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A REPORTER AT LARGE

THE BODY LIES

The phenomenon of a person who is born a man but knows he is really a woman—and chooses to become one—is well known. But there are almost as many women who choose to become men. It's a difficult and expensive transformation. Why do they endure it, and what questions do they raise about gender in our culture?

BY AMY BLOOM

WHAT would you go through not to have to live Gregor Samsa's life? Not to realize, early in childhood, that other people perceive a slight, unmistakable bugginess about you which you find horrifying but they claim to find unremarkable? That glimpses of yourself in the mirror are upsetting and puzzling and to be avoided, since they show a self that is not you? That although you can ignore your shell much of the time and your playmates often seem to see you and not your cockroach exterior, teachers and relatives pluck playfully at your antennae with increasing frequency and suggest, not unkindly, that you might be more comfortable with the other insects? And when you say, or cry, that you are not a cockroach, your parents are sad, or concerned, or annoyed, but unwavering in their conviction—how could it be otherwise?—that you are a cockroach, and are becoming more cockroach-like every day? Would you hesitate to pay thirty thousand dollars and experience some sharp but passing physical misery in order to be returned to your own dear, soft, skin-covered self?

Approximately two people in every hundred thousand are diagnosed (first by themselves, then by endocrinologists, family doctors, psychiatrists, or psychologists) as high-intensity transsexuals, meaning that they will be motivated, whether or not they succeed, to have the surgery that will bring their bodies into accord with the gender that they have known themselves, since toddlerhood, to be. Until ten years ago, the clinical literature and the notoriously unreliable statistics suggested that for every four men seeking to become anatomically female, there was one woman seeking the opposite change. Now clinical-evaluation centers report the ratio is almost one to one.

In fifteen years of practice as a clinical

social worker, I met men who liked to wear women's clothing, women who preferred sex in public conveyances to sex at home, men who were more attracted to shoes than to the people in them; I didn't meet any transsexuals. I encountered transsexuals only the way most people do: in Renée Richards' story, in Jan Morris's "Conundrum," and on afternoon talk shows, in which transsexuals are usually represented by startlingly pretty young women, sometimes holding hands with engagingly shy, love-struck fiancés, sometimes accompanied by defensive, supportive wives turned best friends. I wondered—in the middle of the afternoon—where the female-to-male transsexuals were. Even if there were four times as many male-to-females, there still had to be a few thousand of the other kind somewhere.

I thought there must be a reason that they were invisible. I wondered if their physical transformations were so pitiful that no one could bear to interview them, if women who wished to be men were less interesting, less interview-worthy than men who wished to be women, or if these people were so floridly disturbed that even the talk-show hosts were ashamed to be seen with them.

Much of the early psychiatric literature about transsexuals, from the pre-Christine Jorgensen nineteen-forties until the late nineteen-seventies, leaned heavily toward psychoanalytic explanations and toward clinical descriptions that, however sympathetic to the unhappy patient, emphasized the bizarreness not of the biological condition but of the conviction that there was a biological condition. The next psychiatric wave emphasized "personality disorders"—specifically, the popularized borderline-personality syndrome, with its inadequately formed sense of self and frightened yearning for symbiosis—as

the root of transsexualism. In "The Transsexual Empire," Janice Raymond's overwrought theories about the training and practice of surgeons who perform transsexual procedures are the feminist equivalent of some of the Mafia-C.I.A.-White Russian-conspiracy theories of Kennedy's assassination, but her essential point—that transsexuals are psychologically unstable victims of a society that overemphasizes the roles of sexual insignia and gender difference—made sense to me. If the people involved were less nuts and society were less rigid, it seemed, neither transsexuals nor the surgery they seek would exist.

Most of us can understand a wish, even a chronic wish, to be the other gender. History and fiction are full of examples—many charming, some heroic—of women who dressed as men throughout their lives. It's the medical procedures that make transsexuals seem crazy: six months to two years of biweekly intramuscular injections of two hundred milligrams of Depo-Testosterone, which cause an outbreak of adolescent acne, the cessation of menstruation, and the development of male secondary sex characteristics; then a double mastectomy, in which most but not all of the breast tissue is removed, the nipple saved, and the chest recontoured for a more masculine, pectorally pronounced look; and then, a year to ten years later (depending on the patient's wishes and financial resources), one of two possible genital surgeries—a phalloplasty or a metoidioplasty—and a hysterectomy. In short, multiple, expensive, and traumatic surgeries to remove healthy tissue. Who would do this?

Lyle and his mother, Jessie, live in a trailer park in suburban Montana, a state in which I'd never imagined suburbs. (The names of these people and

some identifying details about them have been altered.) The trailer park is neatly laid out beneath a shocking cobalt sky, and all the culs-de-sac have their own blue-and-white street signs, none of which are bent or rusted or facing the wrong way. The careful hand of people who are used to making do, doing without, and trying again is everywhere. Jessie and Lyle are watching for me from the trailer's little porch, and they come toward the car like a couple of welcoming relatives.

The inside of the trailer is familiar; it is the Montana twin of my mother-in-law's home, in northern Minnesota. Sturdy, slightly bowed Herculean love seat and matching recliner in shades of orange; copper mallards flying across the opposite wall, arching over the TV. The three of us finish two pitchers of iced tea during the afternoon's conversation. Lyle and Jessie allow themselves to be sad and occasionally puzzled by their own story—but not for long. All their painful stories are followed by moments of remembered grief but end in the genuine and ironic laughter of foxhole buddies; they know what they know and they are not afraid anymore.

Lyle is older than I had thought he would be—an adult. He had been a patient of three of the people I had previously interviewed: Dr. Donald Laub, a preeminent plastic surgeon known especially for female-to-male sex-change surgery; Judy Van Maasdam, the counsellor at Laub's surgical center, in Palo Alto; and Dr. Ira Pauly, a prominent psychiatrist, now head of the Department of Psychiatry at the University of Nevada School of Medicine. When they told me about Lyle, they all focussed on how young he was at the time of transition—much younger than most people who apply for surgery. Even though I knew better, I had half expected to meet a teen-ager. He was fourteen when he began hormone treatments, with medical approval, fifteen when he had his mastectomies, but twenty-three before he and his parents had enough money for the phalloplasty, the "bottom" surgery. (That's what the guys say about their surgeries—"my top," "my bottom.") I was horrified when I first

heard the stories about this kid, and I imagined meeting his parents and clinically evaluating them as misguided, covertly sadistic, or perversely ignorant, acting out their own unhappiness on their helpless child.

You should have such parents.

When Lyle entered puberty, his mother and his late father took him from doctor to doctor, looking for explanations for Lyle's unhappiness and fierce resistance to being treated like a young woman. An endocrinologist who had

who reads this that this wasn't easy—it was a really terrible shock. I didn't understand. I said to the first endocrinologist, "Where did we go wrong?" and he said nowhere, it was biological. I called every single—I'm not kidding you—every single insurance company in the U.S.A., and they said, "No, it's cosmetic."

