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Kenneth Lewes, PhD
A Selective Bibliography of Transsexualism

Dallas Denny, MA

ABSTRACT. Transsexualism, codified in *DSM-IV-TR* as Gender Identity Disorder, first appeared in *DSM-III* in 1980 with the name Gender Dysphoria, but its history in the psychiatric profession dates back more than 100 years. During the first half of the twentieth century, little was published on gender identity variability, but the high-profile sex reassignment of Christine Jorgensen resulted in immediate negative reaction from elements of the psychiatric community. Inquiry began into the nature of the newly discovered and not-yet-named syndrome of people who wanted to change their sex, and accelerated after the publication in 1966 of Harry Benjamin’s magnum opus, *The Transsexual Phenomenon*. The entry of the prestigious Johns Hopkins University into the area of transsexualism led to the formation of other university-affiliated gender clinics, of which there were soon more than 40 in the U.S. The late 1960s and the 1970s saw the publication of hundreds of journal articles, varying from reports of surgical technique, outcome studies, descriptions of clinical populations, and tips for treatment.

In 1979, Meyer and Reter published a study that purported to show “no objective improvement” in male-to-female transsexuals who had undergone sex reassignment surgery. The effect of this publication was immediate and far-reaching. The Hopkins gender clinic closed in the furor which followed, and other clinics folded in its wake. Of the more than 40 university-affiliated gender programs in the U.S., only three survived. The closing of the U.S. gender clinics created a treatment vacuum which resulted in the slow development of a market economy for the treatment of transsexualism.

Long kept out of communication with one another by privacy requirements of gender clinics and by the insistence of the clinics that to be “proper” transsexuals, they must blend into society and disappear, transsexuals began communicating with one another, seeking and providing
information and comparing notes. By 1985, there were a number of support groups and regional conferences which welcomed both crossdressers and transsexuals. Around 1990, transsexuals, who had been conspicuously absent from the literature, began to publish, adding their voices to those of feminist scholars. In 1991, Boswell suggested that many transgendered people are neither transvestite nor transsexual, but have an essential transgender nature. Transgendered individuals need not take hormones or have genital surgery in order to express their gendered selves; sex reassignment was not necessarily a requirement, but an option.

The collision of the psychomedical and postmodern models of transsexualism provided fertile ground for a paradigm shift. An alternative model had been proposed which changed the locus of pathology: transsexuals were not mentally ill men and women whose misery could be alleviated only by sex reassignment, but rather emotionally healthy individuals whose expression of gender was not constrained by societal expectations. Research on transsexualism proceeds apace, with advances being made in surgical and hormonal treatments, and new treatment models are being developed. Transgendered people have become politically active and have been successful in gaining some legal protections. This century promises a continued and growing understanding of gender identity variability, one in which transgendered people will themselves contribute significantly. Toward that end, this annotated bibliography is provided by a transgendered author, mental health professional, and activist. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Gender clinics, gender dyshporia, gender identity, postmodernism, sex reassignment, transgender, transsexualism, transvestitism

Transsexualism, codified in *DSM-IV-TR* as Gender Identity Disorder, first appeared in *DSM-III* in 1980 with the name Gender Dysphoria, but its history in the psychiatric profession dates back more than 100 years. Early sexologists like Richard von Krafft-Ebing (1894), Karl Ulrichs (1904), and especially Magnus Hirschfeld (1910, 1991) and Havelock Ellis (1906), studied what was then known as sexual inversion, a diagnostic category that encompassed homosexuality, transvestism, and transsexualism. Their observations differentiated homosexuality from transsexualism and transvestism.
DEFINING THE SYNDROME

During the first half of the twentieth century, little was published on gender identity variability, but the high-profile sex reassignment of Christine Jorgensen and the 1953 publication in *The Journal of the American Medical Association* of Jorgensen’s treatment protocol by Hamburger et al. resulted in immediate negative reaction from elements of the psychiatric community (c.f. Ostow, 1953; Wiedeman, 1953). Hamburger also published a report noting the many requests he and Jorgensen received from self-identified transsexuals desperate for the same treatment (Hamburger, 1953).

