Sexual Misfits

WOMAN'S GUARDIAN

It seems obviously humane to treat the tiny minority who live in sexual limbo with tolerance and understanding, and not with mirth, cynicism, or punishment. But while life stories of sex change claimants sell for alluring sums, perhaps such humanity is difficult

7/1/70

The sexual misfits

BY AURIOL STEVENS

WHAT happens, medically and socially, when a person apparently changes sex? Roberta Cowell, one of the first of such cases, tells of the unhappiness and over-compensation of her first 30 years, and what the change has meant. Already, as a schoolboy, she was self-conscious about her wide hips, white skin, and abnormal genitals, and tried to make up for it by being over-aggressive, one of "the boys." Later, she became a pilot and motor racing driver, but increasingly she ran into medical and social difficulties in being accepted as a man—she used to wear a tight elastic bandage round her chest to hold in her breasts.

In the end she was advised by her doctors that she was a woman, but rather than accept the fact and change over to living as one she tried three times to commit suicide. It was repeated failure that finally persuaded her to accept the change. In 1951 she was legally re-registered on her birth certificate as female, and a year later, having already started to live as a woman, she underwent a series of operations. Birth certificates can only be changed in this way if doctors will testify that a mistake was made in sexual identity at birth.

In 1954 Roberta Cowell sold the story to "Picture Post." The publicity brought in, to her surprise, a flood of requests for help with sexual problems—which still continues. With the less dramatic queries, about frigidity, marital difficulties, problems with children, she finds she can help, and she now spends much of her time on it. "People will tell me the most extraordinary things, things they say they have never been able to tell anyone else. In a way I am in a unique position of being able to see both sides." She is writing a book about her findings in this field.

Many of the requests for help, however, come from homosexual men who see in a change of sex the answer to all their problems. These she finds particularly distressing, and she passes them on to her partner, a psychiatrist, since she feels unable to cope impartially. "It is extremely distressing that so many people think they can change sex just like that. Sex is fixed at conception and cannot be changed."

An organisation in this country trying to help people with these extreme problems is the Gender Identity Unit. Started in January, 1969, it is a group of specialists scattered among a number of hospitals who have let it be known within the medical profession that their help is available.

On one thing everyone agrees—it is in fact impossible to change sex. A normal man or woman cannot become a normal member of the opposite sex. The medical question is the definition of male and female, whether sex is determined by external organs or by chromosome patterns. In the case of athletes, chromosomes have been chosen, and a smear taken from the inside of the cheek is analysed.

And then there are moral problems: if a person is found to be living in the wrong sex unknowingly, should he or she be told? Is it ever right to give hormones to, and even to operate on, a normal man or woman to make them into what can only be at best an ersatz member of the opposite sex? To this last question Roberta Cowell and many psychiatrists would say "no," the members of the Gender Identity Unit would say "perhaps"—occasionally.

There are two main groups involved in apparent changes of sex. With one, intersexuals, the problem begins at birth, for in rare cases it is uncertain from the genital organs whether a baby is a boy or a girl.

The other, probably larger group, are transexuals. These are normal men or women who so passionately want to belong to the opposite sex that they may come genuinely to believe that a mistake has been made. They will seek any means, from wearing drag to surgery, to make themselves passable members of what they believe to be their "real" sex. The basis for these "changes" is entirely psychological, though the social experiences they go through trying to gain acceptance must be none the less excruciating.

Intersexuals

The number of intersexuals is very small—one in 20,000 is the estimate of Professor C. J. Dewhurst, Professor of Obstetrics at Queen Charlotte's Hospital, and a member of the Gender Identity Unit. The physical abnormalities which may be misleading are thought to be caused most commonly by malfunction of the adrenal gland before birth.

They may also occur because the mother may have had treatment in early pregnancy with drugs capable of masculinising the unborn child's genital organs. These are a group of drugs—C 19 steroids—closely related to the Pill. Most are now known and have been withdrawn, says Professor Dewhurst. In these cases the baby appears to be male with slightly abnormal genital organs, but on examination is shown to have female chromosomes.

Modern developments of chromosome analysis and other advances make it possible to put babies with these abnormalities into the right category, so the problem of mistaken sex at birth should virtually cease. There are a few people with abnormal chromosomes, but then the sex is usually unaffected, and if a case is doubtful, hormones and surgery can tip the balance. Studies of intersexuals in such cases show that the upbringing is the most important factor in determining behaviour.

Professor Dewhurst sums up the problem: "If a child is put arbitrarily into the male category and subsequently shown to be female, it might be right to correct the abnormality, but if the external organs are female it is better that the individuals continue to live in the female sex, to which they usually adapt admirably." The only difference would be that they could not have children.

The problem is a surgical one. It is relatively easy to make a person who has external male organs, but inside has a uterus and ovaries, into a normal woman by removing the male type organs and enlarging or constructing a vagina. But with external female organs it is almost impossible to create satisfactory male genitals, although undescended testicles can be brought down and abnormalities of the urethra corrected.

The number of transexuals is quite unknown, but they are probably more common than intersexuals and account for most of the sensational newspaper stories. Most are men and many of them simply dress and live as women. This is not to say that all transvestites want to change sex, most probably don't, just as most butch lesbians who dress like men have no wish to be men.

Some, however, take hormones to acquire the secondary characteristics of their adopted sex—on a man, breasts, smoother skin, less body and beard hair; on a woman increased muscle and hair on the face. And some go to the extreme of having surgery to make the illusion more complete. This is most easily available at high prices in places like Casablanca. In this country the number of operations done privately is unknown, but in the last 20 years between 40 and 50 have been done on the National Health Service.

In the long run massive doses of hormones of the opposite sex cause atrophy of the sex organs and amount to chemical castration. Surgery from male to female is castration in a more dramatic form, for although the skin from the scrotum can be tucked in to make an artificial vagina, and though it is claimed that orgasm is possible after this operation, these people are basically neuter. There are women transexuals who want their wombs removed to bolster their own conviction that they are men, but this is far rarer.

Perhaps the change is usually from male to female because, as Roberta Cowell thinks, it is much easier to live as a woman than as a man, "A man must prove his masculinity and go on proving it; a woman just has to be." She also finds that people are much nicer, kinder and more friendly to women than to men. On the other hand it is harder she thinks for a woman to work and make a living.

With such a dramatic operation it is not surprising that the Gender Identity Unit will only occasionally recommend it in carefully selected cases. It is not unknown for patients to regret changing, and operations are not advised unless three or four members of the unit agree, and the patient has lived for at least a year in the new sex. "If it is justified at all, it is justified only to save the patient from something worse—attempted suicide or self mutilation." Members of the unit do however claim that, "if picked wisely, they do appear to be better members of society." Surgery may be the only thing that can help in extreme cases. Psychiatric treatment, while probably useful to people with more minor problems, is not successful with the extreme ones.

The law and sex

For those who do change the battle is not over with getting the help of doctors. It is possible to change a name by deed poll and this means that passports and insurance cards can be changed, but the birth certificate is unalterable unless the doctors agree there was a mistake and they very rarely do so. The law allows for no ambiguity in sex, and doubtful cases who get into trouble tend to be bundled from prison to prison until some arbitrary decision is made.

Undoubtedly, those who in every social sense have "changed" suffer greatly at the hands of the law and bureaucracy. It comes right down to which public lavatory you use.

It seems obviously more humane to treat this tiny minority who live in a sexual limbo with tolerance and understanding, and not with mirth, cynicism or punishment. But while life stories of sex change claimants sell for such alluring sums perhaps such humanity is difficult. And the subject will continue to be saleable while it is so veiled in mystery.