Lyle interrupts—the only time I'll see him openly angry. "Yeah, right. Like I wanted a nose job. Cosmetic. Well, it was only my life."

Jessie makes soothing hand gestures,



Women who became men: Loren Cameron and James Green are members of Oakland's transsexual community. Green lives with his girlfriend. How did he meet her? "She's a writer. She was interviewing me." (Photograph by Amy Arbus.)

worked with Don Laub recognized Lyle as possibly transsexual, and Ira Pauly and Judy Van Maasdam confirmed the diagnosis. Then, after extensive hormone treatments, Laub performed the first surgery and the family moved to another state, to allow Lyle to enter high school as a boy. Later, they nursed him after his hysterectomy and his phalloplasty, and used all their savings, and then some, to pay his medical bills.

Jessie says, "I want everyone to know

reminding him that it's all right now. "And, of course, the money. Our other kids resented it. I understand. But what could I do? What could we do? If your child has a birth defect, you get help. We understood—we understood even when he was little that something wasn't right. And we knew, when the doctors told us what could be done—we just knew what we had to do. When the doctors said he was transsexual, I felt that I *knew* that."

After hearing the stories about the

hated girl name, the astonished, frightened tears and protracted battles over party dresses, Mary Janes, and even girl-styled polo shirts, and the deep, early sense of male identity, I ask Lyle about life since the transition. He gives me a glossy, friend-filled account, highlighted by a two-year romance with an older woman (twenty, to his seventeen) and a successful football career cut short by an ankle injury.

And after high school?

Finally, a bit of trouble: "I had a little money problem and a little drug problem. I got some counselling, came back from Las Vegas, started college. Now I'm taking classes, paying off my bills, working for the state. Eventually, I'll get my bachelor's."

He sighs, and Jessie says quickly, "That's all right. Lots of older kids are in college these days. Aren't they?" I say I know quite a few, and we sip our iced tea.

"I did a lot of partying, some wild times," Lyle continues. "I think maybe I was frustrated. I think maybe I did drugs partly because I was so frustrated at not being able to get my bottom surgery right away. Maybe. I just felt not quite right, but the surgery didn't make the difference I thought it would. It just made me feel me—not macho, just me. Uh, sexually"—he looks at Jessie—"it helped me out mentally, not really physically. But it cost so much. Not that Don Laub wasn't fair—he was. And when it was over, all I wanted to say was 'Thank you, Dr. Laub, for letting me be reborn.' But if it hadn't been for that I'd have a very nice house by now."

He laughs and Jessie laughs. "Me, too," she says. "We'd have two very nice houses." Not looking at him, she goes on, "There is another surgery he could have, to get all the feeling"—a surgery in which a nerve taken from the forearm is run through the phallus, I learned later—"but we just don't have the money."

I didn't ask any questions, because at that time I didn't know much about the different kinds of phalloplasties and I thought that it was rude to ask people about the working condition of their genitals, constructed or otherwise.

Lyle says, "What does it cost? Another forty grand? To have more sensa-

tion? It'd be nice, I guess, but I'd rather pay off my debts and buy a condo. What I have is fine. I need to get back on my feet financially and own my home more than I need to—" He laughs again and looks at his mother, who laughs, too.

Lyle shows me photographs I've asked to see. It seems absurd to describe the child I'm looking at as a little girl; there are no pictures like that. He is a sturdy little boy, looking adoringly at his dad while happily playing with his electric train; a handsome, shaggy graduating senior, being kissed by a pretty girl; a friendly, beefy man with thinning blond hair—exactly the look of most West Coast high-school football stars ten years down the road.

JAMES GREEN, the transsexual man who has organized a get-together for me at his Oakland condo, sits beside me in the rental car while I look for the dimmer switch. I'm parked in his parking space, since he has chivalrously moved his car a block away to make room for me. I find the headlights, I find the interior light. I find the wipers. I cannot turn off the brights. James reaches across me with his left hand and adjusts the dimmer switch. The brights go down, and he looks at me exactly as my husband has on hundreds of such occasions: affectionate, pleased, a little charmed by this blind spot of mine. We smile at each other and I shrug. He shrugs, too. "It's innate," he says, and he laughs, not taking his eyes off me.

We are dining unfashionably early, in an austere hip neighborhood café, before the group arrives at James's place. A huge plate of food is put before James, and he hunches over slightly and begins eating. I notice that he does not say, "Gee, this is a lot of food," or anything like that. Like a man, he just starts eating. I ask him how he met the girlfriend he'd mentioned earlier.

James puts his fork down and gives me the full effect of his green eyes. "She's a writer. She was interviewing me." A quick unfolding of a Jack Nicholson smile, and then, with slow mock shyness, he goes back to his dinner. I smile, too.

After dinner, we drive to his condo, which is clearly the home of a writer and a noncustodial father: eclectic reference

books spill off the bookshelves, the refrigerator door is bedecked with drawings by and photographs of a cute little girl, dolls and coloring books make a pink-and-purple jumble in a corner of the living room. When James was a lesbian, the woman he lived with had a child, whom he regards as his daughter; after his surgery, they broke up, but he now sees the little girl as much as he can. The doorbell rings, and James introduces me to Loren and Luis, guys from the local transsexual community. (Luis is a pseudonym, and some of the details of his background have been changed.) Loren Cameron, a blond bantamweight photographer, is wearing a billowing tank top and black shorts. He has a tight, perfect build, and startling black stripes tattooed across his chest, on both forearms, and on his thighs. A cross between Mercury and Rob Lowe, he looks like a not uncommon type of handsome, cocky, possibly gay man one sees at beaches, on boardwalks, and in other open-air settings.

Luis, thirty-five years old, is a slightly built, gentle South American man, a chemist in Silicon Valley, single and bisexual, primarily involved with women. "I was twenty-two when I went to Don Laub for my surgery," Luis says. "It was the right thing for me—I can go to the gym, go swimming, and I don't have to feel vulnerable or be afraid. I was always athletic, and I didn't want to give that up. And it feels right for sex. What I perceive and what my partner perceives match up. Inside and outside, I'm a man. The surgeries made a huge difference for me. I had the genital surgery, not the full phalloplasty. I don't know what Dr. Laub calls the other one now, but that's what I had. The easier one. I have days when I think about it, but I'd rather save my money—for travel, for my future, for investing. The gender issue isn't at the center of my life." He sighs. "I don't get the chance to talk about this—it's not a conversation I'd have with other men. Gender is slippery. I used to see it as black and white—men, women, that's it. I wanted to be perceived as male, in a male role, with male attributes. I don't hold on to that anymore. Male, female—I don't even understand that anymore. And I find, after all this, it doesn't matter much."

The four of us talk for two hours, and Loren and James cheerfully interrupt

each other, disagree, raise their voices, point out the holes in each other's logic; Luis and I listen, and from time to time we point out the issues on which James and Loren do agree, which seems to matter to us but not to them. They agree—they both know at first hand—that a number of transsexual men have emerged from the lesbian community, a world in which each of them could maneuver with some success but not with complete ease.

