brahma of Ramakrishna. But certain experiments showed that in some events of nature light behaved as though its rays were streams of tiny, separate bullets, energy particles or corpuscles. What consternation this caused? How could light be wave and particle at the same time? How could light be like water and like rock at the same time?

In order to meet this difficulty in thinking, Professor Niels Bohr advanced his new law of physics: "Complementarity."

Light was both a particle and wave: instead of being contradictory, hostile concepts, they were complementary to each other.

In order to describe light completely, the scientist must describe light as particle and also light as wave. And now any material particle and any form of energy are described completely as particle and as wave. Complementarity means the relationship of two things which have to be together to make something complete.

Using this metaphor of physics, we make the statement that the complete sexness of a man or a woman requires the existence of both sex patterns, maleness and femaleness.

Certainly this comprehensive view of human sexness is more suited to these times than the old, traditional single-sexness doctrine. We are relegating the reproductive aspect of sexness to a lesser status, with the cry for birth control, population arrest, and what not. On the other hand, women are entering more and more the spheres of activity and achievement that used to be the exclusively privileged citadels of male power and prestige.

The less we think of the "opposite sexes," of the "war of sexes," and the more we think of "human beings - with dual sexes, in varying proportions," the greater might be the hope of success of a more acceptable civilization than that of today. Not ashamed of their "female nature," men of power might become tamed down, so that the nuclear weapons will not go off, as the guns went off in August, 1914, starting the First World War, the epoch of horrors still not past.

Footnotes

[1] Science Editor Emeritus, The Hearst Newspapers.

[2] From Ramakrishna, by Christopher Isherwood. Simon & Schuster, New York.

Appendix C

Transsexualism: Mythological, Historical, and Cross-Cultural Aspects

by Richard Green, M.D.

Evidence for the phenomenon today called transsexualism can be found in records backward through centuries and spanning widely separated cultures. Classical mythology, classical history, Renaissance, and nineteenth-century history along with cultural anthropology point to the widespread pervasiveness of the transsexual phenomenon.

The term "transsexual," being of comparatively recent origin, cannot be found in historical sources. Therefore, many inferences must be made in interpreting reference material. Even specific mention of "change of sex" may only imply a "change of dress" or the practice of genital homosexuality, the fuller assumption by the individual of cross-gender identity not being apparent. In the following references, the criterion of cross-gender identity is met.

- *Mythology and demonology*
- *Classic history*
- *Renaissance period to the close of the nineteenth century*
- *Cross-cultural data*
- *Peoples other than American Indians*
- *Conclusion*
- *References*

Mythology and demonology

In Greek mythology the transsexual influence is dramatized in the designation of the Goddess, Venus Castina, as the goddess who responded with sympathy and understanding to the yearnings of feminine souls locked up in male bodies. [4] [1]

Specific myths of sex change, not only as a result of desire but also as a form of punishment, appear frequently. For example, Tiresias, a Theban soothsayer, is reported to have been walking on Mt. Cyllene when he came upon two snakes coupling. He killed the female, and for this act was changed into a woman. Later, after coming to look favorably on his new form and testifying that woman's pleasure during intercourse was ten to man's one, he was changed back into a man - again as punishment. [13] [2]

Another mythical account concerns the Scythians, whose rear guard pillaged the temple of Venus at Ascelon while leaving Syria and Palestine, which they had invaded. The goddess was supposed to have been so enraged that she made women of the plunderers, and further decreed that their posterity should be similarly affected. [19] Hippocrates describing among the Scythians "No-men" who resembled eunuchs, wrote: "they not only follow women's occupations, but show feminine inclinations and behave as women. The natives ascribe the cause to a deity... ." [21] Still another account deals with the ancient kingdom, Phrygia, where the priests of the God, Attis, the consort of Cybelle, the Earth Mother, were obliged to castrate themselves. This was in deference to the God, Attis, who is said to have emasculated himself under a pine tree. The priests were said (following castration) to become transvestites and perform women's tasks. Some of the priests were believed to have gone beyond testicular castration and completely removed their external male genitalia. [29]

The Tiresias myth noted previously parallels a related folk tale in East Indian lore. According to legend in the Mahabharata, a king was transformed into a woman by bathing in a magic river. As a woman he bore a hundred sons whom he sent to share his kingdom with the hundred sons he had had as a man. Later, he refused to be

changed back into a man because the former king felt that "a woman takes more pleasure in the act of love than does a man." Contrary to the fate of Tiresias, the transformed king was granted his wish. [13]

Not only were the gods empowered with the ability to change one's sex but change of sex was performed on both human and beast by witchcraft and by the intervention of demons. Witches were claimed to be possessors of drugs [3] that had the capacity to reverse the sex of the taker. Some said that males could be transformed into females and females into males, but it was also argued that the sex change worked in only one direction. Thus it was declared that the Devil could make males of females, but could not transform men into women, because it is the method of nature to add on rather than to take away. In *Malleus maleficarum* (Hammer against Witches), published in 1489, the book which served as the source of "treatment" of the insane for nearly three hundred years, an eyewitness accounting was reported of a girl changed into a boy, by the devil, at Rome. [25]

Classical history

Accounts exist from the legacy of ancient Greece and Rome of those grossly discontent with their gender role. Philo, the Jewish philosopher of Alexandria, wrote, "Expending every possible care on their outward adornment, they are not ashamed even to employ every device to change artificially their nature as men into women Some of them ... craving a complete transformation into women, they have amputated their generative members." [26]

The Roman poet Manilius wrote:

These (persons) will ever be giving thought to their bedizement and becoming appearance; to curl the hair and lay it in waving ripples ... to polish the shaggy limbs Yea! and to hate the very sight of (themselves as) a man, and long for arms without growth of hair. Woman's robes they wear ... (their) steps broken to an effeminate gait [26]

A further description written of some Romans has been translated:

*But why
Are they waiting? Isn't it now high
time for them to try
The Phrygian fashion and to make
the job complete -
Take a knife and lop off that
superfluous piece of meat? [5]*

Even among the histories of Roman emperors are reported instances of "change of sex." One of the earliest sex conversion operations may have been performed at the behest of the infamous Emperor Nero. Allegedly, Nero, during a fit of rage, kicked his pregnant wife in the abdomen, killing her. Filled with remorse he attempted to find someone whose face resembled that of his slain wife. Closest to filling the order was a young male ex-slave, Sporum. Nero then is reported to have ordered his surgeons to transform the ex-slave into a woman. Following the "conversion," the two were formally married.

Another Roman emperor, Heliogabalus, is reported to have been formally married to a powerful slave and then to have taken up the tasks of a wife following the marriage. He is described as having been "delighted to be called the mistress, the wife, the Queen of Hierocles" [4] and is said to have offered half the Roman Empire to the physician who could equip him with female genitalia. [1]

Interposed between the era of the Roman Empire and Europe of the sixteenth century is a perhaps apocryphal, but still extraordinary accounting of ninth-century Rome. This concerns a figure known as Pope John VIII. The report goes that this person, nominated as successor to Pope Leo IV in 855, was, in fact, a woman. In an accounting published with the approval of Pope Julius III it was stated that "she gave birth to a baby and died, together with her offspring, in the presence of a large number of spectators." [9]

Renaissance period to the close of the nineteenth century

French history of the sixteenth to the eighteenth century contributed a number of public transsexual figures. Moreover, at this time the term of reference to the sovereign was "Sa majesté," which means literally, "her majesty." The feminine gender was used, initially, in deference to King Henry III of France, who wished to be considered a woman. It is reported that once, during February, 1577, sa majesté made his point strongly felt by appearing before the Deputies "dressed as a woman, with a long pearl necklace and low cut dress" [9]

Among the notable Frenchmen of the seventeenth century, the Abbé de Choisy, also known as François Timoléon, has left for posterity a vivid firsthand description of a strong cross-gender wish. During his infancy and early youth, his mother had attired him completely as a girl. At eighteen this practice continued and his waist was then "encircled with tight-fitting corsets which made his loins, hips, and bust more prominent." As an adult, for five months he played comedy as a girl and reported: "Everybody was deceived; I had lovers to whom I granted small favors." At thirty-two he became the Ambassador of Louis XIV to Siam. Regarding his gender identity he wrote:

I thought myself really and truly a woman. I have tried to find out how such a strange pleasure came to me, and I take it to be in this way. It is an attribute of God to be loved and adored, and man - so far as his weak nature will permit - has the same ambition, and it is beauty which creates love, and beauty is generally woman's portion I have heard someone near me whisper, "There is a pretty woman," I have felt a pleasure so great that it is beyond all comparison. Ambition, riches, even love cannot equal it [4, 9, 15]

One of the most famous examples of cross-gender behavior in history is the Chevalier d'Eon, whose name became the eponym "eonism." He is reported to have made his debut into history in woman's garb as the rival of Madame de Pompadour as a pretty new mistress for Louis XV. When his secret was made known to the King, the latter capitalized on his initial mistake by turning the Chevalier into a trusted diplomat. On one occasion, in 1755, he went to Russia on a secret mission disguised as the niece of the King's accredited agent and the following year returned to Russia attired as a man to complete the mission. Following the death of Louis XV he lived permanently as a woman. There was great uncertainty in England, where he spent his final years, as to whether his true morphologic sex was male or whether the periods in male attire were not, in fact, the periods of impersonation. When he died, the Chevalier d'Eon had lived forty-nine years as a man and thirty-four years as a woman. [4, 9, 15]

Another abbé of interest was l'Abbé d'Entraques who attempted to replicate feminine facial beauty "pale and interesting" by undergoing frequent facial bleedings. [9] One last pertinent abbé was Becarelli, a false messiah, who claimed to be able to command the services of the Holy Ghost and boasted of possessing a drug which could "change sex." While physical sex was not changed, men who took the drug temporarily believed themselves transformed into women and women thought themselves transformed into men. [25]

Finally, a person who throughout the whole of her life had been known as Mlle. Jenny Savalette de Lange died at Versailles in 1858 and was discovered to be a man. During his lifetime he had managed to get a substitute birth certificate designating himself female, was engaged to a man six times, and was given a thousand francs a year pension by the King of France with a free apartment in the Chateau of Versailles. [9]

The following brief case histories reported by physicians bring the historical review to the close of the nineteenth century. Bloch described a person of the mid-nineteenth century "who from doing feminine tasks (sewing and knitting) at the bidding of his mother became completely effeminate, plucked his beard, put up his hair, padded his breast and hips, and behaved in every respect as a woman He called himself Frederica He managed to deceive (men) so completely that they (unwittingly) performed coitus in anum with him." [2] Krafft-Ebing reported this firsthand account by a patient:

I feel like a woman in a man's form I feel the penis as clitoris, the urethra as urethra and vaginal orifice, which always feels a little wet, even when it is actually dry, the scrotum as labia majora. In short I always feel the vulva Small as my nipples are, they demand room Of what use is female pleasure, when one does not conceive? ... [23]

Cross-cultural data

Americans Indians

Anthropologic studies of peoples from several parts of the world furnish varied material on cross-gender behavior and identity.

During the first quarter of this century, extensive data were gathered on traditional practices among several tribes of North American Indians. "In nearly every part of the continent there seem to have been, since ancient times, men dressing themselves in the clothes and performing the functions of women" [32]

Among the Yuman Indians there existed a group of males called the elxa who were considered to have suffered a "change of spirit" as a result of dreams which occurred generally at the time of puberty. A boy or girl who dreamed too much of any one thing "would suffer a change of sex." Such dreams frequently included the receiving of messages from plants, particularly the arrowseed, which is believed to be liable to change of sex itself. One elxa, however, dreamed of a journey. "This dream implied his future occupation with woman's work. When he came out of the dream he put his hand to his mouth and laughed ... with a women's voice and his mind was changed from male into female. Other young people noticed this and began to feel towards him as to a woman.

As a small child the female counterpart of elxa, the kwe'rhome, play with boy's toys. It is alleged that such women never menstruate; their secondary sexual characteristics are underdeveloped, and in some instances are male (apparently some form of hermaphroditism or virilism). [12]

In the Yuma culture it was believed, further, that the Sierra Estrella, a mountain, had a transvestite living inside and that both this mountain and another nearby had the power to "sexually transform men." Signs of such transformation were said to come "early in childhood." Older people knew by a boy's actions he would "change sex." Berdache was the term for those who behaved like women. [4] Berdaches in the Yuma culture married men and had no children of their own. The tribe also included women who passed for men, dressed like men, and married women. [30]

Among the Cocopa Indians, males called e L ha were those reported to have shown feminine character "from babyhood." As children they were described as talking like girls, seeking the company of girls, and doing things in woman's style. Females known as war'heme played with boys, made bows and arrows, had their noses pierced, and fought in battles. "Young men might love such a girl, but she cared nothing for him, wished only to become man." [14]

Among the Mohave Indians, boys who were destined to become shamans (priest-doctors who used magic and mediumistic trances to cure the sick, to divine the hidden, and to control the events that affected the welfare of the people), would "pull back their penis between their legs and then display themselves to women saying, 'I too am a woman, I am just like you are.'"

For those Mohave boys who were to live as women, there was an initiation rite during the tenth or eleventh year of life. "Two women lift the youth and take him outdoors One puts on a skirt and dances, the youth follows and imitates The two women give the youth the front and back pieces of his new dress and paint his face" Such persons speak, laugh, smile, sit, and act like women. The initiate then assumed a name befitting a person of the opposite sex. These alyhas insisted that the penis be called a clitoris, the testes, labia majora, and the anus, vagina. The female counterpart, hwane, did not insist that the genitalia be referred to by male terminology.

An alyha, after finding a husband, would begin to imitate menstruation. He would take a stick and scratch himself between the legs until blood was drawn. When they would decide to become pregnant they would cease "menstruations." Before "delivery" they would drink a bean preparation, which would induce violent stomach pains that were dubbed "labor pains." Following this would be a defecation designated as a "stillbirth," which would be ceremoniously buried. There would then ensue a period of mourning by both the husband and "wife." [10]

Available anthropologic sources make brief mention of similar practices in other tribes.

Among the Navaho, persons called nadl E, a term used for either transvestites or hermaphrodites but usually the former, were addressed by the kinship term used for a woman of their relationship and age and were granted the legal status of womanhood. [20]

The i-wa-musp (man-woman), of the California Indians, formed a regular social grade. Dressed as women, they performed women's tasks. When an Indian would show a desire to shirk his manly duties, he would be made to take his position in a circle of fire; then a bow and a "woman-stick" would be offered to him. He would have to make a choice and forever after abide by that choice. [27]

Finally, among the Pueblo, the following alleged practice was described. A very powerful man, "one of the most virile," was chosen. He was masturbated many times a day and made to ride horseback almost continuously.

Gradually such irritable weakness of the genital organs is engendered that, in riding, great loss of semen is induced Then atrophy of the testicles and penis sets in, the hair of the beard falls out, the voice loses its depth and compass Inclinations and disposition become feminine. (This) "mujerado" loses his position in society as a man ... his endeavor seems to be to assimilate himself as much as possible to the female sex, and to rid as far as may be all the attributes, mental and physical, of manhood.

A former Surgeon-General of the United States Army vividly described one such person: "The first thing that attracted my notice was the extraordinary development of the mammary glands, which were as large as those of a childbearing woman. He told me that he had nursed several infants whose mother had died, and that he had given them plenty of milk from his breasts (A phenomenon which from a scientific standpoint sounds confabulatory.) [18]

Peoples other than American Indians

In paleo-Asiatic, ancient Mediterranean, Indian, Oceanic, and African tribes, men who adopted the ways and dress of women enjoyed high esteem as shamans, priests and sorcerers - all persons whose supernatural powers are feared and revered.

Among the Yakut of aboriginal Siberia there were two categories of shamans, the "white" representing creative, and the "black," destructive forces. The latter tended to behave like women. The hair was parted in the middle like women, they wore iron circles over the coat representing breasts, and along with biologic females were not permitted to lie on the right side of the horse-skin in the living quarters. [7]

As to the people of Siberia, the change of sex was found chiefly among paleo-Siberians, namely the Chukchee, Koryak, Kamchadeb, and Asiatic Eskimo. [7]

Among the Chukchees living near the Arctic Coast, there was reported a special branch of shamanism in which men and women were alleged to undergo a change of sex in part, or even completely. A man who changed his sex was called "soft man being" (*yirka'-la' vl-ua' irgin*) or "similar to a woman" (*ne'vc h i c a*) and a "transformed woman" (*ga' c iki c hê c e*). Transformation would take place by the command of the *Ke'let* during early youth.

There were various degrees of transformation. In the first stage, the person subjected to it would impersonate a woman only in the manner of braiding and arranging hair. The second stage was marked by the adoption of female dress. The third stage of transformation was more complete. A young man who underwent it left off all pursuits and manners of his sex and took up those of a woman. His pronunciation would change. "At the same time his body alters, if not in its outward appearance, at least in its faculties and forces. The transformed person ... becomes ... fond of ... nursing small children. Generally speaking, he becomes a woman with the appearance of a man." The "soft-man" after a time would take a husband. The "wife" would take care of the house, performing all domestic pursuits and work. Legend had it that some would even acquire the organs of a woman.[5] A transformed woman was described who donned the dress of a male, adopted the pronunciation of

men, provided herself with a gastrocnemius from the leg of a reindeer, fastened it to a broad leather belt, and "used it in the way of masculine private parts." [3]

In Madagascar men described among the Tanala as exhibiting feminine traits from birth, dressed like women, arranged the hair like women, and pursued feminine occupations. They were known as Sarombavy. Among the Sakalava of Madagascar, children who were noted to be delicate and girlish in appearance and mannerisms were selected out from their peers and then raised as girls. Madagascans who were treated as female "finally ... regard themselves as completely feminine ... The autosuggestion goes so far that they quite forget their true sex They are exempt from military service." [2]

The following brief anecdotal accountings suggest the existence of the transsexual phenomenon in other scattered cultures as well.

In Tahiti a set of men called by the natives mahoos or mahhus "assumed the dress, attitudes, and mannerisms of women, affected all the fantastic oddities and coqueteries of the vainest of females" They had chosen this way of living in early childhood. [31]

In some Brazilian tribes women were observed who abstained from every womanly occupation and imitated men in everything. They wore their hair in masculine fashion and "would rather allow themselves to be killed than have sexual intercourse with a man. Each of these women had a woman who served her and with whom she was married" [8, 32]

A number of Lango men from Uganda, in East Africa, "dress as women, simulate menstruation, and become one of the wives of other males." [11] Elsewhere in Africa among the Malagasy (men called ts'ecates), among the Onondaga of Southwest German Africa and among the Diakite-Sarracolese in the French Sudan, men assumed the dress, attitude and manners of women. [6] Among the Araucanians (Chile) were reported male and female sorcerers. The male sorcerers were required to forsake their sex. [2]

Sir James Frazer wrote in *The Golden Bough*: "There is a custom widely spread among savages in accordance with which some men dress as women and act as women throughout their life. Often they are dedicated and trained to their vocation from childhood." They were reported to be found among the Sea Dyaks of Borneo, the Bugis of South Celebes and the Patagonians of South America. In the Kingdom of the Congo there was described a sacrificial priest who commonly dressed as a woman, and glorified in the title of grandmother. "To the savage mind, the donning of another dress is more than a token ... it completes identity" [6] Among the Zulus change of sex (by disguise) was a method of changing or averting bad luck. In the Konkan (India) it was usual to bore the nose of a son as soon as he was born to turn him into a girl. [22]

On the Aleutians, boys - if they were very handsome - would be brought up entirely in the manner of girls (Shupans), and instructed in the arts women use to please men; their beards would be carefully plucked out as soon as they would appear. They would wear ornaments of glass beads upon their legs and arms, and bind and cut their hair in the same manner as women. [24] Arriving at ten or fifteen, they were married to some wealthy man. [32] It was further reported that sometimes if the parents had wished for a daughter and were disappointed by having a son they would make the newborn into an akhnutchik or shupan. [2] More recently, in mid-twentieth-century India, the city of Lucknow witnessed a great many eunuchs turning up at the polls and joining the line of female voters. The eunuchs, who were dressed in female garments, were reported to have been "amazed" at finding themselves listed as male voters. "Only after the insistence of the police officers ... did they bow to the law ... These eunuchs, though they resist further surgery to make them more female, have their male genitalia amputated, and the pubic area reshaped to give it the look of the female vagina." The event is celebrated by a grand feast restricted to eunuchs. [28]

Conclusion

Clearly, the phenomenon of assuming the role of a member of the opposite sex is neither new nor unique to our culture. Evidence for its existence is traceable to the oldest recorded myths. Diverse cultures present data demonstrating that the phenomenon is widely extant in one form or another and has been incorporated into cultures with varying degrees of social acceptance. Appraisal of contemporary clinical material regarding such patients assumes a fuller significance when cast against the backdrop of this historical and anthropological perspective. Ultimately a comprehensive understanding, evaluation and management of transsexualism will take into account the extensively rooted sources of this psychosexual phenomenon.

