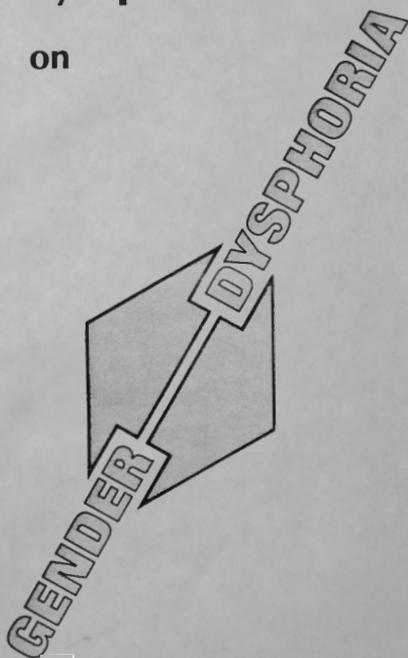


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FURTHER OBSERVATIONS ON SURGICAL REASSIGNMENT OF FEMALE TRANSSEXUALS

Edgerton, M.I., M.D., Gillenwater, Jay Y., M.D., Kenney, John G., M.D., Langman, Margaretha W., Ps. dra.

Eight generations of surgical techniques have been used by the authors to reconstruct the male genitalia in over thirty patients. Emphasis has been placed on obtaining results that will 1) allow the patient to stand to void, 2) permit sexual intercourse, 3) provide a presentable male appearance, and 4) be accomplished in a minimum number of operative steps. Methods, early and long term results, and complications will be illustrated - leading to our present surgical technique.

The selection of the appropriate female transsexual for surgery continues to be a challenge, and the psychologic factors considered in this group of patients will be summarized.

In general, the female transsexual has been found to be a compliant patient and satisfactory results are correlated with the technical success of the surgical procedures.

As patients have become increasingly aware of Gender Identity programs, we have seen an enlarging spectrum of sub-groups of patients with gender dysphorias. A classification of these will be suggested.

VALUATION OF FEMALE TO MALE TRANSSEXUAL PATIENTS UNDERGOING TOTAL MALE GENITALIA CONSTRUCTION USING THE GROIN SKIN FLAP AND THE HYDRAULIC INFLATABLE PENILE IMPLANT

Puckett, C.L., M.D., Montie, J.E., M.D., Lambertie, J.W., M.D., Wells, P.L., R.N.

During the past six years, 15 patients have had surgery for total male genitalia construction at the University of Missouri Health Sciences Center. Despite a number of complications predominately related to the use of the hydraulic inflatable penile implant (HIPI), patient satisfaction with this technique has been excellent and patient psychological stability has been good.

The surgical procedures have included: construction of the penile shaft using the groin flap; sculpturing to create a glans; clitoroplasty, to reposition the clitoris at the base of the penile shaft; scrotoplasty, using the labia majora and testicular implants; and insertion of the HIPI. The groin flap has been transferred in a staged manner in 12 patients and in one operation in three patients (two as a microsurgical free flap and one as a pull-through procedure). Elapsed time from the first surgery to the last has averaged six months in the staged patients and three months in those done with the free flap. Technical details and refinements will be illustrated with slides.

Complications have been predominately associated with the use of the HIPI and have occurred in all patients. Most have been cylinder ruptures and pump malfunctions which have necessitated re-operation for repair. One patient had a late infection and two patients have had flap necrosis sufficient to require ancillary surgery.

Despite a uniform occurrence of complications with the HIPI, patients have been

pleased with its functional potential. No patient has opted for an alternative method of achieving erection. All completed patients have indicated good aesthetic satisfaction and all have had successful achievement of orgasm with intercourse. These patients have routinely returned to productive positions in society and psychological stability appears to have been enhanced by surgery. We believe the high degree of satisfaction in these patients, despite a high complication rate, is related to careful preoperative screening by the psychiatry - gender dysphoria group. Only strongly motivated patients with a stable recent past and realistic preoperative expectations were selected. All had had at least one previous sex reassignment surgery (either mastectomy or hysterectomy).

The groin flap remains our choice for donor tissue because of its proximity, good quality of the skin, and the excellent concealment of the donor scar. The free flap transfer of the tissue significantly shortens the total period of disability of the patient and will probably be used more in the future.

HISTORY OF THE GENDER IDENTITY MOVEMENT: BIRTH OF A MEDICAL SUB-SPECIALTY-PSYCHIATRIC ASPECTS

Pauly, Ira B., M.D.

The concept of gender dysphoria and its specific forms of expression have been known since antiquity, and have appeared in the classic literature from Herodotus to Shakespeare, up to the present time. Well known historical examples of gender dysphoria span time from the Roman Emperor, Caligula, to the famous French diplomat Chevalier d' Eon, up to the modern day prototype, Christine Jorgenson. In fact, the modern era in the evolution of this, now well recognized gender identity sub-specialty, can be said to have begun with the publicity surrounding the reporting of this dramatic sex change on the front pages of newspapers throughout the world in 1952. When Christian Hamburger reported this case in the medical literature in 1953, he and his colleagues initiated a scientific investigation of this phenomenon which has continued and increased in both quantity and quality to the present time. Benjamin was the first to publish on his extensive clinical experience with transsexuals and transvestites beginning in 1953, and he continued to share his findings in the publication of his now famous monograph, The Transsexual Phenomenon, 1966. The use of the term TRANSSEXUALISM is largely attributed to him, although a careful survey of the literature reveals that the term was first used in print in 1949 by D. O. Cauldwell. It is interesting that Cauldwell used it in an article entitled, Psychopathic Transsexualis, suggesting that this was a unique form of anti-social behavior. Benjamin has been honored for his courageous and pioneering efforts on behalf of gender dysphoric patients, in that our professional association has been named after him. His example has been an inspiration to subsequent researchers, who pursued their interest in this very controversial field sometimes at some risk to the professional reputation.

