

# WOMEN WHO DARE TO BECOME MEN

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Imprisoned from birth in an alien body, damned to a shadow world littered with the debris of waste and grief, the classic transsexual is finally able to become a total human being . . . to love, to laugh, to live a normal, happy life!

By C. Robert Jennings

□ In 1972, at the age of thirty-nine, Lee read about an operation at the Stanford University Medical Center in Santa Clara County, California, which was to change her life forever. She had long ago divorced her husband after bearing him two daughters and, in her own words, "putting him through a decade of hell." She had estranged herself from her mother, zigzagged the country for psychiatric and hormonal treatment, undergone a double mastectomy in order to look more like a male, then for ten agonizing years "cross-lived" as a man.

At first a salesman, later a house painter by trade, Lee eventually married a gregarious divorcée named Donna with four children of her own. The newlyweds decided to have yet another child—by artificial insemination. Lee's second marital caper—this time as a father—was as sadly incomplete as all the other stale and empty years of his life. A "classic" transsexual—one who in heart and mind truly believed himself a man despite his female genitalia—he was, of course, wholly incapable of having a sexually compatible life with anyone. At night, naked, he would look in the mirror and moan, "Oh, God, I am not this body."

Today, after undergoing a revolutionary type of sex-change surgery at Stanford Medical Center to shed the last vestiges of his femininity, Lee is still married to Donna and living happily outside San Jose, California. He has restored normal relationships with the rest of his family, including his mother, and is now capable of enjoying sexual relations with his wife. "The organ is 100 percent operative," says Lee, who is still recuperating from the last phase of his phalloplasty—the implantation of artificial testes. "It not only has function but *feeling*." His penis, formed by plastic surgery from his own body's tissue, is able to erect via the insertion of a stiffening device developed by a Stanford physicist. And, as a result of treatment with androgens (male hormones which, when administered to biological females, increase the erotic drive), plus the pressure of the penile stiffener on the clitoris, Lee can have orgasms all the more powerful than when *he* was a *she*.

We are sitting in the dining room of the pleasantly modest new home which Donna and Lee have turned into a halfway house for some thirty transsexual patients in the final stages of gender change. There are a couple of other females-to-males with us, along with a cheerful mélange of children—some young, some grown—pushing coffee and cold drinks. "I'm the gofer, nurse, and stretcher-bearer around here," says Lee's handsome twenty-year-old stepson, Rob, the only one of Donna's children from her first marriage still living at home. "I ought to have a uniform!"

Rob refers to Lee's transsexuality in the most natural manner, but admits that during the earlier years, his stepfather's condition "was rough as hell on me and my sisters. It was obvious to us then that Lee was a woman trying to look and act like a man, and we couldn't understand why. So it was always kind of embarrassing, especially since we couldn't bring friends home. If he could just have had the operation ten years ago, I think things would have been a hell of a lot better."

Do the other children in the family harbor resentment or manifest any rejection of Lee and his transsexuality? "I frankly don't think there's any more hassle than you have in any family where the stepfather is the dominant figure," says Rob. "My sisters and I had the usual problems of kids growing up, but everyone is on pretty good terms now. Of course, my half sister, who is only nine, doesn't know. In fact," he adds, "during my own marriage, my wife never once knew that Lee had ever been a woman."

It is nothing short of mind-blowing that all the transsexuals in this room, each roughly as butch as John Wayne, were born in a woman's body and lived as women for all too many tortured years. "I've felt like a man all my life," says Lee, dressed in a blue jumpsuit and sporting black mustache, beard, and sideburns. "I used to dream about going to bed and God would take care of my problem—which, of course, I didn't understand—and that I'd wake up some morning a male. I can remember doing this from about the age of six, when my family also became aware that something was wrong, but at the time no one knew enough about transsexuality to really put it into focus. Later on I read about the Christine Jorgensen case in Denmark, and I looked into transsexual programs in Florida, New York, Maryland, Minnesota, even Mexico City, but none of them were offering much more than hormones and electrolysis—hell, I needed all the hair I could get—plus hysterectomies and conventional psychiatric therapy, which has never been very beneficial to classic transsexuals.

