
A Parent's Dilemma, the Transgender Child
Gianna Israel Gender Library

Special Focus

By Gianna E. Israel
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Dear Gianna:

My 14-year old son, Martin, was recently sent home from school for wearing girls' clothing and insisting that his teachers and peers call him "Monique." This is the 3rd time this has happened since we moved, and he started going to a new school. Please help -- I'm worried that other parents may ask us to keep our child away from their children.. Is this a phase that will go away? How can I help Martin live a normal life? Signed, A Concerned Parent.

My readers, the preceding is a letter I recently received from a mother who felt deeply concerned for her child. Panic is frequently one of the first responses caring parents experience when they perceive something is amiss with their child. Questions are asked when gender or sexual identity issues arise. What did we do wrong? Is my child mentally ill? What will others think if they find out? How do I deal with this shocking news? Regardless of the child's age, most parents feel confused, angry, self-doubting, and deeply worried when they learn of their child's crossdressing or gender identity issues. These feelings are frequently exacerbated by the parents' belief that there is no place to turn for help.

Some parents in their search for answers turn to a school counselor, local therapist or even their church minister. Unfortunately, in most circumstances these persons are not familiar with gender identity or sexual orientation issues. If a child crossdresses or has gender issues the parents may assume or be misled into believing that their child may susceptible to having a socially unacceptable sexual orientation. It is true, particularly during puberty, that a child is likely to questions about gender and sexuality, however there are identifiers that differentiate these two separate but equally important components of self-identity.

In the simplest of terms, sexual orientation defines who a person finds attractive for sexual interaction. This may include persons of the same, opposite or both genders. Gender identity defines how a person identifies his or her role (male or female), and how he or she presents it to the world. While most adults are comfortable with their "birth" gender and sexual orientation, there are some persons who find themselves dealing with personal questions during different stages of life. Asking these types of questions is a healthy part of self-development, and may be engaged in by males and females at any age.

For people dealing with gender issues, some find their outward physical appearance does not match their internal gender identification. This happens to be the case for the transsexual and transgenderist individual. Transsexuals are those who transition socially, hormonally and surgically and live permanently as a member of the opposite gender. Transgenderists may live "in role" as a member of the opposite gender. Typically they are not interested in genital reassignment. Because transgenderists have a more fluid approach to gender, some are interested in hormones while others may seek cosmetic surgery. Within the transgender community, some persons may not wish to self-identify with either gender identity and choose an androgynous manner of dress or unisex presentation. This is particularly so for young adults, although as most progress toward adulthood they will adopt a firmer gender orientation leaving only a small proportion who permanently self-identify as androgyne individuals or as members of the transgender community.

There are also persons who feel perfectly comfortable with their gender yet need to crossdress in order to relieve anxiety, reduce stress or to get in touch with their opposite-gendered feelings. These crossdressers or transvestites, are rarely interested in hormones, surgery or living as a member of the opposite gender. Within transgender populations, crossdressers are the least visible individuals. Most are unlikely to express their needs openly to family or friends, and few are likely to go out in public crossdressed. Youth who are caught crossdressing and subsequently humiliated, are likely to keep their needs deeply hidden so as to not be found out again. Rather than dealing with this issue during childhood their crossdressing needs are more likely to reappear with adulthood, when they can no longer hold back and face times of crisis or major change.

Generally, most young adults find themselves examining many types of questions as they develop a separate identity distinctly rooted in their own needs and experiences. This dynamic is also true for children who have questions about gender identity. In fact, the largest proportion of these individuals frequently do not make firm "transition" oriented decisions until close to adulthood or later. As a result they are frequently referred to as gender-questioning youth. This group of young persons over time tomorrow's transsexuals, transgenderists, crossdressers, persons attracted to transgender individuals, those who repress gender issues as well as persons who develop non-transgender identities.

Understanding this dynamic suggest the frequently asked question, "Is this a phase?" I regularly hear this inquiry from parents of children and adults. In part, they may be based in denial, a cry, "No, not my child!" Overall, most parents really do want the best for their child, regardless of age. Most do not want to see their children unnecessarily suffer or care to have friends and family question their efficacy as parents. Some parents with adult children may ask whether gender issues is a phase out of a difficulty in allowing their child to build an identity and experiences separate from family or social expectations. Nearly all parents fear the awful stereotypes that the media uses when characterizing transgender persons. Most are not aware that transgender persons are

with the exception of being differently gendered much like other persons they may know.