The rest of this paper will deal with some of the major contributors to our field of gender identity research up to the present time. Such classic monographs as those written by Green and Money, Transsexualism and Sex Reassignment, and Robert Stoller's, Sex and Gender, will be credited. The movement was helped tremendously with the publication of the Journal of the Archives of Sex Behavior in 1971 by Richard Green who has remained the editor of this journal, which has been so hospitable to scholars of gender identity research. Likewise, it was Green who was

the prime mover in organizing the biennial meetings of which this is the Eighth International meeting, since the first one was held in London in 1969. This opportunity for researchers throughout the world to present their work, and hear the most up-to-date presentations of others, has been a real stimulus to the overall growth and development of our new subspecialty,

In 1965, Dr. Reed Erickson established the Erickson Educational Foundation to support research in this field, and was instrumental in helping to establish the first university-based Gender Identity Clinic at Johns Hopkins. This quickly served to legitimize the field and several other gender identity clinics sprang up to meet the needs of gender dysphoric patients closer to home. Perhaps one of the most successful of these is the one at Stanford, under the direction of Donald Laub and Norman Fisk. When the American Psychiatric Association published its third edition of Diagnostic and Statistical Manual in 1980, it included for the first time, a section on gender identity disorders. Transsexualism, 302.5 became an official diagnostic entity, with very clear-cut diagnostic criteria.

More recently the emergence of our professional organization, The Harry Benjamin International Gender Dysphoria Association has helped to finance the biennial meeting, as well as to support such organizations as the Janus Information Association. *Facility* This associations' publication of Standards of Care represented an important step forward.

The great strength of this gender identity movement has been its interdisciplinary composition, in which professionals of many different disciplines come together to further our knowledge and understanding of gender identity formation, disorders of gender identity, and strive to transform gender dysphoria into gender euphoria.

TRANSSEXUALS: A BIO-CULTURAL MODEL OF BECOMING

~~Bolin, Anne, Ph.D.~~

Dr. Money will give Paper.

This paper is about rebirth, transformation, and becoming. It focuses on the transgender journey of a group of genetic males who are in the process of becoming women. The matamorphosis of these reluctant "men," known as transsexuals, is viewed as a patterned development that has the characteristics of a rite of passage. This passage is dramatized by important stages and events that punctuate their progress towards the all-important surgical conversion--the sex change surgery. I am interested here in one stage of their transformation, a phase known to transsexuals and medical-mental health professionals as "transition." Transition is the most critical phase for transsexuals. It is the period when they place themselves under the therapeutic care of mental health caretakers, begin taking female hormones, and prepare for and actually adopt the female role in full-time capacity. Transition has far-reaching implications because it involves the transformation of personal identity, social identity, and physical appearance.

One of the major mechanisms enhancing the maturation of their female personae is a transsexual ideological system. Through this they are the active participants in the creation of their own birth as women; explicitly using biological and social metaphors to explain how it is that men can become women in a society that regards gender as an eternal verity. Physical feminization (as a result of fe-

male hormones) and adoption of the female role (passing) are reinterpreted not as something peculiar to transsexuals, but inherent in womanhood, per se. They perceive themselves as taking part in the same rite of passage as that of young genetic females who are in the process of becoming women. Their ideology is built on information available in wider society as well as on their own expert observational skill and is consolidated in a bio-cultural model of womanhood. This bio-cultural model facilitates their belief that they are becoming women not just "like" genetic females but "as" genetic females.

TRANSEXUALISM AND HOMOSEXUALITY IN A MONOZYGOTIC TWIN PAIR

Martin, Lawrence M., M.D.

The study of monozygotic twins concordant or discordant for various psychiatric disorders is of proven utility in delineating the etiologies of the various psychiatric syndromes. Green and Stoller have reported on monozygotic twins discordant for transsexualism. This paper will report on identical twin sisters, one of whom is homosexual and the other transsexual.

Without awareness of the other's actions, each had independently sought help from the same outpatient psychiatric facility. The transsexual patient had been referred for treatment after seeking endocrine evaluation for contrasex hormone therapy. She was seen intensively over a two-year period with sporadic contacts over the next three and a half years. She received psychological testing (MMPI, short-form WAIS, sentence completion and Rorschach) and a thorough general physical examination, including pelvic examination, endocrine evaluation and laboratory studies. She had undergone mastectomy and has passed as a man for the past six and one half years with the aid of testosterone injections. She hopes eventually to complete the surgical sex reassignment.