"By the time I divorced my husband—in the early sixties," Lee goes on, "I must have made at least fifteen visits to various psychiatrists on the East Coast alone. None of them could help me. I finally went to the Dr. Harry Benjamin Foundation in New York City [a pioneering organization which does research on every aspect of the transsexual's condition], decided after counseling to start taking male hormones, then maybe three months later I had the mastectomy. Some six months into the hormonal treatment—I remember it was something like three months after the operation—I began to develop body and facial hair. Throughout this period, I had no pain, no problems, just a fantastic psychological lift."

A year or so after he began to cross-live as a man, Lee went to Sacramento, where he took a job as a department-store salesman, "still searching," as he puts it, "for the rest of the surgery, still looking for the rest of me." In time, he became a house painter and met and married Donna, even while he continued to make the rounds of various clinics across the country offering sex-change surgery. "I'd

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have interviews at these places, where I'd discuss surgical methods and see pictures of the results," says Lee, "but I wasn't satisfied with any of them."

Then, in 1972, Lee read in *Parade* "about the work of Dr. Donald Laub [chief of plastic and reconstructive surgery at Stanford], so I called and asked for an appointment. When I got there, I filled out a form with 566 questions, met with Dr. Laub, with a gynecologist, an endocrinologist, a counselor who was an ex-patient, and with Dr. Norman Fisk [clinical instructor in the department of psychiatry and codirector of Stanford's transsexual program]."

Since Lee had lived as a man for so long and had acclimatized himself to the male role, both socially and emotionally, with as much success as is possible under the circumstances, he was an immediate candidate for surgery—at a conservative institution where "surgery on demand" is the major taboo in what is called its Gender Dysphoria Program. Indeed, he is the only Stanford patient to have received a surgery date on the very day he walked into the Medical Center. The doctors who examined him felt that his preoperative "transition" had been complete.

Rather than suffering the usual presurgical jitters, Lee remembers that on entering the hospital for the first time he felt "such an elation, I can't describe it, because what I'd prayed for for years was finally about to happen." Under gas and sodium pentathol, Lee spent some three hours on the operating table, during which time a vertical tube was created from his lower abdominal tissue and a skin graft from his hip wound around it—the first of three steps in the construction of male genitalia. "Afterward," he says, "I felt no pain, just a little soreness in the graft area, as if I'd scraped my hip while playing ball." Two and a half months later he reentered the hospital for one day and was given a local anesthetic while Dr. Laub "dropped the tube" into its natural position and formed the head of the penis. Just recently, Lee reentered the hospital for the third and last time for the implantation of artificial testes.

Within two weeks, he was having sexual intercourse "with very little soreness," no adverse effects mentally or physically, just the deep-seated wish that "it could have been done years before. Now," Lee says, "I'm just an individual, a *man*, and finally living a man's role."

One of Lee's most satisfying roles initially was his one-day-a-week stint as a paraprofessional counselor at the Stanford Gender Dysphoria Clinic. Every Tuesday at 9:00 A.M., he'd meet with the nurses and doctors, go over patients' files, then meet individually with from four to eight new applicants for roughly forty-five minutes each. What is the nature of the interviews conducted by the Clinic's paraprofessional counselors? "First of all," says Lee, "you have to be patient because the applicants are very hesitant to talk, no matter *how* eager they may be to have surgery. They fear they might blow their chances by saying the wrong thing, so there's a certain tension you try to alleviate. You ask them what they're here for, when they first realized they had a problem, how they got along as children with other children and with their parents, at what age they were first attracted to the same or opposite sex, how they feel about their opposite gender, what kind of social activities they enjoy, what sort of work they do, how supportive their families are, why they want surgery, how they feel it will change their life. Generally, you try to find out how they feel about themselves."