Inquiry began into the nature of the newly discovered and not-yet-named syndrome of people who wanted to change their sex, and accelerated after the publication in 1966 of Harry Benjamin’s magnum opus, *The Transsexual Phenomenon*. The sixties also saw the opening of the United States’ first gender identity clinic at Johns Hopkins University (1966; see Hastings, 1969), the publication of a multidisciplinary text edited by Richard Green and John Money (1969), and the first conference for professionals who worked with the people who were now called transsexuals (1969).

Recent research by Holly Devor (1997a) has brought to light evidence that female-to-male transsexual and philanthropist Reed Erickson was a driving force behind this 1960s transsexual renaissance. He supplied funds for the gender clinic at Johns Hopkins, the publication of Green and Money’s text, and several multidisciplinary conferences, all under the auspices of his Erickson Educational Association, which also provided information and referrals to transsexuals.

The entry of the prestigious Johns Hopkins University into the arena of transsexualism resulted in the formation of other university-affiliated gender clinics, of which there were soon more than 40 in the U.S. (Denny, 1992). The Hopkins clinic followed the multidisciplinary model introduced in Green and Money (1969). Surgeons, endocrinologists, psychiatrists, psychologists, neurologists, social workers, nurses, electrologists, cosmetologists, aestheticians, speech therapists, attorneys, and clergy comprised a team which addressed all aspects of the individual’s life during the period of sex reassignment.

Hopkins’ rationale for treating transsexuals came about because of an imprinting theory developed in Money’s lab after extensive work with intersexed individuals, perhaps best elucidated in a paper by Money, Hampson, and Hampson (1957). The theory held that gender identity is formed by about three years of age and is thereafter resistant
to change. Since transsexuals have a firm and fixed gender identity as a member of the non-natal sex, and since this identity was resistant to change by psychotherapy or other means (c.f. Bak and Stewart, 1974), sex reassignment was justified; if the mind could not be changed to fit the body, the body would be changed to fit the mind. Sex reassignment was, then, considered not a cure, but a palliative treatment for the widely-acknowledged suffering of transsexuals. Money's theory was also used for more than 40 years as a rationale for early surgical intervention with intersexed children, a practice which came under attack in the 1990s.

Psychiatrist and psychoanalyst Robert Stoller published widely on transsexualism during the 1960s and 1970s. He believed only the “most feminine of males” to be transsexual (Stoller, 1964); those not fortunate enough to be convincing as members of the non-natal sex he considered to be transvestites. Unfortunately, his primary test case, presented in 1964, later admitted to having achieved this “natural feminization” through the surreptitious use of female hormones. Stoller dutifully reported this in a later paper (1968).

Stoller’s theory of transsexualism (1967) held mothers responsible for the condition, although this view was not supported by subsequent data. In a 1982 paper, he bitterly summarized both the 30-year-old treatment of transsexualism and male-to-female transsexuals themselves as “near misses”; the paper is nevertheless among his best work, for it brilliantly lays out the ethical considerations of sex reassignment and the medical treatment of transsexualism.

The late 1960s and the 1970s saw the publication of hundreds of journal articles, varying from reports of surgical technique (Edgerton, 1973) to outcome studies (Pauly, 1965) to descriptions of clinical populations (Stone, 1977), to tips for treatment (Ihlenfeld, 1973). Case studies ranged from the informative (Symmers, 1968) to the bizarre (Milliken, 1982; Socarides, 1970).

The seventies saw the differentiation of male-to-female transsexuals into two distinct clinical categories. Several clinicians had noticed that male-to-female applicants for sex reassignment tended to fall into two more-or-less distinct groups. The first consisted of younger, more feminine, and usually homosexual or asexual males who reported cross-gender identification from an early age; the second group was comprised of men in their thirties, forties, and above, who reported a later onset of cross-gender identification, and who often had histories of fetishistic crossdressing. In a series of papers, Person and Ovesey (1974a, b) described these groups, calling them, respectively, primary and secondary
transsexuals. Secondary transsexuals were themselves divided into two types, depending upon whether their sexual attraction was to men or women (Person and Ovesey, 1974b).