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Footnotes

[1] The bracketed references will be found on pages 185 and 186.

[2] To see snakes coupling is still considered unlucky in Southern India, the theory being that the witness will be punished with homosexuality. [16]

[3] Reference will be made later to an eighteenth-century abbé who claimed to possess a similar drug.

[4] *Berdache* derives from the Spanish, *bardaja* meaning "a kept boy," and *bardashe* from French; also Italian, *bardascia*; Arabian, *bardaj* (a slave) and Persian, *bardah*. The *berdache* may be variously regarded as (1) a sex-changed person; (2) a man-woman; or (3) a person who is neither man nor woman. [26]

[5] The change of sex was usually accompanied by future shamanship; indeed, nearly all the shamans were former delinquents of their sex

Appendix D

Transsexual's Lives

by R. E. L. Masters

- *Transsexual Autobiographies*
- *Biographical Profiles*

The remainder of this book consists of autobiographical statements by transsexuals, and of brief biographical sketches of transsexuals. I have selected the former and written the latter so that the reader may have an informal and somewhat more intimate look at the personality and day-to-day life of the transsexual individual. All the autobiographies and sketches are intended to supplement and illustrate the data and ideas presented by Benjamin. That is, I have refrained from introducing my own speculations and have merely described some of the overt behavior and a (very) few aspects of the surface psychology.

As a research worker and author in the field of sexology I have had occasion to come to know a great many sex deviates and other persons whose sexual behavior sets them at odds with society. My thoughts concerning this clash between individual desires and the laws and/or customs of the moment have been presented in nine published volumes and many shorter writings. It is from this background that I offer my appraisal of Benjamin's work with transsexuals.

That work, first of all, deserves recognition and applause as exceptionally courageous. Over the years, patients' gratitude excepted, it has been an almost wholly thankless labor and one that at times has met with strong and even fanatical opposition. Moreover, it is work, as I happen to know, that has been carried out at a financial loss while demanding very great expenditures of time, energy, and patience. The predominant motives, I think, have been two: compassion and a true scientific dedication. This is the kind of physician motivation most of us want to believe in but all too rarely are able to find exemplified.

But not even the most admirable motives suffice of themselves to elicit an unstinting praise. The work must be sound, and the best evidence for this will always be the results for the patient. On the basis of my many interviews with these patients, some of whom I can now count as friends, it seems to me beyond dispute that they are helped - often quite literally enabled to survive - and that no other means exist today by which such results could be effected.

Without any further comment I will present the autobiographies, then a few brief biographical sketches.

The TRANSSEXUAL PHENOMENON

Harry Benjamin, M.D.

Transsexual Autobiographies

- *Childhood of a transsexual*
 - *Toward a solution*
 - *When the transsexual marries*
 - *Autobiography of a female transsexual*
-

Childhood of a Transsexual

by Ava [1]

EDITOR'S NOTE: Ava, a fictitious name as are all those used in the following autobiographies and case histories, is a male transsexual. In his late twenties, he has not yet had the sex conversion surgery that was his main objective in life. Not every transsexual has, of course, a childhood as obviously unfortunate as Ava's - broken home, promiscuous mother, series of foster homes, and so on. A good many such persons come from average or above-average homes and have been well treated and loved by their parents about as have other children. Much more typical here are the experiences with other children and with cross-dressing, and the feeling of being female rather than male. Ava's remarks, part of a considerably longer autobiography, follow.

I was born twenty-seven years ago to parents whose marriage was already breaking up. My mother was still married at the time to her first husband, but he was not my father. This fact caused various problems as to how I would be registered, and it explains why, to this day, I have never been able to obtain a birth certificate.

Shortly after my birth, I was placed in a foster home, owing to my mother's inability to take care of me. Before my birth, my mother had been sentenced to the county workhouse for 60 days, for neglect of minor children. As I understand it, this charge grew out of her leaving her two children by her first husband with irresponsible people while she went around to taverns with the man who was my father.

About a year after my birth, mother obtained a divorce from her first husband and later married my father. By this time she again was pregnant, with my sister. After this second marriage I was removed from the foster home to go and live with my mother and father. My situation was not improved by this, since at home there was always trouble, mainly caused by my father's drinking all the time and my mother's constant stream of boyfriends. My father would come home drunk, the two of them would begin quarreling, and soon the argument would lead to violence. Very often, my father would beat my mother, she would call the police, and they would come and haul him off to jail.

One time, I remember, my father came home in his usual drunken state and he had a chicken with him. He made mother cook the chicken, and then she had to sit at the table and watch him eat it. He dared any of us to touch the chicken. I asked for a piece and mother tried to get it for me, but my father jumped up from his chair and hit mother so hard that she fell and cut her head, so that she had to be rushed to the hospital to be sewed up. For that, father was sent - again - to the county workhouse.

Another time, when he came home drunk and began to beat my mother, I picked up a bottle of shoe polish and threw it at him. This so infuriated him that he picked up a big glass bowl and threw it back at me; but mother jumped between us, the bowl hit her and shattered, and again she had to go to the hospital. There are many such incidents, and although I was not even three years old, I remember them vividly. It was during one such family brawl that father slapped me on the ears, causing a partial deafness that is with me to this day.

Because of these constant marital difficulties, they eventually separated. Mother then found an apartment for us, and I remember the place very well since it was there that I first became aware of my feminine inclinations. I was just a little past three years old, and I remember the date because it was about at the same time that I put my hand through a window and cut it very badly.

While we lived in this place, mother, when she wanted to punish me, would send me up to our third floor apartment while she and my sister would stay downstairs, sitting on the front steps. I used to do everything I could to be punished in this way, because upstairs, by myself, I would go through the pillowcase where mother kept our dirty laundry, take out one of her slips, and put it on. I would then walk around in the slip, pretending that I was a girl. Just what my mother knew of this practice I am uncertain, but she claims that she has no memory of ever catching me.

At about the age of four, I was again put into a foster home. I have very little memory of that home, and after a year or so spent there I was placed in a children's home that was run by the state. In this home there were a lot of children, both girls and boys, and for the first time my desires began to make trouble for me. I constantly yearned to be with the girls and play their games, but whenever the people who ran the place caught me playing with the girls, they would send me back to where the boys were. I remember being deathly afraid of the boys, because they were too rough and I was afraid of getting hurt. The boys in this institution didn't like me any better than I liked them. Although the girls' dormitory was off limits, and most of the boys never even went near it, I was there on many occasions and had lots of friends among the girls. This had nothing at all to do with sex so far as I was concerned.

Although many of the girls were older than I was, they seemed to accept me. I don't recall how it started, but I would many times put on one of the younger girl's dresses. It was all in fun, and they laughed at me, but still I enjoyed this immensely. Of course, I was finally caught by the authorities and I was punished. I must have been a problem for them, just trying to keep me away from the girls.

It was while at this home that I started to school. This was the worst time of my life. I wanted desperately to be like the other girls, and I resented being made to play boys' games, but no one seemed to understand or care how I felt. I remember that behind the school there was a graveyard and I would go there to hide and cry. I was so confused and unhappy that I was crying much of the time. My heart cried out to wear the pretty dresses that the other girls were wearing and it was a torture to watch them laughing and being so happy. At the same time the boys, realizing that I was a little odd, began tormenting me. They seemed to get a lot of pleasure out of pushing me around, and even the smallest boys would bully me because they knew I would never fight back. Then, it wasn't long before the girls began staying away from me too, and I was completely alone. I got to the point that going to bed at night was my only escape. I wasn't yet seven years old, and I wanted to die: to die and go forever to that graveyard where I went to hide and weep. Even today, whenever I see a child crying, I recapture the horror of that time. My heart goes out to the child, and I imagine that his is a problem such as mine.

Just after my seventh birthday, I was sent to another home. This home had only four other foster children living there. One of them was a boy of about 14, and the rest were girls. All but one of the girls at the home, which actually was a small farm, were younger than I. My foster mother was a very fat woman who was disabled. Together with her middle-aged daughter, they took care of us for the state.

I was very shy, and although these women tried to get acquainted with me on my arrival, I just sat on a chair without speaking. The older woman told me I should call her "mother," and gave me a lot of other instructions that frightened me so that I began to cry. She then told me that if I was going to act like a baby, I would be treated like one. They put a diaper on me, which shamed me no end. After this punishment, we went over to the school I would attend to pick up the oldest of the girls and bring her home. That was Margie, as I will call her, and we were good friends from the beginning.

Each of the children had certain chores to do, and some of mine I hated. For example, I hated feeding the chickens because I was afraid of them. I didn't want to feed the pigs because they smelled so bad. I didn't like bringing in the wood for the fireplace because I got dirty carrying it. I kept envying the girls, who seemed always to be helping with the cooking and sewing, and playing little games.

Margie seemed to sense from the beginning that something was wrong with me and did her best to help. She would take me for talks in the woods and read to me whenever she had the time. School was no different from before. The other children knew I was not like them and wanted nothing to do with me. If I was forced by the teachers to participate in games, I was always the last one chosen when sides were being picked. The side that was unlucky enough to be last in choosing was stuck with me. I can't really blame them for not wanting me, since I was always doing something wrong or was unable to hold up my part of the game, so that my side would always lose.

Most of my recesses were spent sitting on a swing, and it was during one of these recesses that I remember actually saying to myself for the first time: I wish I was a girl! I was almost nine then, and in the third grade. This particular day I was standing near where the little girls were playing baseball. One little girl whom I had always envied greatly asked me to get the ball for her when it rolled over to where I was standing. As I handed her the ball, she smiled at me in a strange way. The way that she smiled at me and said "thank you" caused a peculiar feeling to come over me. All of a sudden, I wanted to be her. I wanted desperately and with all my heart to be as pretty and as sweet as she was, and I can remember my exact words, I said to her in a kind of mumbling voice: "*I wish I was you, you are so pretty.*" I began to cry, and then all at once I was running, not to any place in particular, but just to get away. I kept running and running, and before I knew it I was almost home. There was a little woods near there, and on reaching it I went inside and sat down by a tree and cried until I thought my heart would break. I only new that I was aching inside. I wanted to be a girl, a real girl. I kept thinking of the little girl back at the school, and the more I thought of her the worse it got.

When I finally arrived home, my foster mother was waiting for me. The school had called her and told her that I had run away and that I was crying. My foster mother asked me what was wrong, and I think that was the closest I ever came to telling anyone about my feelings until I was in my late twenties. I wanted so much to tell her my problem, but somehow I just couldn't. Instead, I lied to her and told her that I was sick. In a way, of course, it wasn't a lie. I was in fact very sick: heartsick. I was kept at home then for a couple of days, excused from my regular chores, and even allowed to help a little with the housework. That helped somewhat to raise my spirits.

After that day in the playground, my life was one horrible depression. I began to spend my time alone in the attic, which was filled with all sorts of old furniture and boxes. The attic was very large, since this was a fifteen-room house. On one of my visits to the attic I began looking around in the boxes and I found in one of them an old blue taffeta dress that must have been worn in the 1890s. Along with some of the other things, I took the dress and hid it in a corner. I wanted to put it on, but fear of being discovered prevented me. I kept going back to the attic every day, just to look at the dress, never daring to give in to my heart's desire. It must have been a month before I got up the courage to try on my dress.

I had decided that day at school I had to put on the dress, no matter what the consequences. After dinner, I hurried through my homework and told my foster mother I wanted to go up to the attic and play with the erector set, which I wasn't allowed to bring downstairs. Checking my homework as usual, and complimenting me for finishing that and my chores so promptly, she gave her permission. Knowing that the others would be busy for at least another hour, so that I would have privacy, I went up to the attic.

My heart was almost bursting with anticipation as I rushed up those stairs. I took the dress from its hiding place and held it in arms as if it were a fragile doll. I removed all my clothing and slipped the dress over my head, letting it fall over my nude body.

The sound of the rustling taffeta and the feel of its softness on my bare skin thrilled me immensely. A frightened, depressed, moody, unhappy child suddenly was transformed into a glowing, radiant personality: a personality that had been forced to lie dormant in a deformed, crippled body. A "feminine personality," that had been trying to grasp at a chance to come into being. I just stood there in that dusty attic, a supposed boy-child wearing an old, tattered dress, but feeling in my heart and soul that I was as much a girl as any other girl in the world. At last, I was that little girl back on the playground who unknowingly had caused me so much torture.

I wanted to run downstairs and show the whole family. I wanted them to see just how little it took to make me happy. Of course, I knew I couldn't do this. I knew that now, as never before, I would have to keep my secret closely guarded. I began to walk around the attic, my skirt swishing and feeling divine against my body. Already I began wondering what it would be like to be completely dressed. I began to imagine that I was wearing panties and a slip under my dress, and even that I had long hair. I heard my foster mother calling me, and I hastily took off my dress, put the male clothes back on, and went downstairs.

The others had now finished their homework and it had been decided that we would make some ice cream. I said something about going back upstairs and putting my toys away, and was told to do so. Once back in the attic, I carefully folded my dress and returned it to its hiding place. I knew that this was only the beginning of something that was going to give my life a little meaning. I went back down to join the others feeling happier than I had been for a long time. My foster mother noticed my sudden, obvious elation, and commented that she would have to send me up to the attic alone more often.

Life, for a while, seemed easier. Even the other children at school didn't bother me. I was in a world of my own, and my moods of depression came seldom, my whole outlook was improved. My whole life was wrapped up in my visits to the attic, and they were almost all that mattered to me. At school, this caused a little trouble, since I spent so much time daydreaming and sometimes, when called on in class, would fail to hear my name, much less know what the teacher had been talking about. Notes were sent home to my foster mother on account of this, and my teachers would scold me, but I just couldn't pay attention. Instead, I would daydream that I was a beautiful princess, trapped in the hands of some villain, and that a strong, handsome prince would come on a big white horse to rescue me. This type of daydream was very frequent with me, and always I was the girl in distress, never the rescuing hero. I experienced these dreams so vividly that when they ended, and I came back to reality, I was terribly disappointed that it had been only a dream.

Since my school work was suffering as a result of my fantasies, I was punished by my foster mother. At first, I was made to go to bed early. This did no good, because I would only lie there and pretend some more. Obviously, I didn't mind being sent off to bed, so it was decided I must have some other punishment to cure me of my "stubbornness." I was given Margie's room, which was very small, and she was moved downstairs to sleep on the sofa in the living-room.

I was given that room because it could be locked from the outside. Also, in there I would have to sleep alone, and since I was deathly afraid of the dark, they removed all the light bulbs. I suppose my foster mother, all else having failed, thought that this worst of all possible punishments might persuade me to behave. But, locked up in that dark room, I was terrified. I would kick and bang on the door, screaming and pleading to be let out. Then, I would get a whipping, or several whippings, until finally I quieted down and would manage to go to sleep.

I don't remember that these measures put an end to my daydreaming, but the notes from my teachers did finally stop, and this had the effect of persuading my foster mother that the most effective way to punish me was to lock me up in Margie's room. Sometimes, they would keep me locked up in there all day, bringing me my meals, and only at mealtime was I let out to go to the toilet. Then, I wasn't allowed to flush the toilet, so that they could see if I had been lying just to get out of the room.

I didn't mind very much being locked in there during the daytime; particularly not when I learned that Margie's clothes were still kept in the closet. Soon, I was trying on her clothes - first panties and slip, then a dress, and after that I would look in the mirror and see the girl that I knew myself to be. I came to look forward to being locked up in the daytime. Dressed as a girl, I would play house and pretend that I was the mother. My pillow became a baby, and I would put her to bed, feed her, and talk to her just as if she were real.

On one occasion when I was dressed in Margie's clothes, and was wearing a red satin dress I particularly liked, all of a sudden I heard someone unlocking the door. I pulled the dress off so fast that it ripped, tossed it under the bed, and hastily lay down and pulled the sheet up over me, still dressed in slip and panties. No sooner was I covered, than in came Margie, who wanted to know what I was doing and what was that ripping sound she had heard. Before I could even think of an answer, she pulled back the sheet and saw me lying there, still wearing her slip.

All I could think of to tell her was that I put it on because it felt so nice and smooth. She said it sounded silly to her, but she wouldn't tell on me if I would show her what it was that had ripped as she was opening the door. Then I showed her the dress and admitted that I had been wearing that too. When I began crying, she put her arm around me and promised not to let anyone know what I had been doing. But she made me promise not to wear any of her dresses except a pretty yellow one that she said I could wear any time. She made me promise, too, that I would explain to her what it was all about.

The first day after I went back to school, Margie came to my classroom at lunch time. We took a long walk in the field in back of the school, and there for the first time in my life I admitted to someone that I liked to wear dresses and to pretend that I was a girl. Margie, sweet and understanding as always, didn't laugh at me. She only told me that I would have to be careful not to tear her clothes, and she promised that the next time we played in the attic, she would dress me like a girl. Things were better after that. I had someone I could talk to, and who even seemed to understand me. For the next couple of years, sometimes in her presence and sometimes alone, I dressed up in Margie's clothes. But as she grew older, she began to run away to visit her mother, and one day a social worker came and said that Margie had gone back to live with her mother for good. Once again, I was all alone.

The next few years, until I was twelve, were much the same as the preceding ones. I was continually loathing everything that was boyish and loving everything that was girlish. This was also a time when I began to have very bad nightmares, and this made my fear of the darkness even worse. I mention this especially because following such nightmares the desire to be a girl would become even more intense. I am still afraid of the dark, still have the nightmares, and with the same result.

At the age of eleven and a half I was taken from the foster home to go once again to live with my mother. She had remarried for the third time, and her husband agreed to take me and my sister, who had also been in a foster home, in with them and to raise us as his own children. At first, things were not too bad. My new stepfather, who was over six feet tall, weighed 200 pounds, and gave the impression that he was the manliest man in town, was somewhat disappointed in me. He thought I was a coward, and frequently called me a sissy and told me that I should be more of a man, but I was not otherwise mistreated. And I was indifferent to such criticism, which I had been hearing all my life.

I was sent to a Catholic school and did well enough until the other boys started to bully me. That I finished my assignments before most of the children and made good marks was a point against me. However, even worse was the fact that I was no good as an athlete and stayed mostly to myself. And the fact that I was a favorite of the nuns, probably because I was quiet and obedient, completed the case against me. Soon, I was being chased home from school every night, and if caught up with was usually given a beating.

When my step-father learned about this, and how I refused to fight and would just shake with fear and cry, he told me that the next time I was chased home from school and didn't stand up and make a fight of it, and win, he would whip me with a strap. So instead of one beating a day, I began getting two.

Mother realized that nothing would ever make me stand up for myself, and so she arranged to have me transferred to a public school. In this new school, as in all previous schools, I got along fine for a while. Then the same thing started all over again and I was regularly chased home and beaten. Finally this got so bad that my teacher would send me home fifteen minutes earlier, so that I could avoid the other boys.

I never attended any of the social functions of the school. My homeroom teacher, being the art instructor and also the social director, always had me help her to prepare for these events which I never attended. I was now about twelve years old, and although I was constantly trying on my mother's clothes at every chance, there was never an opportunity to get completely dressed up as I wanted to do. I yearned to have long hair and to be able to wear a skirt and blouse. Watching the other girls walk down the hall would drive me almost insane. I would listen with envy as the boys made remarks about those girls as they passed. I wanted so much to hear those remarks made about me! I was also very envious of the girls who were beginning to develop breasts. I would picture myself walking down the hall wearing a skirt and sweater, with my breasts showing and looking completely feminine.

One girl in particular, who was very well built, would always wear a sweater to school. It seemed that I was always where she was, and the more I saw her the more I wanted to be just like her. At night, when I was in my room, I would try to make breasts by putting articles of clothing, all balled up, under the slip I had stolen from my mother. It would give me a feeling of exaltation to look so feminine. This was the ultimate in femininity. I loved to wear the clothes, but to have a real girl's shape was my greatest desire. I craved to have the smooth skin, the well-rounded legs that were typically feminine. Finally, I wanted above all to walk down the hall at school and be looked at and respected as were the normal girls.

Yes, normal girls; for I was a girl with all my heart, but I was not a normal girl. I was a freak of a girl, one who had to look like a boy. I couldn't look pretty or act dainty like I wanted to. I couldn't carry my books up in my arms or giggle at silly things, couldn't swoon over the latest movie idol and talk about the cute pair of shoes at the corner store; yet my natural inclination was to do exactly those things. I think that no pain on this earth can equal the pain that I experienced at that time of my life.