The homosexual patient was seen approximately 40 times over a two-year period in dyadic fifty-minute psychotherapy sessions. Followup (via information obtained from the sister) indicates continued conflict over sexual orientation with no indication of gender dysphoria. Monozygosity was established by HLA typing and red cell typing. Both patients had a normal 46 XX karyotype. Testing for H-Y antigen was not done. The parents of the twins were interviewed on one occasion for 90 minutes. Frequent collaboration between the therapist provided the opportunity to cross-validate the historical and current material reported separately by the twins.

Overt joint parental encouragement and approval of masculinity emerged early in the developmental history of the twins, eventuating in an extreme degree of tomboyish behavior in later childhood. Mother was irritable, depressed, and unable to cope when the twins were small. She found mothering to be a draining, unenjoyable experience. Father assisted with many "mothering" functions and each twin formed a strong identification with father. Mother is characterologically narcissistic, dominating, and opinionated. Father is quiet, schizoid, and obsessive, but definitely masculine.

Both twins would appear to have been developing a contrasex gender identity during early childhood. At age four and one half, however, the pre-homosexual twin developed an illness which resulted in her receiving much more attention from mother.

It is postulated that the illness allowed mother's latent maternal behavior to emerge and prevented the consolidation of a contrasex gender in the pre-homosexual twin. This developmental discordance from age four and one half is discussed in light of other theories regarding etiology of female transsexualism.

IDENTIFICATION OF MALE-TO-FEMALE TRANSSEXUALS

Theron, Aubrey, Ph.D.

Ever since the sensational publication of Christine Jorgensen's sex reassignment operation in 1953, medical doctors are faced increasingly with requests by transsexuals for such operations. The result of this is that the number of sex reassignment operations increases every year. Despite this increase it appears that, compared to other psychopathological disorders, transsexualism is the field that receives least attention from researchers.

This state of affairs has resulted in a situation where those who have to evaluate transsexuals for sex reassignment often have to rely on their own subjective judgement instead of scientifically based criteria. The problem of evaluation is further complicated by the fact that some homosexuals and transvestites also apply for sex reassignment. Because they are regarded as poor candidates for sex reassignment, it is essential that they should be identified as such during the evaluation. Although criteria exist for the identification of pseudo-transsexuals, practical experience has shown that it is often difficult to apply these criteria because the evaluator is dependent on the information which the patient is willing to divulge.

The majority of people regard their sex organs as important. Therefore, the transsexual's request for sex reassignment is incomprehensible and unacceptable to most individuals. In the case of the medical practitioner, a further factor is added, namely that he sees his task as the treatment of diseases and not the amputation of healthy organs. Furthermore, the fact that very little is known about the post-operative adjustment of transsexuals, causes surgeons to be hesitant to perform this type of operation and even to hold a negative attitude towards it. Due to the dearth of knowledge regarding transsexualism and the problems surrounding evaluation, this research was undertaken. The aims of this study were to determine if the adjustment of the postoperative transsexual is better than that of the pre-operative transsexual, and whether it is possible to distinguish between pre-operative transsexuals and homosexuals with the aid of psychological measuring instruments.

The subjects selected for this study consisted of 14 self-identified pre-operative transsexuals, 14 post-operative transsexuals and 21 effeminate homosexuals.

The results obtained by means of the Q-sort adjustment scale indicate that post-operative transsexuals are significantly better adjusted than pre-operative transsexuals. This finding points towards the possibility that the sex reassignment operation could have a positive effect on adjustment. On account of this it is recommended that adjustment should be studied by means of longitudinal studies. In this way, it could be ascertained to which extent the adjustment and self-concept may be influenced by sex reassignment.

The findings in connection with the distinction between pre-operative transsexuals and homosexuals show that the Bem Sex Role Inventory was not able to distinguish effectively. The results obtained with the BSRI, however, indicate very strongly that the nature of the masculine and feminine dimensions of the transsexual and homosexual's personality require further research. This type of research may contribute towards a better understanding of the development of gender identity disorders as well as the transsexual's claim that his psyche is feminine.

The Body Image scale of Lindren and Pauly as well as its sub-scale, Primary Gender Characteristics, distinguished effectively between the pre-operative transsexuals and homosexuals. It also appears that the Direct and Destructive aggression scales of the Picture Situation Test were able to distinguish effectively between these two groups. It is, therefore, recommended that these scales should be included in the evaluation program of pre-operative transsexuals.

A DEMOGRAPHIC STUDY OF PRE-OPERATIVE TRANSEXUALS INCLUDING THE SELECTION PROCESS FOR SURGERY AT MT, SAN RAFAEL HOSPITAL, TRINIDAD, COLORADO

Biber, Stanley H., M.D., and Kelley, Tomye, M.A.

No part of sex reassignment surgery is more important than the process by which the applicants are screened and selected. Our procedures in Trinidad, Colorado, have represented composites garnered from selective perusal of screening done at the major University Gender Identity Clinics and recently the criteria set up by the Benjamin International Gender Association. Our criteria really have not changed much over the past 13 years surgical experience.

This paper represents demographic data taken from an extensive questionnaire that was sent to each patient petitioning for sex reassignment surgery. We chose, at random, the first 50 patients of the year 1981 for this report. This population, of course, represents less than one-half of the primary neocolporrhaphies performed in this facility during that year. It includes data from the patients having initial transsexual surgery, only. No data is included from the patients having reconstructive or corrective surgery during that year.

We will discuss demographic material obtained ranging through actual geography of origin, family history, education, criminal involvement and drug history, life-style, psychological history, gender work up, and finally expectations from contemplated surgery.