**MEYER AND RETER**

Jon Meyer, the director of the Johns Hopkins Gender Identity Clinic, had long had doubts about the appropriateness of sex reassignment (Meyer, 1973). In 1979, he dropped a political bombshell with a paper co-authored by his secretary, Donna Reter, and published in *The Archives of General Psychiatry*. This follow-up study purported to show “no objective improvement” in male-to-female transsexuals who had undergone sex reassignment surgery. The effect of this publication was immediate and far-reaching; Meyer publicized his findings with press conferences, which resulted in extensive coverage in newspapers and popular magazines. The announcement had been deliberately scheduled while John Money, Hopkins’ major proponent of sex-reassignment, was out of the country (Ogas, 1994).

Criticism of the Meyer and Reter study was immediate and forceful (c.f. Fleming et al., 1980; Oppenheim, 1979), but the damage was done. The Hopkins gender clinic closed in the furor which followed, and the other clinics folded in its wake. Of the more than 40 university-affiliated gender programs in the U.S., only three survived—two of which became private surgical centers, while the program at the University of Minnesota was taken over by another department and administered as a non-surgical program (Denny, 1992; Ogas, 1994).

For more than a decade it was accepted without question by the general public and by most professionals—including many in the field—that sex reassignment had been definitively shown to be ineffective. This was despite the fact that other outcome studies showed a preponderance of good outcomes (c.f. Pauly, 1965) and continue to do so (c.f. Kuiper and Cohen-Kettenis, 1988).

Meyer and Reter (1979) was methodologically unsound (see Blanchard and Sheridan, 1990, for a more recent critique)—so unsound, in fact, that it was rumored to have been retrospectively engineered. Reporter Ogi Ogas (1994), who interviewed most of the principals in the clinic, makes a case for scientific fraud in this matter. For example, in a 1992 paper in *The American Scholar*, psychiatrist Paul McHugh reported that his intention when he came to Johns Hopkins in the 1970s was to terminate that institution’s participation in sex reassignment.
Also in 1979 was the publication of Janice Raymond’s *The Transsexual Empire*, which postulated the existence of a secret male-dominated network which sought to surgically turn males into females, making “real” females obsolete. Raymond, harshly criticized “male-to-constructed females” for perpetuating the binary gender system by seeking to move from one sex to the other. Like Meyer, Raymond worked hard to publicize her book, which was for some time influential in feminist circles.

A third important event in 1979 was the publication of *Standards of Care* by the Harry Benjamin International Gender Dysphoria Association; these were minimal consensual guidelines for the medical treatment of transsexuals, and required ongoing involvement of mental health professionals as gatekeepers for access to hormonal therapy and sex reassignment surgery. The *Standards* continued a practice of the Johns Hopkins clinic (Clemmensen, 1990; Money and Ambinder, 1978): a one-year “real-life test” which required applicants for sex reassignment surgery to live and work 24 hours a day, seven days a week in the new gender.

The *Standards of Care* have been periodically revised, most recently in 1996, and are once again under revision (see <www.symposion.com> for the latest version). The real-life test is now called the real-life experience.

**PARADIGM SHIFT**

The closing of the U.S. gender clinics created a treatment vacuum which resulted in the slow development of a market economy for the treatment of transsexualism. Free from the restrictive policies of the gender programs, transsexuals began to orchestrate their own sex reassignments, choosing services and service providers in an *a la carte* fashion. Long kept out of communication with one another by privacy requirements of gender clinics and by the insistence of the clinics that to be “proper” transsexuals they must blend into society and disappear, transsexuals began communicating with one another, seeking and providing information and comparing notes (Denny, 1992). By 1985, there were a number of support groups and regional conferences which welcomed both crossdressers and transsexuals. Around 1990, transsexuals, who had been conspicuously absent from the literature, began to publish, adding their voices to those of feminist scholars like Kessler and McKenna (1978) and Bolin (1988). Perhaps the earliest and most influ-
ential was A. R. (Sandy) Stone (1991), who noted the existence of a grapevine in which transsexuals carefully coached one another on what to say to doctors so they would avoid being diagnosed as nontranssexual and refused sex reassignment. Among other things, this grapevine taught transsexuals to present themselves as sexual stereotypes in order to fulfill the expectations of caregivers:

One clinician said that he was more convinced of the femaleness of the male-to-female transsexual if she was particularly beautiful and was capable of evoking in him those feelings that beautiful women generally do. Another clinician told us that he uses his own sexual interest as a criterion for deciding whether a transsexual is really the gender she/he claims. (Kessler and McKenna, 1978, p. 118)

Kessler and McKenna had interviewed male-to-female transsexuals in developing their theory of gender, and were the first to comment on the limitations and biases of the medical model of transsexualism. Anthropologist Anne Bolin, who studied male-to-female transsexuals in a transgender support group in the mid 1980s, critiqued the dynamics of the patient-caregiver relationship:

The preoperative individual recognizes the importance of fulfilling caretaker expectations in order to receive a favorable recommendation for surgery, and this may be the single most important factor responsible for the prevalent mental-health medical conceptions of transsexualism. Transsexuals feel that they cannot reveal information at odds with caretaker expectations without suffering adverse consequences. They freely admitted to lying to their caretakers about sexual orientation and other issues.

Although caretakers are often aware that transsexuals will present information carefully manipulated to ensure surgery . . . they have only to scrutinize several of their most prominent diagnostic markers available in the literature to realize the reason for the deceit. If caretakers would divorce themselves from these widely held beliefs, they would probably receive more honest information. (Bolin, 1988, p. 63, emphasis added)

Bolin noted that the behavior, mode of dress, and gendered presentation of the transsexuals she studied was as varied as that of any other group of women. This is a critical observation, for many of the polemical
attacks against transsexualism and against transsexuals themselves—for example, Raymond (1979)—could be reinterpreted as misdirected attacks on the medical model of transsexualism. When transsexuals are accused of being exaggerated stereotypes of men and women, or as being defenders of the two-gender system, or for encroaching on the territory of nontransgendered men and women by pretending to be “really” members of the non-natal sex (c.f. Billings and Urban, 1982; Lothstein, 1979; Mackenzie, 1994; Raymond, 1979; Socarides, 1977), the attack is directed at a straw (wo)man, the transsexual as constructed and idealized by the psychomedical community.

An influential article by Holly Boswell was published in 1991 (see also Boswell, 1997). There s/he suggested that many transgendered people are neither transvestite nor transsexual, but have an essential transgender nature. They feel more comfortable in the ground between the two commonly accepted genders than in their natal gender or as a sex-reassigned member of the non-natal gender. Transgendered individuals need not take hormones or have genital surgery in order to express their gendered selves. Any gendered presentation is appropriate. Suddenly sex reassignment was not a requirement, but an option.

Boswell publicly articulated a discussion which had been taking place in transgender community newsletters and magazines; indeed, the very term transgender had been proposed some 20 years earlier by Virginia Prince, who used it to describe someone like herself, who cross-lived full-time, but who had no desire for genital surgery (Prince, 1969). Prince, who is nearing her tenth decade, continues to live as a woman, yet identifies as male.

Boswell provided an alternative to the psychomedical literature’s essentialist position on gender, which held that there are only two sexes, and that the best treatment for someone who is an exceedingly poor fit in their natal sex is to help them become as much and as possible like a member of the other sex. Boswell’s views, like those of Kessler and McKenna, Bolin, and Stone, fell within the emerging postmodern, deconstructive framework which had emerged after the publication of Foucault’s History of Sexuality (1979). Postmodern theory holds that gender is not a natural phenomenon, but is socially constructed. Unfortunately, many clinicians and researchers seem unfamiliar with, indifferent to, or even hostile to postmodern theories of gender.