To answer the question posed at the beginning of the article, there several criteria which help determine if the child really has crossgender issues or is going through a phase. Do the child's questions about gender arise regularly? Does the individual consistently express he or she has gender issues or has adopted an opposite gender identity? Are attempts to crossdress made regularly? If, "yes," is the answer to any of those questions, there is a strong possibility that this is not a phase. The individual may likely have special gender issues and needs. These criteria are generally applicable to both youth and adults, except for closeted crossdressers who are the least likely to bring gender questions to the forefront unless actually in crisis or caught in the act.

When a child begins asking questions about gender identity or starts crossdressing parents frequently begin looking for a cure. There is, however, no cure for having a transgender identity or an individual having the need to crossdress. As mentioned previously, the first place parents of children with gender issues turn for help is usually within their local community. Unfortunately most mental health professionals are not familiar with gender identity issues. This is because with the exception of actively practicing gender specialists or clinical sexologists, the vast majority of mental health professionals have no training or experience working with transsexuals, transgenderists, crossdressers or gender-questioning youth. Subsequently many parents invest large amounts of time and money into psychotherapy for the child.

Tragically, like young gays and lesbians of previous years, today's transgender children may fall victim to a mental health professional's insistence that such behavior is abnormal or transitional. Some professionals may also claim that a transgender behavior can be cured or reprogrammed. There are documented cases of children and adults being subjected to noxious methods including: shock therapy, confinement, institutionalization, violence, verbal abuse, etc. No matter how well-intended these activities amount to nothing more than human rights' abuse. No adult or child should be subject to such abuse in effort to make him or her conform to social stereotypes, particularly when varying gender identities are part of the human experience.

If there is any "cure" for children or youth with gender identity issues, it can be found within the keywords acceptance, androgyny, compromise and communication.. It is important for parents to recognize that children need to be accepted for who they are, not for what others perceive they should be. This is also true for children with gender identity issues. There is a variety of gender specialized material which indicates that having a transgender identity or crossdressing needs is not mentally disordered, mentally diseased or abnormal. Once that fact is recognized, it is easy to understand that the majority of difficulties transgender persons face do not originate internally or from their own question-asking process. Rather, the origin of their difficulties is external, resulting from the abuse, harassment and violence transgender persons face from people who cannot accept differences in others.. Parents can play a major role in

teaching children how to communicate effectively and counteract abuse from others who cannot accept differences.

Looking at gender issues from a larger perspective, all cultures have varying degrees of acceptance and permissiveness toward androgynous individuals. Adopting a unisex or bigendered presentation is a safe option for children and adults who need to explore gender identity issues, are in the beginning stages of transition, or are unable to crossdress publicly because they have not built sufficient opposite-gendered presentation skills. While many adults are locked into gender-specific social stereotypes, youth often embrace androgyny as a form of self-expression, whether or not they have questions about gender identity. Remarkably those youth who do adopt an androgynous presentation, as well as those who openly explore issues of gender and sexuality, frequently have an advantage over their peers who simply conform to stereotypes. In establishing independence in dress and presentation they also build communication skills and coping strategies that will be advantageous later in life.

Many parents are surprised initially when they hear a gender specialist state that compromise is the best approach to supporting children or youth who have strong transgender needs and feelings. After all, aren't parents supposed to know what is best for their child? Not always. Parents are not provided a "training manual" when they have children, whether their children have gender issues or not. Building mutually acceptable compromises can include asking the child to dress in original gender clothing for formal events such as weddings but allowing the child to dress androgynously for school and peer activities. Or, children who insist on using opposite gender names can be encouraged to adopt an androgynous name until they are old enough to be certain they want to change their name permanently. Examples include: Mickie, Bobbie or Joni. More fully developed gender transition plans or crossdressed presentations should be adopted only after both parent and child have consulted with a gender specialized therapist or sexologist.