If during the interview the counselor detects any serious emotional hang-ups, he refers the disturbed person to a psychiatrist for a determination about whether the prospective

patient is sexually deviant or merely atypical. The applicants who do pass muster as possible candidates for surgery enter the various Clinic-supervised workshops—the rap sessions every Saturday night, bowling on Mondays, physical-fitness workouts on Wednesdays, and on alternate Fridays dancing and counseling in dress and makeup. If at any time during this orientation period (or "rehabilitation" period, in the Clinic's jargon) Dr. Laub's professional staff detects that a patient is, in Lee's words, "too hung up to work and live normally in society," he or she is rejected for surgery and dropped from the program. "It's painful dealing with the washouts," Lee concedes, "but they've got to be able to live in the house before they can remodel it."

How does his wife, Donna, feel about Lee's continued involvement with the Gender Dysphoria Program? She is just about as reserved as a ward healer at a block party: "To my mind, Dr. Laub is the *only* doctor in the world giving a person a *complete* change to the other gender so one can be completely functional as a male or female. He's the answer to our prayers, and if it cost five thousand dollars [the average sex-change fee], it was more than worth it. My husband is *living* for the first time. If I have to go out and say my husband is a transsexual, I'll do it—if it will help educate the people and the law. You can't imagine how difficult the law makes it—to get a driver's license changed, say, or a new birth certificate or passport. Well, at least my husband's no longer arrested in female rest rooms, because he doesn't have to go into them anymore."

Lee's reunion with his mother has been a soaring experience. After eight years of misunderstanding his crucial need for unity between sex and gender, body and soul, she now comprehends something of her son's earlier torment. "I remember Lee as a troubled, unhappy, and rebellious teenager," she says, "then as an adult just as unhappy and troubled, with erratic behavior that resulted in many misunderstandings and many years of separation. When he left, he felt he could never come home again."

Had she ever actually rejected her son? "Rejection was never a part of my emotions," she says. "Rather, I knew I had to reach Lee and assure him of my love, even though he'd been born with a birth defect that I couldn't understand for a long time. What was important after he disappeared was that he was still my child, and I wanted to see him. I talked to our pastor, our doctor, to psychologists, and sought God's help in showing me the way to ease the uncertainties I was sure Lee was having. The joy of our reunion can't be expressed in words, and the happiness he's given me since is very precious. I'm proud that my son had the courage to face his problem, just as today I'm proud to say I am his mother."

The pattern repeats itself, moving dramatically from the twisted terrain of the freakish, to what some may consider socially outlandish behavior, to the level of human loyalty and love. Take the arduous route traveled by Scott, formerly a girl called Scottie, who now lives with his beautiful wife in Los Gatos, California. It is incredible to see him—the apex of masculinity behind mustache, beard, and a deep, resonant voice—and realize that he, too, was born female, was married seventeen years to a man, mothered several children. "It's been a long and scary thing all my life," Scott says. "Years of desperation and not knowing what had gone wrong. How do you express something you really don't understand? After divorcing my husband, who I'd also put through hell—fortunately, he's happily remarried now—I began to cross-live as a male. Then I heard about the corrective surgery being done by Dr. Laub at Stanford. My children were *glad* there was an answer—this operation. Biologically, I still don't know what a female feels like. I was asexual. I didn't belong to either the homosexual or

heterosexual worlds. I lived alone in motels while going through the long changeover period. I was thrown out of many a rest room, even with my children. Now, for me, my wife, who I met on a blind date, isn't just a new sexual partner, she's a helpmate, my *woman*. And I'm a man—and thank God for that."

Or take the case of a former female chorister named Jane who sang in a San Francisco cathedral, where she made her own personal contribution to the liturgy. Standing there in the cathedral during the moment of silence which traditionally falls after the priest says, "The grace of Our Lord Jesus Christ, and the love of God, and the fellowship of the Holy Ghost, be with us all evermore," she'd habitually break the silence within herself by adding, "And please, God, let me be a boy." Today, Jane has been surgically transformed into James, a dog trainer in Oregon, happily married to a pretty divorcée, and the father of three stepchildren and two adopted since his marriage.