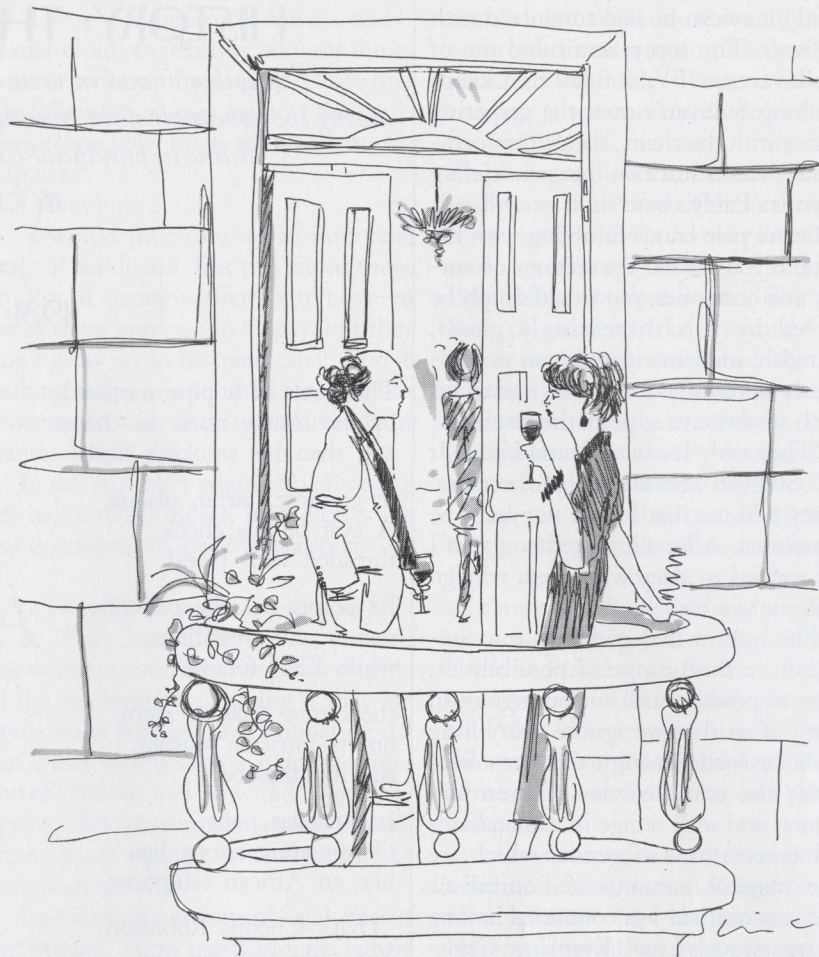
James says, "I was excluded from lesbian events even before I started the transition. I was just too male—not butch but male. I crossed some line somehow, and everyone, the other women, felt that there were things about me, despite my female body, that were just not female."

Loren, somehow irritated by James's calm, even superior acquiescence in the face of rejection by the community that was their world for so many years, adds, "The loss makes me mad, losing the women's community. And the lack of acknowledgment. Transsexuals are never really accepted, by anyone."

Luis says, very quietly, reluctant to antagonize the activists, "I used to hate and fear men, at least all the ones I knew. Now I don't. Probably you don't have to become anatomically male to stop hating men." He smiles. "But it is effective."

I expected to find psychologically disturbed, male-identified women so filled with self-loathing that it had even spilled onto their physical selves, leading them to self-mutilating, self-punishing surgery. Maybe I would meet some very butch lesbians, in ties and jackets and chest binders, who could not, somehow, accept their female bodies. I didn't meet those people. I met men. Some I liked, some I didn't. I met bullshit artists, salesmen, computer programmers, compulsive, misogynistic seducers, pretty boys inviting seduction, cowboys, New Age prophets, good ole boys, shy truck drivers saving their money for a June wedding, and gentle knights. I met men.

IRA PAULY is one of the acknowledged titans of transsexual psychiatry, a pioneering researcher who has since shifted his attention to administration. He sits in a bunkerlike office at the University of Nevada and cautions me that he hasn't kept up with everything in



"You know how New York is. You have one room, and before you know it you want two rooms."

the recent literature, which represents a huge body of work and new ideas. He says that he has met a few people who have had regrets after their surgery, but only a few, out of hundreds, and that whatever the etiology of transsexualism may be, there are those for whom surgery is the only true solution.

Pauly is a modest, very smart middle-aged man with big hands and a U.C.L.A. plaque on his desk showing his college football history. He became chairman of the Department of Psychiatry partly on the strength of his research on transsexuals. He is always clear, reasonable, fair, and extremely contained. He showed strong feeling only once during our interview—when he talked about Louis Sullivan. A female-to-male transsexual, Sullivan was also a gay man with AIDS, and he called Pauly in the late eighties in the hope of educating the professionals in the "gender community"

about the difference between gender and sexual orientation.

In his search for treatment, Sullivan went to several gender-dysphoria clinics. For transsexuals, Pauly explains, such clinics are the only gateways to reputable surgeons committed to minimal standards of care; under the supervision of a clinic, the patient lives full time as a member of the opposite sex for two years and receives documented treatment by a licensed mental-health-care provider—an arrangement recommended by the Harry Benjamin International Gender Dysphoria Association, the organization of gender-dysphoria professionals: psychologists, social workers, psychiatrists, surgeons, endocrinologists, the occasional lawyer. These clinics rejected Sullivan, because he not only knew that despite his female anatomy he was male, he knew that he was a gay male.

Pauly lent me three hours of video-

taped interviews he had conducted with Sullivan. The setup reminded me of public-access TV: a ficus tree keeps brushing Sullivan's ears, the carpeting clashes with the chairs, the camera occasionally seems stuck on the socks sliding down Ira Pauly's bare shins or on Louis Sullivan's pale hands fumbling with the mike. If you missed the sections on surgery and hormones, you would simply be moved by this increasingly gaunt, youngish, mild-mannered man so ferociously determined to make use of his death sentence to educate the rest of us.

"They said, 'It can't be,' and I said, 'It is,'" Sullivan says on one of the tapes. "They told me that I must not really be transsexual. After all, they thought, if I just wanted to sleep with men, why go to all the trouble?"

The notion that gender has a continuum, a fluid range of possibilities, seems to produce such anxious rigidity in many of us that we ignore everything we've learned through our own lives about the complexities of men and women and seek refuge in explanations and expectations of gender which are more magical, romantic, and unrealistic than any attitude I encountered among the transsexuals I met. Ever since Christine Jorgensen, there seems to have been a lot of confusion about what now, thanks to Louis Sullivan, seems so unconfused to Ira Pauly and others in the field. Male is not gay or straight; it's male. We may not know what it is, but we know it's not about whether male or female sexual stimuli inspire your erection. Maybe it's not even about the ability or the equipment to have an erection. Maybe it's closer to the sensation of inner arousal pushed out—a sense of erectness, of intact outerness—than to the source or object of one's erotic desires. There are gay men, heterosexual men, masculine men, feminine men. We know that the object of desire and the fluttering of hands versus the clenching of fists do not make maleness. We don't know what does, and neither do the transsexual men, and neither do the people who treat them, psychologically and surgically.