Communication is the final keyword for a healthy relationship between parents and children, and is a crucial component to dealing with gender identity issues. Even if parents cannot fully understand what their child is experiencing, children of all ages need their parent's love, acceptance and compassion. If you have a transgender child, remind him or her that your love is unconditional, regardless of whether you find their experiences or identity difficult to understand or accept. Relationships are most fragile when talking stops, becomes unproductive or one-sided. While parents may be charged with the responsibility of caring for their children, as children move through youth and into adulthood they need the opportunity to build social skills and an separate identity in order to survive independently.

The price of not talking about these processes or encouraging children to become independent is very costly. Youth who are continually forced to comply with social stereotypes may develop behavioral problems or depression. Like adult transgender persons, they may also become estranged from family relationships. Youth who become disillusioned with their families may end up homeless and at risk of

victimization and disease. Some may commit suicide, leaving others with no explanation or insight into the pain they were suffering. As adults, those youth who were not permitted to give voice to gender identity issues may find themselves in tremendous anguish later in life. Tragically, these children frequently become the very stereotype the parent had hoped to prevent...a gender conflicted adult who self destructs careers and relationships as well as their own children.

Occasionally parents respond with shock or dismay upon finding out their son or daughter has gender identity issues or crossdresses. While some parents may have suspected or denied it, many never imagined such a possibility. This is particularly true in situations where the grown children adopted stereotyped roles and socially-acceptable gender behaviors in order to mask their gender identity issues or crossdressing needs. While it may be difficult to accept that your child has these issues, and it may not initially be possible to offer validation or acceptance, please remember that your child needs your love and compassion. Do not reject your son or daughter because this may result in unresolvable differences.

While some parents may believe that their child is not well and needs help, others may think they themselves need help. In addition to looking for a cure, these parents frequently ask, "What did we do wrong." Chances are, probably nothing. After all, if a child is asking self-examination questions, a parent is likely to have done more right than wrong. While parental self-doubt is not be useful to anyone, asking questions is healthy. The following are some useful questions to start with: How can I keep communication lines open even though I am not familiar with gender issues or crossdressing? Where can I send my son or daughter for support and validation, particularly when I don't know how to offer it right now? Which is more important, fulfilling social stereotypes and other's expectations or giving my child an opportunity to develop a healthy, gender identity?

If you are a parent with a son or daughter who has transgender issues, whether or not he or she lives under your roof, I advise you read about gender issues from recognized sources of current information. Do not rely on television talk shows or uninformed persons, it is likely their facts are sensationalistic or extremely biased. Instead, seek advice from a gender-specializing counselor or sexologist. If your child has questions, refer him or her to gender-specialized help, also. Additionally, many gay, lesbian youth groups will welcome a transgender child. Even though gender identity and sexual orientation are different, many of the questions and concerns are similar. Finally,. parents can receive support through organizations such as PFLAG, (Parents & Friends of Lesbians & Gays) who also welcome parents of transgender individuals. Your closest PFLAG group can be located by writing PFLAG National Office / 1101 - 14th Street, N.W., Ste. 103, Washington D.C. 20005. You may also call PFLAG at (202) 638-0243 or inquire by e-mail at Pflagntl@aol.com.

This article is dedicated to my parents, who I hope are blessed with love, peace and joy.

MY SON, MY DAUGHTER

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Jane McDowell, Ladies Home Journal

The first time I saw my forty-one-year-old daughter, Geraldine, she was being wheeled into a hospital room after major surgery. She was hooked up to intravenous tubes and was barely conscious. When her doctor assured me that she was going to be fine, I was very relieved. But in spite of this good news, it was a day of mixed emotions for me. You see, when my daughter, Geraldine, went into the operating room a few hours earlier, she had been Gerald, my son.

Geraldine is a transsexual, a person who believes he or she is the victim of a biological mistake and is trapped in a body that is incompatible with his or her real sexual identity. Because they are so unhappy, some transsexuals choose to undergo a sex-reassignment operation, as my daughter did. I know this is hard to understand. However, I now accept what Geraldine did and why she did it. When I look at her today I see a content, self-assured woman. And when I compare her with the very troubled man she used to be, I believe she made the right decision.

As a male, Gerry had always been very unhappy. He was a difficult and even disruptive child, whose behavior often went to extremes. He was either so active that he couldn't sit still or so involved in what he was doing that he was oblivious to everything else. He also seemed confused about his life.

