

San Francisco, Calif.
San Francisco State
College Phoenix
(Cir. W 8,000)

MAR 17 1977

Allen's P. C. B. Est. 1888

1304

Transsexuals: searching for their true identity

Text: Robert Kent Taylor
Photography: Bob Andres

She has a woman's emotions but in her mirror she sees thick eyebrows, a stubby upper lip and a jaw like a bear trap.

Liana [redacted] is a transsexual — one of an estimated 100,000 Americans who have the physical anatomy of one sex but identify emotionally and psychologically with the other.

[redacted] is pre-operative, which means she has not undergone sex-change surgery but is in the process of transsexual hormone therapy.

Unlike [redacted], Brenda (not her real name) is a postoperative transsexual. She arrived two years ago from the East Coast to study English at SF State. She considers herself lucky because she has had no trouble "passing" for the opposite sex.

"Only 30 per cent of all transsexuals actually go through with the operation," said Miriam Williams, a psychotherapist who coordinates the gender identity program at the Center for Special Problems (CSP) at Pacific and Van Ness in San Francisco.

According to the Erickson Education Foundation, a Baton Rouge, Louisiana group that serves as a clearing-house for transsexual statistics, there are more than 4,000 postoperative transsexuals in the U.S.

Transsexuals like [redacted] who have begun the lonely cross-over from one sex to the other are aided by CSP.

"Their major fear is the possibility of leaving their past lives; friends, families and jobs," said Williams.

The Stanford Medical Clinic, one of the institutions most active in sexual reassignment, has performed 160 total conversions since 1968. Since then, thousands of applicants have been turned down.

The elaborate screening process to determine a client's suitability for a sex change keeps the number of operations low, according to the Stanford Center. Suitability is determined by physical makeup and psychological readiness.

CSP, a unique community mental health center which operates under contract with the San Francisco Public Health Department, counsels transsexuals and administers hormone treatment.

"In ten years we've serviced at least 1,500 transsexuals, 90 per cent being male-to-female," said acting CSP director Ronald Lee. "We were the first public mental health center in the nation to offer a program for transsexuals."

The center, which began as a clinic for alcoholics, was established in 1951. Besides transsexual services, CSP offers programs in drug abuse detoxification and criminal rehabilitation. Another program offers counseling to church groups and doctors, those often seen first by troubled clients.

Many of CSP's clients' sexual problems overlap with drug and criminal problems, according to Lee, a 41-year-old gay activist.

Thomas VanDemark, an SF State master's degree candidate, is a coordinator of the CSP rehabilitation workshop. VanDemark is doing field work in rehabilitation counseling for the Education Department.

"Vocational counseling for transsexuals includes dealing with self-image and dressing and passing for a transsexual," said VanDemark. The majority of transsexuals usually are not working because they may not be "passing" well, he added.

VanDemark also claims clients "who change man-to-woman have experienced job discrimination as women when they could always find work as men."

Although the transsexual emerges from all ethnic backgrounds, incomes and vocations, "most transsexuals I see are from the low income bracket," said Bill Tideman, SF State graduate student and counselor in a transsexual encounter group.

Tideman is doing volunteer work at CSP as part of his master's program in social work.

He said "dressing" is most often discussed by the groups.

"If they're being 'read,' they'll get a lot of shit."

According to Tideman, being "read" means being discovered as a transsexual.

"Since my conversion, I've been happy and pass perfectly well," said Brenda. "Even my doctor doesn't know."

Unlike Brenda, Liana [redacted] is not so fortunate. She has been taking hormones for three years, but is relatively flat-chested and still has traces of facial hair. Her hands are large, muscular and unmistakably masculine.

-more-

Kinsey, a former client of the CSP, found the therapy groups socially valuable but limited. Sometimes group therapy pressured her to conform to transsexual norms, she said.

Director Lee claims the therapy groups serve three purposes.