I ask Dr. Pauly, who has expressed caution about the surgery—and even more caution about those who wish to have it declared a problem rather than a solution—if he would recommend surgery if he had a transsexual child.

HISTORY: THE HOME MOVIE

The author's novel in verse about the Pasternaks and the Raines during the upheavals of the twentieth century continues with the story of Eliot Raine in provincial England in the nineteen-thirties.

BY CRAIG RAINE

1931: ASYLUM

The pock of a pipe removed by the charge nurse in charge and then his smoker's smile

of creosote, tartar, plaque. A cyst on his cheek threaded with blood,

he points out the patients, names and conditions, while Eliot follows

the bitten Bakelite stem on its intricate journey, the mouthpiece

an oracular pout of miniature ebony lips like an African sculpture:

"That's Cheops Robinson. You only ever see him sideways on. Fucking crackers.

For he's a jolly good Pharaoh. You have to laugh. How-do, Cheops? Eh?"

In the chronic male ward, iron high-sided cots, mesh on the high windows,

three horizontal ropes securing horsehair mattresses which line the walls,

and, at night, a dull port-wine stain at the end of the ward,

like a blotch on the retina, which is only the stove, clenching, unclenching its red.

Treatment is standard, secure, behind the times, nothing occult,

containment, not cure: paraldehyde and lukewarm baths. "Applied economics,

you might just say," he says, kissing his pipe stem, little kisses, keeping it on.

"Soaking the rich, soaking the poor. See? Restores mental balance."

Men who are women, watched by male nurses in rubber lace-up ankle boots

and dark green rubber aprons, full length, a quarter-inch thick, solid as a capsicum,

making movement ungainly. They could be slaughtermen, strength in their folded arms,

untouched by the touched and their tone-deaf noise: the bleats and the lowing

that live in these throats. They angle their heads strangely, listening, vacant,

to what is within, whatever it is which seems so angry and so sad.

"They come here, some of them, with less meat on them than a jockey's whip.

Now look at them: pregnant, double-breasted to a man. Must be the potty meat. Eh?"

When Eliot fails to laugh, the charge nurse chuckles and elaborates: "Cream crackers.

Brazil nuts. Bisto crazy. See him? That one, there. With the periscope up.

He used to be scrum half for Pontypridd and Wales. Evans. Wife trouble.

Before he came here, capped for Wales he was. Fly half. Poor bugger."

Hairless, heavy, soft, Evans is troubled by sex, his sudden hardness

which is hypnotic for the nude, forgetful mad, who gather and, gathering,

lose the thread. Of what. Or why. Do not disperse, docile at their destination.

Not unlike Eliot, who has answered an ad in *The Lancet*. Successfully.

The only applicant for Assistant Medical Officer at Derby County Mental Hospital

inspects a safety smock, kept in case of mutiny, "if anyone goes really bats."

Tested for weight, it tinkles with buckles like a tambourine.

Four afternoons a week, Eliot takes the bus to change his book

at Boots in Derby, watching the lambs startle on dirty pipe-cleaner legs,

and one night, towards teatime, returns to find a charge nurse lugging Evans from the lake.

Drenched and dead. Eyes open. Feet bare. Sousing stabs of water. Sabres.

"It's only three feet deep. Impossible to drown yourself. He misbehaved deliberately.

Couldn't have done it without the safety smock. Salvation, in a way.

He'd had a bash before. Wife trouble. This way, see, he couldn't help himself."

After supper in his room, Eliot writes to Mapother, begging a post at the Maudsley:

"I see no future here." Trailing canvas wings which cross and buckle behind

like a pipistrelle tying itself in knots, wrapping things up. ♦

"I would hope not to have a transsexual child; that life is no easy thing, with or without the surgery. I *hope* that the follow-up studies support the studies we have now. I *hope* these patients are happier."

I press him.

"I would probably try to intervene early in childhood. But you know, those studies of strongly effeminate boys—a lot of them grow up to be gay, but they don't grow up to be transsexual. You're looking at five in a hundred for male homosexuals, one in fifty thousand for transsexuals."

In the end, after edging up on saying yes half a dozen times, he indicates yes but doesn't say it, and I stop asking.

AT Don Laub's surgical center, in Palo Alto, I stand in the doorway of the waiting room, observing two women in the courtyard, wondering if they are "genetically female," and wondering if I can stand to ask such a rude question. But if I believe, as I now find myself believing, that transsexual men and women are men and women, what would make the question rude?

I go into the courtyard, and one of the women, a very pretty blonde, lightly made up and wearing a conservative navy-blue dress and matching pumps, calls my name and introduces herself: Dr. Gail Lebovic, Dr. Laub's associate.

We are joined by Dr. Laub, graying and clean-shaven, utterly conventional and conservative in a dark-suited, rep-tie way, except for eyes so brightly intense they seem silver rather than blue-gray. He went to Jesuit schools, has been married forever to the same woman, and has five children, two of whom plan to join his surgical practice, and he is the founder of Interplast, a charitable organization that sends plastic surgeons to underdeveloped countries to provide free corrective surgery for children and adults. Laub has done over six hundred sex-change—or, as he says, "sex confirmation"—surgeries since 1968.

Don Laub and Gail Lebovic show me the photograph albums they keep of their patients—dozens of head shots, before, during, and after hormone treatments. Many of the pictures of the same patient at various stages of his transformation look like family portraits—younger, middle, and eldest brother. The faces broaden, the foreheads slope

forward and down more roughly to the eyebrows from receding hairlines, the necks and shoulders widen. Strength training is recommended, to deal with the weight gain, but many of the men in the photographs are somewhere between stocky and fat. A few of them are handsome, more than a few are attractive, most are average. One guy looks like Don Ho, another looks like Don Knotts, another like Richard Gere. Some are homely, with bad skin, bad haircuts, cheap eyeglasses and overwashed shirts, ugly mustaches, pouchy eyes, jowly necks. But no one in his right mind would take them for women.

Lebovic clears her throat and shows me the other pictures. I've seen them before—they are the pictures that Laub sent me of phalloplasties and metoidioplasties. I had flipped through them at home and tried to study them, but they were Xeroxes. The originals are in brutal, Polaroid-type color, in which brown skin gets a dappled, froglike quality and white skin has the sheen and color of bad pork.