PSYCHIATRIC DIAGNOSIS AMONG GENDER PATIENTS: THE VALUE OF PERCEIVING GENDER DYSPHORIA AS A FORM OF MENTAL ILLNESS

Levine, Stephen B., M.D.

The Case Western Reserve Gender Identity Clinic has seen approximately 300 patients during a decade of evaluations, psychotherapy, and post-surgical followup. During that time, diagnostic questions have evolved in sophistication from "Are

gender patients psychotic?" to "What are the developmental sources of their frequent borderline personality organizations?" Prolonged individual and group therapies have been possible with approximately 20% of patients initially evaluated. This work has led to four hypotheses that have catalyzed the disappearance of some gender dysphoria and improved the mental health of those with stable cross gender identifications in many patients. These hypotheses are: 1) cross gender preoccupations can be full, partial, or ineffective solutions to both recent and remote problems; 2) rebirth fantasies are restorative defenses against the continuing painful perceptions of being hated, unwanted and lovable. They also distract the patient from the seeming unending anger against parents; 3) loss of a relationship can precipitate gender dysphoria; 4) poor social skills of patients are related to inapparent fears about closeness. Diagnostic data from the previous four years indicate that the patient who is considered normal apart from the gender problem has all but disappeared. It seems more clear now that gender patients have a basic pervasive self pathology. Their preoccupation with gender issues masks the serious associated difficulties from themselves and for many years from professionals.

TEN YEARS EXPERIENCE IN 86 CASES OF MALE TRANSSEXUALISM WITH ONE-STAGE CONSTRUCTION OF VULVA AND VAGINA BY MEANS OF PENILE SKIN ISLAND FLAP

Meyer, Rodolphe, M.D.

In our one-stage procedure, the penile skin is invaginated as an island flap, leading to an optimal aesthetic and functional result. So we perform the ablation of the corpora cavernosa, castration and plastic construction of a neo-vagina in one procedure. The technique consists of forming a cavity between the bladder and the rectum which receives the invaginated penile skin. By removing a large amount of scrotal skin on both sides of the new vaginal introitus and at the perineal commissure, in addition to a bilateral anterior z-plasty, we cut the skin practically all around the penile flap. This means that the flap, deprived of any cutaneous continuity, remains connected with surrounding tissue only by a dense subcutaneous vascular layer, which ensures its blood supply. Thus the penile flap becomes an island flap. The first step consists of dissecting the penile skin together with the skin of the glans from the corpora cavernosa and the corpus spongiosum through an 8cm midline incision in the posterior part of the scrotum. The proximal segment of the corpus spongiosum is dissected free and removed. After transection of the corpora cavernosa at their base the two remaining stumps are sutured together in the midline to construct a small erectile neoclitoris. After bilateral orchiectomy the formation of the new vaginal cavity is begun by a horizontal incision in the perineum. We transect the fascia diaphragmatis urogenitalis inferior, cut the rectourethral muscle and the levator ani muscle in the midline, and enlarge the vaginal introitus created this way by blunt dissection between the bladder and rectum following the urethra up to the prostate. The inverted penile skin is then pushed into the new vaginal cavity and held in position by a rubber-foam mould in a condom. The new orificinum urathrae is placed at the proper location. To give a natural appearance to the labia majora and in order to obtain an anterior convergence of the labia in front of a newly built clitoris a bilateral z-plasty is performed in the lower inguinal zone. The neoclitoris is emphasized by folding the "vestibule" skin with pinching mattress sutures. The operation has been functionally and aesthetically satisfactory in 86 cases.

SOME REFINEMENTS IN THE MALE TO FEMALE SURGICAL TECHNIQUE AND PRESENTATION OF SALVAGE PROCEDURES DEVELOPED IN TRANSSEXUAL SURGERY

Biber, Stanley H., M.D.

A discussion of chronological advances made in the male to female technique, with emphasis on recent refinements. The end result is cosmetically excellent and physiologically quite good.

A further discussion will include salvage techniques developed to enhance correction of undesirable and complicated end results of surgery. This will encompass the entire gamut of problems in the Transsexual field.

THE NATURAL VAGINA: FURTHER EXPERIENCE WITH TRANSFER OF RECTOSIGMOID FOR NEOCOLPORRAPHY IN 27 PATIENTS

Laub, Donald R., M.D., Lee, R. Hewlett, M.D., Meier, James, M.D., Van Maasdam, Judy; Davidson, Julian, Ph.D.

The intestine has been recommended for use in vaginal construction for years and it is described in the literature on numerous occasions. The use of the intestine has been rare because of the size of the operation and complications.

The specific use of the rectosigmoid segment has not been described or widely used even though the rectosigmoid is most natural. Uniquely, the rectosigmoid segment is innervated by nerves which notify the brain regarding distention and vibration. The rectosigmoid transfer--in the past--has carried a high rate of complications: The so called low anterior resection previously has been associated with a 25% rate of anastomotic leak.

With the advent of the stapling machine discovered in Russia, the combined rate of complications from anastomotic leak, vascular death of the transferred tissue, and future intestinal obstruction is probably one percent at this time.