I understood that I was different, but I couldn't understand why. I knew it was wrong to be always so unhappy, but there seemed to be nothing I could do about that. There was no one at school who I felt would understand. Moreover, my little sister, two years younger than I, caused me unending mental anguish. She was a beautiful girl with hair all the way down to her waist. Everyone admired her beauty and was always commenting about it. Her breasts began to develop, and I heard mother saying that she soon would be needing a bra. How I envied her, and she seemed so proud, just as I would have been. Then, there were all the pretty party dresses with

laces, ribbons, and bows. Mother would find a dress for her and have her try it on, and the family would be asked to express their approval. But a new suit for me was nothing to care about, just so it fit. I don't remember that ever in my life was I excited or happy about receiving any item of male attire. Because of this, mother always said I was ungrateful.

So my life went until that eventful day that proved to be the most cherished day in my life for some years to come. My mother had told my step-father at the dinner table that she was going to town the next day to do some shopping, also that she would be going to a nearby city to attend to some business. Since she would be gone most of the day, she would take my sister with her. I was to stay home and do the housework. When I heard that I would be alone in the house all day, I knew that this would be the chance of a lifetime.

I lay awake most of the night, thinking of the wonderful adventure that lay ahead, until finally it was morning. When I noticed it was raining, my heart nearly broke in two. But the business was urgent, and when mother announced she would make the trip anyway, my relief was so great I almost cried.

Finally, after what seemed endless last-minute preparations, they were gone. My step-father had already left for work, and when my mother and sister were out of the door I quickly locked it behind them. Then I locked the back door, too, and went straight to mother's room. I opened the closet and feasted my eyes on all those beautiful clothes. I was so excited and thrilled that I didn't know where to start.

I had made up my mind that for once I was going to dress completely, using everything that a girl would use. I took off my male clothes and put them in another room. I wanted nothing around to remind me of my hated male role. I remember feeling a little frightened, thinking that mother might have to come back for some reason, but there was no turning back for me now. I don't think I could have stopped myself if I had wanted to. I opened the dresser drawer and found a slip and a pair of matching panties. Then I began looking for all of the articles that would complete my transformation.

After about an hour of adjusting and pinning, I was all dressed except for makeup. I had combed my hair in such a way that it looked a little like a short poodle cut. I then began trying to apply makeup. For some strange reason I had remained fairly calm until I began to apply the lipstick. I can't explain it, but even to this day I am able to dress completely without changing my mood too much, until I apply my lipstick. Just then is when I really begin to feel that I am a complete girl.

As I applied the lipstick, I experienced a feeling that was completely new to me. I began to feel lighthearted and gay. All traces of depression and frustration seemed to vanish. Here I was, finally, after all these years, a girl, not only in my own mind but I actually looked like one. I was swooning with my new-found pleasure. I had never known such contentment. I felt perfectly normal. I had no feelings of guilt as I have heard so many others say they felt on their first complete dressing. I actually had nothing to feel guilty about, save for the fact that I was wearing my mother's clothes for the reason that I had none of my own. All the femininity that was within me came pouring out. I danced and twirled around so that my skirts would swing out. I felt as though I wanted to sing at the top of my lungs.

I was so happy that I began to cry. I must have cried for an hour, for my eyes hurt when I was finally able to pull myself together. My God in heaven only knows how completely happy I was. Finally I went downstairs, and surprisingly enough I had little trouble walking in my high heels, even though this was the first time I had worn them. I began to do some housework, being careful not to muss my dress, I even fixed myself some lunch and ate just like any girl who has been left home alone while her mother is away. Everything seemed perfectly natural. I had no past, no problems, only the present, and it certainly held no problems. As for the future, I made up my mind that I would, as long as I lived, dress at every opportunity. I think that it was at this time that I really admitted to myself that I was a girl.

My glorious adventure all too soon had to end. It was getting late and my step-father would be coming home, I went back upstairs and began the disheartening task of removing all my lovely clothes. Slowly and carefully I took off each piece, my heart breaking with every move. I just could not bear to return to the hated and dreaded male role that had me imprisoned and trapped in a body that I loathed. After undressing and replacing everything just where it had been, I went to the bathroom and washed off the makeup. So here I was, back to my old and miserable existence. I would like to say that though the clothes did feel wonderful, and I loved to handle them, this was not the means to an end. Even at that time, as well as now, the wearing of feminine clothes is not in itself any great thrill. The wearing of the clothes is just a natural impulse. It seems the only natural thing to do.

And of course, just as any girl, I wanted to look pretty. The dressing in these clothes is the outward expression of the inner desires and emotions.

A girl really feels her femininity when she is able to express it in a pretty dress, or any article that is solely feminine. Of course I love to have pretty clothes and I love wearing them just as any girl does, but if I didn't feel inside the way I do, it would all be just a masquerade. In my case, the masquerade is when I am wearing male attire, for it is at this time that I feel uncomfortable. I am not happy unless I am able to express my femininity in thought, word, and, if practical, in deed.

After making sure that I had hidden every trace of my activities, I rushed through the rest of the housework and finished it about the time that my step-father arrived home. I then started the dinner while my step-father read the paper. There were many more incidents like this one after that, and I was never actually caught. The only thing that my mother did catch was that there were some of her clothes hidden under my bed. She had a habit of sending me up to bed early when I did something that displeased her, and on one of these occasions, after sending me up to my room, she came to search for comic books she thought I was hiding and reading when I was supposed to be undergoing punishment. When she turned the mattress, she found a pair of panties, a slip, and a pair of nylons. All of these items I had taken from her room months ago. Mother never said a word about what she had found. She just took the things and went downstairs. The second and third times that she found my clothes, she accused my sister of trying on her things. I do not know to this day if she really believed that.

Footnotes

[1] Further information concerning this case is provided by Benjamin on page 62 [Chapter 4, Three different types of transsexuals], where patient's name is Harriet.

Toward a solution

by Betty^[1]

Editor's Note: Betty is a male transsexual, now operated upon and living a normal life as an attractive young woman. In this selection from Betty's autobiography are described attempted adjustments as a female impersonator and as a member of the armed forces. These experiments proving unsatisfactory, Betty, in his mid-twenties, had the "sex conversion" operation, also described in the following excerpt.

The first time I had ever seen female impersonators was when I watched the Jewel Box Revue as it played in a club in my home town. The lavishly gowned boys thrilled me with their graceful movements and lovely makeup. But even as I watched these professional entertainers perform, I felt that I could do equally as well, if not better, if I only had the chance. One of my close friends joined the Revue as a chorus boy. I remember wishing at the time that I had the nerve to leave home and join the Revue, too - except that I certainly did not want to become a chorus boy.

The _____ Club, one of my city's more famous evening spots, holds a masquerade party each Halloween. We queens would look forward to that party all year long, since it always gave us an opportunity to dress in our finest clothes and show ourselves off. As a seventeen-year-old "girl," I suppose that I appeared more like a woman - in every respect - than ever before in my lifetime. My sequined evening gown was cut daringly low, revealing just enough of my "uplifted" breasts to give the impression that a real girl was beneath that dress. Long white gloves, a rhinestone bracelet, and white four-inch heels aided my transformation into a beautiful girl, and the fox stole I had bought for the occasion completed the picture of a lovely woman, out on the town. I easily walked off with the first prize at the masquerade.

During this period of my life I would often dress up at home in my finest women's clothes, makeup, and go out with other queens. My mother treated the entire affair as she would a lark. She even took pictures of me in my girls' clothes. One day I sent some of the pictures taken by mother, as well as the picture of myself winning first prize in the masquerade ball, to my chorus boyfriend in the Jewel Box Revue. When he showed the picture to the manager of a club hiring female impersonators, the manager must have been impressed, since he at once

sent me a wire requesting that I join the show as an impersonator. My dream of a lifetime - an opportunity to wear the clothes I loved so well - had come true.

As soon as possible, I quit my job, packed, and left for the city where the club was located. The next few months were the most exciting of my life. Although I had thought I knew how to dress and act like a woman, I soon learned that I really knew very little.

The other dancers at the club taught me how to walk, talk, think, and act like a woman in every way. How properly to wear and care for a wig was a part of my training. The use of makeup, particularly theatrical makeup, was an important part of learning to go on the stage as a woman.

From the time I went to work at that club, I was determined that I would live as much like a woman as possible. I let my hair grow long, and soon it had reached shoulder length. A natural brunette, I dyed my hair black and wore it pinned up under a cap during the daytime and when out on the street. When the show went on tour, this made for problems, as I was often asked to remove my cap in restaurants and other places where men and boys normally go hatless. I made a real effort to avoid any incidents, and usually managed to cover my long hair in such a way that few people ever noticed its length.

Learning to put up my own hair and care for it as a woman should was not an easy task. Although I had watched girls put up their hair, and could easily roll the hair on the front of my head into curlers, at first I had a very difficult time managing the back of my head. But L, a famous impersonator who had traveled for years with long hair, was a real help in teaching me the tricks of managing shoulder-length curls. I always felt that the other impersonators were jealous of me, as they watched me comb and tease my long tresses each evening before our performances. At those times, I felt that the trouble I had to go through during the day to conceal my hair was well worth it.

As a chorus girl in the show, I was required to sing and dance. Luckily, I had always had excellent coordination and, after working out the soreness in my muscles, I soon became adept at my dance steps. Singing, too, was not difficult for me to do, for I had been singing all my life - although not on a stage.

Perhaps the most rewarding part of those first weeks of training was the physical presence of so many boys with the same temperament and feelings that I had. Never before had I experienced such total acceptance. Never before had I been with so many people who understood how it felt to want to be a woman and be saddled with the body of a man. Never before could I openly dress and act the way I had felt secretly for years - as a woman. After my first two or three days among the other impersonators, I think I knew that never again would I feel so very much alive and a part of the world around me.

I'll never forget our opening night. Although I had often been seen dressed as a woman - and, I hoped, admired - by many people, I had never performed in public as a singer and dancer. I just knew that something would go wrong - a missed step, a run in my hose, a fall - but luckily, after the first number and a bit of initial nervousness, the show went perfectly. The admiring glances from our audience, as well as the thrill of appearing before them as a woman for the first time, is a feeling that I always will treasure.

After playing for two months in a city on the Coast, our small troupe journeyed to, of all places, my hometown. A two-week engagement at a club there ended the run, and I was stranded, right back where I had started.

Meanwhile, the attitude of my parents had changed - or been changed - toward me. When our show got to my hometown, I immediately invited my parents and my sisters to come see the performance. They refused, and when I asked to come home and see my family, my mother said: "Stay with your queer friends." Those words hurt me more than any before or since.

It was just a little while before I became an impersonator that the famous Christine Jorgensen case was first publicized. When I heard about the operation performed on Christine, I immediately decided that such an operation was exactly what I needed in order to become the woman I now wanted so very much to be. I approached my parents with the request that I be allowed to have my sex change, but my parents, whose permission I needed on account of my age, refused to yield to my pleas. I was a terribly unhappy boy, who felt that he belonged for any practical purpose to neither one sex nor the other.

At my parents' request I visited a psychiatrist. These visits were the first of many visits to psychiatrists all over the country, as I tried to find some understanding of myself and my problem. These first trips were very

frustrating. The doctor and I both discovered what I had long known: that I was an avowed homosexual with a burning desire to become a woman and with hardly any desire at all to remain the man whose body I so unfortunately inhabited. The visits to psychiatrists, so far as I was concerned, were a total waste of time.

My future, I felt, was in female impersonation. I reasoned that I could remain as close as possible to the feminine things I had grown to love so well, that perhaps when I became old enough I would be able to have the desired operation. A male friend of mine wanted to stay in show business, so we formed a dance act, he as the man, I, of course, as the woman. We took a job dancing in a club in the Middle West, and were soon spotted by a talent agent who arranged a better booking for us in a club on the East Coast. There, my friend and I, along with another friend, an impersonator, played for two months.

During those months I continued to learn more about dancing. Our act was composed of a combination of dances: classical, ballet, toe-dancing, and modern interpretive dancing. We worked hard and long on new routines, and were just perfecting a new act when my partner decided to quit show business. Our act broke up, but I luckily found a new job as an impersonator almost immediately.

Our new troupe was composed of four impersonators. We played a number of nightclubs in the East, after which I went home for a visit with my parents. Since their attitude toward me had not changed, and they still would not give their consent to the operation, I became more and more miserable in the role I now realized I was playing, that of being a man.

I again joined a traveling impersonator show, this time going on a tour of the smaller towns throughout the Midwest. A few months later I joined a larger show, traveling for nine months across much of the United States and Canada.

It was while I was on this tour that I finally decided I could never go on being an impersonator for the rest of my life. Although I enjoyed living and dressing as a woman, I always knew that, when I took the clothes off, a man's body would be staring at me from my mirror. Although I was living as closely as possible to the life of the woman I so earnestly desired to be, I was living in a dream-world, a half-state which allowed for few of the things that women enjoyed, and none enjoyed by men.

It is difficult to describe my feelings at the time. That I was a homosexual, I never doubted. Yet, because it was physically impossible for me to function as a real woman bed-partner for my lovers, I felt frustrated and depressed. During the first month of my twenty-first year, I became more and more despondent and dissatisfied with my life. Then, one day while standing on the shore of a lake and staring down into the water, I decided to give up the life of a female impersonator and return to the life of a man.

As with the rest of the actions over which I have had any measure of control in my life, when I decided to become a man I went as far to that extreme as possible. I felt that if I could be around as many men as possible, then perhaps I could learn to be like them. With this thought consciously in mind (and perhaps as a result of other, unconscious motives), I decided to join the U.S. Navy.

A quick trip back home (after a quicker haircut of my beautiful black tresses), and a visit to the Navy Recruiting Office, brought on more problems. The rape of which I had been a victim some years earlier resulted in my being turned down by the Navy. When I loudly protested my innocence in the affair, and a check by the authorities verified my story, I was finally accepted as a "boot."

My first six weeks of boot camp were the worst weeks of my life. Learning to adjust to Navy life was probably difficult even for the most masculine of men. For me, a person who had lived for so long as a woman, it was pure misery. Luckily, we were kept so busy that I had little time to dwell on my troubles.

A trip back home brought a welcome with open arms from my brother and my parents. They were overjoyed to see me as a man once again. I didn't have the heart to tell them I knew now I would never change. During my stay at home, I did my best to convey the image that their son was again a real son to them. My career in the Navy began in earnest when I graduated from a school for personnelmen and entered the fleet on a destroyer tender. My work was simple - merely keeping records and doing personnel work - and at times I almost liked it. But a visit to Newport resulted in a brief affair with an Air Force sergeant. At no time during my career in the Navy was I far from finding the masculine lovers I avidly desired.

Eventually, my career in the Navy took me to Japan. Wherever we went, I would soon find the local gay bars, and in Kobe I found what would best be described as a "male geisha house." This bar was run by female impersonators who served as "hostesses" or "B-girls," allowing the male customers to buy them drinks, and catering to the needs or whims of the male patrons in every way.

After meeting the owner of the establishment and telling him about my experiences as a female impersonator in the states, I obtained permission from him to appear at the club as one of the "hostesses." I quickly purchased a kimono, a pair of lovely high heels, and enough make-up to enable me to do a passable job. Borrowing a wig from one of the Japanese impersonators was no problem, and I soon found myself once again clad as the woman I longed to be.

The next two weeks were the most heavenly weeks of my Naval career. During the day, of course, I would do my normal work as a Third Class Personnelman; but as soon as possible in the evening, I would request permission to leave the ship, take a taxi to the nightclub, don my lovely kimono, and appear as the first American hostess ever to work in the Kobe "male geisha house." Although I could speak only a little Japanese, I seemed to be a hit with the Japanese customers, who apparently felt that it was a real novelty buying a drink for and being served by an American hostess. Imagine my thrill when several of the members of my ship's company came into the bar and were served by me, without any of them even beginning to recognize who was beneath the wig and kimono.

Back to the states, a leave in Oklahoma City, a torrid love affair with a boy there, and a bout with the whisky bottle were the rapidfire successive events in my life following our return from the Far East. Now in my twenties, I began to realize more and more that my attempt to escape from myself and my obvious fate of living with the spirit of a woman in a man's body was only a weak effort to delay the inevitable. I realized that I truly missed the life of an impersonator, which was the nearest thing to the life of a woman I had been able to achieve. When I came to this conclusion, my final months in the Navy were all the more painful. Yet, because I now recognized clearly that my destiny was to be in skirts, I was able to bear my last days as a boy - and as a sailor - with apparent detachment. Then, the day after I received my discharge from the Navy, I was back on the stage dressed as a woman, dancing at a club for impersonators.

Back again in skirts and makeup, I was happier than I had been in years. When our show went on the road, once again I was working with the friends I had made in my earlier years as an impersonator. Being able to live and dress as a woman once more was a partial fulfillment of my desires. All in all, I once again began to feel as if I were a living human being.

The show played for a few weeks in Baltimore and then moved on to New York City. We played a few short engagements, then settled down to a nine months' run at a well-known club. It was while appearing at this club that I met two girls who had originally been boys. From the moment I met these successful transsexuals, I knew that there could be no other way of life for me than to join them in their change from male into female.

These two successful sex changes had originally been impersonators, just as I now was. Perhaps immodestly, but I feel actually, I was certain that I would make a much more beautiful, feminine woman than they. When they showed me the results of their operation, and the enlarged breasts they had achieved by means of treatment with female hormones, my first thought was probably the same as would have been the thought of any other person in my situation. I was jealous. I vowed and determined that I, too, would soon have a body to equal, if not surpass, those now-feminine bodies before me. One thing I promised myself, however, was that I would never sink so low as these two sex changes, resorting to prostitution after the hoped-for successful operation. I felt that these two girls were trying to prove something - perhaps that they could be complete women in every way.

By this time, I no longer had any fears of ever being detected as a man in female clothes. During my years as an impersonator in New York City, I often went out on the streets in my finest dresses, shopping, sight-seeing, or even dating. Many nightclub operators would probably not believe it if told now that that cute blonde who came into their club with a different man on so many occasions was really a man herself, at the time. My long blonde hair, of course, made it unnecessary for me to wear a wig, and my mannerisms by this time were probably more feminine than those of most of the "real" girls. In all my years of dressing as a woman, I was never once apprehended.

It was around this time that I made my first trip to a doctor who had been recommended to me by the two sex changes. I'll never forget the look on his face when I told him that I wanted to begin female hormone treatments.

It seemed he just couldn't believe that I wasn't a real woman until he had made a thorough physical examination. At the conclusion of that examination, and after a number of succeeding visits to him which convinced him that I was a true transsexual, this doctor (a psychiatrist) began to give me prescriptions for female hormones. I have continued with the hormone treatments up to the present time.

When the show of which I was a member once again went on tour, I decided to stay in New York and continue the hormone treatments I had come to regard as the "backbone" of the new life toward which I was heading. I easily found another job as an impersonator, this time at one of the city's major nightspots. I became a dancer there and soon came to think of this club as my permanent job.

In the late summer of 1961, as a result of my work, I met the man who has done more for me than any other person - the man who was to make my most intense desire, that of becoming a woman, a reality. He was an ambassador from a Latin American country, and for reasons soon to become obvious I cannot mention his name. But one evening, immediately after my dance number at the club, I was invited to come to the table of this ambassador and have a drink with him. After a number of drinks, and after answering some very personal questions, I was ready to go back to my dressing room and prepare for the final show. It was just then, from what seemed to me right out of a clear sky, that he asked: "How would you like to become a woman?" I assured him that nothing would please me more, that I had thought of little else for quite a number of years, and that I had dreamed of such an operation from the day that I had learned it was possible. The ambassador smiled, and then he said: "In that case, I will make it possible for you."

Nervously dressing for my last number, I asked the other impersonators if they knew the ambassador. When I told them what he had offered to do for me, they laughed, but then suggested that I take the ambassador seriously. By this time, I was so nervous that I hardly remember doing the last show. My head was spinning with the idea that here, at long last, was a way for me to complete my life. At the conclusion of the show, I hurriedly changed into my street clothing and rejoined the ambassador at his table.

Although thrilled that this man should have singled me out as the one he would help, I was nonetheless puzzled as to why he had chosen me from among all the other impersonators. He complimented me by explaining that it was because I was obviously already much more of a woman than the others.

The first step toward my transformation came when the ambassador took me to an internationally famous endocrinologist, whose prices I could never have afforded without the ambassador's help. I then embarked upon a regular program of hormone treatments, one of the effects of this being that my sex drive was soon nonexistent. In any case, I was by now much more interested in the changes being made in my body than in any sexual satisfaction. When I told the doctor that I was no longer experiencing erections, he explained to me that the female hormones were serving to, as he so aptly put it, "chemically castrate" me.

After some weeks of the hormone injections, my breasts began noticeably to enlarge, and for the first time I could really believe that I was making progress toward my goal. It is impossible to express the thrill that I felt when I was able to reach down and feel my very own breasts beginning to take shape. As my nipples began to enlarge to the size of those of other women, I was one of the happiest people in the world. By the end of six months of treatment, my breasts had developed to such an extent that even under men's clothing I had to wear a size "A" bra to conceal them.