Lebovic occasionally points out items of interest. "See, with this surgery"—the phalloplasty—"we keep the clitoris. Here, underneath, just above the scrotum, so when the penis is either rubbing against it or pulled out of the way, there's full sexual response. Isn't that great? We make the scrotum with the labia, by inserting skin expanders, just a little bit, week by week. After the skin has expanded, we insert the testicular implants, stitch it up the middle a bit, to create the look. Otherwise you just have one big ball, like this. Picture a small deflated balloon—that's the expander. We put one in each labium, sew the labia together, then expand each compartment so it's just like testicles and put in the implants, just silicone balls."

She describes the painful electrolysis of the abdominal area, and then the surgery. Two vertical incisions are made, three inches apart, stopping short of the navel. The surgeon lifts up the skin and soft tissue—while it's still attached at the ends—and rolls it up sideways into a tube. This inside-out tube is covered with a skin graft from the hip. The soft, skin-covered tube is still attached in two places, at the navel and bikini line, and will be left that way—a pulsing hot dog growing on the abdominal field—for at least three months, so that it will develop

its own blood supply. The second stage requires detaching it at the navel and allowing the tube (the essential phallus) to drop down.

We come to some terrible pictures. These are of men, genetic men, who've had penises created after disease or trauma. "Burn, cancer, tree shredder," Lebovic says gently.

We look at another album of various completed phalloplasties, which is much easier than looking at the squirming reds and yellows and acres of flaccid, anesthetized skin of the surgical procedures used to construct them. The penises from the early days of the procedure are long, blobby tubes, with no real heads, no color. The white ones look like *Weisswurst*. The brown ones seem less blobby but peculiarly speckled.

"These are the early ones," Lebovic says. "You see the shape is not so great. And of course, Dr. Laub was making them huge. I mean, really." She shows me a photograph with a ruler held up to the penis. I'm reluctant to lean closer to read the number of inches. "Nine," she says, laughing. "Well, Dr. Laub is a guy. I guess he figured that if you want one—Anyway, now they're a little closer to average. And there's no erectile tissue, so you wouldn't want it too small."

The penises are starting to look more familiar, more penis-like. I am getting used to the black, hard-looking stitches.

On to the metoidioplasties—a surgery that frees up the testosterone-enlarged clitoris to resemble a small penis. They look, just as Laub's articles say they do, like the penises of small boys, or, as he writes, "what you'd see in a men's locker room on a chilly day."

"I don't really understand why they have this surgery," Lebovic says. "I mean, if you're going to have a penis..."

I ARRANGE to meet Don Laub again in New York City, at the Harry Benjamin International Gender Dysphoria Symposium. Harry Benjamin came from Germany in 1911 to do his residency in endocrinology; he stayed in America and began a private practice. In 1966, he published "The Transsexual Phenomenon," still widely used as a reference. He was, by all reports, the most lovable of men. He retired at ninety and died in 1986, at a hundred and one.

At my request, Laub is going to show me the genital surgeries for female-to-

male transsexuals, and he's going to do it on lined yellow paper, using his pen point as a scalpel. The four options are the basic phalloplasty, with external devices for erection and urination; two de-luxe models, both of which provide the capacity to urinate in the typical male position (one also affords some physical sensation); and the metoidioplasty. All four are major surgeries, with more than one step.

The conference takes place at the Marriott Marquis Hotel. In a corridor which also functions as a lounge, we sit at a little table, surrounded by large and small yellow penises and one Red Grooms-like paper sculpture, with which Laub has walked me through three stages of the de-luxe phalloplasty that includes the removal of a nerve from the forearm and its placement within the newly created phallus, running from the glans of the new penis to the nerves of the still existing clitoris and allowing a full range of sensation.

"I call this the postmodern one. Like those buildings over there." He waves vaguely toward the newer architecture of Times Square.

Including the mastectomy, the whole procedure for the basic phalloplasty costs twenty thousand dollars; if your insurance company is persuaded that you truly have the psychiatric disorder of transsexualism, for which surgery is a necessary part of the treatment, you might get reimbursement from them—after you've agreed to go through life with an official diagnosis probably comparable in many people's minds to necrophilia.

"This kind of phalloplasty, which allows for natural, unassisted urination, calls for a year of electrolysis in a very sensitive place, the pubic region and lower stomach. But you see"—he quickly makes an incision in the paper and rolls up the tube—"you can't have urination through the tunnel if there's hair. The skin has to be hairless, so you either have to find hairless skin—he taps my forearm—"or make it."



"Now, metoidioplasty—it's from *meta*, meaning 'toward,' *oidio*, for the male genitals, and *plasty*, 'change.'" He draws and dissects another set of female genitalia, carving out a small penis and folding over the lips of the labia majora to make a very neat, actually rather cute scrotum. "I don't think the patients really prefer this—I mean, if money were no object. Maybe some, some who are not such high-intensity transsexuals. Sometimes their wives don't want the penises—they've been married eight, ten years, and I'm showing them the choices. I sit there like an encyclopedia salesman, showing them the different models, and maybe the wife says, 'We want the metoidioplasty.' And the husband says, 'We do? I don't think so, honey. I want the phalloplasty.' And that relationship is in trouble. Because, for the most part—again, if money's no object and this is a younger man—he wants a penis. Men want penises. But the metoidioplasty mimics nature, and that's appealing. The testosterone enlarges the clitoris. It's the way men and women both are in utero—an enlarged clitoris, which does or doesn't become a penis. And it's one-stage surgery, less expensive than the other, and, obviously, sexual and urinary functioning is intact and they can go on having sex however they had it. Like lesbians do."

"You mean sex without intercourse? That's all that they don't get, right? No penile penetration."

Laub pauses. "Well, yes. It's only about an inch and half, maybe two inches. So they can go on having the kind of sex they had before. Dildos, whatever."

Laub next describes the four different devices that allow the men to have erections. The devices fall into two categories: pumps and inserts. One pump, the most discreet, is small, ball-like, and implanted in the scrotum. When activated, it pumps fluid from inside the ball into the penis, which remains erect for about ten minutes. There is also a syringe-like external pump, which is attached to a condom. When activated, the pump evacuates the air from the hollow tube of the penis, forming a vacuum within it and hardening the outer casing. There are two inserts—one permanent, one that is used only as needed. Laub is wary of the permanent implant, a woven-silver-wire tube within a silicone sheath,

ARTIST'S EASEL • BY KATHY OSBORN

ALMOST THERE





which gives the penis some rigidity, whether pointed up or down. "It's dangerous to have implants where you have no feeling," Laub says. He recommends the baculum, slightly thicker than a ballpoint pen, coated with Teflon, and tailor-made, rather inexpensively, for each patient. It is inserted before intercourse, extends from the tip of the penis back to the clitoris and allows for tireless intercourse and full sensation from the pressure on the clitoris, now located above the scrotum.