Of the fifteen or so members on the professional staff of Stanford's Gender Program, the two men most responsible for transposing these anguishing incompletenesses into hopeful unities are Doctors Donald Laub and Norman Fisk. Now a psychiatrist but for ten years a gynecologist at Johns Hopkins, Dr. Fisk was confronted with transsexuality for the first time when "this beautiful girl walked into the gynecology clinic and said, 'I have a little problem. I have male genitals but I feel wholly and completely like a woman and I want to *be* a woman. Can you help me?' Even though I was roughly familiar with the Christine Jorgensen story, I was completely astonished because nothing in my medical background had prepared me to deal with this kind of problem. But I began working with this patient, and then more and more of these cases began to come my way."

In 1968, the Gender Dysphoria Program was officially launched at Stanford and, according to Dr. Fisk, Stanford remains the most active center involved in gender reorientation and sex-surgery conversion in the country. "For better or worse—sometimes worse," he adds from behind a well-manicured beard and mustache. At first blush a sartorial dandy in check jacket, blue velvet slacks, and shoes by Gucci, the doctor is, despite the flash, a pukka shrink of varied dimensions. In many ways, he sits in the most sensitive seat on the staff, since more than anyone else it is Dr. Fisk who determines who does and does not qualify for the last irrevocable physical step which separates man from woman. "I find that about 20 to 25 percent of the people who make contact with me are psychotic," he says. "There's great confusion as part of a psychological breakdown, a delusion that they're another gender when in fact they're not classic transsexuals at all but unhappy homosexuals or transvestites. Greedy quacks and charlatans continue to operate on them with often tragic results."

Of the more than 1,000 applicants for sex-change surgery at Stanford since 1968, Dr. Fisk has okayed just over 100, or roughly one in ten. "We insist on from one year to eighteen months of trial cross-living," he says. "They don't *have* to live in the area, but the individual *must* successfully live his or her gender of choice, take psychological tests, be interviewed, attend the clinics and workshops, take hormones, undergo electrolysis and other cosmetic procedures [this for males-to-females], learn good grooming and fitness, react interpersonally both socially and vocationally without reverting to the former behavioral life style."

Screening remains Dr. Fisk's chief concern, and he only does that *after* the applicant has had the interminable questionnaire evaluated, been examined in the Clinic, undergone lab tests, and been prescreened by a paraprofessional, such as Lee. "Many homosexuals and transvestites come to us desperately desirous of transsexual surgery, but

with rare exceptions we prefer to operate only on classic transsexuals," says Dr. Fisk. "Of course, we must determine *what* each person is. The classic transsexuals are *not* homosexuals or transvestites. Their genitalia are not for them erotogenic at all—the male hates his penis, the female loathes her breasts—and *all* have an overriding, intense feeling of being totally miscast in their gender assignment. There's no form of psychiatric treatment that reverses this drive. Hence, the necessity for radical physical change."

Surgery, of course, is the final affirmation of an already existing identity involving not only gender but one's humanness, thus one's very soul. Which explains the elaborate preoperative program at Stanford. Says Dr. Fisk, "We say, in effect, 'You demonstrate to yourself first that you can live with this role.' All our patients are selected for surgery phenomenologically—how well-integrated they are in their gender of choice. 'Successful' patients before surgery will then be successful *after* surgery. Thus our extensive rehabilitation efforts prior to surgery."

The consensus at Stanford is that women who want to become men make the better patients. "They're much more sedate, stable, trouble-free," says one staff member. "We've found that the candidates for the male-to-female operation are by far the most difficult. They're much more labile, unpredictable, temperamental, crises-ridden, mercurial." Yet, three years ago, the prevailing sex-change figure was male-to-female four-to-one. Today, it is very close to one-to-one. The salient reason for this shift is the remarkable female-to-male plastic-surgery techniques developed by Dr. Donald Laub. At thirty-nine, a staunch Catholic, the father of five, Dr. Laub talks about his work with all the insouciance of a child remarking on the weather. He blithely sends out eight-page questionnaires to applicants asking if they have ever played with dolls, dressed in women's clothing or men's clothing, played with girls or boys or guns or lipstick, been called a sissy or a tomboy, wanted to be a girl or a boy, prostituted often, used drugs, attempted suicide or genital mutilation, been convicted of a crime, if orgasm after surgery would be important, if dominant or submissive in sexual contact, achieved either physical or psychological orgasm, attempted to live in the role of the opposite sex or fantasized same. Finally, he requires four essays about an applicant's attitudes toward surgery and postsurgical adjustment plans.