The doctor explained to me that if the development of my body continued at the same pace, then by the end of another six months I should be ready for the operation of my dreams. At the same time I was taking the hormones, I began to have sessions with an electrologist for removal of my beard. I had never had much hair on my body, and under the effect of the hormones I had even less (other than on my head, which was now covered with my own long golden-brown tresses). The series of electrolysis treatments removed the last vestige of hair from my face, and I have had no facial hair problems since that time. The money for the electrolysis also came from my friend and benefactor, the ambassador.

... Finally, the time came when I was ready for the long and anxiously awaited operation. The ambassador had made contact with a surgeon in Morocco who had performed numerous such operations and whose technique was reputed to be better than that of any other doctor. One day the ambassador simply asked if I was ready to make the trip and have the operation. My eyes filling with tears, I could say only: "What time does the plane leave?"

There can have been no more excited and thrilled person on the plane that left idle wild for Europe on that beautiful Fall day. Dressed as a man, I had only women's clothes in my suitcases, and I wondered what anyone would say if my bags were inspected or if they should accidentally come open.

Our flight to Europe was uneventful, yet I was so nervous I couldn't relax. As the plane's wheels touched down at Orly Airport in Paris, I began to come to the complete realization that the whole thing was really more than just a dream. And when I was met by a beautiful girl, who I soon learned was a successful sex change, and by an impersonator who was to accompany me to Morocco for an operation identical to my own, I felt that all my dreams were coming true

The clinic in Casablanca, Morocco, is a beautiful maternity hospital on the outskirts of town. In July of 1962, I entered that hospital as a male, destined to leave it a few weeks later as the woman I had so long desired to become. It is impossible for me to describe my happiness on that day, and perhaps it all seems a bit hazy because of the great tension I was under. I don't believe, though, that I have ever felt so much a part of the world as on that day in July.

Before admitting S (the other impersonator) and me as patients, the hospital administrators required each of us to pay \$ 1250 in American money for the hospital care and operation. The room I was taken to was all white, including the drapes, and had, of all things, a bassinette. Our operations were not scheduled for the next day, so S and I had time to get together again and talk about our futures. A one-day postponement of the operations only caused us to become that much more nervous. But finally, the day came when S was operated on, and like a nervous and giddy girl, I went into the recovery room to see how she was progressing. That was a big mistake, since after any operation the average person looks as if he or she is half dead. S looked so pale and lifeless that I panicked and almost lost my nerve. However, I went back to my room, lay down to think things over, and the nurse came in just about at that time and gave me an injection to make me sleep better.

... The only thing I remember about my entire operation was being lifted from my bed onto the hospital cart, then from the cart onto the operating table. A sharp needle prick when I was on the operating table, and my next recollection was when I awoke, five hours later, a woman at last.

When I finally was awake and able to reason, I lifted the covers off and stared down between my legs. The entire lower part of my body was completely numb, and the bandages covered up whatever work had been done. I had no way of knowing whether the operation was a success. Oddly, my next thoughts were about food and drink. When the nurse came into the room and asked me what I wanted, I told her that I wanted something to eat and drink. After a hurried consultation with the doctor, the nurse came in with a cup of bouillon. She warned me that I wouldn't want much of it as I was not supposed to eat or drink in quantity for at least four days. I immediately drank the whole cup and asked for more. After that, the nurse never questioned how much to give me - she just gave me all I wanted to drink, and there were no noticeable bad effects.

My entire lower body remained numb for three days. When I say "numb," I mean just that. There was absolutely no feeling in my legs or lower abdomen. A catheter had been inserted into my urethra, so urination was no problem. Even on the fourth day, when the doctors came into the room to remove the bandages, there was absolutely no pain, although the feeling had returned in my lower legs and even as far up as my thighs.

My anxiety was so great I could hardly wait for the doctors to finish removing the bandages from what was to become my vagina. As the bandages came off, a feeling of removal of weight was all that I experienced. And when I looked at the finished result, even though it was still red and unhealed, I was satisfied that the doctors had done a wonderful job of removing my male organs and giving me the vagina of a woman.

... I might explain at this point that after removal of my male sex organs, a vagina had been created in my lower abdomen. This vagina, or vaginal pouch, had to be satisfactorily large and deep, in order for me later to function in every way as a female. Consequently, a large plug was inserted into the opening and remained there for the first four days after the operation, allowing the skin to heal around it. When the doctor removed the tube from me I was surprised - as a matter of fact, I almost got hysterical from laughing - to see that the tube was around two and one-half inches in diameter and about eight inches long.

Even at first glance, and with the stitches barely out, I could see that the doctors had done a masterful job in creating a vaginal area for me. The new lips of the vagina were almost perfect in their resemblance to the vaginal lips of a normal female, and the doctor assured me that when they were completely healed there would be little if any observable difference between my external genitals and those of any other girl.

I had been warned that the most painful time after the operation would be the first time it became necessary for me to urinate. After the vaginal plug and the catheter had been removed, I urinated for the first time and found, to my relief, that it was not painful after all

My days in the hospital became more and more relaxing. On the sixth day after the operation, I developed an infection; but a few quick shots of penicillin from the alert doctor, and the infection vanished. S and I managed to get together each day and compare operations, and although she had apparently been in a bit more pain than I, she was now resting comfortably. Although we were both weak, we felt that our mission had been fulfilled. We were ready to leave the hospital and return to France, when the doctor explained that he had one more task to do before he would be finished with us: he had to dilate us.

Until the morning I was first dilated, I thought I knew what pain was. But when the doctor and nurse both held me, and the doctor forced my vagina into ever-increasing width and depth, I thought that I would faint from the most excruciating pain I have ever felt. I bled more than ever before or since, and I shook so badly that it was all the doctor and nurse could do to hold me. I remember biting the nurse's arm and screaming at the top of my voice for them to stop. For two hours afterward I trembled violently, and I didn't stop hurting for weeks after that. I am sure the dilation was necessary, but at the time I vividly remember I wanted to die. I know that dying couldn't be more painful.

In addition to the excruciating pain caused by my dilation, the loss of blood weakened me more than I realized at the time. At 6 a.m. the following morning I was awakened, dressed in semi male attire, and rushed to the airport. Almost in a daze from the pain and loss of blood, I practically collapsed in my seat, anxious for the enjoyable rest I could anticipate receiving on the jet. No sooner had the plane taken off, however, than I began once again to experience a terrible pain in the area of my vagina. I later was told that the abrupt change of pressure resulting from the rapid takeoff of the jet caused an expansion and contraction of the area around my not-yet-completely-healed operation. I only knew that I was the most relieved person on that plane when Paris' Orly Airport was finally in sight.

Back in Paris, I headed straight for bed, hoping for nothing but enough rest to help me recover my strength. However, the bleeding from my vagina refused to stop no matter what I tried, and by the end of my first day in bed I knew that I must have some professional help quickly, or I would bleed to death. I dressed, went to an American hospital in Paris, and frankly explained to the doctor what my problem was and how it came to be. Concerned by the excess drainage, he told me that I would have to take a douche a few times each day until the drainage and bleeding stopped. Was I embarrassed! I had never had a douche before, and it was a humiliating experience to have to ask the doctor for instructions on this most womanly of tasks. Even he had to laugh when he explained the procedure to me.

Thank goodness for understanding doctors! Under his care my drainage and excess bleeding soon stopped, and after eight days or so of thrice-daily douches, I was able to stop that monotonous routine.

... When I left France, I was happy to be returning to America, yet sad in the knowledge that I was leaving the place where I was first accepted as the woman I now knew I always would be. I boarded the plane and was shown to a first-class accommodation. Because I had purchased tourist-class tickets only, I began to panic, feeling that I had been put on first class deliberately because there was to be publicity when I arrived in New York. I crossed the ocean with this thought in mind, and naturally was unable to enjoy the trip. The funny part about my discomfiture, however, was that I was more worried about how I would look if there was some publicity than about the effect the publicity might have. I knew I wasn't looking at all my best, and I certainly wanted to be the prettiest woman in the world when I arrived back in my own country.

Dressed in a pair of woman's black slacks, a powder blue woman's blouse, anklets, women's casual-type shoes, and with my long blonde hair stuck under my cap, I was sure that I resembled something in between what I was when I left the United States and what I had become. During the flight, it had become so hot that I had had to remove the blue jacket I was wearing and, as I did so, my hair fell down out of my cap. To say the very least, the woman sitting next to me was amazed. I know that she was at a loss as to what to think, and her puzzlement was not helped to any degree when the stewardesses all came up to me and began to examine me, then called the other stewardesses up from the tourist compartment to see me. We all (except perhaps for the woman next to me) had a good time, yet, I never explained to them who I was. How could I without jeopardizing my chances of getting through customs upon landing in the United States?

Customs was another real problem. Because there were no photographers waiting for us when we landed, no one seeking publicity about me, in fact, no one at all to meet me, I temporarily relaxed. But when I got to the customs inspector and he opened up my suitcase, I began again to realize that I was not yet "out of the woods." The very first suitcase he opened contained, of course, all women's clothing, on top of which, of all things, was my douche bag. His face, when the douche bag dropped out, was a study in perplexity. Shaking his head in bewilderment, he asked me why there were only women's clothes in my bags. I answered that I, as a professional female impersonator, had been traveling in Europe, and that all of my male clothes were coming back to the United States on a ship. With some humphs and a lot of haws, he passed me through customs, and I practically ran to a waiting taxi.

On the way to a friend's house, the cab driver took a good long look at me in his rear-view mirror, then began to make derisive remarks about "queens and queers," as he put it. When we were almost at our destination, I took off my cap, shook down my blonde tresses, and let him take another good long look at me. Any woman can understand my pleasure when he began to treat me, not as he had only a moment before as a perverted male, but as he would any woman with whom he wished to get friendly. I remember my particular pleasure on leaving his cab and practically undulating my way across the street and up the steps of the tenement building. As I turned when I got to the door and looked back, I saw a light in the cabbie's eyes that I had never noticed in any man's before.

I knew then that Betty, the real woman, was home for good.

Footnotes

[1] This fragment is part of a book-length autobiography in progress, written by Betty with the help of a professional writer. Publishers interested in seeing the entire manuscript may contact the authors of the present volume. Further material on Betty is contained in the case of K, beginning on page 264 [BIOGRAPHICAL PROFILES]. The material has been condensed by the editor.

When the transsexual marries

by Clara^[1]

EDITOR'S NOTE: Clara is a male transsexual, now operated upon and living a normal life as a woman. At the age of twenty-four, because of his mother's urging and his own desire to "try to be a man," he married a girl of seventeen and remained married to her for more than thirty years, up to the time of his sex conversion surgery. Able for a time to have intercourse with his wife, by means of fantasies, wearing of female apparel, assumption of the below position in coitus, and other adaptations, he fathered two children. At the start of the incidents here related, he was forty-five years old and had been married for more than twenty years. His total impotence after three years of marriage and his "dressing" made his relationship with his wife and children a torment for all concerned. The events described are rather typical of those which occur when the transsexual marries a normal partner.

Around the end of 1944, Walter (my son-in-law) used all of his and Barby's (my daughter's) savings to go into a small manufacturing business with a friend. To help out the young couple, we'd invited them to live with us indefinitely. Barby was pregnant by now, still helping out in the new venture, which grew slowly but seemed to be making encouraging progress.

This was the beginning of a time of trial and tension for me at home. As a wife and expectant mother, a change came over Barby. The clashes between her and me came more often and grew more frenzied. It was inevitable, I suppose, and what I'd been warned to expect all along. At the root of it was the same old conflict, the female clothing I was impelled to wear. The difference was in Barby, her grim and persistent attacks, leading to a veritable declaration of war.

"Walter knows nothing about it - so far," she said, her jaw set in an unbecoming way. "He must never know. Mother and I agree to that." She flashed a look at my wife May. "I'm sure you agree us this too."

I started to leave the room.

"Ralph, please!" May implored.

"Dad, there's only one way for us to make sure of that! You simply can't wear those clothes any more, that's all!"

"I've told you and told you," I said, raising my voice, "he will never see me that way."

"He will, it's bound to happen sooner or later! That's not enough, Dad! Isn't it time to kill it off, have it over with once and for all!"

"May, if you put her up to this ... "

"I? She's after me all the time! What can I do? But she's right, Ralph. What if Walter were to find out?"

"I don't give a damn about Walter!"

"You know you do," May said. "He's your son-in-law. You're going to be a grandfather."

"It makes me miserable, Dad! I've seen it all my life and I can't see it any more! If you don't stop it, you'll drive me to that closet of yours! I'll destroy every disgusting woman's garment you have in there!"

That made me furious enough to strike her. "If you ever do such a thing, one of us will leave this house! You or I! Your mother can make the choice!"

"Barby, this is your father's home," May admonished. "Don't you touch a thing that belongs to him!"

As I made for my room, Barby was saying: "He's got to put an end to it, he's got to!"

I found a lock I'd put away and attached it to my closet door. In her state of mind, my daughter might charge into my closet after all

Barby's constant interference drove me to distraction. No longer able to wear my beloved clothes at home, I'd pace the floor like a caged lioness. Most nights she'd stand guard, to see that I made no attempt to dress up and go out for a walk. I don't know what Walter made of these doings. If he guessed the truth or had been told, he showed no sign of it. Only once in a while, when they were particularly tired and both went to bed early, did I manage to slip out in female getup. Those times I walked until my feet were blistered. On going to bed, I'd begun to experience stomach pain, which I attributed to gas.

Early in 1945, I went to work for the Veteran's Administration as a clerk at a small salary. It was trivial, uncomplicated work. I was too unnerved during this period to have spent my days at a more taxing job. I found two new friends in that office, Pat and Rick, both married and in their early thirties.

In July, my first grandchild was born, a girl. Barby chose the name Gail for her. It thrilled me to cradle an infant in my arms again. The little angel reminded me very much of her mother when she was that tiny. I was always urging May, Barby, and Walter to go out together and leave me to take care of my granddaughter.

Germany capitulated. The war was nearing its end. Other ex-servicemen were now working for the Veteran's Administration. Comparing notes, we came to realize there was open resentment against us, mostly on the part of older women who had long been with the government.

One day late in 1945, Miss Lockwood, my superior, turned on one of these veterans, a former airman.

"You veterans come back from a couple of years in service and think the world owes you a living!" she shrieked, so she could be heard all over the floor. "Get to work like everybody else, or there'll be no jobs for any of you here!"

When I stood up for him, she lashed out at me too. "You're no better than the others! This is no charity ward! I'll clean out the lot of you!"

From that time the antagonism between us grew steadily worse.

I asked to speak to the chief supervisor, a gray-haired woman who maintained good employee relations without ever resorting to hurling insults. She listened soberly to my account of what had been taking place in my section.

"We're all members of veterans' organizations," I said. "If something isn't done about this situation, I for one will take it up with my post."

Miss Lockwood was transferred to another position. Veterans of other departments heard of this and came to see me for advice. They had come up against the same sort of thing.

"People here start out with the attitude that we're lazy bums," they complained. "We don't get a chance to prove otherwise."

I conceived the idea of submitting a resolution through the Veterans of Foreign Wars, which would give seniority and other rights to veterans in government service.

With the Japanese surrender, we began to look forward to the homecoming of our son Paul. In the fourth week of 1946, we embraced a broad-shouldered six-footer, little like the boy who'd gone off to be a soldier. His face was stronger, and handsome, despite the eye-glasses which he would wear for the rest of his life. Unlike his father, his army record was unblemished. He had turned down the offer of a commission to remain in service, in favor of continuing with his education.

Changes had been made in Walter's business. His partner had talked a relative of his into coming in with them. This man was wealthy. He had much more ambitious plans. We gave Barby and Walter a loan of five hundred dollars. Between the three of them they had opened a larger factory in downtown New York. It had seemed to get off to a promising start.

After some months the third partner began to be restless. The profits were not living up to his expectations. With the aid of a shrewd lawyer, he withdrew from the partnership at no disadvantage to himself, leaving Walter and his partner holding the bag. These two made a valiant effort to carry on with ever diminishing capital. Walter was rarely his cheerful self. Barby asked for another loan. May and I gave her the same sum again.

This year Paul marched with me in the Memorial Day Parade. Neighbors were out in front of the house again. One of them led a cheer for the Millers, father and son. Again I carried the flag. Paul had been placed in the first rank, just behind me. As we passed, Walter ran out in front, snapping pictures of us with the imported camera Paul had brought for him.

The column ahead drew to a halt. As we did the same, I turned around to look at my son.

"How are you doing, Dad?" he said.

"It's great to have you with us, son!"

He'll take my place, I told myself; he'll be the man of the house. It can't be much longer for me. I'm forty-seven, a grandparent, a soldier in a military parade, but nothing's changed. I must still find the way to be the woman that I am.

A week later I submitted my resolution at the meeting of the post. The comrades listened, as Commander Brooks read it to them. It was passed and forwarded to the County Committee, on which our former commander, Henderson, served.

Henderson was not a man to overlook any opportunity to advance his career. He made a few changes in the proposal and submitted it to the State Headquarters of our organization under his own name. From there it made its way to an annual convention, attended by delegates of VFW posts all over the country. Before long it was in the hands of a federal legislative committee and was finally passed by Congress as law

On election night at the lodge, I was proposed for the presidency. All the others nominated declined and left the office to me. Installation night was more of an occasion for my family than it was for me. There were close to three hundred people present. As I made my short speech of acceptance, I looked down at May and our children.

They were all thinking the same thing: "Now they've made you head of this important society. No one here knows how you think of yourself as a woman and dress as one. Surely you will abandon all that and be the man they all think you are. "

My duties as president were many and exhausting. Besides conducting all meetings, there were special sessions with committees, funerals of deceased brothers to attend, and visits to those who were ill. At the end of the year, I was urged to consider taking the office again. It was too tedious and time-consuming a job. May was most disappointed when she heard I had declined re-election.

Paul was back in college, elected to the highest scholastic fraternity. My son-in-law's partner gave up and went to California, leaving the business entirely in Walter' s hands. From that time on, we all knew he was going to lose his fight to keep it going.

In her concern for Walter and fearful of their future, Barby was more of a problem than ever. There were flare ups between us almost every day.

She made a theme song of: "We have a child in this house. Small as they are, they notice things. I don't want her to see you wearing those clothes."

Little Gail had been playing in my room. I'd just been to my closet and had left the door open. Barby came into the room. She stopped short at the array of dresses. Her eye went from the closet to the child. "Why don't you get rid of that junk?" she said.

"This is my room, Barbara! What goes on in here is no affair of yours!"

"My baby is in this room with that damned closet open!"

"Then take her out."

She began to shout. I ordered her out of my room. She only shouted more. I lost my temper and began to push her away. She pushed back. I slapped her hard. She cried out. Paul came running to her rescue. By this time all three tempers were out of control. Paul struck me a blow across the head. I fell to the floor. They left the room, taking Gail with them.

I picked myself up and lay on my bed.

When May got home, they described what had happened. From my bed I could hear everything that was said.

May spoke sharply to our daughter. "I've told you over and over again to leave him alone! If he's got to wear those clothes, he'll wear them! You stay out of it !"

"Yes, but Gail ... "

"Never mind Gail! This is his home! You grew up with it, didn't you? Stop bothering him, stop making it worse than it is!"

May came into our room. Her eyes widened when she saw the size of the bump on my forehead. Barby and Paul came to my bed.

"I'm sorry, Daddy," Barby sobbed. "You've been good to me always. It's just because I love you so much. That's why I get so upset."

Paul said: "Forgive me, will you, Dad? I lost my head."

"I try to understand, Daddy. I guess I just can't. I don't mean to be unkind. I can't seem to help it."

"I know, I know," I told them. "Let's forget it. It was as much my fault as yours. Let's not let it happen again."

"No, never again, never!" Barby vowed.

It did almost happen again. I wish it had. Perhaps what followed would not have taken place.

It was early spring, 1947. The entire family had gone to bed, except for Barby and me. We sat in the kitchen, she reading a book and I playing solitaire with one eye on the clock. It was almost eleven.

I said: "Aren't you going to bed?"

"I'm going to stay right here," she said firmly.

"That book must be very interesting."

"It'll do, to pass the time."

I played another game. "You're tired, Barby, look at you. Go to bed."

She closed the book and folded her arms, looking at me steadily. "I know what you want to do. I'm not going to let you."

"Barby, why don't you give it up? You keep trying and you accomplish nothing. Your mother's tried to change me. So have I. It can't be done."

"The minute I go to my room, you're going to make for that closet of yours. And leave this house in women's clothes."

"It's been months, Barby. I've got to do it. Go inside."

She shook her head.

"I'll go anyway," I said, rising from my chair.