Laub is more comfortable with the men who choose penises and intercourse and who have clear-cut, easily identifiable heterosexual preferences, but he not only does the metoidioplasties, he does them extremely well and teaches other surgeons to do them. As is so often the case in the medical world, the doctors and the patients involved in these procedures understand their relationships in radically different ways. Many of the men I interviewed preferred metoidioplasties but never for the reasons offered in the literature or by the surgeons. The gender professionals say that patients choose metoidioplasties because they're older and don't want to go through the more complicated surgery, because they have other medical conditions, which contraindicate surgery, or because they were lesbians before transition and their

partners don't like the idea of sex with a man. But every transsexual man I spoke to who chose metoidioplasty said, in essence, "I don't need a big, expensive penis; this little one does just fine, and I can use the money to enhance my life." It was like interviewing a bunch of proud Volkswagen owners and, across town, some slightly miffed and equally bewildered Mercedes dealers.

During the gender-dysphoria symposium, I also talk to psychologists, psychiatrists, even psychoanalysts; collectively, the people I meet have worked with a thousand transsexuals and their families, here and in northern Europe. Dr. Leah Schaefer, a psychologist and a genetic female, is the president of the Harry Benjamin Association and has treated hundreds of people like Loren, James, Luis, and Lyle. She is small and rounded, the right kind of Mitteleuropean figure for full skirts, big belts, and a lace fichu at the neck. We meet at her Manhattan office, which is in her home and is itself homey, *haimish*—dried flowers, ceramic birds, little boxes, family photographs, and a little sculpture of an Orthodox Jewish man studying the Torah. I didn't expect the mezuzah on the doorway, or that she would have spent twelve years singing professionally, or that we would end up talking about her closetful of

shoes, talking with the same shared enthusiasm and tenderness you hear in the voices of boat enthusiasts, golfers—and transsexuals comparing surgical work.

"Now there are probably more than five thousand postoperative transsexuals in the United States. You have small-town surgeons setting up shop just like the well-known ones, the ones with years of training. I've seen over five hundred people, and no one has even interviewed me or asked for my statistics when they're gathering information. I'm afraid I don't know where people get their numbers."

Later, she brightens when she thinks of "a very wonderful scientist" to tell me about.

"Friedemann Pfafflin's everything—an M.D., a psychoanalyst, a practicing clinician. He has a better vantage point than a lot of researchers. He's just wonderful."

And he's attending the Harry Benjamin Symposium in New York City, smoking steadily in the corridor while I interview Don Laub. Dr. Pfafflin absolutely knows where he gets his numbers. Peggy Cohen-Kettenis, a Dutch clinical psychologist I've also arranged to meet, obviously knows Pfafflin well and suggests a joint interview.

Pfafflin doesn't seem to think much of American record-keeping but has found the data banks in Germany, the Netherlands, Australia, and Sweden to be reliable, and has been doing research and follow-up studies for the last twelve years. Pfafflin shows me two studies. The first is based on the Bem Sex Role Inventory, a psychological test, oriented differently for men and women, to determine feelings of masculinity and femininity; one of its underlying assumptions is that a mix of masculine and feminine is normal and healthy in both males and females. It compares female-to-male (F.T.M.) transsexuals before and after hormonal and/or surgical treatment with "normal"—i.e., genetic—females. They test out as high masculine/low feminine before the treatment and afterward as well-adjusted men who accept their feminine side.

The second study, based on a German psychological test similar to the Minnesota Multiphasic Inventory (a psychological personality evaluation

widely used in the gender-dysphoria clinics here), has even broader implications. The F.T.M. transsexuals are compared with normal men and with normal women, and I don't need to read German to understand the charts—they are as clear as cartoons. The good-sized gray bar down the middle is normal men on page one, normal women on page two; green lines that run in and out of the gray bars are the untreated transsexuals, and red lines that run square in the center of the male page and close to the middle on the female page are the post-op transsexuals. "They are completely in the normal range, psychologically, for men, after treatment," Pfafflin says, running his finger up and down the gray bar. "Even before treatment, they are not so off the norm for women." The clinical and research studies also show no unusual levels of psychopathology in the families of transsexual teen-agers or in the adolescents themselves.

Neither Pfafflin nor Cohen-Kettenis appears to be particularly impressed by the surgeons in their field; Cohen-Kettenis, consistently more tactful, shrugs slightly when I ask about the exchange of ideas between the surgeons and the mental-health people here at the conference. Pfafflin laughs. "Well, they are naïve, like children. They love to build. I will build a little clitoris, I will build a little penis."

Cohen-Kettenis smiles. "Not a little penis. Only big ones."

Although they attend the surgeons' presentations (ten to twenty minutes of endless, blurring slides of penises and vaginas and recontoured chests and abdominal flaps and forearm donor sites and Y-shaped incisions), they don't expect the surgeons to attend the psychological presentations. Laub tells me that the surgeons do. He does.

I talk to Don Laub for the last time in a meeting room filled with energetic, well-dressed men and women whose genetic origins are impossible to know. I ask him about the origin of high-intensity transsexualism—the kind for which surgery seems to be the only solution. "I believe it's biological and behavioral," he says. "A behavioral problem with a surgical solution. There have been a number of experiments, corroborated over

and over, at Wisconsin, at Oregon, at Stanford. They injected lab mammals—cats, rats, dogs, and monkeys—with opposite-sex hormones shortly before birth. And that was it. No matter what kind of conditioning you used on those mammals, they behaved consistently like the opposite sex, like the gender of the hormone with which they were injected. And I think that that's what we'll find, eventually. A biological answer.

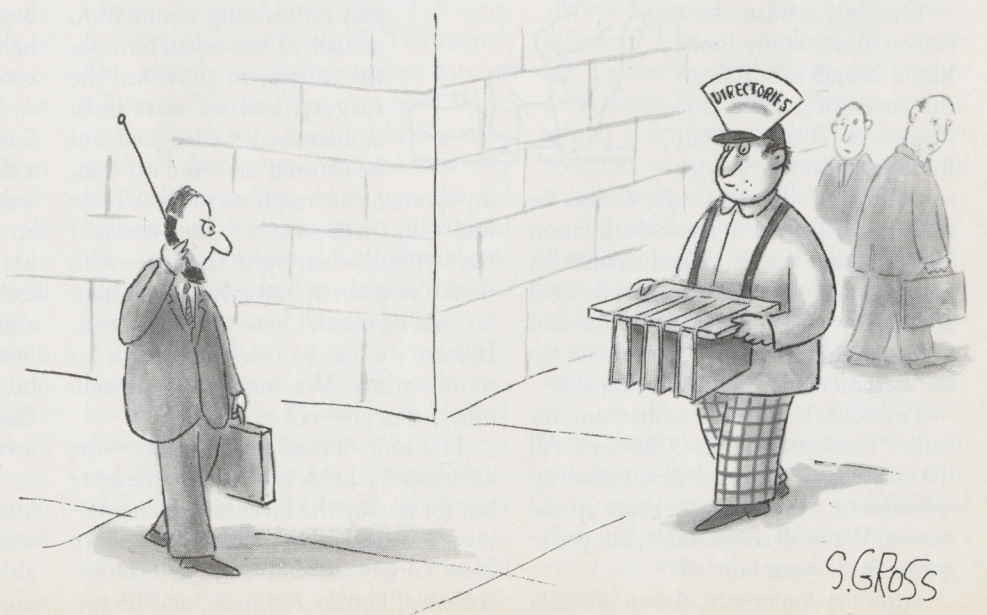
"When plastic surgeons begin doing this work, a lot of them just see the technical challenge, the professional opportunity. They dislike the whole idea of transsexuals, but they're fascinated by the challenge. But when they meet the patients, they change—they become more empathetic. They see the people and they are forever changed.