"Who am I?" he would ask me, clearly troubled.

"You're my son, Gerry," I'd reply.

"But what else am I?" he'd continue to probe. "Who am I really?"

"Gerald, you are a very smart boy, and I'm proud of you," I'd tell him.

"Will I always be your son?"

"Of course you will," I'd say firmly.

No matter how much I tried to reassure Gerry how special he was and how much I loved him, I somehow knew that I wasn't getting through to him. But I was at a loss for what to say or do. And I was more or less on my own, since Gerry's father and I had separated when Gerry was four years old.

As Gerry grew older he began to experience frequent periods of severe depression. By this time I had remarried, and my husband spent a lot of time trying to help him sort out his feelings. But Gerry still couldn't put into words exactly what was bothering him. Things started to look up for Gerry when, at age twenty, he was introduced by a mutual friend to Linda, who was nineteen. They hit it off right away, and a year later they got married.

However, they gradually grew apart, and after ten years, Gerry and Linda were divorced. They had no children, which made the divorce less complicated. On his own again, Gerry finally began to face his feelings. He had grown increasingly unhappy and

had experimented with drugs. He told me that he'd even contemplated suicide, and I was very worried about him.

Then, in May 1983, when I was visiting Gerry in New York, where he worked as a freelance photographer, he said that he had something very important to talk to me about. Nothing could have prepared me for his next words.

"Mom, I'm going to have a sex-change operation," Gerry said.

I was stunned. I wondered if my son had finally gone insane. All these years I knew he had been desperately unhappy, and I had feared more than once that he might have a breakdown. This is it, I thought.

I didn't know what to say. Fortunately Gerry continued talking. He told me that even as a child he had secretly wished to be female, but he had been ashamed of those "bad" thoughts. When he had asked me all those years ago who he was, he had actually been questioning his gender. Now Gerry finally knew that there were other people who felt the same as he did and that it was indeed possible for him to change his sex.

Then Gerry reassured me that sex reassignment was not something he was entering into impulsively. He said he was in therapy and promised to continue to see his therapist. As we talked for hours, both of us were in tears. It was the closest I'd felt to my son in a long time. He was my child, and I loved him no matter what.

After I went back home, I couldn't stop thinking about Gerry. Every time I came up with a new argument against the operation, I would phone him. But he always explained patiently that he knew he was doing the right thing. He felt that his being born male was a birth defect, and that he had truly lived a nightmare for forty years.

This was the hardest thing I'd ever faced. Of course, I had heard of other transsexuals, "Renee Richards, for instance," but I simply couldn't accept my son becoming my daughter. I began having nightmares every night, after which I couldn't go back to sleep. Instead, I spent those long nights worrying about Gerry and wondering where I had gone wrong as a mother. I thought that what Gerry was going through now surely had to be my fault in some way, and I felt terribly guilty.

And of course, I was scared for my son. He was planning to undergo an irreversible operation. What if he wasn't happy with the results?

But since Gerry was determined to change his sex, I decided that it was important for me to learn everything I could about transsexuals. I read *Second Serve*, by Renee Richards, and all of the articles Gerry sent me. I found out that his condition was medically recognized and known as gender-identity disorder. I discussed my worries about the operation with my husband and my other son, Tim, Gerry's younger half-brother. Finally, I realized that Gerry desperately wanted my support and understanding, and little by little I began to reconcile myself to the operation. Certainly, Gerry wasn't happy the way he was. And having seen Gerry's distress for all these years, I didn't want his suffering to continue.

I was relieved to learn that, to be eligible for the operation, Gerry had to undergo extensive counseling and physical and psychiatric evaluation. All the professionals Gerry saw concurred that he was indeed a good candidate for surgery.

Gerry was also required to receive estrogen therapy and live for at least one year as a woman. He was undergoing electrolysis treatments and taking voice lessons to bring his voice up to a higher pitch. I accepted this as he explained it to me over the phone, but I knew it would be a totally different thing to see my son in the role of a woman.