The collision of the psychomedical and postmodern ways of thinking about transsexualism provided fertile ground for a paradigm shift in the classic Kuhnian sense (Denny, 1995; Kuhn, 1972). The change of perspective made it suddenly possible to critique the psychomedical litera-
ture analogous to Stephen Jay Gould's (1981) examination of the early literature of mental measurement. More importantly, an alternative model had been proposed which changed the locus of pathology. Under the new transgender model, transsexuals were not mentally ill men and women whose misery could be alleviated only by sex reassignment, but rather emotionally healthy individuals whose expression of gender was not constrained by societal expectations. Instead, the pathology was shifted from the gender-nonconformist to a society which cannot tolerate difference (see Rothblatt, 1994). ¹

Not only the “profoundly transgendered” (Boswell, 2001) face discrimination for violating gender norms; at some time in their lives, most nontransgendered men and women run afoul of gender norms, whether by their choice of job, sexual partner, mode of dress, or simply because they are unwilling to adhere to what some have called the “rambo/bimbo” extremes of gender expression.

**THE NEW PARADIGM**

As late as the mid-1980s, identity options for transgendered people were limited. For example, the Midwestern support group studied by Bolin (1988) in the mid-1980s required its new members to declare whether they were crossdressers or transsexuals, and expected them to behave accordingly. As Bolin discovered when she revisited the male-to-female transgender community in the early 1990s, the emerging transgender model allowed a wide range of self-identities as it removed role expectations that encouraged transgendered people who identified as anything other than crossdresser to vigorously pursue sex reassignment (Bolin, 1994). A mid-1990s survey (Denny and Roberts, 1997) revealed a range of more than 40 self-identities among its 339 gender-variant respondents. Many who might once have identified as transsexual and pursued sex reassignment are expressing their gender in a variety of ways, including crossliving without surgery or hormones or deliberately blending male and female characteristics in their gendered presentations.

Some transgender theorists have echoed critics of sex reassignment like Janice Raymond (1979), arguing that those who truly understand the socially constructed nature of gender will have neither need nor desire to change their sex (Mackenzie, 1994) or that transsexualism is a result of emerging medical technologies and would not exist without them (Hausman, 1995). However, transsexuals still exist, and not be-
cause they lack some essential critical capacity which renders them incapable of understanding or appreciating the arbitrary and amorphous nature of gender. Transsexuals are quite simply unhappy with their bodies and social roles. As a rule they are not interested in pioneering new manifestations of gender; they merely seek a level of personal comfort and happiness in the world in which they must live. Many transsexuals, however, have reinterpreted their experience in the light of the transgender model and are less likely to disappear into society after sex reassignment than was the case under the medical model, which encouraged such “woodworking.”

As books like Leslie Feinberg’s *Stone Butch Blues* (1993) and *Transgender Warriors* (1996), Kate Bornstein’s *Gender Outlaw* (1994), and Riki Wilchins’ *Read My Lips* (1997) have taken transgender sensibility to a wide audience, the transgender model has begun to have an effect on the larger culture. The impact in gay, lesbian, and bisexual circles has been particularly significant. The issue of transgender inclusion, long a topic in gay, lesbian, and feminist circles (c.f. Raymond, 1979), took a new direction in 1993 (c.f. Wilchins, 1994). The major gay/lesbian/bisexual organizations have since changed either their names or their mission statements, or both. Transgender theory is now being taught in universities. Positive portrayals of transgendered people in films and popular print media, once rare, have become common and even award-winning. These include Hillary Swank’s Best Actress Oscar at the 2000 Academy Awards and Best Documentary Award for “Southern Comfort” at the 2001 Sundance Film Festival. The trend continues and seems to be accelerating.

Some clinicians remain attached to the medical model, but many have been influenced by the transgender model. The gender clinics at the University of Minnesota and the University of Michigan have broken from the tradition of the earlier programs, which were focused on surgery as the inevitable and desirable outcome for transsexuals. The Michigan and Minnesota programs encourage a wide range of self-expression in their clients, with genital surgery being but one of several possible outcomes (Bockting and Coleman, 1992).

In the 1990s, intersexed adults began to compare their experiences and question the treatment they had received as children. Many had undergone genital surgery to bring their bodies into conformity with the sex to which they had been assigned. The rationale for this treatment was Money et al.’s (1957) imprinting theory. Money (1975) had reported the sex reassignment of an infant whose penis had been accidental amputated during circumcision, and had followed the case through
the years, reporting a successful adaptation to the female role. While intersex activists, most notably Cheryl Chase, were among the first to question the wisdom of early genital surgery, it was not until Diamond and Sigmundson (1997) revealed the actual outcome of John Money's most famous test case that pediatric surgeons began to take heed (see also Colapinto, 2000).