"F.T.M. surgery is going to improve, aesthetically and in other ways. I learned something here at the conference. I'm going to start doing it right away. They showed how to construct the glans, how to build up a corona. I'll start doing that. And they tattoo a pinkish color onto the head—that helps, too. I'm going to do that. And in the future there might be transplants, if we can figure out how to reduce rejection. I don't think the government will fund penis transplants, but we'll try to persuade it to."

Until fairly recently, pragmatic, solution-oriented approaches like Don Laub's were anathema to clinical theorists, whose diagnoses and suggestions for treatment focussed primarily on

male-to-female transsexuals and on the inevitable opinions about preexisting family pathology. Absent fathers, over-involved mothers—that was the traditional psychoanalytic explanation for male homosexuality, and for transsexualism, as well. Other clinicians have taken the opposite view: dominant fathers, submissive mothers. The other two major psychological theories are that parents of transsexuals encourage cross-gender identification and play, and that parents of transsexuals strongly discourage cross-gender dress and play. That about covers it. I can't imagine that with the dominant and absent fathers, the passive and active mothers, the encouraging and discouraging of cross-gender behaviors we've left out too many American families (except the single parents, and they have their own problems). According to these theories, there should be millions of transsexuals in America alone, and McSurgery centers in every good-sized town.

NO one cares at all about theory at what I'll call the American Fantasia conference. It's a big get-together of cross-dressing men and their wives and a smaller group of transsexual men and women and their partners, held behind a homemade curtain of pink tablecloths, down the most remote corridor of a smallish motel in a Southern suburb. American Fantasia is organized by a man whose name I can't use: although many at the gathering know that he's transsexual, his neighbors don't, his col-



leagues don't, the psychiatrists and psychologists and social workers to whom he regularly lectures on transsexualism don't. I don't know, either, until he tells me, halfway through the interview. He looks like a liberal Republican, a social worker, a minister, or a very effective insurance salesman, in his earnest, slightly old-fashioned suit and his very tidy hair and beard. He has a deep, manly chuckle that gets on my nerves, especially as it punctuates his belittling remarks about M.T.F. cross-dressers and the amusement with which F.T.M. transsexuals regard them. I'm annoyed until I realize, with surprise, that he's just another courtly, charming Southern man, whose notion of appropriate physical distance is somewhat narrower than my own—a nice man who doesn't really like women (the ladies, God bless 'em).

I'm at ease with most of these guys, though—even at the end of one of the plastic surgeons' presentations, when the guys compare handiwork and those who are most pleased with their surgery begin lifting their shirts. It's like being in a room full of cardiac-surgery survivors—everyone is telling stories, wagging fingers, showing what his doctor did for him. I see the scars from a distance, but it seems that the men wouldn't mind if I got closer. Aaron, a transsexual man in his late forties—enough like Joe Pesci to be his shorter, Southern brother—is taking photographs and acting as my guide. When I am speechless, he acts as my interpreter. Aaron photographs the men for an F.T.M. newsletter.

One guy whose chest Aaron and I study looks like a blond sailor from the cover of a 1946 *Life* magazine. "It takes about three years for the body to settle down," this guy says, and as he rolls up his T-shirt to show the incision lines, tan and thickly ridged against his muscular torso, another man, middle-aged and narrow-chested, moves his tie and shyly opens his white shirt and shows me the incision marks around his nipples.

I'm cold, but Aaron unbuttons his cuffs. "Look around you," he says. All the guys have loosened ties, rolled-up shirtsleeves. "Testosterone heats up the system. We're all comfortable, but you're gonna freeze your butt off."

After the conference, Aaron provides

introductions to some wives and significant others. The first one I talk to is his girlfriend.

Samantha (a pseudonym), forty-two, met Aaron through the personal ads. "I had dated women, and I had a bad dating experience with a genetic man, so I was looking at the personals: gay, straight, and alternative. And this was *alternative*. I didn't have to go through the anguish of his transition—I just met this man. And although I wasn't attracted to him physically right away, I was very attracted to his energy and his vigor. That testosterone—it's really something."

"I thought it would be very different from being with a genetic man, but it turns out to be not so different, after all. There's nothing female about him. Sometimes I wish there were."

"I said to my friend Mitzi that men are all wrapped up with their cocks, whether they have them or not. It's still all testosterone and power and having balls, one way or another."

Bridget (also a pseudonym) is the journalist who became James Green's girlfriend.

"I thought, as a feminist, This is horrible—these are crazy women, self-hating women, who find these unscrupulous, misogynistic surgeons to lop off their breasts. I had met a few of these guys, and I had read a few books by feminists on the subject. Transsexuals seemed pretty wacky."

"After two hours with James, I was very attracted, and I think I fell in love with him the next day. I went for a walk and began fantasizing about him, sexually. I had asked him, for the article, to show me the surgery, and we were both embarrassed, we laughed, but he showed me. And my first,

my spontaneous response to what I saw was 'Oh, that's so cute!' And it was. I have friends—straight friends—who think I've given up something important because he doesn't have a regular penis. It wasn't a loss to me. We have a lot more variety. We make love to each other, after all—not to organs."

Her tone of fond reminiscence—the affection she holds not only for the lover but for the joy the lover has given—falters, and her voice tightens to a sharp New York buzz. "I saw him as a combination of female and male, and he was

sane and he was a feminist . . . sort of. I thought, I'm tired of men, I'm tired of women, here's someone completely *new*. But now we're dealing with the same old man-woman thing, like with any other man. And we're struggling. Suddenly, I can totally relate to my friend who has been complaining about her husband for years."

"I'm convinced—I know otherwise, but I'm convinced—that he was never *really* a woman."

MICHAEL is the pseudonym he has asked me to use, and I cannot describe his corporate job or comfortable home. He does not go to events like American Fantasia. His former therapist contacted him, and he agreed to talk with me on neutral ground, at a friend's apartment. We're meeting in the late morning, and I buy three sandwiches, a dozen cookies, and two kinds of soda at a fancy deli, but he doesn't eat. He is a serious, dark-skinned black man dressed in corporate casual clothes for a Saturday with his relatives, whom he announces he plans to join before too long. I take him for thirty-eight or so, but he is ten years older than that. I don't know if I have just never noticed that men usually look younger than women their age or if it's something in the skin of these particular men—some vestige of former female smoothness—or if it's having had a second, hormonally powerful adolescence later in life, but all the transsexual men look to me at least five years younger than they are. After two hours, Michael is less nervous than when we began, but he is never relaxed. About half an hour before he leaves, he takes a cookie and a sip of club soda.