A few months later, Gerry invited my husband and me to attend an open meeting of transsexuals at his psychiatrist's house. This was the moment of truth. When we arrived, Gerry was wearing a black dress with a white linen jacket and black pumps. His hair was shoulder-length, and he wore gold earrings. An objective observer would have seen him as an attractive woman. But this was my son. Intellectually, I had begun to accept that my son was becoming my daughter. But in my heart, I still had grave reservations.

Having got past that initial visual shock, I began talking with other transsexuals at the meeting (all of them women who had once been men). Doing so made me feel a lot more confident about what Gerry was proposing to do. Their stories were similar to Gerry's: They had been unhappy growing up and had felt early in life that something was wrong with them. But all of these women were happy with their new lives. Watching my son, I realized that he, too, seemed happy as a woman.

After that, I truly began to accept Gerry's sex reassignment, and so did my husband and Tim. We even started to call Gerry Geraldine, the new name she had chosen. I also decided to go with Geraldine to Colorado, where the surgery would be performed, since I couldn't bear for her to be all alone.

When the operation began I prayed that it would be a success. Afterward, Geraldine was pale and exhausted, but she started to regain her strength quickly. That night she was able to sit up in bed and eat dinner. Although Geraldine felt some pain, it was kept under control with medication. Eight days after the operation, she had recovered so well that her surgeon released her. I took her to my house to recuperate.

I could see an immediate change in Gerry. She was happy, almost bouncy. She said that she finally felt "right." I was very glad that the operation had been a success. My son was gone, but now I had a happy and apparently well-adjusted daughter with a whole new life ahead of her.

Geraldine healed quickly from the operation. I was amazed at how perfect her body was and how natural she looked. In fact, when I took her with me to run errands, no one ever gave her a second glance. The doctor had even told Gerry that she could have a normal relationship with a man, if she so desired.

After nine days at home Geraldine went back to New York to resume her photography career. I began nervously to tell family members and friends about the operation. I had worried about how they would react, but I was pleasantly surprised. Almost everyone I told felt that if Gerry had had to change her sex in order to find happiness, then she had done the right thing.

A few months later Geraldine came back home for Thanksgiving. From the moment she walked into the house it was as if she had always been a woman. She looked wonderful, she walked gracefully, and she seemed totally at ease in her new body.

Since the operation, my relationship with Geraldine is much stronger. We're very close, and we talk and write often. She's become a gentle, sensitive, thoughtful woman, and she's truly pleased with her life. I no longer worry about Gerry as I used to. Instead, as I think any mother can understand, I'm thankful that she's finally happy.

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TRANSSEXUALISM: Information for the Family J2CP Information Services - 1986

JANUS Information Facility - 1982 Erickson Educational Foundation - 1977 PREFACE

Nothing in life had prepared me for that cold, windy day in Portland, Oregon, when my 32-year-old son confessed to me that he was a transsexual. First, the word had to be explained to me, for this was not a word in my vocabulary. Then, after the realization of what this meant with all its ramifications and complexities, I experienced a whole range of emotions--fear, guilt, anger, despair and even mourning. I wished that I could close my eyes and make this strange, new problem in my life disappear. But no amount of wishful thinking solves the dilemma, nor does rejection of our transsexual child. What is needed is an understanding of the phenomenon known as transsexualism, an acceptance of our loved ones who are unique in this regard, and above all, love and support of our transsexual member of the family or friend at a time when they need it most. My daughter is now 36. The surgery was performed 3-1/2 years ago. Electrology, hormonal treatment and psychotherapy were also part of the transitional process. She is a productive, successful person in her career and at peace with herself personally. All of this would have been extremely difficult, if not impossible, without the love and support of her family and friends. Mrs. Jeanne Ebner

TRANSSEXUALISM: WHAT IS IT?