Natural lubrication, natural sensation, freedom from the donor site scar, freedom from prolonged use of the vaginal stent, freedom from malodor and a natural appearance are the specific advantages that outweigh the disadvantages: A larger operation, an abdominal scar, seven day hospitalization, potential (but rare) severe complications, some anastomotic stenosis (relieved with a minor secondary surgery). 27 patients have been operated and are reported.

A sampling of these patients have been tested for sexual response in the Department of Physiology at Stanford University. Vaginal congestion was monitored with the plethysmograph in response to sexually arousing stimuli--erotic films and self-generated fantasy--was tested and the results are interesting.

EFFECT OF ESTROGEN TREATMENT ON SEXUAL FUNCTION IN MALE TO FEMALE TRANSEXUALS

Kwan, Marie, Ph.D., Van Maasdam, Judy, and Davidson, Julian M., Ph.D.

This study examines the effects of estrogen treatment on sexual physiology and behavior in seven male-to-female transsexuals. The subjects, all from the Gender Dysphoria Program, were studied during treatment in preparation for gender surgery. This consisted of oral estrogen administration and total cross-living. Five of the seven subjects were studied 1) prior to any hormone treatment, 2) during long term hormone treatment and 3) during an experimental double-blind period in which the effects of their usual hormone regimen were compared to those of placebo during successive four week periods. The other two subjects entered the study after having taken estrogen for a prolonged period.

Subjects maintained daily logs of their spontaneous erections, sexual activity (masturbation) and orgasm throughout the study, and these logs were used to analyze the effects of the hormone on overt sexual behavior. We also measured nocturnal penile tumescence, using home monitors in order to estimate estrogen-induced changes in erectile capacity. Penile tumescence was also assessed in response to sexually arousing stimuli (erotic films and self-generated fantasy). Hormone levels were analyzed for total testosterone and sex hormone binding globulin; and free testosterone levels were calculated.

Estrogen treatment inhibited spontaneous erections and nocturnal penile tumescence. It did not appear to have a significant effect on psychophysiological response to film and fantasy, or actual sexual activity. Testosterone levels were suppressed by estrogen, but not to the extent that free testosterone levels were. The results, which will be discussed, generally support concepts of androgen action derived from replacement experiments with hypogonadal men.

ROLE PLAYING AND SIMULATION EXERCISES IN THE TREATMENT OF THE GENDER DYSPHORIC

Huxford, Susan C.

It is postulated that the greatest problem encountered in the treatment of the transsexually-inclined is that they do not know how to live. The fantasy aspect of the syndrome is so marked that many of the younger sufferers believe that surgical sex reassignment will solve all their problems. The achievement of sex reassignment becomes a fixation in their minds and they are unable to comprehend the wisdom of those G.I.Cs. that require the patient to live successfully "in the genetically other sex role for at least one year" (Standards of Care, 5.2.4).

The clinician is faced with a problem. Psychological testing will probably indicate the patient's propensity for lying and many gender dysphoric patients consider it a part of the game to pull the wool over the clinician's eyes. They falsify their employment records among others. They put on a false front even before they enter the consulting room.

The peer counsellor is more likely to hear the truth than other professionals. The patient has common ground with the peer counsellor and may therefore be more

open. Even then, honesty may not be a strong point.

When the transsexually-inclined meet together, mutual confidence may be established, at least partially, and some inhibitions melt away.

Role Playing and Simulation Exercises

An atmosphere can be created, given the right catalyst (therapist) in which persons will let down their guards. Opportunities for such occasions have been provided by the Foundation for the Advancement of Canadian Transsexuals in Toronto, Canada.

For some time now progressive educators have been applying the principles of group dynamics in their classes. By this means teachers are enabled to see such individual characteristics as self-confidence, initiative, co-operation, leadership, resource sharing, group discovery and enlightenment, and group and peer evaluation. These methods can be applied in group therapy. If a patient is to make a successful adjustment in the cross-gender role, then the first requirement is that he or she develop self-confidence. Some G.D. patients do not develop self-confidence before surgery and hence require therapy afterwards. This sometimes leads to suicide, since most transsexuals insist that there is nothing wrong with their minds and that they do not need the help of a therapist.

In my work with gender dysphoric persons in Canada, It has been possible to observe the gradual replacement of fantasy by reality and the development of self-confidence. This presentation will show how the use of role-playing exercises and simulation games can bring out hidden aspects of individual personalities. Involvement can cause the disappearance of inhibitions.

DENVER METHOD OF CLIENT MANAGEMENT

Kelley, Tomye, M.A.

This paper presents the Denver method of client management, from presentation through androgyny, transition and finally, resolution of whatever nature. Properly implemented this program requires a minimum of two years and can last much longer, depending upon the client's self-defined needs.

Goals of this program are integration and a centering in self as opposed to the male and female fragmentations. The goals are neither to prepare for, nor to promote surgery, but rather to expand the client's concept of what is male and what is female and to be facilitative for the client's finding lifestyles that offer this expansion and acceptance of roles as a viable alternative, whether or not this alternative is deemed an appropriate end for a particular client. It is the expansion that is the goal, not the acceptance of it as a lifestyle by the client.

This paper also introduces the Gender Identity Center, a lay group loosely based on Alcoholics Anonymous, as an essential component of patient management. The GIC fills a critical void, addressing many cosmetic, legal, social, etc., issues that do not ethically fall within the scope of the clinician, yet if a satisfactory resolution is to be made the client must have resources for education and experience

in these areas. To delete this is less than responsible.

