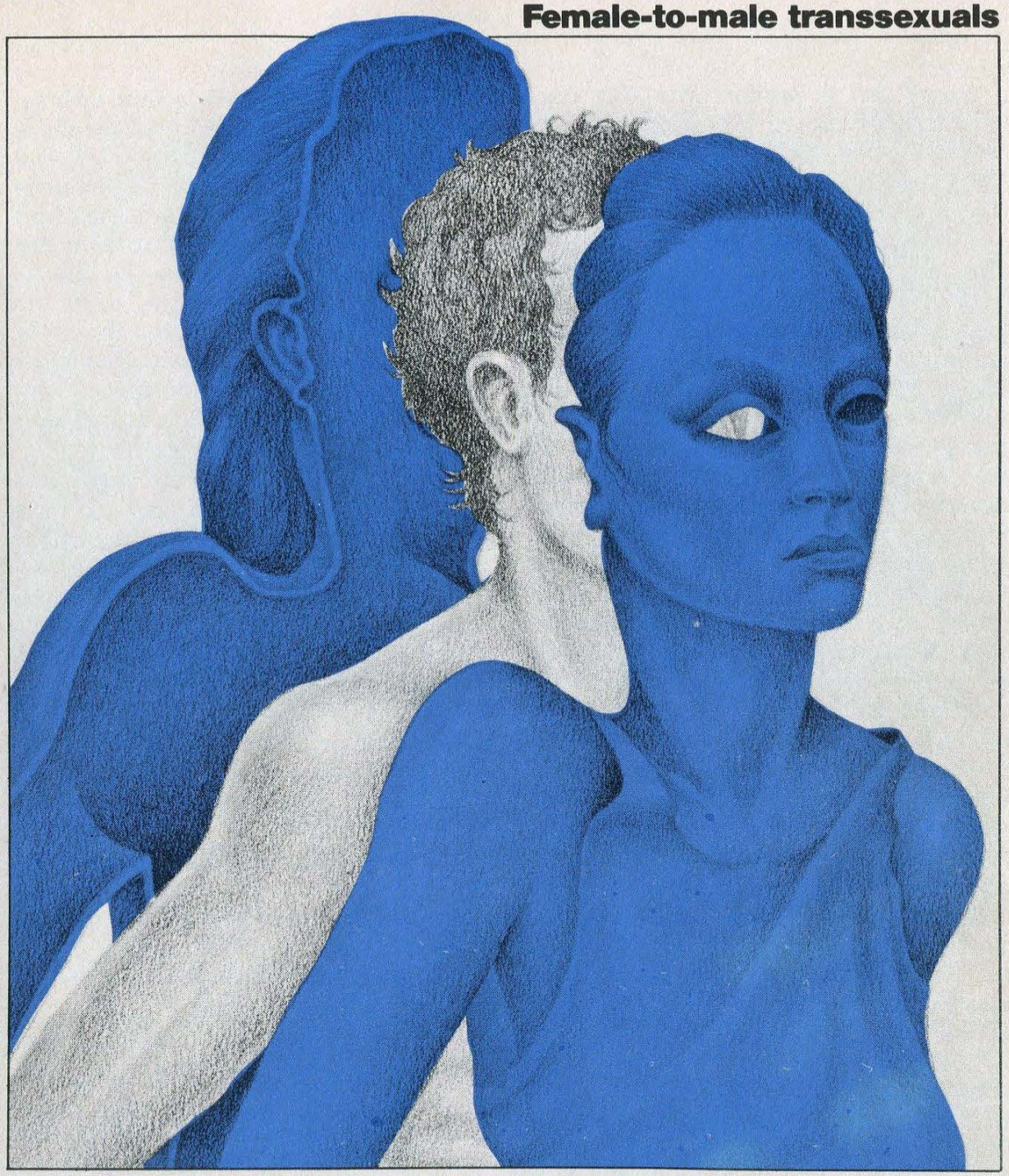

ILLUSTRATIONS: MARK E. VAN EPPS

THE MAN INSIDE

By CANARY CONN

A transsexual is psychologically one sex and biologically the other. Like the thin person purportedly trapped inside every fatty, the transsexual feels unjustly imprisoned in a body with the wrong sexual characteristics.

Change *is*, however, possible. The determined and financially able can resort to hormones and surgery to correct what they regard as a tragic mistake on the part of a capricious Mother Nature. I know, since

I myself am a woman who was once miserably burdened with the body of a man. My male-to-female surgery, performed seven years ago, finally brought my physical being into agreement with my mind and emotions (See Advisor, May 1977).