Introduction When a member of the family of a transsexual asks this question, his interest in the answer is neither general nor academic. His concern is a practical one. He is asking: how did my son or daughter come to be as he or she is; is his condition reversible; if not, what professional help is available to him, and how may I help? The aim of this pamphlet is to provide you, in simple terms, with specific information, derived from the latest medical research, which will be useful to you. But it is important for you to understand that professional help is only one ingredient in the successful rehabilitation of the transsexual. The other, which only you can supply, is the love, concern and acceptance that are manifested by those people who are important to him. When we say that man's gender identity is psychosexual in essence, we refer not merely to his physical characteristics, but to an intricate, variable complex of mental traits and tendencies, subtle and emphatic. For most of us, these qualities and characteristics resolve themselves into a harmony that declares itself as predominately masculine or feminine. This psychosexual identity which we present to the world satisfies our cultural definitions, and many comfortably be taken for granted by us and by those around us. Not so for the transsexual. For him, the apparent sexual balance, as expressed in the primary sex characteristics--i.e. the genitalia, is deceptive. It does not reflect, indeed it contradicts, the inner balance he strongly feels, and which to him represents his true psychosexual identity. In some instances of transsexualism, where the secondary sex characteristics--i.e. heavy facial or body hair in the male, feminine hips and pronounced breast development in the female--shade into those of the opposite sex, the body itself has already begun to bear out this inner conviction. But physical ambiguities are by no means general in every instance in which an individual's powerful, intimate sense of self contradicts his sex as recorded at birth. There are other gender identity disturbances which are sometimes confused with transsexualism, but

which are distinct from it. The homosexual and the transvestite experience some conflict between sex and gender. But neither of these has any desire to change his anatomy. The transsexual, on the other hand, feels that he has been trapped in the body of the wrong sex and he seeks help to be freed from this predicament. How Did It Happen? Is It Reversible? The best efforts of skilled, dedicated professionals in the physical and psychological sciences have so far failed to uncover the origins of the transsexual condition. The most impressive hypotheses put forward to date, based upon careful and open-minded clinical studies, indicate that several possible elements should be considered together: functioning of the brain and of the endocrine glands, neurological mechanisms, cultural and other environmental factors. Most, if not all, specialists in gender identity are agreed that the transsexual condition establishes itself very early, before the child is capable of elective choice in the matter, probably in the first two years of life. Others believe it is set even earlier, before birth during the fetal period. These findings indicate that the transsexual has not made a choice to be as he is, but rather that the "choice" has been made for him through many causes preceding birth and beyond his control. When you fully understand that the condition is confirmed so early in life, and that no individual can make a conscious decision to be a transsexual, this comprehension should allay some of your anxieties and help you to deal with the transsexual with greater sympathy. It will become clear, too, why psychotherapy is rarely, if ever, successful after early childhood. Yet, some sort of treatment is urgently indicated, for in many instances the transsexual's suffering is so intense that suicide and self-mutilation are not uncommon. Therefore, many professionals have come to share the view of the distinguished doctor who said: "If the mind cannot be changed to fit the body, then perhaps we should consider changing the body to fit the mind." Thus scientists, through painstaking clinical processes, have arrived at the same conclusion to which the transsexual's suffering led him as he desperately sought a remedy for his daily sense of dissonance between his mind and body. Physicians and psychiatrists have been deeply impressed with the fortitude with which many of their transsexual patients confront physical pain, economic sacrifice, and complicated social and emotional adjustments in their commitment to the liberating process of sex reassignment. Medical specialists who maintain a careful, long-term follow-up on their transsexual patients have reported that, where other efforts at treatment have failed, corrective surgery has produced "subjective and objective improvement in life adjustment in a majority of cases." The keys to success are: 1) proper screening, 2) counseling, and 3) family support before, during, and after surgery. Is it reversible? The vast majority of medical practitioners seriously concerned with problems of gender identity in the adult have answered "No", not in the "true" transsexual. But to this negative answer they have mercifully added positive suggestions for treatment which offer relief and hope to the transsexual: counseling, hormone therapy and surgery. Highly qualified doctors of physical and psychological medicine all over the world, working singly or in teams, are increasingly concerning themselves with investigations into the causes and treatment of transsexualism. Evidence as to causes, and data as to effects of treatment, are accumulating, encouraging the hope that earlier diagnosis and more effective preventive and ameliorative procedures, as well as education of the general public, will successfully reduce this source of human suffering. But it cannot be too strongly stated that question "why" is the scientist's proper job, his alone. It is