This article has made little mention of female-to-male transsexuals. This is because male-to-females were the primary focus of most clinicians and researchers. The literature includes case studies and reports about female-to-males, and one unfortunate book was authored on the subject (Lothstein, 1983). However, it was not until the 1990s that female-to-male transsexualism came under scrutiny. The most comprehensive work to date is that of Holly Devor (1997b), but female-to-males themselves have begun to publish their own accounts (Cameron, 1996; Cromwell, 1999; Green, 1998). As with male-to-female transsexuals, female-to-males have proven as a group to be quite unlike their portrayals in the psychomedical literature.

Research on transsexualism proceeds apace, with the influence of the paradigm shift becoming ever more prevalent. Advances are being made in surgical (c.f. Hage, 1992; Karim, 1996) and hormonal (Basson and Prior, 1998; Cohen-Kettenis, 1992; Prior and Elliott, 1998) treatments, and new treatment models are being developed (Warren et al., 1985). Transgendered people, who for many years played no role in the Harry Benjamin International Gender Dysphoria Association, are now prominent in its ranks and on its various committees. Many prominent academics are revealing themselves as transgendered (c.f. Wilson, 1998). Transgendered people have become politically active and have been successful in gaining some legal protections (see Currah, Minter, and Green, 2000). This century promises a continued and growing understanding of gender identity variability, in which transgendered people will themselves contribute significantly.

**TEXT REFERENCES**

The bibliography which follows includes the above-referenced books and articles, which were chosen for either their importance or illustrative value, or both. A second section includes significant works which are not mentioned in the text. My apologies to those whose work was not mentioned due to the need for brevity. Some of the annotations below are taken from my work *Gender Dysphoria: A Guide to Research.*

\(^2\)

This article is notable for its report of the “rescue,” via psychoanalysis, from “pathological feminine identification,” of Richard Raskin. Raskin was not in fact, cured, for he later became Renée Richards and had sex reassignment surgery.


Benjamin’s sympathetic and insightful look at transsexualism was the first major American treatment of the subject.


Billings and Urban’s article blames transsexuals; however, their argument is really with the medical model of gender. They argue that transsexualism is a “socially constructed reality which only exists in and through medical practice,” and that transsexual people are “commodified” by sex reassignment surgery. They also echo Raymond’s (1979) criticism that by treating transsexuals medically, the medical profession “has indirectly tamed and transformed a potential wildcat strike at the gender factory.”

Like Raymond (1979), Billings and Urban miss the point that by simply living their lives, transsexuals blur those gender boundaries. Billings and Urban’s critique, while valid enough when applied to the outdated ethic of the gender clinics of the 1970s, is mired in their anti-capitalistic bias and weakened by their outsider’s perspective on transsexualism. For instance, they speak several times about the demands of some transsexual people for multiple surgeries. Such surgeries (for example, rhinoplasty) are often necessary to prevent social stigmatization due to a non-passing appearance, and can lead
to a much less stressful life. There is no indication Billings and Urban are aware of this.


The authors discuss the treatment model at the University of Minnesota Program in Human Sexuality. The comprehensive model views the treatment of gender identity variability as part of the overall treatment of the individual’s mental health. The client is encouraged to explore his or her sexuality and alternatives to sex reassignment in group and individual counseling. Bockting and Coleman were among the first clinicians to uncouple the desire for genital surgery from the desire for hormonal therapy and cross-gender living: some gender clinics continue to reject applicants unless they clearly state a surgical objective.


Bolin’s book has unfortunately been underappreciated by clinicians. Her doctoral thesis, which grew into the book, was a study of a group of male-to-female transsexuals in the Midwest, whom she observed in a non-clinical setting. Her findings reveal serious problems with a treatment paradigm that obliged transsexual persons to mold themselves to the sexist notions of clinicians in order to obtain treatment.


Bornstein’s non-linear yet eminently readable treatise on gender broke new ground by thoroughly divorcing itself from the medical model.