"I grew up in a nice, materially comfortable, middle-class life. But I carried a deep, dark secret around with me. I was pretty strange anyway. I was not an easy child to raise—my mother had her times with me. I believed that my feelings mattered, even though I was a child. I was an *offensive* child. I would not be taken advantage of, I would not be ordered about. I know a kid just like that now. Completely obnoxious. I love him."

"I hate to sound like Marlo Thomas, but I just wanted to be free to be me, whatever that was. And I didn't know, although I kept going to the library, trying to find out. Until I was six, I was a

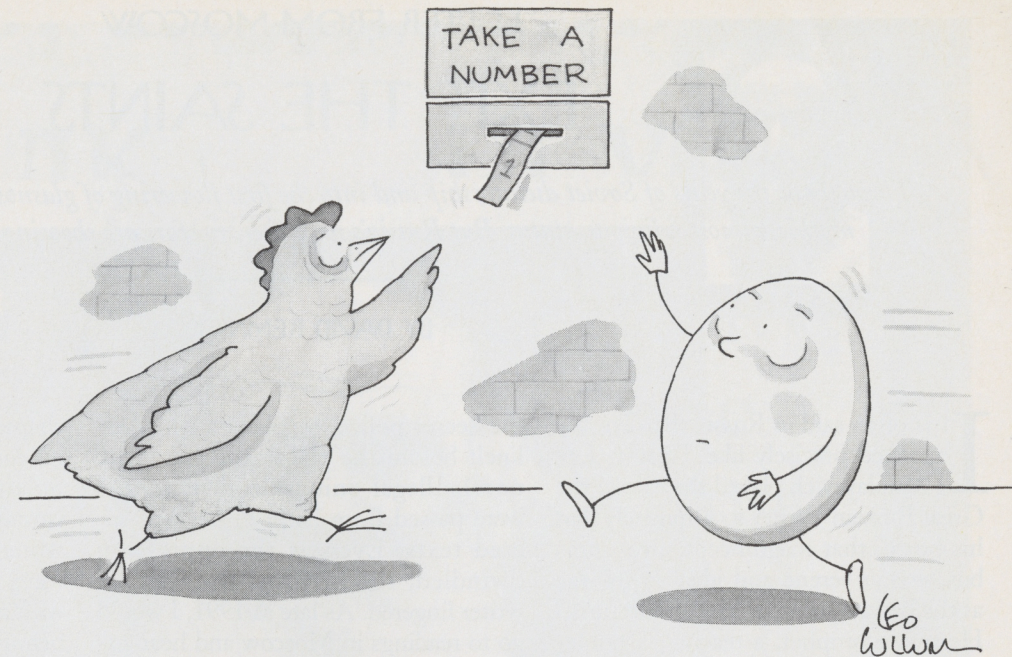
happy child. Boy games, boy clothes, even a little girlfriend up the street. And after going off to school, horrified that I had to go in what felt like drag, sure that everyone would laugh at me, I knew that I'd better get used to it, because this body was not becoming male and it clearly made a difference to the world. I tried to do what I was supposed to in adolescence. I didn't even bother trying to be a tomboy—it would have been absurd by then. My breasts were huge—they were ridiculous, size 46 double-Z. But Joan of Arc did it for me, explained me to me, when I encountered her in school, at the age of nine. I thought, Well, here we go, and when I was twelve, finally, I found a book on transsexuals.

"After graduate school," Michael continues, shaking his head over another five wasted years, "I thought, Well, maybe I'm a lesbian. Could be—I know I'm attracted to women. I went to consciousness-raising meetings, and I'd listen and feel like a fraud. One girl said, 'What makes each of us feel like a real woman?' And while they went around the room, answering, I thought, Nothing—absolutely nothing on earth makes me feel like a woman."

"I'm just a plain old heterosexual man, and I didn't want to spend my life having relationships with women who had never, ever been with a woman before and didn't know why they were attracted to me. I wanted a life. I'm not a professional transsexual. I don't think of myself as transsexual anymore. I was one, I made that transition, now I'm just a man."

Michael says, "Let me tell you about my terminally polite family." And although he himself borders on the terminally polite, he tells me funny, sad, outrageous family stories, the kind we all use to entertain company, deflect sympathy, and connect without too much feeling. His father, born early enough in this century to have heard stories of slavery from *his* father, always told Michael that he was entitled to be happy, and that God would not have put such an unusual child on this earth without purpose.

"He said to me, 'You're not the first



freak in the family, and you're not likely to be the last.' My poor mother. I'm dead to her. We see each other, we love each other, but the loss of her daughter was terrible. And I feel her pain. But I couldn't do otherwise. I know she would have preferred the husband, the kids, the house, and the Valium, but I couldn't. The first time someone suggested I might want to kiss a man, I thought, Don't be ridiculous."

At funerals and weddings, the old folks who had known him before puberty as a tough little girl nicknamed Butch were comfortable with him. And the young kids would call him over to their table at the party and brag to their friends, "Go on, Uncle Mike. Tell them how you used to be a girl. Tell them." One elderly uncle approached him at a funeral. "So, you're a man now. Well, well. How you doin'?" How's your health?" And when Michael said that his health was fine, thank you, the old man sat him down for twenty minutes so they could talk about his rheumatism. "They figured I had my health, I had a job, God bless me," he concluded.

He sits back and opens his tight hands. He makes himself smile and his dimples show. "I was born black. I don't expect people to like me, to accept me. Some transsexuals, especially the white M.T.F.s—they're in shock after the transition. Loss of privilege, loss of status; they think people should be thrilled to work side by side with

them. Well, people do not go to work in mainstream America hoping for an educational experience. I didn't expect anyone to be happy to see me—I just expected, I demanded, a little tolerance. Hell, I transitioned on the job. I didn't even tell people what was going on. You remember I said I was an offensive *child*? A friend of mine said, 'Uh, don't you think you ought to say something? People want to know.' And I said, 'Let 'em ask.' The transition was hard, but once I was completely male, people relaxed."

"I'm the same personality—a little more visually responsive erotically, maybe a little more aggressive, but I was always aggressive. You know what's different? I have a toolbox. My whole life, I never thought about one, I'm not a big fixer. But now, every once in a while, I find myself buying another wrench, or one of those very small screwdrivers. That's different."

"I'm prepared to make my own way. And I am. I've been fortunate—I've been loved, I've been married, I'm not an addict, not unemployed, not dysfunctional. I'm a decent person, I'm not ashamed. I don't know why this condition chose me. We, people who have been through this transition—we are among the few people in the world who have overcome obstacles and fulfilled their lifelong dreams. All these obstacles, and I am who I dreamed I'd be, who I wanted to be." ♦