This paper might appropriately be sub-titled, Androgyny, a Bridge.

SOME USES OF HYPNOSIS IN DIAGNOSING AND TREATING GENDER DYSPHORIA

Oppenheim, Garrett, Ph.D.

Hypnosis has become an invaluable tool in the author's practice with gender dysphoric patients. For many of them it has achieved dramatic savings in time and money, and it has gone far to alleviate physical pain and mental anguish. It is useful in both evaluation and treatment.

EVALUATION: Age-regression techniques enable patients to reanimate with great vividness and full affect both happy and unhappy scenes from earlier years. Future-pacing (projecting the patient into an imaginary future scene) can elicit illuminating fantasies, as can regression to past lives--provided these are also treated by the therapist as fantasies from the patient's unconscious, regardless of how literally the patient may take them. Other fantasies and dreams can readily be produced on suggestion, and the patient in hypnosis can often interpret them herself. The affect bridge (using a current emotional response as a bridge to "the first time you ever had this feeling") is another useful technique. And sometimes I take the patient to a hallucinated fortune teller for advice and predictions that come straight from the subject's own unconscious--a fact that is apt to impress her much more than any interpretation from me.

One problem for the therapist is separating tendentious from authentic material; transsexuals who lie to the evaluator in their waking life can do so just as eloquently in hypnosis.

TREATMENT: Hypnosis has almost limitless therapeutic uses: in building confidence to venture out crossdressed; in reaching decisions such as whom to tell and when, or what to do about children; in facing anxiety-fraught situations like court appearances, job interviews, examinations or sexual intimacies; in alleviating physical pain during electrolysis or after surgery; in disentangling old relationships and reengaging in new ones. In the author's experience, it has apparently helped at least two genetic males to grow breasts where hormones failed to produce satisfactory results, but this is still admittedly experimental.

Hypnosis has helped persuade some self-styled transsexuals to abandon their insistence on sex change. One male patient who consulted the hallucinated fortune teller about reassignment surgery was totally nonplussed when she kept shaking her head vigorously. But after I pointed out that this emphatic No came from inside himself--not from me--he began to be convinced.

The author has also used hypnotic techniques to help two transvestites, who were highly motivated by their life situations, to abandon crossdressing--and feel good about it.

Hypnosis with gender dysphoric patients should be undertaken only after one has acquired considerable skill in hypnotic techniques along with great skill and ex-

perience in dealing with gender identity problems.

(Illustrative case histories will be provided.)

RELATIONSHIPS AFTER CROSSING GENDER

Jones, Clinton R., M.Div., S.T.N., D.D.

Questions are often raised about the relationships maintained by gender dysphoric persons after they are living in their desired gender role. Do previous relationships continue and at what quality level? What kind of new interpersonal contacts are established and do they survive? Are there significant differences between such relationships and those which do not go through the cross gender process?

As an officer and member of the New England Gender Identity Clinic which opened in 1972 and as a professional counselor for the past 18 years specializing in working with those who comprise our sexual minorities, I feel that I have adequate experience to explore this subject. Since 1964 a group of transsexual persons have met bimonthly under my supervision. This group is now a self-functioning club comprising both pre-op and post-op persons. Many persons in this group and through the clinic have been closely associated with me over long periods of time. Through my relationships with them, I have considerable knowledge about their lives after moving from one gender identity to another. Often I am the person who counsels an individual prior to their being referred to our clinic. I have prepared several couples for legal marriage, have solemnized marriages, and even baptized children who were conceived through artificial insemination.

I did a study two years ago of all of the persons who had surgery through our clinic and extended the study to include another group who, known to me, had surgery through other sources. Part of this study related to post surgery relationships. However, since many gender dysphoric persons have not attained surgery but now live in their desired gender role, I would intend to include them in this broader study.

So often it has been said that one of the weak links in work with transsexual persons has been "follow up". This is one area which has been a personal concern and interest so that I feel confident about preparing material on the subject proposed.

GENDER IDENTITY, GENDER ROLES AND SEXUAL ORIENTATION OF TRANSEXUALS AND THEIR PARTNERS

Cohen-Kettenis, Peggy, Ph.D., Kuiper, Bram, M.A.

Since the first publications on transsexualism transsexuals have generally been portrayed as adhering closely in their behavior and appearance to the stereotyped conception of the gender they have assumed, including a clearly heterosexual orientation. It is not clear to what extent distorted self-reports (in the presentation of self in interviews for sex reassignment surgery) or cultural negative valuation of atypical gender role behavior and atypical sexual orientation have influenced the creation and maintenance of this image. Our clinical impression of transsexuals did not agree with the above view. In a subsequent pilot study we found seven out of 20 male-to-female transsexuals reported being sexually at-

tracted to lesbian women and two reported being bisexual. We had not come across mention of such a high rate of "lesbianism" among male-to-female transsexuals in the literature. In addition, many of the transsexuals did not live what could be regarded as a traditional woman's life.

In order to substantiate the pilot findings and to gain more insight into the matter, 140 male-to-female and female-to-male transsexuals participating in an SRS follow-up study were investigated. The transsexuals were interviewed extensively and completed questionnaires concerning sex roles, sexual behavior and sexual orientation. 37 transsexuals who had been living with a steady partner for at least six months were studied more extensively. The partners completed questionnaires concerning their own sexual orientation, behavior and experience, and both members of the couples were asked questions about the division of paid and domestic labor within the partnership. In our presentation we plan to present and discuss the main findings of this study. We hope that our findings may shed some light on the complex relationship between gender identity, gender roles, sexual orientation and sexual behavior.