harmful, and even destructive for the family of a transsexual to look back for the causes of his difficulties. Such a search based on one case only and biased by emotional involvement may easily mask an assignment of guilt either to yourself or to your child. It would be better to look instead to the present, and share this present with him, fulfilling his need for your love, understanding, and acceptance. Acceptance Earlier it was stated that each individual embodies in himself a balance of contrary qualities, masculine and feminine. Philosophy, religion and science are also agreed in this conclusion: that each individual forms a constellation with every other, that we are all members of the same body. If the fate of each influences the fate of all, surely this is so to a heightened degree for those whom circumstance has brought together in one intimate familial environment and by one bloodline. It should then be evident that what nature has united we may sunder only at great personal cost. One may regard a problem such as a transsexual child as something to be pushed aside and forgotten; but in fact, by confronting such a problem one finds opportunities for growth, a chance to learn about and appreciate qualities in one's child which seemed undesirable when "out of context" in his male body, but which not appear lovely. A difficulty avoided inevitably returns to challenge us in a more acute form. So do not turn from a loved one at the time of his greatest need. No parent of an adult transsexual is wholly prepared for the revelation of his condition. There have generally been numerous clues, usually from early childhood and always from adolescence, when the psychosomatic crises of that period produce distress signals that are often most dramatic. You may have no doubt shared in his embarrassments and traumas, when, since his natural behavior was inappropriate to his genetic sex, he was rejected by his peers, looked at askance in public, and finally retreated into a painful isolation. Remembering your own discomfort on his behalf, recognize that the primary and more intense suffering was his alone; just as it is he who now bears the heaviest burdens of readjustment to a new life. Now that he has finally found a way to correct those conditions that created painful experiences for you as well as for him, it should bring a sense of relief to you, too. Almost any biologically complementary couple may participate in procreation. You are called upon to assist at a re-creation; your child's second birth. Mistakes are remedied so that he can begin to fulfill himself personally and as a happily contributing member of society. Through your vitally important, loving support, you can be a participant in his adventure, sharing in the release and liberation of his new life.

RESEARCH ON TRANSSEXUALISM Although the causes of the transsexual condition are not yet understood, extensive research in recent years has indicated some possible biological and psychological factors which might render one individual more vulnerable than another to develop in this way. Experiments with animals suggest that the altering of hormone balances, during certain limited, critical prenatal periods, will affect those areas of the brain that regulate masculine and feminine behavior. Other medications administered to the pregnant mother (barbiturates for example) may also have an effect on the development of the unborn child, as may certain intrauterine viral infections. Transsexual symptoms need not develop under such circumstances, and of course, usually do not. Predetermining circumstances may simply make the individual more susceptible to the development of transsexualism. The postnatal determinants of gender-identity--the child's relationships with those who form his early social environment--may then supply the deciding factor, if these relationships are seriously disturbed during the critical postnatal period of gender

identity formation. Research over the past 30-plus years has shown that pre-surgical transsexuals as a group are among the most miserable of people, often exhibiting extreme unhappiness which frequently brings them to the verge of suicide or self-mutilation. The transsexual's problems are further complicated by a near consistent trend towards rejection by both family and friends, harassment and/or discrimination in varying degrees by most of society, and more often than not, a refusal by many in the legal and medical professionals to render services; either by reason of questioning the validity of such a diagnosis, or fear of potential peer and/or community sanctions.

TREATMENT Ineffective Modes of Treatment If gender identity is set at an age that precedes the child's ability to make a conscious choice, it is clear that he is without responsibility for his disturbance in gender identity. To try to coerce the child into behavior that conforms with his anatomy, whether by threats, physical force, or the withholding of love, must be seen to be barbarous, as well as ineffective. It could be fatal. In medicine, this attitude has its counterpart in therapies such as electro-shock and aversion therapies, with results that are sometimes brutally harmful but which never "cure" transsexualism. It is generally agreed that an adult transsexual will not benefit from psychotherapy designed to change his identity. Whether a child who shows signs of gender identity disturbance will or not is not known, but it is usually advised so that all avenues of help may be explored.