For females who wish to become physically, as well as psychologically male, just as with male-to-female transsexuals such as myself, the realization that something is very wrong often comes early. Allen (formerly Alice), a 31-year-old transsexual who recently began the hormone injections that precede surgical reconstruction, told me, "I first felt I was a little boy . . . I spent most of my life daydreaming about God coming down from heaven and going 'poof' and changing me . . . It was on my mind all the time. Society doesn't let it be off your mind, especially when you're a child and you don't know about sex or who is what."

The transsexual child's discomfort increases with the onset of puberty. Another transsexual I interviewed recalled the genuine horror he felt as a girl when his adolescent body began to look distinctly female: "I hated my body. I hated my breasts. I hated my hips. I always wanted to have long sideburns. My heroes were Roy Rogers and Robin Hood. After high school I wore a crew cut and Levi's."

Even when convinced that her body should be physically male, the decision to make the surgical switch is never easy. Many prefer continuing to cross-dress, disguising themselves with masculine hair styles, clothes, and mannerisms without having their breasts and genitals more or less irreversibly altered. (Transsexuals are not to be confused with transvestites, people who suffer no gender confusion but simply get a charge out of dressing and acting like the other sex.) Others decide that the risk and discomfort of surgery are a small price to pay for emotional peace. Allen pondered for three years before deciding that he could not go on the way he was: "I can't say I ever really seriously tried to kill myself, but I very seriously wanted to die, just to make the pain go away." The son of a physician and a nurse, Allen has had eight years of college but is unemployed at present. He hopes to get a job in a carpet store after his operations are complete. Like the other transsexuals I interviewed, he also hopes that the surgery will enable him to lead a more productive life. "I don't think I can really make the decision of what I want to do with my life until I can live as a man, because so much of my energy has gone into questioning why I'm not the same inside as out, and into fantasy."

Once a transsexual has made the decision to become physically male, he must locate one of the few doctors in the United States who perform sex-change operations. The Stanford University Medical School Gender Identity Program is one such mecca for transsexuals committed to change, and Joe (once Ann) hopes to join its long line of candidates for surgery. Like all reputable professionals involved in sex-change procedures, the Stanford physicians subject applicants to extensive psychological testing to determine their emotional stability and their expectations about the operation's effects. Anyone who thinks that the addition or subtraction of anatomical assets will put his life in perfect balance is considered a poor bet for post-surgical adjustment.

Joe had to undergo a psychiatric evaluation before his endocrinologist, who specializes in treating transsexuals, would adminster the injections of testosterone (male sex hormone) that always precede actual surgery. Joe passed the examination easily, probably because of his pragmatic view of his future transformation: "People make the mistake of thinking that changing your sex to match your gender will change everything. But if you're a rotten woman, then you're going to be a rotten man. You're going to be the same person. It's just that all these little things that add up to a big uncomfortable feeling will be gone."

Once accepted for treatment, the female-to-male transsexual begins a course of periodic testosterone injections that continue for the rest of his life. The

Jude Patton as a little girl . . .

and a transformed man.

first result is an immediate increase in libido and the clitoris, enlarged by the testosterone, becomes increasingly sensitive.

Within a few weeks, the testosterone stimulates the growth of body hair in a satisfyingly male pattern, producing a hairy chest and beard and promoting hair growth in the armpits and on the limbs. Concurrently, the breasts shrink a bit, muscles increase in mass and strength, and the distribution of body fat shifts. Like the genetic male, the female-to-male transsexual on testosterone will develop a beer belly rather than a big bottom if he overeats.

In addition, ovulation and menstruation, the latter a particularly painful embarrassment to a would-be man, stop. (One pre-operative man I interviewed skipped his injections for a few weeks and woke up one morning aghast at the onset of a menstrual period.) As the larynx expands, the newly-emerging male undergoes a change of voice similar to that experienced by adolescent boys as the hormone causes the larynx to expand. Jude , a burly, black-bearded 37-year-old transsexual, remembers that in only two weeks his voice plummeted from soprano to tenor: "I had something that felt like a sore throat, like hoarseness. It kept getting lower and lower and felt sore for about a month. My voice suddenly began to break like a teenage boy's often does. As a matter of fact it still does sometimes when I get excited. It's kind of embarrassing."

After the patient has received hormone injections for a period of time determined by his doctor, he may proceed to the first operation, a mastectomy. If his breasts are small, the operation is relatively simple. An incision is made around the areola, the fatty interior tissue is removed, and the incision is closed, leaving a faint scar. If his breasts are large, the nipples must be reduced in size and repositioned higher on the chest and a considerable amount of tissue must be removed. In such cases the scars may be extensive. Jude,who had had rather large breasts, felt that a few scars were insignificant compared to the joy of finally have a flat chest. He smiled as he remembered his post-mastectomy ecstasy. He looked down at himself and saw that "the bulges that had once plagued me weren't there any longer. Even with all the bandages I could see it was flat."

Author Canary Conn with Jude.