THE NON-SURGICAL TRUE TRANSSEXUAL: A THEORETICAL RATIONALE

Schaefer, Leah C., Ed.D., Wheeler, Connie C.

No serious consideration of transsexualism would be historically or scientifically complete without a discussion of the landmark research and the Sex Orientation Scale (S.O.S. with categories ranging from 0 to 6) originated by Dr. Harry Benjamin in the 1960's. The presenters will describe these categories and from their research findings and clinical experience will expand one category in particular, Category Four, to develop a theory about transsexualism and the options available for true transsexuals. The true transsexual who imperatively requires hormone therapy and living and working in the preferred gender, yet does not require surgery to complete their gender identity and authenticity, is an especially unique category as a viable alternative for a true transsexual lifestyle. While the presenters recognize that surgery is an imperative alternative for many transsexuals, a discussion of Category Four will broaden the understanding of gender and the therapeutic applications. This presentation will be beneficial not only for practitioners in learning to distinguish and diagnose properly but also for students, other counselors, educators and transsexuals themselves interested in expanding their parameters in interpreting an important aspect of gender.

OUTCOME OF SEX REASSIGNMENT SURGERY

Lundstrom, Bengt, M.D., Ph.D., Pauly, Ira B., M.D., Walinder, Jan, M.D., Ph.D.

In a follow-up study of gender dysphoric patients who were refused sex reassignment, Lundstrom (1981) made a comprehensive review of follow-up studies of gender dysphoric patients who were treated with sex reassignment. Independent of Lundstrom, Pauly (1981) also made a similar literature review, and more recently Lothstein (1982) made a third review of the literature on this topic. The fact that three comprehensive reviews were published independently within a year's time indicates that there is great interest in following the outcome of sex re-

assignment surgery. All of these authors believe that there is a need to pursue these outcome data in a more systematic and standardized manner. All three reviewers agree that the heterogeneity in diagnosis, difference in criteria for the selection of patients for sex reassignment, and the lack of uniformity in follow-up methods, make it difficult to arrive at generalized conclusions from the current literature. Lothstein (1982) claims that it is almost impossible to make any firm conclusions from the literature available today. He maintains, citing Person and Ovesey (1974), that patients who request sex reassignment are usually secondary transsexuals, that is transvestites or feminine homosexuals. We fully agreed with Lothstein's opinion that it is necessary to carefully evaluate the gender dysphoric patient and to consider other alternative treatment, before recommending patients for sex reassignment. We also share the opinion that secondary transsexuals are usually not good candidates for sex change operations. We find, however, that most requests for sex reassignment do come from primary transsexuals whose cross gender identification goes back to childhood, and appears to be quite stable over a period of many years. This impression comes from not only our combined clinical experience, but from the same literature which Lothstein seems to disregard.

The attached table compares the results of follow-up studies of sex reassignment surgery in transsexuals reported by Pauly (1981) and Lundstrom (1981). There is some overlap in that both authors reviewed the same follow-up studies (15) whereas Lundstrom included some 14 additional studies which were not part of Pauly's review. The data of these two studies are summarized in the attached table, and their implications will be discussed in the body of this paper.

Review of the Literature. Outcome of Sex Reassignment.

| | N Studies Reviewed | N Patients | Satisfactory | Unsatisfactory | Suicide | Uncertain |
|------------------|--------------------------|---------------|--------------|----------------|----------|------------|
| Pauly (1981) | | | | | | |
| Males | 11 | 283 | 202 (71.4%) | 23 (8.1%) | 6 (2.1%) | 52 (18.4%) |
| Females | 8 | 83 | 67 (80.7%) | 5 (6.0%) | 0 (0%) | 11 (13.3%) |
| Lundstrom (1981) | | | | | | |
| Males | 17 | 368 | 323 (87.8%) | 38 (10.3%) | 7 (1.9%) | - |
| Females | 12 | 124 | 111 (89.5%) | 12 (9.7%) | 1 (0.8%) | - |

FOLLOW-UP OF 25 TRANSEXUALS IN MINNESOTA PROGRAM

Satterfield, Sharon B., M.D.

In an updated statistical analysis of the 1980 follow-up study of 25 transsexuals who received sex reassignment surgery, it was determined that preoperative measurements of psychological, social and vocational adjustment showed no predictive value for postoperative adjustment. Significant improvement was demonstrated in psychological and social adjustment. Many aspects of the study have never been reported, specially detailed data on occupational and sexual functioning, family relationships and friends. Seventy-two percent were employed at the time of follow-up. All female-to-male respondents were working. Three male-to-female respondents were housewives. Two were students.

The average person in the sample was moderately satisfied on measurements of surgical satisfaction, sexual satisfaction, gender identity, and general life satisfaction. He or she was less than 25 years old at the time of surgery and had an intelligence quotient from 101 to 119. Detailed data on surgical results and complications, as well as the correlation between surgical result and sexual function has been determined.