How Patients Are Chosen The first step for an adult transsexual who seeks treatment should be a consultation with a psychiatrist who has had previous experience in working with transsexuals and adheres to the "Standards of Care" developed by the Harry Benjamin International Gender Dysphoria Association (HBIGDA). A practitioner who is unfamiliar with the theory and practice of medical therapy for transsexuals may flatly refuse help or blunder in the help he offers. Thus it is of critical importance to begin with a professional who has the necessary qualifications and experience. Gender identity clinics are usually associated with a university and are engaged in a variety of research projects in the field of gender identity. If the individual applying does not meet the precise requirements of the work in progress at the clinic of his choice, he may be refused treatment there solely on these grounds. This does not necessarily mean that he is not a good candidate for sex reassignment, and should not discourage him from applying to another clinic where help may be available to him. Apart from the special restrictions of their research programs, most gender identity clinics agree on certain criteria for accepting the transsexual who is over twenty-one for diagnosis and treatment leading to surgery. These requirements are designed to eliminate candidates whose judgment is impaired or who are otherwise too severely disturbed to benefit from sex reassignment; those who are not clearly decided on this course and who might later regret their decision; and those who, in the opinion of the consulting staff might not, for a variety of reasons, make a successful adjustment to the new role. Major gender identity programs are located in San Juan Capistrano, San Francisco, and Palo Alto, California, Minneapolis, Minnesota, Galveston, Texas, Denver, Colorado, and Charlottesville, Virginia. Additionally, an increasing number of physicians and surgeons in private practice, are now providing treating. In addition to the interviews, physical and psychological tests and therapies, and electrolysis of the beard for the male transsexual, there is one further essential element in the total program of sex reassignment. After the patient is accepted as a possible candidate for surgery, and while he is receiving hormone therapy, both gender identity clinics and

physicians in private practice require that he dress, live and work in the new gender role for a period of twelve months to two years. The patient then may better judge, through direct experience, whether he will be able to live comfortably, and without attracting undue notice, in the new role. His physician will observe the degree of his social and emotional adjustment, and estimate how convincing an appearance he presents. This testing period is of prime importance in assisting them both to make a final decision to proceed, or not, with surgery. Clinical Treatment of the Transsexual Surgery is not the first, but rather the last major step in the remedial program. The wisdom of this may readily be seen. The results of surgery cannot be reserved, the original anatomy can never be restored. For better or worse, the individual must live with his "new" body. On the other hand, hormone therapy, with which treatment begins, produces physical changes which are generally reversed, restoring the original appearance, after hormones are discontinued. Hormone therapy is beneficial in several respects. His gradually altered appearance relieves the transsexual of some of his conflicts and gives him a new sense of confidence. In addition to the physical changes, hormones produce a tranquilizing effect in most cases. It is usually required that the male transsexual complete at least half of a course of electrolysis of the beard (usually requiring a total of from one to two years) before surgery is undertaken. If he fails to do this, he will risk radical confusion as to his gender identity following surgery, with possibly serious consequences. During this preoperative phase, it is important for the transsexual to discuss his social and economic plans in order to gain a practical basis for the new life he is preparing. Professional counseling may prove helpful in supporting him through this delicate transitional period. When the physician is satisfied that the way has been well prepared in all respects, the patient is ready for surgery. Gender identity clinics will ask the transsexual to cooperate in periodic meetings for some time after treatment has been completed. This is for the purpose of studying and helping with his social, emotional, sexual and economic adjustments to his new role. By participating in these follow-up studies, the transsexual makes an important contribution to the better understanding and treatment of transsexualism. And if further therapy is indicated, his physicians will be helpful to him in this regard.

Other Steps On The Way The transsexual making the change from male to female, and to a lesser degree his female counterpart, will need to study the grooming and clothes of the chosen sex. His mirror and his friends and family may supply all the help he needs. Or the male transsexual may decide to apply to a charm school for expert instruction. For the transsexual whose field of work will not permit him to retain his old job, vocational training is essential so that he may be fully self-supporting. There will be legal adjustments to be made: The securing of identification papers and other documents in his new name, and, in the case of an individual who is married, a decree of divorce. All gender identity clinics require that a divorce be obtained before they accept a patient for surgery. It may be advisable for the transsexual to relocate to one of the urban areas where the necessary professional help is readily available. Relocation may eventually be advisable in any case to spare the patient the embarrassments of working out his new identity under the public eye. After the final steps in the transition are completed, he may decide to return home. The financial burdens of sex reassignment, the cost of surgery and other surgery, the loss of income during the period of recuperation, may present the transsexual with a difficult or insurmountable problem. If members of his family are able