"No, you won't. Because I'll wake up this house before I let you past that door."

"Barby, you're living in my home with your family, You're here without payment of any kind, to help you."

"I know," she assented. "And this is my way of helping you."

My pleading gave way to louder protestations. "You have no right! You were brought into this world to lead your own life, not mine! I'm your father and this is my home! Now go to your room, I say!"

May woke up. "Barby!" she called. "Get the hell out of that kitchen!" She must have been furious to use such language. "And you come to bed, Ralph!"

Barby gave up and went to her room, I sat down to the cards again. It had been too long since my last night walk. Watching the clock, I let twenty minutes go by and went into the bedroom. May lay still. Quickly I gathered up my clothing and shutting the door after me, went into the bathroom. Impatient to be off, I made up my face, dressed, and put on my wig hastily. Then putting on a hat and coat, I made my way to the street.

A few blocks from the house, my shoe slipped off. The strap had broken. I sat on a stoop to fix it. A patrolman passed by. He was at the street corner a few minutes later, as I continued my walk. He followed me for two blocks. I'd turned down a side street, when he caught up with me.

"Just a minute, young lady."

I stopped.

He motioned me to the brick wall side of the corner building. The street was very quiet. He came quite close.

I said: "What do you want, officer?"

He smiled and put out his hand to touch me. I became panicky and slapped his face.

"You devil!" he said, shaking me. "Who do you think you are?"

He shook me so hard that my wig slipped out of place. I tried to straighten it and without being able to see myself, only made it worse.

"What have we here?" he said caustically.

He pulled me to a police box and called the station for a car. Twenty minutes later the police car appeared and I was taken to the station.

It had been a very long time since I'd last gone through the ritual before a police desk. I was no longer a disarmingly innocent youth, who could easily win the sympathies of a fatherly sergeant. This man asked a few gruff questions and in a matter of moments I had been booked for male prostitution. It was done so quickly, I was left dazed. It was against the law, I knew, to impersonate a female. I'd always taken that risk willingly. But male prostitution!

I made a desperate stand against the charge. They hardly listened as I pleaded that I was only taking a walk, minding my own business; I'd approached no one.

The patrolman who had arrested me was a rookie. He saw in this an opportunity to draw attention to himself. I was taken into the office of a police lieutenant. Bursting into tears, I went over the whole thing again with him.

"Are you a man or a woman?" he asked.

"A man," I replied.

He said: "Take off that thing." He meant my wig.

I removed it.

"Why do you do it?" he said.

The story sounded lame but it was the only one I'd ever had for these emergencies. I explained about doing housework and how I wore my wife's housedress to do it, to save my own clothes, and after I'd finished I'd felt the need for air and had stepped out for a walk before going to bed.

"You're married?"

I assured him I was, with two grown children and a grandchild. I spoke of my service in the army, that I'd been overseas and had taken part in the North African campaign.

The lieutenant listened attentively. I could see I was making an impression. After a few more questions and answers, he turned to the young patrolman.

"I don't see anything wrong," he said. "We can let him go."

The rookie disagreed. As the arresting officer, apparently he had the right to insist that I be charged.

"Okay, if that's how you feel," the lieutenant said. "But I don't see any soliciting in this case. We'll have to drop that and make it a misdemeanor."

"Why, lieutenant?" the cop persisted.

His superior became impatient. "Because you have no evidence of prostitution here! Without it you'd be laughed out of court! All right, take him to the desk."

An hour later I rode inside a patrol wagon, handcuffed to an iron pole within the vehicle. We drew up before a stone building in a part of the city I didn't recognize.

A policeman at a desk asked more questions, wrote down the answers and relieved me of my watch and whatever money I had with me. I was led down a long corridor, past a row of cells. The tapping of my high heels echoed strangely. Inmates of the cells pressed close to their bars for a look at me. Out came a chorus of comments and invitations, whistling and laughter.

The guard raised his stick. "Pipe down, the pack of you! Or I'll crack your skulls!"

I'd heard off-color remarks before, but never anything like I was hearing now.

I was locked up alone in a cell. My coat had been taken away. I sat in a thin dress until six o'clock in the morning. At that time the guard appeared with some of my own male clothing. May had brought it to the station, after they'd telephoned her and told her where I was.

I got into my own trousers, shirt, shoes and jacket. But with no access to soap and water, there was no way to remove powder, lipstick, eye makeup and nail polish.

At nine o'clock I was taken to what they called the bull pen, where all prisoners are assembled before being brought into the courtroom. Of course I was stared at. There was more ribaldry, hushed this time, with sniggers and guffaws.

My name was called. The guard opened the door to the court room and motioned for me to go inside.

Judge _____ was presiding. I saw May, looking very red-eyed. As I entered, there was a flurry of excitement among the reporters and photographers at the rear of the courtroom. May stiffened, turned anxiously to the judge. I could see it sensationalized by the newspapers: "Ex-G.I., husband, father of two and grandfather, picked up on street dressed as a woman. In court with painted fingernails and cosmetics." I'd had no idea there would be so many people. Every eye in the huge room was on me.

May spoke up, going close to the bench. "Your Honor, I beg you, please!"

"Is this man your husband?"

"Yes, sir. If there are pictures and this gets into the papers, it would ruin us and our children! My husband is no criminal! He's never been in a courtroom before; neither have I! He has a job. He works for the government. I'm employed by a defense plant. We're decent people! This could disgrace us forever!"

The judge banged his gavel and announced that the court would be cleared of all newsmen and photographers.

There were cries of protest. He ordered them out at once.

We left the courtroom and went into the judge's chambers.

"I have been told you were arrested dressed as a woman," the judge said. "How do you come to be wearing those clothes now?"

I explained that the clothing had been brought to me by my wife.

"It was the first thing I thought to do when they notified me," May said.

The judge had the arresting officer place my female attire on the table before him.

"Where did you get these clothes?" the judge asked.

"They're mine," May said without hesitation.

"Is that true?" he glanced at me.

"Yes, Your Honor."

"Does your husband do this very often?" he inquired of May.

"Oh no! Only once before."

He gave me an appraising look.

"You can believe her, Your Honor." All through it I kept thinking, why do we have to lie? Is the truth so wrong? Is there any crime against society if a person, with the appearance of a man, feels himself to be a woman? Outside of myself and my own family was anyone affected in any way by it? I realized that civilization is built on a complicated system of laws. The judge was there to interpret them. But is there a law that can delve into the feelings of a human heart?

"How long have you been married?" was the judge's next question.

"Twenty-four years," May supplied.

"Has he lived with you all that time?"

"Every day of all those years with me and our two children."

The judge sighed. "I can see you are a good woman. Your husband appears to be a well-meaning man. I will place him in your custody. Take him to Bellevue Hospital. He is to be examined there by the psychiatric department. You understand?"

"Yes, Your Honor."

"If they give him a good report, I'll set aside the charge and he'll go free. If not, I will have to take other measures. Now will you be sure to follow my instructions?"

"Absolutely, Your Honor."

"You're to bring the report here to me personally. I'll expect you within five days."

"We'll be here," May assured him. "Thank you. I appreciate what you've done for us."

The next morning, a Friday, May and I were at Bellevue. She was made to wait outside, while I faced a psychoanalyst in his small, white-walled office.

Keeping myself well controlled, I listened carefully to his questions and thinking of my son, Paul, gave answers I would expect of him. My London background came in quite handy. I invented a theatrical career for that early part of my life. I spoke of the music halls, the shows that tour the provinces. Never having been to England, the man readily accepted the tale.

"Gave up being a performer, when I got married, you know," I said nostalgically. "Precarious life for a man with a family. Guess I never got over it."

I explained that at times I was quite overcome by the irresistible desire to dress up and play to an audience. To me, my wife's clothes were a costume. That's how I'd happened to go out wearing them.

"This unfortunate accident. It was quite a shock," I concluded. "Didn't mean any harm. Just a prank. Not against the law in England, you know. I'll never again take a notion to go out on the street wearing a costume!"

"Different lands, different customs," the psychoanalyst said smiling. "I've picked up some knowledge of Spanish. A perfectly innocent word in one South American country means something pretty awful in another. Got to be careful."

"That's what I mean to be," I agreed.

"Here you are," he said, handing me his report. "This ought to straighten things out."

The following Monday, we were back to see the judge.

He read the report, put it down and said: "I'm very happy to tell you you're a free man, Mr. Miller."

He had more to say, however, before letting me go. "I sincerely advise you never to be seen again wearing women's clothes on the streets of New York. If this were to happen again, it would not be easy for you. You know the penalty for masquerading as a female - six months' imprisonment."

He gave me the look of a Samaritan, gently admonishing a wayward sinner. I felt scorn for that look. I would have liked to remind him that nature is greater than man and his laws. Nature had made me what I was. Six months in prison would do nothing to alter that.

It was over. When we were home again, May let loose a violent tongue-lashing.

"The more we shower you with love, the more you hate us!" she accused.

"Hate you, May?"

"You must, or you couldn't deliberately, willfully smash down everything we try to build up! I've fought all these years for you, for our home, to raise our children, to live decently! But to have to fight you too, that's too much! How much strength do you think I have? You go on and on with that hideous game of playing a woman! It's frightening, dangerous, but you won't give it up! Not until you've destroyed yourself and all of us with you!"

A game, she called it. That was all she knew of the basic instinct within me, too powerful to control. If only I could have pulled the veil from her eyes and let her see that I was a woman, just as much as she!

I blamed Barbey for the whole miserable experience. By standing guard over me, arguing with me, distracting me, she was responsible for my distraught recklessness when I had hurried out to the street that unhappy night. She was upset by what had happened, but she felt no sense of guilt. My reproaches only led to more scenes. The hollering and screaming went on for days.

I arrived at work one morning in a wretched state. There seemed to be no pulling out of it all day. I went into the men's room and looked out the window. Pat came in soon after. He'd seen me go and followed.

"You've really been bothered about something for days," he said, lighting a cigarette. "Ralph, is there anything I can do to help?"

For over a year I'd known Pat, and Rick too, to be warm-hearted, the only men at the office I could really count on as friends. But experience had taught me to keep the details of my life to myself.

"Rick and I have talked about it many times. We think you're a nice guy, we like you, Ralph. There are things being said around here."

"About me?"

"You know how some of these fellows are. They can be pretty vicious. Do you know that they watch you when you go to the bathroom?"

"What are you talking about, Pat?"

"They say you sit down like a woman. One of them looked under the stall. He swears he saw you wearing pink underwear, women's underwear. Ralph, for your own good, I think you'd better watch out."

"You talk as if you've seen it too."

"I have. You opened the collar of your shirt one day. I saw what was underneath." He put his hand on my shoulder and looked into my eyes. "I'm not asking to pry into anything. I just want you to know you can call on me, if you ever need to."

As much as I would have liked to share my burden, I said nothing more to Pat that day. Perhaps I was afraid that, if it all spilled out, he would no longer be so eager to call himself a friend.

In the weeks following my arrest, Barby grew more militantly aggressive in her fight against my wearing female attire.

"While I'm in this house, you'll never put on another dress!" was her pledge, repeated not once but several times a day.

It became an obsession, which drove her to hammer and attack, as if her life depended upon it. She incited May to do the same. To be denied my women's clothing was the worst possible punishment for me. I had come to detest male apparel as much as I detested the earmarks of the male on my body.

The rain kept Barby indoors with Gail all day one Saturday. Paul came home in the early afternoon and closed himself up in my bedroom to study. Unable to "dress" even in the privacy of my own room, I fell into a state of near-despair. It was the wrong time for another bout with Barby. But we had one.

"You think you know me," I charged. "You know nothing, you see nothing! I'm a stranger to you!"
"You're my father."

"Only God knows how that happened!"

"It happened because you're a man! Nothing else, a man!" She kept hurling at me over and over, "A man, a man, a man, a man, a man, a man!"

She knew very well how that never failed to infuriate. This time, my response was even more drastic. I screamed and screamed until I thought the blood vessels in my neck would burst.

I ran from her into the bathroom, opened the medicine chest, and took out a bottle of iodine. I held the open bottle in my hand. There was a razor blade beside the soap dish. I picked it up and held it in my other hand, trying to decide which one to use. There was no more going on. The time had come.

I'd left the door open a crack. I listened for sounds in the other room. Everything was quiet. Did I really mean to do it, or was this motivated by histrionics? I raised the bottle of iodine to my lips.

The door swung open and crashed against the wall. Paul was coming at me. Barby must have suspected something and sent him. Yes, I thought, this was the way I'd planned it. But now I wouldn't fake; I'd go through with it.

I tasted a drop of the iodine before Paul reached out to pull the bottle out of my hand. He hadn't seen the razor blade. In the struggle, my hand closed over it, inflicting a deep cut in four of my fingers. The iodine splashed out of the bottle. Some of it hit my mouth. I licked at it, trying to swallow it down.

Paul took hold of my jaw and put his finger down my throat. I choked. The iodine came up. He gave me two stinging slaps to pull me out of the hysteria. He sat me down on the bathroom stool.

When he found his voice, it came through sounding as it did when he was a little boy. "Daddy, Daddy, why? For God sakes, why are you doing this? Why?"

Barby was at the door, frozen by the sight of the blood oozing from my hand, the iodine stains all over my face. She came to life, dampened a towel, and wiped my hand, wailing as she did.

"We love you, Daddy! Oh my God, we love you! You know we do! All of us, no matter what we say! Why do you think ... oh no, please, never do a thing like that!"

She caught something in my eyes. She blinked and turned her face away. I think at that moment she came to the decision that she and I could no longer live under the same roof.

I scrubbed my face many times before May arrived several hours later. Her first glance at me caught the pale stains on my face. She looked down to the bandaged hand.

"What went on here today?" she asked searching all of our faces.

I left the room.

Later, she gave me long penetrating looks but said very little.

When we were alone in our bedroom, she said very quietly: "I'll go with you to see a doctor if you want me to."

I said: "I keep looking. But I never find one I can go back to."

"What we need is a good psychiatrist."

Sometime after we'd turned out the light, she said: "Are we so unimportant to you, Ralph? Does that foolishness of yours mean so much? Enough to make you want to take your own life?"

"I may be your husband and the father of your children, May. But I'm a woman."

"You've had a terrible day," she said with a sigh. "Get your sleep. Goodnight, Ralph."

A few days later Barby announced that she was leaving for Los Angeles, and that Walter, as soon as he could close down the factory, would follow her.

Footnotes

[1] This fragment is part of a book-length autobiography, *I Am a Woman*, written by Clara with the help of a professional writer. Publishers interested in seeing the entire manuscript may contact the authors of the present volume. Further material on Clara is contained in the case of C, beginning on page 248 [Appendix D, BIOGRAPHICAL PROFILES].

Autobiography of a female transsexual

by Joe^[1]

EDITOR'S NOTE: Joe is a female transsexual who, subsequent to surgery and hormone treatment, has achieved legal status as a male and has been happily married for some years. From early childhood the patient felt herself to be a boy. This led her, at the age of thirty, to an attempted suicide; and, following that, to two years of psychiatric treatment that did nothing to alleviate the desire to change sex. The patient then embarked upon the hormone treatments (androgen), which greatly improved her mental and emotional state. This was followed by mastectomy and, several years later, panhysterectomy. The legal sex change was accomplished and Joe became free to marry. The marriage, including the sexual relationship, has been satisfactory to both partners and their union seems a stable one. The following is a much-condensed account of the patient's life beginning with her assessment of her present situation.

Legally and otherwise, to the extent that is possible, I am now a man. For seven years I have been married to Helen, with whom I lived for three years before the legal wedlock became possible. As I write this now, in 1965, I think I have been long enough "transformed" to say with confidence that there will be no regrets, no wish ever to return to the unhappy life I now have left behind.

As mentioned in my longer autobiography written some ten years ago, and which will follow, I cannot believe that my wish to be a man resulted from anything done by my parents during either my infancy or early childhood. The craving to wear the clothing of boys, to play with boys' playthings, to be a tomboy, and so on was all my own doing.

Never did my parents indicate they wanted a boy instead of a girl. There was nothing unusual in my home environment and my life at home and at school was average, like that of others in a similar social condition. I was sent to private schools for girls, had psychiatric help and, as a woman, I married twice. But nothing could shake my personal conviction that I wasn't born to be a woman and nothing could ever change my longing and desire to be a male. No known treatment could efface my desire or change my mind, from my first consciousness of that desire as a very young child on up to the present!

More than eight years ago, as a result of hormone injections given by an understanding physician, my voice dropped to a deeper, husky male pitch. This started a few days after administration of the hormone solution. I never menstruated again after the first few injections. Before that, I had had a history of very irregular menses. Later, I underwent surgery to reduce the size of my breasts so that they resembled those of a male. My breasts had always been very small. Still later, I had the complete hysterectomy I felt to be necessary. In spite of the anatomical limitations, my sex life now is a satisfying one.

Before the hormone injections I had no body hair other than that considered normal for a woman. Nor did I have facial hair. However, this rapidly changed and my heavy growth of body hair conveniently covers and hides the small scars from the breast surgery. Facial hair developed and grew to the point where I am obliged to shave daily. As a result of the hormone injections there was also a change in the distribution of fatty tissues in buttocks, thighs, and other body areas where women normally are padded. In other words, my body took on contours like those of the male physique.

While taking the hormones and effecting this transformation I continued to reside in a rather small, semirural community in Texas. After Helen joined me there, we continued to live in this same community during the whole of the transforming process. After my birth certificate had been changed, Helen and I married. Everything was accomplished through perfectly legitimate channels, with no publicity, either in our home town or in the city of my birth.

All the members of both of our families are aware of my before-and-after situation and have shown and voiced an understanding acceptance, while admittedly more than a little amazed at my changeover. We now live elsewhere, but we continue to go back to visit our former community. And we find we are still accepted there by friends, acquaintances, and business people with "no questions asked," no "raised eyebrows," or anything of the sort despite the change I underwent in my appearance and my adoption of complete male attire.

Today, among old friends who are "in the know," Helen and I are as warmly accepted as any normal married couple. We participate in every phase of social life, including sports. I am perfectly at ease in swim trunks with the upper torso exposed, and just as much at ease on the dance floor with my own or another man's wife.

Hard to believe though it may be, there isn't a person I know, among either family members or friends, who hasn't approved of my transformation. Not one has been lost because of it. As for myself, I truly feel that at last I have achieved my rightful station in life, my birthright formerly denied me through some strange quirk of nature and now restored to me by what I regard as the miracle of endocrinology.

I no longer have the haunting frustrations which kept me very nervous and on edge and which were inclined to make me impulsive and immature. I have lost a great deal of my former shyness, which apparently was nothing more than a defense mechanism used as a protective veneer at a time when I was completely confused and lost in a world where I seemed unable to find a place. Now that I have found my place in life I am eternally grateful to science for having carved out this niche for me; and especially to those physicians and surgeons who "took my hand" and led me out of the abyss in which I had been wandering for a great part of my life. My autobiography, now to follow, and which was written in 1956, tells something of those wanderings.

I was born in 1920 in a New England city of moderate size and was one of four daughters. My father, a salesman, was away from home a good bit of the time while I was growing up and mother mostly raised us. From earliest childhood I demonstrated two major traits that have stayed with me always: a preference for things masculine, and a great love of animals.

As a very small child I refused to play with dolls and demanded as toys, instead, stuffed animals and, later, electric trains. (when it came time for me to have a bicycle, I held out for, and finally got, a boy's bike instead of a girl's.). I especially liked dogs and cats but was never permitted to have a pet since father disliked animals. From age three up to around eleven, I would play at being a dog - crawling on all fours, growling, demanding to be "fed," and so on.

When I was five or six I used to play baseball and other boys' games with a playmate, George, who was about my own age. One day, as a matter of curiosity, we went "off to the bushes" to compare our sex organs. This curiosity had been with me for some time, since I knew I was a girl but wondered why I wasn't a boy and what physically made the difference between girls and boys. Learning about that difference, I got the impression that I, perhaps, had just "grown short," and trying to produce for myself a penis like George's I would tie little strings

to my vaginal labia and try to stretch them down with the hope that they would finally grow into a penis. I would often cry, looking for the answer to why I wasn't a boy, since I was aware I had all the traits of a boy but not the right physical attributes. Something seemed all wrong somewhere, but as a child I could find no answer to the puzzle.

At age five I started to kindergarten and, while I tried to dress like a boy when at home, had to wear girls' clothing when at school, I chose my playmates usually from among children who were not my schoolmates; and they, seeing me dressed like a boy, would ask me whether I was a boy or a girl. Then I would answer: "Boy," and they often accepted me as such. In "playing house," I took the role of the husband; and, playing "doctor and nurse," I was always the doctor. When my father was away I would dress in his clothing, parading around the house in his wardrobe, even to the shoes.