THE EFFECTIVENESS OF SURGICAL SEX REASSIGNMENT AS A TREATMENT FOR GENDER DYSPHORIA

Dixen, Jean M., ^{Ph.D.} Van Maasdam, Judy.

The primary objective of this study is to assess the effectiveness of surgical sex reassignment as a treatment for gender dysphoria (and specifically transsexualism.) A representative random sample of 100 individuals have been selected from the Gender Dysphoria Program (GDP) in Palo Alto, California, formerly the Stanford Program. They will be examined on the following measures of adjustment: 1) a questionnaire measuring social, sexual, economic, and psychological adjustment, designed specifically for gender dysphorics; 2) the MMPI; and 3) the Beck Depression Inventory. The questionnaire and MMPI will be pre-post measures so that each individual will serve as his or her own control. Fifty percent of these individuals will also be assessed with a structured psychological interview. Those who participate in the interview will also be selected randomly from those who complete the questionnaire portion of the study.

Although the study is somewhat preliminary because it examines only one-fifth of the total number of postsurgical gender dysphorics who have received surgery from the GDP, the sample size is large when compared to others in the literature. Therefore, if the results are consistent with those of recent follow-up studies indicating that a select group of individuals benefit from surgery, an additional objective will be to determine the specific criteria that result in the selection of a good surgical candidate. However, if the results suggest that the treatment, does not have a positive effect on psychological and social adjustment, mental health professionals will have to search diligently for a viable alternative therapy.

PRELIMINARY REPORT OF FOLLOW-UP ON SOME PATIENTS OF STANLEY H. BIBER, M.D.

Kelley, Tomye, M.A., Biber, Stanley H., M.D.

This paper is a preliminary report presenting follow-up with some of the patients who had surgery during the year of 1981, by Stanley H. Biber, M.D. and surgeon of of Trinidad, Colorado. It is a companion paper to the paper to be presented at this symposium by Dr. Biber in which he presents a pre-operative demographic profile of a large population of patients from which this follow-up was drawn.

The individuals self-selected for this study by their willingness to respond to follow-up contacts. This was our only method of selection.

In this study, we are reporting on subjective evaluation of the constructed genitalia, both cosmetically and functionally, presence or absence of complications (psychologically or physically), life-styles and affiliations, employment and new goals.

This report is part of a five year program. The study was begun in the summer of 1979. However, the program includes only patients whose surgery was performed during the year 1981. This program, therefore, will not be complete until 1986.

EX POST FACTO STUDY ON THE EFFECTS OF THE TREATMENT OF TRANSSEXUALISM

Kuiper, Bram, M.A., Cohen-Kettenis, Peggy, Ph.D.,

This presentation reports on a research in the Netherlands on the effects of SRS. Four areas of functioning are examined: social-economic, sexual, physical and emotional. Subjective and objective criteria are considered; the most important criterium concerns improvement in subjective well-being. 231 persons who were diagnosed as transsexuals by the Foundation Netherlands Gender Center (FNGC) and who had initiated hormonal treatment were asked to cooperate in the study. 104 male-to-female transsexuals and 36 female-to-male responded positively. All participants completed an extensive semi-structured interview based on a questionnaire developed for this study. All the interviews were recorded on magnetic tapes. Some other inventories and scales were also taken. Among them the "Body Image Scale" from Lindren and Pauly (1975) and the "Standardized Rating Format for the Evaluation of SRS" from Hunt and Hampson (1980).

The presentation will be concerned with the design and the results of the study. Comparisons will be drawn with other SRS follow-up studies. Special attention will be given to the Body Image Scale and the Standardized Rating Format.

TRANSSEXUALISM IN THE NETHERLANDS

Kuiper, Bram, M.A., Cohen-Kettenis, Peggy, Ph.D., Everaerd, Walter, Ph.D.

The first scientific report in the Netherlands of transsexualism appeared in 1959. The discussion and controversy which ensued was responsible for the fact it took until the late 1960's before the first SRS was carried out. Assistance to transsexuals came off the ground in 1972 when the Foundation Netherlands Gender Center (FNGC) was founded. The Foundation includes surgeons, endocrinologists, psychologists and lawyers in its staff. In the past 11 years, approximately 170 male-to-female transsexuals and 60 female-to-male transsexuals have been treated by the professionals of the Foundation. The intake data obtained from these transsexuals is being used for a research on etiological factors in transsexualism.

Work by foundation lawyers contributed to the design of a national bill in 1982 which will make possible for transsexuals to change the registration of their gender on birth certificates.

Since the early 1970's, transsexuals and transvestites have been organized in work groups within the Dutch Movement for Sexual Reformation. These groups have provided transsexuals and transvestites with opportunities for meeting each other and for exchanging experiences and information. Meetings of the groups have led to the formation of self-help groups and groups for partners. The work groups also endeavor to draw attention to transsexualism and transvestism in educational curriculae and in the media.

This presentation will present more information about the FNGC, the intake data, the bill regulating changes in birth certificates of gender registration, and the social organization of transsexuals.

Dr.

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The first part of the report is devoted to a description of the work done during the year. It is divided into three main sections: (1) a general survey of the work done, (2) a detailed account of the work done in the various departments, and (3) a summary of the results obtained. The first section is a general survey of the work done during the year. It is divided into three main sections: (1) a general survey of the work done, (2) a detailed account of the work done in the various departments, and (3) a summary of the results obtained.

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