"It's overwhelming," says Dr. Laub. "Lumberjacks walk into my office in miniskirts and say, 'Cut it off!' Well, operating immediately on such cases is pure charlatanism. I try to emphasize *behavior*, which is why we have so much prescreening, symposiums where we sit around and share experiences. A shrink is there to try to help assess the patients and advise them on what aspects of the program they can benefit from best. Lawyers are there to be sure the patient, who has to sign a preoperative release, understands what's going to be cut off—and never put on again. What it amounts to is we're treating behavior problems surgically. The psychiatrist is more important to *me* than to the patients, telling us how to preoperatively prepare them. We modify the individual to fit into society."

Dr. Laub contends that he's had "at least 90 percent good results," and claims that only one female-to-male patient has been dissatisfied with surgery. There have been only two postoperative suicides (though Dr. Laub thinks one may have been a homicide) and one male who wanted to become a female but took the deep six prior to surgery.

The female-to-male surgery as performed by Dr. Laub produces a cosmetically acceptable as well as sexually operative organ. "Most everything begins with hormonal treatment," the doctor explains. "Then there's the mastectomy—the removal of the breasts—and we transplant the nipples

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so they're smaller and in the right spot." Next comes the tricky job of constructing the penis. Some doctors may enlarge the clitoris with the help of hormones, then form a penis long enough for intercourse. Dr. Laub, however, prefers to perform the operation that he gave to Lee. "First," he says, "I take the abdominal tissue below the belly button down to the pubes and form it into a tube. That's the beginning of the penis. We then take skin from the patient's hip to graft onto this tissue and do nothing for another six weeks, while the skin graft heals. When a good blood supply develops in this tube, which at this stage is connected at two points—the pubic area and the abdomen—we sever it from the abdomen so that it falls into place, and then form a circumcised head of the penis. Next, we put steel balls covered with silicone into the scrotum, which is made from the labia. Unless infection occurs, the steel remains." Prior to intercourse, the patient himself inserts the rodlike stiffener, which was designed by Stanford physicist Werner Schulz and runs from the tip of the penis to the urinary system, pressing against the clitoris to induce orgasm. The prosthesis doesn't erect the penis, but does make it rigid enough for penetration.

Given the difficulty and number of complications—specifically fistulas, urinary incontinence, infections—that might be encountered in constructing a urethra within the penis, Dr. Laub has not attempted to do so. "We feel these difficulties and complications outweigh the benefit to the transsexual gained from his ability to stand when he urinates." Yet some of Dr. Laub's patients claim to have learned to urinate in the manner of nontranssexual males.

Dr. Laub modestly emphasizes over and over to patients and counselors alike that it is not surgery which is rehabilitative but the adjustment prior to surgery itself. "Surgery is *not* sex change but rather only a rearrangement of one aspect of that patient's total life," he says. "It merely confirms what the patient has already proven by a therapeutic trial of nearly two years of successful cross-living. Perhaps we should say it's a psychiatric program of behavior modification that has treated the patient, rather than surgery."