At about age seven, my mother bought me boy's rather than girl's clothing. During weekdays I generally wore overalls and shirts, but on Sundays I was permitted to wear a white shirt and tie and duck pants in and out of the house and around town. I even dressed as a boy when attending birthday parties given by childhood friends. Dressing in boy's attire was always sanctioned by my mother and grandfather. Father, on the rare occasions when he was home, accepted my dressing as a boy, most likely because it was agreed to by the others. I had to dress as a girl only on school days and hated school for that reason.

Father being away so much, he took no great interest in my sisters or myself and, for the most part, left our upbringing to my mother. Yet we were always a closely knit family and lived in a tranquil, convivial atmosphere. My mother and grandfather were staunch supporters of our (Protestant) church and we children went to Sunday School regularly. Holidays always found the family together and were festive occasions.

All sports pleased me and I learned to swim and ice skate at an early age. Twice, my uncle helped me acquire pets. The first were guinea pigs, which I hid in his barn, but they were killed by rats. Later there was a dog, but my father made me get rid of him. Much, much later, I had two other dogs, but one ran away and the other was run over. I had no other pets until I was "on my own."

At age nine, my parents enrolled me in a private coeducational school. There I was able to take manual training instead of the cooking and similar classes offered for girls. Because of ear trouble, I usually did poorly in school and brought home bad report cards. Then father would punish me, call me "dumb," and tell me what a "good for nothing" I was. My poor performance and the scoldings from my father continued after I entered a public school. The happiest times were spent with my uncle, fishing, hunting, camping, and roaming through the woods. Being out of doors was my chief delight, and dressed in shorts or jeans I also played ball and went fishing. Other diversions I enjoyed were the making of puppets, riding my boy's bike, and raising some mice in the cellar in a cage I had constructed.

At fourteen, because I had done so badly with my studies, I was sent to a private girls' school and also received special tutoring in the summer, I enjoyed riding horseback, but otherwise did about as badly as usual. It was at this school, when I was sixteen, that I developed my first "crush" on a girl. There was some necking and petting but nothing I considered sexual. I had just become aware of my "difference" and attraction to my own sex and feared making any sexual approach that might be rejected.

At the age of seventeen I was enrolled at another girls' boarding school, rooming with two girls. As always I avoided groups and had just a few close friends, mainly because of shyness and feelings of inferiority. With a girl who lived on another floor of my dormitory I established a very close and inseparable friendship. During our friendship this girl, Cathy, and I indulged in much "petting" and "necking" but there were no sexual relations. The following year, Cathy and I were allowed to room together, which surprised me, since I was sure the Dean knew of my homosexual inclinations. There was proof of this in the hours the Dean spent lecturing me on the subject of Cathy's and my relationship. These lectures only made me withdraw into myself all the more, convinced by now I was a freak. This feeling about myself troubled me greatly, so that I constantly wrestled with myself in an effort to subjugate my desires. I was additionally miserable because the school had a kind of uniform that made it impossible for me to wear boy's clothes.

In my eighteenth year, though we still roomed together, Cathy and I were good friends but my desire for her had largely subsided. Meantime, since it was the custom of the school to assign the old girls to assist a newcomer in making an adjustment to the school's routine, I was charged with looking after Karen. At first I disliked her, then became so smitten with her I was beside myself. She was extremely affectionate, not at all quiet and shy as I

was, but active and mischievous and I followed her blindly in breaking all sorts of regulations. It was with Karen that I first experienced passionate sexual contact, leading to a year that became a nightmare of punishments and threats. It was the first time for both of us and we did just about everything in the way of sex, discovering all the methods for ourselves without benefit of previous experience or reading.

Karen invited me, during the summer, to spend two weeks of my vacation at her home. While I was there, the nature of our love and sex relationship became obvious to her parents. The result was that Karen did not return to school, where we had planned to be roommates, and once back home I never heard from her again although I wrote to her repeatedly. Then Karen's mother wrote to my mother, saying she'd have me put into an institution if I tried to see, call, or write to Karen. Sheer fright, bewilderment, and the knowledge I could never see Karen again left me emotionally torn to pieces.

During my senior year I roomed alone, avoided everyone, and was desperately trying to come to terms with myself and to figure things out. I graduated with barely passing marks and then, at my mother's insistence, was enrolled in some special classes in music composition, for which I seemed to have some talent. I accepted this with great reluctance and would have much preferred to study the training and care of animals - something my family refused to hear of.

My musical studies lasted for only a few months and both at home and at school I was miserable. Dad was constantly picking on me and I started cutting classes in order to go hiking. When home, I stayed in my room as much as I could. Especially I hated mealtimes, when Dad would belittle me at the dinner table. I begged to be sent away to school - anything to get away from home. Instead, when all my truancy came to light, I was scolded until I became mentally and physically sick. Then I was sent to a psychiatrist, which made me feel that Mom, my supposed ally, had turned against me and was trying to pry into my desires and troubles. I suspected the psychiatrist was relaying to her all that I told him, which made me withdraw even more into my shell. Finally things got so bad that I worked out a scheme to marry a boy who had always liked me, and who I knew would make it possible for me to move back where I could be close to my uncle. I had always felt and feel it now, that my beloved pal, Uncle Pete wasn't fooled about me and fully sensed and condoned my desire to be a boy rather than a girl. He was the one, in fact, who started everyone calling me Jo, which I - and, I think, he - knew really ought to be spelled *Joe*.

My plan was successful and Jack, my childhood friend, and I were married with all the usual ceremony. It was at least ten days after the start of our so-called honeymoon before I could muster up courage to let Jack consummate the marriage. Unlike most girls, I had never allowed a boy to become promiscuous with me. I loathed any contact in that way, with boys. I had thought that maybe, if I married and were "free," I could somehow adjust to the role of wife. Fortunately, Jack was a patient, unaggressive boy. If he hadn't been, I'd have fled, in self-defense. I found intercourse most distasteful in every way and only performed the marital act twice during our marriage. The second time it happened, I discovered I was pregnant. I then miscarried, in about the third month, but said nothing about that or the pregnancy to Jack. Shortly afterward I left him and a little while later he joined the Navy.

During the next few years I had several close friendships with women, for the most part platonic. Then, falling in with a fast crowd, I started to do a good bit of drinking and partying. This had disastrous results, since on one occasion I was evidently drugged and awakened to find myself in bed with a male member of our crowd, a fellow named Johnny. As a consequence of this mishap once again I found myself pregnant. To do the right thing by the expected child, Johnny and I were married. Less than four months later, I miscarried for the second time. And, a few months after that, I secured a divorce from what had been only a marriage of convenience. My experience with the second pregnancy was one of the reasons why I so strongly wanted the complete hysterectomy I finally achieved some years later.

It wasn't until I was almost twenty-six that I met for the first time, so far as I know, other people of my kind. Up to that time, I had never realized that there were hundreds and hundreds of homosexuals, like myself. Even in meeting them, however, I never felt that I was in quite the same category. I felt that somehow my "personality" differed in some important way from theirs. As time went on, I was introduced to more and more of them but did not particularly seek their company or solicit their friendship since I was too busy planning, building and working. I had moved, by this time, to the Southwest and started in the business of raising purebred cattle.

In this business, which prospered, I designed my own barns and equipment and was active in various groups of persons with similar interests. I met a young woman named Barbara and after a while she came to live with me

and help me around the place. Our sexual relations were fairly infrequent and consisted only of my using my fingers on her. I never allowed her to reciprocate. There were times, even so, when I'd become aroused to the point that I would experience an orgasm. But Barbara proved to be a heavy drinker and would embarrass me in front of groups of friends. Sometimes, in one of her many drunken stupors, she would beat me unmercifully, but I could never strike her in either retaliation or self-defense. If it hadn't been for some unusual circumstances, I never would have chosen her for a companion in the first place.

Barbara and I stayed together for several years and then, while traveling cross-country together, I met Helen, a friend of Barbara's, who eventually became my wife. After returning home I began a correspondence with Helen, meanwhile having more and more trouble with Barbara because of her addiction to alcohol. I had given up drinking altogether, hoping this would lead Barbara to do the same, but nothing availed. As a result, I suffered a complete physical collapse and had to be hospitalized with a nervous breakdown. Barbara returned to her home in the East, marking the end of an affair that had raised havoc in my life.

During my recovery period I met the Carters, who gave me much help and moral support. They were homosexuals and Doris (Mrs. Carter) accompanied me to Hawaii for a much-needed vacation. She and her husband were married solely as a matter of convenience and it soon became clear that Doris was in love with me - an emotion I could not fully return. She wanted sex with me and was the aggressor. She insisted I "go down" on her. I found all love-making with her distasteful and would beg off at every opportunity. However, Doris was a good companion and was kind to me.

On returning to this country I again met Helen and still found her extremely desirable. But she was accompanied at the time by a girl friend and had, I presumed, "affiliations." Since I would not try to encroach on someone else's relationship not too much came of the meeting with Helen.

Also there was another girl, Ann, who was in love with me. I was the first woman she had ever been attracted to. One night she asked me to make love to her and I found that I also wanted this. Our only means of sex was "*dyking*," from which we derived mutual satisfaction. She came and lived with me for a month, but then she got drunk one night and beat me, when I asked her to leave. I'd had quite enough of that already.

Another brief love affair also ended badly and I found that my thoughts turned increasingly to Helen, with whom I kept up a correspondence. Finally I visited her, found her to be free and willing to return my affection, and brought her back to live with me. I stayed at her home for a time, met almost all the members of her family, and found them prepared to accept our relationship. No one attempted to alter her decision to begin what we hoped would be a lifelong companionship.

Helen and I find ourselves to be completely compatible in every phase of our lives together. We did not enter into our relationship precipitously but took time, through daily correspondence at great length, to learn as much about each other as we possibly could, while apart. We are now inseparable and experience mutual enjoyment in our constant comradeship. We respect each other's personal desires and pursuits and neither encroaches upon the individuality of the other. We have no wish to make one another over.

We feel that we are both adult enough to know what we want of each other, not by demand, but rather, by mutual consent, and what to expect of life in general. We are both well aware of our responsibilities to our families and to society and we have no wish to defy the conventions of society if we can possibly comply with them without snuffing out our own justifiable existence. Mutually, we have learned that neither of us has any preference for congregating with homosexuals to the exclusion of normal people. On the contrary, while we count a few high-caliber homosexuals among our friends, we prefer the normality of life and want to be accepted in circles of normal society, enjoying the same pursuits and pleasures without calling attention to the fact that we are "queers" trying to invade the world of normal people. As our situation is now, the living of a normal life is not always easy and sometimes we are in a position where we are the subjects of eye-brow-raising and may overhear the speculations as to who and "what" we are.[2]

In my case, there is the embarrassment of being in public places and not quite knowing what rest-room facilities to make use of. In using a men's room, when dressed in male attire, I subject myself to possible apprehension as a "male impersonator." In using a women's room, other women there might possibly regard me as a man invading their privacy. So, in this regard, I have always an insoluble and potentially dangerous problem. Other difficulties too might arise. Were I to be stopped while driving, for instance, I would have to display a license with a woman's name although appearing to be a man. Yet, on the rare occasions when I wear female attire because

of absolute necessity, I feel inwardly that I am masquerading as a woman. I never have this feeling of impersonation when I am dressed as a man. Rather, I feel comfortable and as if living in tune with what has been part and parcel of me all my life and has been so accepted by my family and is now accepted by most of my friends and acquaintances.

In our sexual relations Helen and I have run the gamut of homosexual acts, not in the sense of experiencing variety but in the sense of expressing our love as we are able and wish to express it. We are not sexual thrill seekers nor do we attempt to arouse each other for the sake of sex and sex alone. It is just a part of our entire lives together, and totally an expression of love. It is our mutual desire to be legally married in the future and not have to continue this fraudulent, homosexual pose as husband and wife, but eventually to live in the peace and acceptance of connubial happiness and as normal people.

In probing my life and my mind and the intense desire I have to achieve masculinity. I feel I have never dressed as a man just to flaunt my deviation or for any other reason except that to dress and behave as a man is natural for me while to try to live any other way gives me always the feeling of being an impostor. I fully realize that should I achieve the possible measure of masculinity there would be many problems to face. However, I have given all this much more than an average great deal of thought - thought concerning not only my own well-being, but also the effect on my family and those close to them. I would have to protect these people from the consequences of my transformation, by banishing myself from their lives, or else by concocting some explanation that others would find acceptable.

As I reflect upon all this I recall how my mother, through my childhood years, was often criticized and questioned for sanctioning my pose as a boy, since she expressly permitted me to wear boy's attire and yet, on occasion, when demanded, contrarily plunged me into feminine attire. I would not assume now that she was merely appeasing my wish to play at being a boy, but that perhaps, without my knowledge (which I gained so late in life), *she knew*, better than I, that *I was a boy*, by nature if not so physically endowed. I have always felt, too, that my uncle accepted me as a nephew rather than a niece, since it was he who nicknamed me "Joe" and who made of me much more a boy companion on our hunting and fishing trips than a niece. I believe that Uncle Pete very clearly saw through my first marriage as an escapist measure rather than a true marriage, and yet condoned it with perhaps a "crossed fingers" attitude as to its eventual success and permanency in the guise of a normal marriage. As I think back to the day of that first marriage, I suppose that even then he *knew* it would fail, and yet, perhaps, *hoped* that somehow it wouldn't. I feel he must have been completely noncommittal, in a most unexpected and broadminded way. Whatever the explanation, Uncle Pete was always most understanding.

All through my life, all through the knowing and being with every woman I have known, I have always wanted to be in a socially accepted category. I have always wanted to pursue the normal aspects of life without the stigma of being an invader of normal avenues. Yet naturally my social life as I have felt obliged to pursue it has been warped to some extent by my homosexuality. I like men as companions, or to deal with in business, but loathe them when they pursue me as a woman, whether as suitors or as lovers. I have always felt that the natural thing would be for men to accept me as one of their own kind and it has seemed unnatural whenever they showed interest in me as a woman.

Looking back over the years I recall how, when I was about ten years old, my uncle surprised me by making the remark, "Joe, don't you think you're too young to be shaving?" He had evidently guessed that I had been using his shaving equipment and he cautioned me about its effect on my complexion as a girl, inferring that I was too good-looking to be taking such chances. His wise words, even though I was young at the time, penetrated and, as far as I recall, I refrained from shaving any more for a long while.

Over the last ten years or so, I have resumed the shaving to remove a light fuzz that appears on my face. Here again, realizing that I am forced to play a dual role, I shave at times in order to enhance my masculine appearance and as a protection for myself when appearing in masculine attire; and yet, at the same time, heed my uncle's warning that I might eventually make a monstrosity of myself if I continued to do so regularly.

Although mother had fortified me with complete sex information when I was about fourteen years old and had explained the mysteries of menstruation to me, from that time on I prayed repeatedly that by some miracle or stroke of good fortune I would never menstruate. However, when I did, at the age of eighteen, I cried bitterly to the point of making myself sick over the emotional upset it caused in me. In spite of mother's warnings about not going swimming or engaging in sports while I was menstruating, I did all these things, and did them especially so that people would not suspect I had the curse. It was, in my estimation, a denial of the fact that I had it. As far as

the knowledge mother gave me about sexual intercourse was concerned, it repulsed me even to think of myself as ever being on the receiving end of intercourse, as a woman. On the contrary, since the age of five, and up through the present, I have always had a strong desire to have a penis and have envied all men because they have one and I do not. I have always envied a man's physique and wished so strongly that I had the same wide shoulders and narrow hips instead of my own womanish broad hips and bucket bottom!

As far as the thought had occurred of my ever being in the position of having to bear children as a woman, I absolutely abhorred the idea and considered myself to have been singularly blessed when I had the miscarriages during my two unfortunate marriages. It seemed to me a stroke of Fate, particularly since I had done nothing to induce them! When I knew I was pregnant I had seriously thought about killing myself rather than face a future of being a mother rather than a father. I gave no thought to having abortions, as the easy way out, since I knew with my conscience that I was to blame for getting myself into the stupid situations of becoming pregnant and that I had no right to destroy the lives of unborn babies.

These foregoing mixed emotions over the things I have mentioned have existed throughout my entire life, causing me to search and experience great conflict within myself in an effort to reason them out and reconcile myself to the fact that I should not let my problems dominate my life to the point where I would be frustrated and unable to accomplish anything worthwhile. As I have grown older I have been able somewhat better to deal with my inner turmoil and not to become so upset as I did when a child. Yet, fundamentally, I know that the mixed emotions still exist and will always exist until they are untangled by some means or other. The writing I do now seems to me to be, in a sense, the bringing up and revealing of secret things that at times I have almost tried to deny to myself. I did this in the hope that by the denial I could become a happier person. I never really felt that anyone could understand such mixed emotions, not even a doctor, and therefore never revealed them, partly because of a fear that they would be thought of as some peculiar obsession that might even place me in the classification of a mentally unbalanced person.

Now that I have found an understanding doctor, I am able to speak. And again Fate seems to have intervened in my behalf in leading me to such a doctor through my acquaintanceship with June (a male transsexual), who gave me my first hint that the sex change possible for males might also have its counterpart for the female.

In my thoughts concerning a transformation, I would naturally desire that every measure be taken (even including surgery, if necessary) to give me all the physical attributes of a man to the inclusion of the sex organ, growth of beard, deeper voice, and all.

However, if it must be that I will have to settle for less then I still would desire as many of the attributes as could be given me, even if this does not include the sex organ of a male. In my so-called daydreaming, I have often visualized the satisfaction I would derive from possessing a penis and in being able to perform normal intercourse with a woman rather than engage in homosexual acts. Even such daydreams have made me a bit happier.

Despite this, I have never in my homosexual relationships resorted to the use of a dildo or artificial organ as a means of substituting for the penis that I do not possess. To me, that seems a pretty poor substitute and would involve too much kidding one's self. On the other hand, I have always been grateful for the fact that the women I have been associated with have accepted me as I am, and have been satisfied with homosexual relations with me in the only manner in which I am able to perform sex acts because of my limitations.

In the matter of considering having a hysterectomy, I have always envied women who have had cause to have them for medical reasons; and, in a certain sense, I have wished that I could have one for some minor reason. But again here I argued it out with myself, fully knowing I had no reason that I could fully convey to someone else, and here again the question arose, "What doctor is going to perform this operation when he can see no apparent reason for doing it?" Then, too, it seemed to me an incomplete solution to my problem since a hysterectomy would not in itself help me to achieve complete masculinity but would only serve to eliminate my menstrual cycle and prevent any chance of pregnancy. I understand that a hysterectomy of convenience would seem to some a mutilation of my body serving no sensible purpose. Yet I feel that this is something I require, and want it especially if it will contribute toward my achieving masculinization.

Finally, I would like to stress again how deep and strong has always been my desire to be a normal person and to be accepted as such by others. This goes back as far as I can remember. The irresistible desire I have had to dress and represent myself as a man has forced me, sometimes, to go to gay bars and similar places. Yet these

do not appeal to me otherwise and I think of them as being gathering places for low-caliber homosexuals who are frustrated and confused and have only the capacity or tendency to seek the company of other unfortunates or dissolute persons like themselves. I do not personally approve of the looseness of living that the general run of homosexuals engage in as they seek the superficial and meaningless pleasures of life, or try to lose themselves in nightly rounds of excessive drinking or promiscuous sex orgies with countless others that they encounter in their wanderings. It is not because my sympathies are not with them, but rather because I feel there are only a rare few who work toward achieving successful careers and who earn the respect of other people in their communities. It is my feeling that, homosexual or not, one should strive to make something of one's self and to walk the better roads of life rather than the crooked paths.

Now that I seem to stand at the beginning of the course of treatments that may bring me to my always hoped-for transformation, I have behind me a great deal of thought and other preparation for what is to come. I have read whatever scientific literature I could find in order to have as full as possible an understanding of what is possible in my case. I have considered all the implications of my action not only for myself but for others, especially my family. I am wholly convinced that my decision is the right one and am willing to accept to the last detail the diagnosis and treatment offered me by a doctor whom I trust.

Footnotes

[1] See also Benjamin's discussion of this patient on page 158 [Chapter 10: The female transsexual; Results of therapy].

[2] The patient is of course writing previous to her sex conversion and change of legal status to that of male.

The TRANSSEXUAL PHENOMENON

Harry Benjamin, M.D.

Biographical Profiles

- *C: Male transsexual. Age 67. Operated upon at age 58t. Now successfully living as a woman.*
- *H: Male transsexual. Age 38. Operated upon at age 27. Now living successfully as a woman.*
- *K: Male transsexual. Age 28. Operated upon at age 26. Now living successfully as a woman.*

C: Male transsexual. Age 67. Operated upon at age 58. Now successfully living as a woman. [1]

C was born in London in the autumn of 1899 to Jewish parents. He was the eleventh of thirteen children and was "supposed to be the last." At the time of C's birth, the father was forty-one and the mother thirty-three.