They relieve homosexual guilt feeling sometimes thought to be the major reason of transsexuality. Male-to-females are taught to wear makeup convincingly and to walk and talk in a feminine way. A transsexual's self-image is sought and, when found, fortified.

"A large percentage of transsexuals will go muddling through life not sure which sex they identify with," said Lee. "For economic, social or psychological reasons they will not seek the operation. They say it's the money, but you begin to wonder."

Wardell Pomeroy, co-author of the Kinsey reports on sexuality and a Ph.D. graduate of Columbia University, has spent 34 years as a sex researcher. He is now living in the Bay Area to conduct "diagnostic evaluation of transsexuals and transvestites."

Transvestites, unlike transsexuals, are men who merely dress as women on occasion but do not assume the gender of the opposite sex.

According to Pomeroy's research, there is a very low suicide rate among postoperative transsexuals.

"Most suicides were psychotic before the operation," he said.

Lee disagrees. He believes transsexuals are a very high-risk suicide population.

_____ agrees with Lee's view. "Every transsexual I have known has tried to commit suicide at least once."

"Society creates most of the problems for transsexuals," said SF State Professor Bernard Goldstein. Goldstein teaches a biological sexual behavior class.

"It's about time we changed our attitude toward them and stopped ignoring their problems," he said.

Many experts, including Pomeroy, agree on one issue: the transsexual phenomena is finally coming "out of the closet."

CSP now services 80 transsexuals. "Five new transsexuals a week contact the center," said Williams. "Because of increased publicity, they are no longer afraid to surface."

In fact, some transsexuals are now involved in the legislative process. On Feb. 2, Assemblyman Willie Brown introduced AB 385 in the State Assembly. The bill would allow transsexuals to change their sex on a new birth certificate and would seal the old certificate.

California now allows name changes but not sex changes on birth certificates. Nine states will neither change names nor gender on the certificate.

"There is opposition to the bill because many legislators don't know the difference between a homosexual, transvestite and transsexual," said Paul Perdue, a lawyer for the San Francisco Neighborhood Legal Assistance Foundation.

He represents a number of transsexual clients who are responsible for initiating AB 385.

Perdue also represents the plaintiff in a civil suit against the director of Public Health in San Francisco. Perdue and his client argue that it is unconstitutional to prohibit MediCal payments for sex change operations. They claim the operations are medically necessary and not cosmetic.

If Perdue wins the decision, post-operative care, hormone treatment, electrolysis and the operation would be covered under MediCal.

"Hell, I've heard of a few transsexuals who had their corrective surgery already done under MediCal expense," said Perdue.

CSP accepts MediCal payment for administering hormones and transsexual counseling.

CSP's annual budget is a little more than \$1 million. About \$600,000 are collected in patient fees, an estimated \$500,000 of which come from MediCal.

"Usually our clients are from low income families, are students or are unemployed," said Lee. "Counseling and hormone treatment can last one year to a lifetime."

Most transsexuals remain preoperative for life, making counseling an accepted fact.

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

Sex change operations, which have become widely accepted by the medical profession, are a constant irritation to insurance companies. The cost of plastic surgery may cost as much as \$7,000 to \$8,000 and is labeled by insurance executives as "unnecessary" and "cosmetic".

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

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

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

Still another method, known as phalloplasty, is sometimes used. Cosmetic plastic is shaped into a rod and attached to a newly created flap of skin. Artificial testicles are



Ronald Lee: "In ten years we've serviced at least 1,500 transsexuals" implanted in all three memos.

Not all patients can have satisfactory sexual relationships, but orgasm is achieved by many male and female change recipients, according to the Stanford Gender Program.

"I've never had any problems with orgasm," said Brenda.

According to Pomeroy, the greatest problem with the operations is the range of skills of surgeons willing to operate.

"I know some absolute butchers who charge as much as they can," said Pomeroy. "But most surgeons are highly qualified." 1204