Jude next opted for a hysterectomy, an operation that some female-to-male transsexuals skip since the testosterone alone stops their periods, However, the hysterectomy has considerable psychological impact. Joe, for one, is looking forward to his. In fact, he told me "I can't wait to get rid of all this stuff," a comment that conveys his distaste for the undeniably female organs hidden within.

The female-to-male transsexual's final operation is the construction of a phallus. This appendage cannot be accurately termed a penis since it does not function as one.) Skin is taken from the patient's abdomen or back, formed, into a penis-like tube, and grafted onto the appropriate position. The vaginal labia are stitched together into a reasonalbe facsimile of a scrotum, and two round plastic inserts are implanted to lend the appearance and heft of testicles.

Now the female-to-male transsexual looks convincingly male and possesses all the appropriate masculine parts. The parts don't, however, work as original equipment would; the surgically-created phallus is not as functional as the artificial vagina of the male-to-female transsexual. The urethra can be rerouted through the phallus so that the female-to-male transsexual can urinate like a man. However, usually, the urethra is at the base of the penis and the transformed man is biologically compelled to urinate in the female position. The new phallus lacks the spongy tissue that fills with blood to cause erections in the normal male. Frequently the phallus is constructed with a canal running through it so that a rod can be inserted, making it stiff enough for intercourse.

If the female-to-male's clitoris is left intact or incorporated into the base of the phallic graft, he may be able to enjoy orgasms, since the clitoris will respond to friction as it always did. (Some male-to-female transexuals are also orgasmic, presumably because their artifical vaginas are made from penile tissue capable of registering sexual stimulation.)

Jude, like the vast majority of post-operative female-to-male transsexuals, is glad that he underwent his $6,500 worth of operations. He says he has better interpersonal relationships and a generally happier life now that he is rid of the continual tension and contradiction that marked his preoperative existence. He works as a mailman and participates in a transsexual self-help organization. He lives with his mother and girlfriend, and they have cast him in the traditionally masculine role of breadwinner and household repairman. His mother, Jude says, is his stoutest defender. "If a relative slips and says 'she' or 'Sally' my mom says 'He's my son and his name is Jude ' "

Jude's genital limitations are of little concern to him. "For 32 years I didn't have a penis and I still managed to satisfy a lot of women. Now that I do have one I'm not one of those guys who thinks that's all there is to sex . . . I know it's not perfect but then again I really don't know what perfection is because I never had it."

Joe, thinking of his proposed operations, takes an equally philosophical view of his future phallic capabilities. He looked at me calmly when I asked if he would be disturbed by his inability to ejaculate. "Everybody wants to be complete and normal," he said, "but when you become realistic about it, you realize that everybody walking around on the street has problems and deficiencies. If you want to be happy, you make the most of whatever the positive points are and the least of whatever the negative points are . . . as long as you love each other and are concerned and please each other—well, you can't have everything."

In general, if a preoperative female-to-male transsexual is relatively stable and non-neurotic, the surgical transformation into a physical male causes few regrets. About 200 female-to-male operations have been done in this country, and a psychologist who deals extensively with transsexuals reports that none of the subjects she knows of have requested reverse operations. The female-to-male subjects,

she says, usually adapt to their new bodies better than the male-to-female subjects, apparently because their initial expectations about the effects of the surgery are more realistic. Female-to-males know that they will have merely cosmetic phalluses and they seem to accept this limitation, whereas the male-to-female transsexuals expect a fully functional vagina and are dismayed at its imperfections. Furthermore, the testosterne administered to female-to-male transsexuals is more effective in altering secondary sexual characteristics than is the estrogen given to male-to-female transsexuals. Female-to-male transsexuals often look convincingly male; they may be short (they average 5-4 in height) but they are muscular and hairy in all the right places. Male-to-female transsexuals are pretty much stuck with a masculine bone structure and height that neither estrogen nor surgery can correct.

Dr. Gerald Leve, a Los Angeles endocrinologist who specializes in the pre- and post-operative treatment of transsexuals, agrees that female-to-male subjects may benefit greatly from sex-change procedures: "The female-to-male will assume an enormous amount of responsibility, in an almost quasi-Victorian fashion, due to his sometimes distorted version of roles or definition of the true male. Often the male-to-female transsexual needs to create a family because of his biological inability to do so. Some of my patients' wives have had artificial insemination so that they may have children."

It does seem possible for the female-to-male transsexual to live a socially and psychologically normal life as the person he feels himself to be: a man. Mind is at least equal in importance to matter, and if a person's psychological gender cannot be altered, then changing the body to suit the mind will often be the best course of action. As one transsexual explained, the situation is really quite simple: "The way we appear to others is the problem. The most important thing is that you appear to be the same as you are inside." ◑

Author Canary Conn with Jude.