The father was a fur merchant whose business was alternately good and bad. He wanted to be a writer, not a businessman, and only the mother's drive and perseverance prevented bankruptcy. The father, though fluent in English, wrote only in Yiddish. Eventually he published several novels and had plays produced, but he never succeeded in earning a living or gaining much recognition as a writer.

The father was an accomplished raconteur who could hold friends spellbound with his storytelling. Although a less dominant personality than his wife, he was accepted by the family as head of the household. The wife supported him in this, since both believed that such was the husband's proper role. The father may have had slight transvestite tendencies, since he would put on women's hats and mince about to entertain female guests. The first child born to this couple was abnormal. Studied by scientists, she was declared at the age of two to "have the brain of an adult."

The child died in her third year, a German specialist having predicted the death on the ground that "her brain was developing too fast for her body." The brain was removed and preserved at a university. This child had given extraordinary answers to questions put to her by medical and other examiners.

The family included two sets of twins. Of the first set, a boy and a girl, the latter died at birth. All the surviving siblings, up to the birth of C, were and have remained normal. However, the last set of twins, a boy and a girl, born after C are "abnormal, perverted, degenerate sex fiends" - C's description. Both are described as having become extremely promiscuous at an early age. The male twin has been married six times. Once, when their mother was visiting him, he lifted up his wife's skirts and performed cunnilingus on her in his mother's presence. This brother liked to urge the other siblings to "go out and get yourselves screwed like I do." He would often proclaim his preference for cunnilingus over coitus. His twin sister was similarly outspoken and has had a great many affairs which she has never made any effort to conceal.

The mother, who had made up her mind that C was to be her last child, rejected these twins completely. C was her pet, and she could scarcely bring herself to acknowledge that the twins existed. The mother had thought that she was already into her menopause when the twins were conceived. She supposedly had reached a "premature menopause" after marrying at fifteen and producing the first eleven children within sixteen or seventeen years.

When he was about five, an older sister advised C that he was "too pretty to be a boy and wear boys' clothes." She dressed him as a girl and repeated this behavior whenever the mother and father were away from the home. She took him for walks while he was dressed as a girl.

Also at age five, C had diphtheria and for nine weeks hovered between life and death.

At six, he persuaded the sister closest to his own age to exchange clothing with him. He says that he remembers thinking: "Maybe I'm really a girl and nobody knows it." The practice of exchanging clothing with this sister continued for several years.

As a child (although not as an adult), C displayed a marked effeminacy. He avoided other boys and wanted to play only with girls. His behavior alarmed his father, who attempted to force him to participate in boys' games. When C refused, the father would become angry and strike him. The mother would take C's side, declaring that he would "grow out of it."

Going to school frightened him, but eventually he got used to it. Other boys "instinctively" disliked him. He had long curly hair and looked like a girl, even when dressed as a boy. The other boys would pull his hair and make fun of him. Sometimes C was beaten by his classmates. He could never bring himself to resist, but would stand and cry. His passivity and obvious fear of other boys encouraged them to torment him.

As his thirteenth birthday approached, C expected to be confirmed in the traditional Jewish manner, but his father refused to allow it on the ground of his effeminacy. This was a crushing blow. When his birthday arrived, C felt deeply ashamed and humiliated. He cried all night.

At fourteen, he put on his sister's clothes, lay down on his bed, and for the first time felt as if he had a vagina and breasts. He fantasied a male lover kissing and making love to him. He thought that when he arose from the bed, he would be a girl. The penis would have disappeared. When it did not disappear, he began a long series of attempts to "will away" his male organs.

He had a talent for mathematics and wanted to study accounting. He was considered an above-average student. However, his schooling ended when he was fifteen and he went to work for one of his father's friends who was also in the fur business.

At this place of employment, C says, he was sexually assaulted. Working late one night, he was overpowered by a boy and girl who were his co-workers and forced to have relations with both of them. He reported this incident to his father, the police were called in, and C's two assailants each received five-year prison sentences. The girl died after two years in prison; the boy served out his term.

At sixteen, C increasingly indulged his desire to dress as a girl. By this time, although he remained his mother's favorite, he was almost completely rejected by his father. There is some evidence to suggest that the father was sexually attracted to C and rejected him mainly on that account. The father several times told him, after seeing him wearing makeup and women's clothing: "You look just like your mother did when she was young." The father would fly into a rage whenever he caught C dressed as a girl.

Without his family knowing about it, C occasionally would go out at night dressed as a girl. Once, he was picked up by a boy who kissed him and held his hand. It was C's first romance. The two continued to meet until, after several months, the boy proposed marriage. C then was obliged to admit the truth, and while the boy was sympathetic, the relationship ended.

On other occasions, also while dressed as a girl, C was picked up by other men. There was no homosexual intercourse, but some goodnight kisses. He wanted to have sex with these men, but only if he could have it as a woman - that is, with a vagina.

Also at sixteen, he went to the family physician and asked that his male organs be removed. The physician was sympathetic, but called in the mother and father for a conference. The father, when told about his son's request, gave the boy a severe beating.

At age seventeen, C left London for New York, where a brother had established a business. The brother, despite some initial objections, soon permitted C to dress as a girl and sometimes took his "sister" along with him to parties.

In 1918, C succeeded in enlisting in the U.S. Army. He wanted to make a man of myself." However, military life proved intolerable and, with the help of one of his sisters, he deserted. (After serving again in World War II, he admitted this desertion and was not punished.)

In 1919, he was arrested for the first time for masquerading as a woman. He was arrested for this same offense on three subsequent occasions. Only once was he brought into court, and then he was able to avoid a jail sentence.

Shortly after this initial arrest, C once again visited a doctor and requested that his male organs be removed. The physician refused, and C then made the first of several rather half-hearted attempts at self-castration (cut slightly into his scrotum with a razor blade).

In 1921, C returned to London. His father, who was ill, died in the same year. He stayed on to help his mother with the business, but the responsibility made him extremely ill-tempered and he would fly into rages. However, times were good and the business prospered in spite of his bad relations with employees.

About this time, he met another man who also aspired to become a woman and who, like C, rejected any thought of being homosexual or engaging in homosexual practices. This man knew of a doctor in Italy who would remove the male organs. They planned to go to Italy together, but a bizarre series of events prevented C from making the trip. In 1923, he met a girl to whom he felt himself to be attracted physically. She was seventeen. Under pressure from his mother, he became engaged to this girl and discovered that he could kiss her and enjoy the experience. Late in the year, the two were married.

Their first night together was the beginning of a disastrous relationship. After an hour of love play, he had not managed to achieve an erection. The room was dark and he left the bed and put on his wife's silk slip. He lay on his back and had her get on top of him. In this way, he was able to consummate the marriage, and his wife "was too young and inexperienced to find anything strange about our physical union."

Soon, however, the wife began to object to these practices; but intercourse was impossible under any other conditions. They had relations sporadically for about three years, C always lying underneath, wearing some item of feminine apparel, and fantasizing that he was the woman, his wife the man. It was up to her to be the aggressor and initiate the activity. He could not function otherwise.

At the end of three years, sexual intercourse ceased completely and was never resumed. During that time, however, a son and a daughter were born.

The wife's intense sexual frustration and her inability to accept her husband's transvestism and his claims of being a woman made the marriage one of perpetual conflict. Later, the children also strongly opposed their father's transvestism; but he insisted upon wearing women's clothing around the house and sometimes went out for walks in this attire.

Yet somehow the marriage survived all the stresses and strains for more than thirty years, and was finally terminated only after a preliminary operation (removal of testicles and penis) had ended once and for all the necessity for C to go on living as a male.

During the long years of his marriage, almost the sole source of sexual gratification for C was intercourse with an artificial man which he constructed. This artificial man was a dummy and was equipped with a "penis" that had a piece of wood inside to make it "erect." The dummy was tied close against C's body to create the illusion of a tight embrace. The artificial man's penis was placed between C's thighs and he would make female-like pelvic movements, resulting in his reaching orgasm in about two minutes. During these "copulations" C would be totally unconscious of his own penis and would feel himself to have a vagina which the penis of the artificial man was penetrating. He thinks his own penis was probably erect during these episodes, but claims not to know for certain. C describes his relations with the artificial man in his autobiography, *I Am a Woman*:

Saturday, when I was alone in the house, was my special day, the time for my secret ritual. May [his wife] left early for her office. She put in a half day on Saturday and then went shopping or gave herself a treat. It was her afternoon to spend as she liked, just as it was mine.

After sending Barby [his daughter] and Paul [his son] out to play, or to a movie, I'd sail into my household tasks. Then, alone in the apartment, I first took a long, luxurious shower. Then step by step I followed my ceremony of adornment. No inamorata made more elaborate preparations for the arrival of her cavalier. Before a long mirror I put on fresh, silken undergarments, including a brassiere, padded most carefully of course. By now I was quite an artist with makeup, which I applied exactly and topped with a wig, becomingly arranged. The rest of the

procedure was little changed from the way it had begun back in the London days, when my brother Leo discovered me on my bed.

On one of these Saturdays I was struck by a new inspiration. Why not create a more tangible lover? I gathered all the old clothing I could find. Then taking a man's shirt, trousers, jacket, I formed the mass into a male figure. It was some weeks before I was satisfied with my creation. At last he was complete, quite complete. I had made an *artificial man*, who would make love to me.

The following Saturday I went about my preparations with growing excitement. I dressed for my role with particular care. With adhesive tape I produced the effect of a vagina on my own body. My inanimate partner was correspondingly equipped. The radio was tuned to a station that played soaring music. I tied my hands around the artificial man, so he was held tight against me. Now, when I closed my eyes, the picture grew vividly real. The first experience was very successful, more complete than anything I'd known before. This was the beginning of a long association with the artificial man who came to life every Saturday, week after week for many years.

One evening, following such a session, May got home just before six o'clock. Barby and Paul had come in and were playing in their room. I was at the stove preparing supper. May sniffed appreciatively at the odor of the cooking.

"Smells good," she said. "What are you making?"

"Look and see," I said, as she came close to the stove. I took off a pot cover to show her what was inside.

She caught sight of my wrist. I had tied the cord of the artificial man rather tight that afternoon.

May took hold of my arm. "Ralph, what is that?"

"I don't know. Nothing at all."

"This isn't the first time I've seen those marks on your wrists." She took up my other arm, looked at it, and let it fall. "I see them every Saturday. What are you doing to yourself?"

I tried to pass it off with: "It's probably the mark of an elastic. I find them on the floor of the children's room."

"You're not fooling me. You're doing something you shouldn't be doing. You're a degenerate."

"What kind of talk is that?"

"I'm going to find out what it is one of these days," she threw over her shoulder as she left the kitchen.

May worried me at times like that. I was deathly afraid of her discovering my secret. If she had, I don't know what I would have done.

Another time, I had just retired with the artificial man when the doorbell rang. It was a friend dropping in for a visit. I was upset by the interruption. Almost immediately after the caller left, May arrived. I was on edge, because of my frustration. She noticed it at once.

"What are you so bothered about?" she inquired. "Did your sweetheart turn you down today?"

I wondered what she meant by that. She couldn't possibly have been referring to the artificial man. I'd always insisted on having a closet to myself. I'd hidden it there very carefully. There was a small trunk at the back of my closet. Over it there were large boxes full of stamps. For years I was a stamp collector. Beneath all that on the floor of the closet, so tucked away that it was quite a chore to unearth him, lay the artificial man.

If May had ever found him, I'd probably have killed myself.

Many transsexuals have, in a sense, two identities, male and female, but this should not be confused with those cases of dual or multiple personality described in the psychiatric literature. Rather, the two identities are a

practical, if strange, way of dealing with a real problem: the male identity which the individual is often obliged to assume in his contacts with others, and the female identity which he believes to be his true one, and which he assumes in private or when dressed as a woman.

In C's case, the problem was formulated by him as Ralph = male = body; Clara = female = mind. Between these two, a dialogue would often be conducted, again as is not uncommon among transsexuals. Today, Clara remarks that "Ralph is now (since the operation) dead. Poor Ralph, he tried so hard to make a go of it." Ralph had "tried to be a man, but was always a woman." Clara, in those days, "was a woman, but was deformed by being trapped in the body of a man." Whenever Ralph would put on women's clothing, Clara would "take over completely" and Ralph would "cease to exist." Yet, Clara was always aware of Ralph's existence and dreaded the moment when she would have to yield to Ralph again - that is, have to go back to pretending to be a man and perform a man's functions in the world. Ralph always lived only for the moment when Clara could again take over and the painful pretense could end, at least for a time. When the transsexual is operated upon, this dichotomy and dialogue is finally ended, so that it may be said that an integration has been achieved.

Today, nine years after surgery, C has been living for about six years in a relationship with a man who is separated from his wife but cannot obtain a divorce for religious reasons. He is completely satisfied with the results of his operation. The artificial vagina, after about the first nine months, has functioned beyond all expectations. C claims multiple orgasms with his common-law husband, a very jealous man about fifteen years C's junior, who has no idea that his wife was formerly a man.

C is successfully employed and has been so employed ever since his operation. He gets along well with his co-workers, who have never questioned that C is a normal woman. He has no wish to confess his past, either to his lover or to friends. He would not want a relationship with a man who knew about his transformation. For a time, C associated with two other sex changes, but has broken off the relationships because he has no need for them and is fearful the others might give away his secret.

Physicians and psychiatrists had several times opposed surgery in this case because they feared that C would not be convincing as a woman. This, however, is not the case. C gives an impression of great vitality and is as attractive as the average woman of around sixty (although he is sixty-five). His hands and arms are somewhat large, his voice is a little deep, but these facts are not sufficient to destroy the illusion of femininity.

Previous to becoming a woman, C shared to some extent the common transsexual idealization of women. However, working with women, and sharing their intimate conversations about their inner thoughts and desires, has produced a more realistic attitude. C thinks that the real fulfillment for a woman, and woman's crowning achievement, is to bear children; and this childbearing capacity is the only thing missing to make C completely a woman. He also says that he knows he has a male skeleton, but accepts the fact that "I can hardly expect them to take my bones out piece by piece."

With the very few persons who know about his background, C seeks reassurances that his appearance is really feminine. He tends to exaggerate his own attractiveness and cites numerous compliments concerning his appearance that he claims to have received from other women. On the whole, however, he is much happier and better adjusted than he ever was before his operation, has never for one moment regretted becoming a woman, and would very probably have committed suicide had he been unable to make the change.

Footnotes

[1] See also the selection from this patient's autobiography [Appendix D, [When the transsexual marries](#)].

H: Male transsexual. Age 38. Operated at age 27. Now living successfully as a woman.

H's father was an intelligent but passive man who repeatedly failed in various business ventures and was dominated by his wife, an aggressive, domineering, and somewhat masculine woman. The family's considerable standing in their small New England community was a legacy from H's paternal grandparents, who also left them sufficient funds to withstand the father's business failures.

At the age of two, according to both H and his parents, H refused to wear boys' clothing and would resort to temper tantrums whenever an attempt was made to force him to do so. The parents submitted to his demands and he was allowed to dress as a girl. His mother, if she did not encourage H's taking a feminine role, certainly raised no strong objections to it. Moreover, the family physician recommended that H be permitted to dress as a girl until such time as he would grow out of the desire - probably, this doctor surmised, at puberty.

In his neighborhood, H dressed as a girl outside the home as well as inside. His playmates knew that he was a boy, but did not harass or ostracize him. At school, his grades were excellent and he maintained good relationships with his classmates. Despite his effeminacy, all his relationships outside his family were remarkably free of conflict.

When the time came for him to enter high school, H demanded that he be given permission to attend classes dressed as a girl. The school authorities refused to grant this permission and H then discontinued his education and stayed at home, doing housework. He read a good deal, including various works dealing with transvestism, operations to feminize men, etc. In his teens, he demanded castration. He journeyed to an Eastern city to see a surgeon who, he had heard, would perform this operation. When he was unable to locate the surgeon (who had left the city), H returned home and became increasingly violent. His feeling of frustration and despair caused him to fly into rages, swear, break dishes and furniture, and throw things. Finally, he made physical attacks on his father and mother. He was then turned over to juvenile authorities and, shortly thereafter, was transferred to a hospital where his case was studied by many staff members. The result of this exhaustive study was a recommendation that castration and penotomy be performed and an artificial vagina constructed. However, no surgeon could be found to carry out the recommended operations. He was then sent to another hospital where, although his psychological femininity was conceded, surgery was refused.

Although he had never heard or read about such activity, H began spontaneously to masturbate toward the end of his thirteenth year. He masturbated about four times a week. His masturbatory fantasies were of males, often of soldiers carrying guns. He also fantasied being whipped (as a small child) and being made to wear male clothing.

H is the fourth of five siblings. With his oldest sister, seventeen years older than H, there was mutual dislike and constant conflict. She refused emphatically to accept him as a girl and objected to his wearing girls' clothing regarding this as a threat to her own social status. Since the parents sided with H, this sister left the home. She has since refused to have anything to do with him.

With a sister eleven years his senior, H had an affectionate relationship. He slept in the same bed with her until he was well up into his teens. Upon graduation from college, this sister continued to live at home, refusing to seek employment. One day when H and his sister were alone in the house, she suffered an "acute schizophrenic breakdown." Sex play between the two was suspected by psychiatrists. The sister believed herself to be the bride of Christ and to have been impregnated by Him. She was placed in a state institution and some years later was still confined there.

H was sexually attracted to a brother six years his senior. He says that this brother would embrace him and reassure him that his condition did not affect their relationship. On such occasions, H would experience an erection.

His fourth sibling, a brother three years younger than H, rejected him completely, apparently regarding him as a threat to the social standing of the family.

H expresses feelings of affection for both his parents. He admires his mother's "courage, independence and initiative." He reports that his father was always very affectionate toward him - the father tucking him into bed and kissing him goodnight even after H was past twenty.

H's case is of particular interest because, in addition to examinations by urologists, sexologists, and gynecologists, he has been studied by a large number of psychologists and psychiatrists. At no time does it seem to have been disputed that H is psychologically much more feminine than masculine.

At Hospital A, where he was sent after his disappointment over failure to achieve Surgery and the resulting violence, H aroused the interest of almost the entire staff and was repeatedly interviewed and tested. A number of staff meetings were devoted to discussion of his case, and at the final such meeting, attended by more than thirty persons, the majority voted for the sex conversion surgery. This hospital's report on the patient includes the following:

After being carried to the level of corneal anesthesia during nacre-synthesis with sodium amatol, his first reaction upon slow recovery was feminine. His feminine affectations including voice, defensive gestures were even more prominent than on a waking level. He repeated his story (details of his life up to that time) as before, adding only that at the age of three, he felt that his older sisters were getting more toys and prettier clothes and were loved more by his parents because they were girls. He denied hallucinations, delusions, ideas of control, blocking or ideas of reference

This case created a great deal of interest on the part of the staff of the _____ State Hospital and the psychiatric institute and the department of psychology at _____ University. Several personal interviews were had with the patient by Dr. _____, professor of psychology, Dr. _____, professor of psychiatry, the entire staff of the department of neuro-psychiatry here at the hospital, and other physicians in the state service who met jointly at two staff meetings to discuss the problem in this case and also the possible methods of treatment. The following facts were developed as a result of the joint staff discussions and are to be made a part of this record.

That this individual has been conditioned to his present profound emotional conflict for a long period of time. That because of the inability of the family to correct certain tendencies during childhood and adolescence, this individual is now completely conditioned to his present state. That no form of psychotherapy or any other medical approach can convince this individual that he must assume the role of a male and live out his life as one of masculine character. That all the conflicts and overt behavior toward the family is an expression of the unwillingness of the individual to assume masculinity, and the open rebellion as manifest by his behavior in the past year is a warning sign of potential dangers ahead.

The patient has indicated that he will commit suicide before he will try to assume the role of a male. It is further pointed out that this individual has lived an odd sexual life to date and if there is any indication of what the future has in store for this individual that it will have to be in the role of a female, to make life compatible for . Although this individual definite] ' y has all the attributes of homosexuality, there has been no overt behavior on his part that would make him run afoul of the law along sexual lines.

Following the liberal discussion at the general staff meeting in which more than thirty people participated, the majority voted for surgical intervention that would make it more possible for this individual to live out his span of life so as to serve his personal interests and without conflict with the law. It is pointed out that the medical profession has as its first responsibility the welfare and well being of the patient. Where the patient is in danger of developing a severe mental disorder or where the dangers of suicide exist unless the patient can be properly treated, it is the responsibility of our profession to institute treatment directed at the correction or prevention of such complications. It is further pointed out that this individual does not fit into the social order in his present status, and that he will never participate in the social life of the community as a male, that society is in no way being affected as a result of any treatment that might be directed to relieve his present condition. There is, therefore, no moral obligation to insist upon his living as a male from the standpoint of the community or society in general.