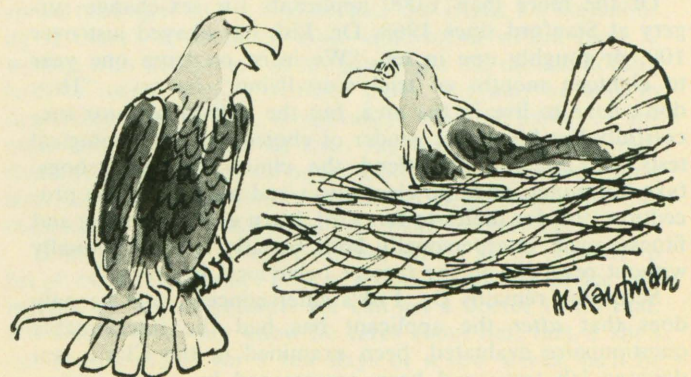
Since Dr. Laub's staff feels an enormous responsibility to determine how patients are doing postoperatively, both psychologically and anatomically, Stanford conducts a follow-up free of charge. In studies ranging from one to five years in duration, Dr. Laub has found that patients were satisfied with the decision to have surgery in 100 percent of the cases. Of twenty patients studied, nineteen were able to participate in sex and reported having orgasms; nearly all are currently employed. The male-to-female patients tend to be in secretarial work. The females-to-males work mostly as auto mechanics or in other rugged trades. "Many are trying to overcompensate in supermasculine jobs," says Dr. Laub. "Part of this overcompensation is a reaction to *thinking* they may have been homosexual all along, and so they're wary of doing anything that might be construed as female. Of course, sometimes they *were* homosexual. We've performed surgery on homosexuals who subsequently *became* transsexuals."

Although the first historical reference to transsexuals was probably the one made at the dawn of Christianity by Philo Judaeus when he wrote of gender-role dissatisfaction among the ancient Romans ("Craving a complete transformation into the opposite sex, [some men] have amputated their generative members"), it wasn't until 1933 that medicine was given its first biographical report of a sex reassignment to alter genitalia under surgical supervision—this was the case of Einar Wegener, the Danish painter who became Lili Elbe. Then, in 1953, the *Journal of the American Medical Association* published an article on Christine Jorgensen written by the team of Danish physicians, includ-

ing the famous endocrinologist Christian Hamburger, who transformed the former G.I. into a remarkably well-endowed woman. The story hit the world with atomic force, and more than any other case hotly dramatized the dilemma of transsexuality in an international court of public opinion. Thirteen years later, Dr. Harry Benjamin, a German-trained physician who established the New York City gender-identity foundation which bears his name, wrote a revolutionary work called *The Transsexual Phenomenon*, which ultimately brought hope and help to thousands. Dr. Benjamin pointed out that gender is of the mind, something "spiritual," and that for the classic transsexual it might actually be better to alter the body to fit the mind's convictions than to strive to change the mind to fit a body it did not want.

Since then, some dozen sex-change clinics have opened around the country, one of the most significant of which remains the Gender Identity Clinic at Johns Hopkins in Baltimore. While the etiology of transsexuality remains a matter of controversy, ranging from hypotheses on the physical to the psychological, Dr. John Money, well-known for his work at the Hopkins Clinic, believes "the most likely explanation is that transsexuality is an extremely tenacious critical-period effect in gender-identity differentiation of a child with a particular but as yet unspecifiable vulnerability"—a cautious explanation at best. Dr. Laub adds that the critical period might occur during the fetal stage with the ingestion by the mother of harmful hormones. He is quick to put in, however, that postnatal pressures from parents and other outside influences are equally likely to exacerbate what might be a purely congenital defect, whether that defect stems from a chromosomal, hormonal, or an as-yet-unknown chemical imbalance.

Whatever the cause, one thing seems sure: The miracle workers at Stanford and at a growing number of other sex-change institutions dotted around the country have taken the tragic deformity of transsexuality out of the grim shadows of suspicion, hopelessness, fear, contempt, and even immorality, and placed it squarely where it belongs—in an atmosphere where an estimated twenty-one thousand prisoners of sex can become free and whole for the first time in their heretofore loveless lives. The road may be tortuous, but, as Lee puts it, "You *can* go home again. In fact, I'm going home to the East Coast as soon as I'm stronger. I'm *very* happy. My sex life is fantastic—my wife says it's *more* than normal. I'm no longer a freak. My children accept me as a father. Life is beautiful at last."



"Whenever I mention sex, you have a headache!  
No wonder we're endangered!"