Conclusion: It is the opinion of the senior staff of this hospital and the collective opinion of the majority of those who sat in the discussion of this case that this individual should be treated surgically so that it will be possible for him to make a better mental and emotional adjustment and thereby prevent the development of any more serious mental difficulty than exists at the present time. The only alternative would be to delay action in this case and if at a later time this individual develops an actual psychosis he could then be institutionalized. The patient

refuses to have any brain surgery done that might destroy his present desire to remain a female mentally and it should be pointed out that any such surgical operation of the brain might also destroy certain personality traits and characteristics and render this individual ineffective and incapable of taking care of himself in the future. If we recognize as our major objective in this case the relief of this individual's distress and the need for making it more possible for him to live in a normal fashion, it then resolves itself into the question of performing surgery (castration) and plastic surgery, which operation in the judgment of this staff would best serve the interests of the patient in meeting his problems in the future.

There then followed, as noted, a search for a surgeon to carry out the above recommendations. When such a surgeon could not be found locally, the patient was referred to Hospital B where, after further psychiatric evaluation, it was hoped that the surgery could be performed. As at Hospital A, the patient was extensively tested and interviewed. Hospital B's report includes the following:

MENTAL STATUS: At the time of the first interview the patient (age twenty-three) was neatly dressed in a blue plaid suit with a dark blue blouse (silk), long silk stockings, black suede angle-strap shoes with low heels, small handbag and gloves, and wore earrings. At other times the patient was dressed in a small, red velveteen hat with veil (very tiny, nose length), full rayon skirt with plaid blouse, and at one time wore high-heel pumps with lacy cut-out. His dress was youthful, like a young college girl sometimes and at others like a "big city sophisticate." The patient wears a wig of light brown, parted on the side, falling in soft waves and a few curls; sometimes a few curls are pinned up in bobby pins. He plucks his eyebrows (sometimes the regrowth is evident), wears heavy foundation makeup and rouge, lipstick, and nail-polish. In the light a beard shadow is evident, nonetheless. At first, patient presents a pleasant, smiling, cooperative façade. He is ingratiating. However, one very quickly comes to feel under a great deal of pressure from patient. If there is any suggestion of not accepting him fully as a woman, or any hint that all of his requests may not be met, he rapidly becomes suspicious and openly hostile. He expects and demands that a great many things be done for him and is extremely threatened by the idea that it might be possible for him to do anything for himself.

The patient is almost obsessed with the idea of obtaining the operation he requests. Although he can verbalize that he does not actually believe that this will make him into a woman, still he has many fantasies and daydreams about achieving the status of a married woman - with husband, children, beautiful home, etc., which he clings to and continues to hope for. He does not have a realistic idea of the results of the operation or what the future holds for him were this operation performed. He is infantile in his reaction to people - if they accept him and agree with him, he likes them; otherwise, he does not. He has a tendency to exaggerate greatly kindnesses shown to him, especially by men, and to fantasy and dramatize those into special attentions over which he ruminates. He is naïve and vulnerable ...

POSITIVE PHYSICAL AND NEUROLOGICAL FINDINGS: Patient refused to have the physical examination done by a woman and so it was done by a man. On physical examination the patient was found to have a muscular build with normal male hair distribution except for flat-topped pubic escutcheon. There was slight hypertrophy of the breasts, and inverted nipples, and areola was coral-pink. The heavy growth of hair on the chest was partially shaved, as were the face, arms, and legs. The hair was about six inches long on the back of the head, balding on top. The penis was very large. Bodily characteristics were considered within normal range for male. Mannerisms were very effeminate. The patient wore a wig, brassiere with false breasts, girdle, etc., - entire female attire. He wore heavy facial makeup and his fingernails were painted red.

PSYCHOLOGICAL STUDIES: Extensive personality and vocational testing was done. Considered all together, the evidence suggests that the patient's psychological characteristics, in so far as they have been discovered in this study, are much more like those of the average woman than those of the average man. These attitudes, interests, and other characteristics seem to form a pervasive, internally consistent system - i.e., in none of the factors studied does he seem to be more typically masculine than feminine. . . .

FORMULATION OF PROBLEM: A complex problem involving confused parental identifications, violent sibling rivalry, and a great deal of guilt about sex in an infantile manipulating type of personality who has continued to find victory and rewards in his family life in masquerading as a member of the opposite sex and who now, in the interest and attentions of the medical profession toward him, continues still to find rewards.

There are paranoid trends and the defenses are poor so that the danger of psychosis should not be underestimated if the pressures upon this patient become too great. The effect of the operation he requests should also be considered from this point of view as the personality dynamics is not yet clear.

COURSE OF TREATMENT: The patient was accepted at _____ Hospital for evaluation concerning the amputation operation he requested. He was cooperative during this period of study. His case was presented at a group meeting on psychotherapy led by one of the senior staff psychiatrists. The following comments were made:

This patient is not really as convincing as a woman as he could be if he wanted unequivocally to be a woman. This raises the question of the patient's unconscious wishes and conflicts about his sexual status. A patient's message is often different from his verbalizations. This patient has some paranoid trends. The demands of this patient for castration are equivalent in every respect to a patient who says, "I know if you take out my pancreas, I'll be all right." It was also pointed out that one of the problems in this type of case is the doctors with whom the patients become involved, who unconsciously feel challenged in their therapeutic ambitions. The operation should not be performed. The patient should be hospitalized for one year for psychotherapy. Hospitalization would remove the socio-economic stress and place the patient in a position of dependence which would make psychotherapy more feasible.

CASE SUMMARY AND CLOSING NOTE: It was agreed that the patient cannot be cured but that with skillful psychotherapy the symptoms could be shifted so that the patient could adapt better to the real world. The patient should be encouraged to talk about any other problems except this demand for the operation. On the whole, the therapy would follow the lines of treatment used on paranoid patients in general.

One of the consultants in the outpatient department saw the patient for several interviews. He felt that attempts to encourage the patient to wear male clothing were fruitless, for the patient could never pass as a normal male in society. He thought the operation might well be beneficial to the patient.

An informal meeting was held by Dr. _____, Dr. _____ and the therapist evaluating this case. [They] agreed that from the few cases known in the literature it is probable that the operation the patient desires would not be of benefit for the following reasons:

There would probably be no change in secondary sexual characteristics even with complete degeneration.

Sexual desire would remain, with no possibility for genital outlet if a simple penile amputation were done.

No type of operation would solve the underlying psychological problem.

Patient would not become feminized, as he wishes, but would become a eunuch.

Recommendations were: The operation is not recommended.

Patient should be told the truth, and not "led on" to hope for something which cannot be obtained.

This decision was given to the patient, who became extremely angry and upset, weeping convulsively and rocking back and forth. However, the patient returned after about a month, requesting help for his emotional problems Interviews continued for four months

DIAGNOSIS: Psychopathic personality without psychosis with pathological sexuality. Transvestite; neurotic and paranoid features.

CONDITION AT TIME OF LAST VISIT: Unchanged.

Given the material already presented in this book, little comment is needed concerning the above. Unfortunately, the data now available were not then in existence.

About four years subsequent to his examination and treatment at Hospital B, H had castration and penectomy performed at a clinic in Sweden. The operation was characterized by the surgeons as successful. Following H's return to the United States, the psychological results of the operation were described as "very good."

Several years later, at a hospital in Europe, an artificial vagina was constructed. There has been no contact with H since that time.

K: Male transsexual. Age 28. Operated upon at 26. Now living successfully as a woman.

K was born in the Pacific Northwest and is one of five children: a brother and three sisters, all apparently normal and now married. His mother "had wanted a girl," and K "from earliest childhood always felt like a girl." He was encouraged in his feminine role identification by his mother, and the father raised no strong objections. The parents were divorced when K was five years of age and the mother subsequently remarried. Up until age eight, he was permitted to dress as a girl.

After his eighth year, K dressed occasionally as a girl. He would have preferred to dress and be regarded as a girl, but his step-father raised strong objections. He was rejected by the step-father up until shortly after his surgery; now, the step-father has come to accept his "new daughter."

At age fifteen, K had his first sexual experience when he was assaulted *per rectum* by an adult homosexual. This resulted in a severe sphincter laceration and probably psychological trauma.

At age sixteen, K read about the Christine Jorgensen case and immediately decided that his problem was the same as Jorgensen's. He visited, on his own initiative, a physician who agreed to remove his male organs. This operation would have been performed, but at the last moment the step-father intervened, refused to consent to the surgery, and insisted that K wait until his twenty-first birthday.

K has never had, or desired, a heterosexual experience. He says that he did not begin masturbating until age eighteen; and then the practice was infrequent and provided little satisfaction. The first homosexual experiences (other than the previously mentioned assault) took place at about the same time. These, too, were "unsatisfactory" and mainly "for the purpose of obtaining tenderness and affection" from the sex partner.

K's confusion about his sex orientation is shared by many transsexuals, who feel that they are not homosexual, but who know that they are regarded as such by most persons with whom they come into contact. "If all the world thinks of you as being homosexual," K says, "it is very difficult not to have that image imposed upon you, to resist it in your own mind." The transsexual, however, while he may participate in sex relations with homosexuals as a result of his own confusion, finds, as did K, that the homosexual life provides no solution for his (or her) problems.

Also at age eighteen, K began working as a female impersonator - a career he pursued with some success). For two years, he was employed both in clubs and with a traveling show that included other types of performers. On stage, he always felt himself to be a woman; but the necessity for continuing to live as a man offstage was increasingly difficult to endure.

Nonetheless at age twenty K enlisted in the Army. This represented an all-out effort "to make a man of myself." He successfully completed a four-year tour of duty, testimony to the very considerable capacity for self-discipline he possesses. But throughout his period of service, he always felt himself to be a male impersonator, that is, a woman impersonating a man. In the beginning especially, he rigorously suppressed all effeminate or feminine mannerisms, tried to deepen his voice, and so on. Later, when he had "won acceptance for myself as a person" he found that he could dispense with much of this "acting."

Throughout the four-year "hitch" he was never ridiculed because of his effeminacy, accused of homosexuality, or otherwise treated any differently from his fellow G.I.s.

After receiving an honorable discharge from the service, K was again employed as a female impersonator. The experiment, he knew, had been a failure. His feeling that he was a woman was just as intense as before. He then began hormone treatments, let his hair grow to shoulder length, and began living as a woman. He acquired a wealthy lover who consented to pay for the sex change operation.[1]

In addition to castration, penotomy, and construction of an artificial vagina, K, like many transsexuals, has had electrolysis to remove his beard and body hair and a plastic surgical operation on his nose. Additionally, in the only procedure of its kind thus far to come to our attention, he had another operation to remove a portion of his Adam's apple. The results of this latter operation, apart from about a month when the voice was temporarily

deepened, are described by K as "excellent." There have been no complications and the operation, while the cosmetic need was not urgent, has yielded continuing psychological satisfactions.

The artificial vagina, lined with the inverted skin of the penis, became responsive - that is, orgasm was experienced in coitus - about five months after the conversion surgery. Orgasm is presently experienced on the average of once in every three acts of intercourse. The vagina is "perfectly satisfactory." Artificial lubrication is not required, since there is, according to K, sufficient internal secretion (perspiration?) for a penis to enter without difficulty and for the act to be completed without unpleasant friction. (This, if true, is unusual; the need for employing some lubricant is almost universally reported.)

K engaged in some prostitution for several months just subsequent to the surgery (and while the vagina was still insensitive). He did this "for psychological reasons," and "to prove to myself that I was really a woman." However, once the vagina had become responsive, the prostitution became odious and was abandoned. He now finds the idea of being a prostitute "extremely distasteful."

Since the operation, K's appearance has become increasingly feminine and attractive. Breast development has continued. K has been regularly employed as a salesgirl, but also has done photographic assignments as a fashion model. He bears a remarkable resemblance to a well-known actress of several years back.

Following a trip home to visit his mother and step-father, K "won complete acceptance as their daughter." Since that time, his relations with his family have been good. He sometimes thinks that he should "move back home and help to look after" his parents, who are in their late sixties; but some unfortunate and unsolicited publicity that attended his first visit after his operation, is a deterrent to this.

K's main objective is to "marry and settle down." He would like to marry "a man who is divorced and has several young children who need a mother." He has "a strong maternal impulse" and "would make a good mother" for the children. If he marries a man without such a ready-made family, K hopes to be able to acquire children by adoption.

K had, until recently, a boyfriend to whom he was planning to be married. Their "engagement" has never been formally broken off, but it now seems unlikely that the marriage will take place. The couple had sexual intercourse, including oral-vaginal and coital relations, about three times a week. K will not permit even finger caressing of his anus, much less anal intercourse. He says: "I didn't go through all of this [the sex change, other surgery, and so on] so I could have sex like a homosexual."

K has started writing, with the help of a professional writer, a book about his change, his life as an impersonator, and about the experiences of the numerous transsexuals with whom he maintains contact. K, who gives the impression of greater stability and maturity than most of his transsexual "flock," acts as a kind of mother confessor and adviser to the fifteen or so sex changes who live in his own city. He also keeps in touch, by letter, with transsexuals throughout the United States. Consequently, he has much valuable information in this area, some of it different from and possibly more accurate than that to be elicited by the physician or other professional interviewer. He says, in this regard, that some of the transsexuals try to win acceptance by telling the physician or interviewer "what they think he wants to hear." Also, he feels, "they know that I am one of them, that I have had the same experiences, and it would be hard for them to lie to me or try to put anything over."

Of fifteen transsexuals with whom K is in regular contact, he has inspected the surgery of all fifteen. He says that in his own case, and as far as he can learn from the others, males having intercourse with an operated-upon transsexual do not regard the experience as different from intercourse with any normal female. He thinks that his experience of orgasm once in every three acts of intercourse is typical. Multiple orgasms are said to be "not infrequent." The orgasms "tend to become more intense as time goes by" (following the surgery). These climaxes also are typically more intense than any experienced by the individual before removal of the male organs.

Of K's group of fifteen, he says that about ten are regularly having sexual intercourse, or are able to do so. In four cases, the vagina is too small; in one case, the walls of the vagina adhered following surgery. (These are cases in which the vagina was not properly dilated subsequent to operation, the patients failing to do this because of carelessness, or because communication between physician and patient was faulty, probably owing to language barriers. He also reports the case of one transsexual who dilated the new vagina with such

enthusiasm that it became too large for satisfactory coitus. All these conditions are, of course, subject to correction.)

In none of the cases known to K is the depth of the vagina any problem; when a problem exists, it is "one of width." He does not know of any case, including those whose vaginas are not functional and require further surgery, where the operation is regretted or the individual would want to have his male organs restored if that were possible.

He staunchly maintains that some of those transsexuals who are unable to have vaginal intercourse are able to have anal relations "without the man knowing the difference." The artificial vagina, he says, "is very close to the anus," and "the girls just throw their legs up a little higher" and the man thinks he is entering the vagina. The reader will have to make his own assessment of the plausibility of this contention, made also by some other transsexuals.

K (like a good many transsexuals) takes pride in his "ability to be more female than most women," to be able to "project sexiness in a way most arousing to the male," and to know how to "give a man what he most wants." The transsexual, he says, having been a male, "has an edge" over women by virtue of his knowledge of the male body and what provides males with the greatest pleasure. (One may compare this to the claims of lesbians that they are able to satisfy a woman better than a man can do because of their superior knowledge of the female anatomy.)

At the time of K's psychiatric examination preliminary to surgery, he was described as having "a somewhat restricted range of affectual response," and as leading "a rather isolated existence with no evidence throughout of any warm interpersonal relationships." His psychological-emotional condition, subsequent to "sex change," would seem, therefore, to be much improved: Today, K gives the impression of a warm and friendly personality. He exhibits unusual tolerance and compassion for the problems of others, and is, as indicated, a source of strength for some others who are less stable. His own stability has definitely increased during the period since his surgery, and he continues to function in society far more effectively as a woman than he ever was able to do as a man.

Footnotes

[1] The psychiatric report in this case states (in part): "I believe that the chances of any possible benefits occurring from psychotherapy for him would be minimal. I do not see any psychiatric contraindication to a plastic surgical procedure to aid him in improving somewhat an already borderline social adjustment."

The TRANSSEXUAL PHENOMENON

Harry Benjamin, M.D.

Bibliography

This bibliography was compiled by Richard Green, M.D., which is gratefully acknowledged herewith by the author.

(This list of references must necessarily be less than complete. Many transsexual cases are listed in the medical literature under "transvestism." While several such articles are included here, the extent of the transvestite literature and the difficulty in deciding whether a given case should be classed as transsexual make the goal of completeness most difficult, if at all possible.)

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Photographs



Male Transsexual boy, age 24

Photo a:
A rather effeminate boy, 1963



Photo b:
An inconspicuous girl a few month later (not yet operated).



Another patient

Transsexual before any treatment or operation.



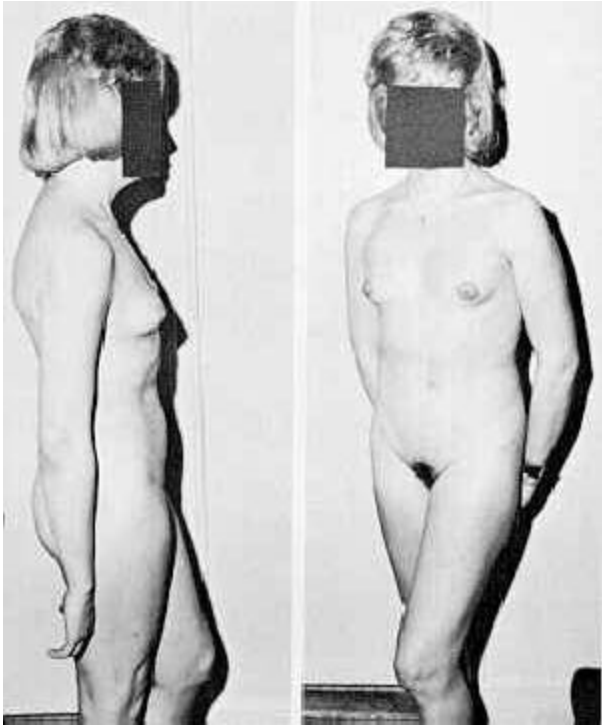
Same patient three years previous to treatment in a wish-dreaming mood.



Same patient as a female.

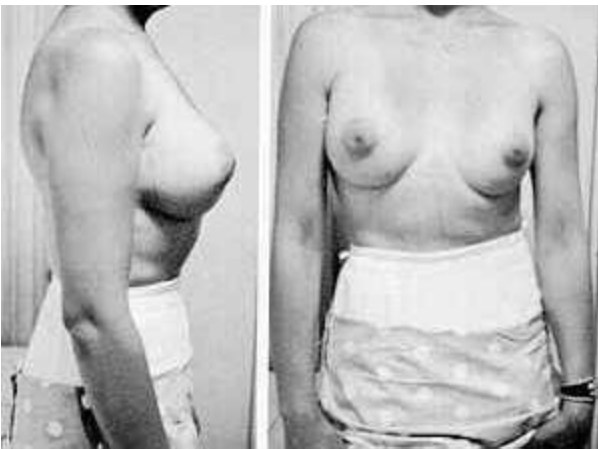


Same patient after breast operation and nearly two years of estrogen therapy (example of exaggerated breast implant).



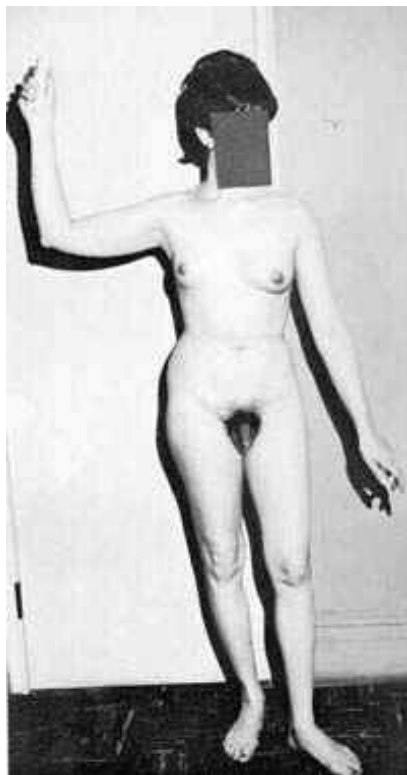
Another patient

Male transsexual after hormone treatment and conversion operation.



After additional plastic breast operation.

Another patient



Statue of an Hermaphrodite



" The astounding monster, born of the lust of a nymph and half-god, shows his ambiguous form amidst the splendor of precious stones." - D'Annunzio, *Lust*. (From H. Lewandowski, *Römische Sittengeschichte*, Hans E. Günther Verlag, Stuttgart, 1964)