This book chapter is a reworking of Boswell’s 1991 paper.


Cameron’s provocative photographs deliberately juxtapose the male-and-female physical characteristics of female-to-male transsexuals.


Follows up John Money’s “ablatio penis” case, in which a twin boy was reassigned as a girl after a circumcision accident. Although Money reported a successful adaptation to the female role, the sex reassignment was a disaster; the subject was profoundly unhappy as a female and eventually made an adult adaption as a male.


In the early years, female-to-male transsexuals were considered to be all of a “type.” Devor’s book explores FTMs in all their complexity.


The ultimate follow-up of Money’s (1975) “ablation penis” case. The individual is a twin whose penis was lost while being circumcised. He was reassigned as a girl, but ultimately transitioned to the male role and had phalloplasty, as chronicled in John Colapinto’s *As
Nature Made Him. The case, and the efforts of the Intersex Society of North America, have caused pediatric surgeons to rethink the ethics and efficacy of surgery on intersex infants.


Technical description of Edgerton and Bull’s two-stage vaginoplasty procedure, well-illustrated with photographs and drawings. Edgerton notes that pressure on the neovagina from packing is the prime cause of necrosis; he also describes his attempts to construct a clitoris from scrotal skin.


This novel, which is based on Feinberg’s history as a masculine human being with a female sex designation, has been quite influential in lesbian and feminist circles. Feinberg’s protagonist embraces an essential transgender identity, rejecting conventional models of maleness and femaleness.


Feinberg’s history interweaves transgender history and Marxism.


Gould takes a retrospective look at the mental measurement movement. Mismeasure is the perfect companion for Thomas Kuhn’s The
Structure of Scientific Revolutions. It shows in a most graphic manner the ways science and scientists are constrained by the paradigms under which they operate.


This multidisciplinary text, which consisted largely of articles previously printed in professional journals, represented the state of the art in the treatment and theory of transsexualism of its time.


This was the report of the sex reassignment of Christine Jorgensen.


This is the first translation of Hirschfeld's *Die Transvestiten.* Vern Bullough notes in his introduction that the later study of gender-variant people would have been very different had the work been translated at the time when it was written.


The authors argue that gender is "not a reflection of biological reality, but rather a social construct that varies across cultures" (Quote by Stanford M. Lyman). The authors rely heavily on transsexualism in developing their theory. A lengthy appendix includes correspondence from and discussion of "Rachel," a male-to-female transsexual person with whom, parenthetically, I happen to have gone to graduate school.


Several of Krafft-Ebing's case studies can be clearly read as transsexual. Others are less clearly so, and seem indicative of modern-day transgenderism.


Basing this paper on his clinical experience with over 125 patients at the Case Western Reserve University Gender Identity Clinic, the author reports an amazing range and degree of psychopathology in both male-to-female and female-to-male transsexual persons. What makes this extended name-calling notable is Lothstein's reliance on personal impressions rather than data.


Insensitive and hostile account of female-to-male transsexualism by a psychoanalyst.


Echoes of Janice Raymond! MacKenzie, who made a foray into transgender culture in the Southwest before writing this book, accuses transsexuals of reinforcing binary gender norms, while Texan transgenderists who choose not to have surgery ride like heroes across the landscape.


McHugh discusses deinstitutionalization (the "precipitate dismissal" of persons with severe, chronic mental disorders [e.g., schizophrenia]), Multiple Personality Disorder, which he considers a cultural fashion, and transsexualism. He considers the surgical treatment of transsexualism an abandonment of the physician's duty to protect patients from their symptoms and to be "working on behalf of a cultural force." He notes that his intention when he first came to Johns Hopkins was to terminate that institution's participation in sex reassignment. This, unfortunately, was not done from a position of knowledge about transsexualism. For example, the National Transgender Library and Archive contains a 1994 letter written by McHugh in which he expresses incredulity that a postoperative male-to-female person could be sexually interested in females. Anyone with even passing knowledge of transsexuals would know this happens frequently.

Meyer discusses how his early belief in Stoller’s "smothering mother" theory of transsexualism was not borne out by his (Meyer’s) experience in the gender identity program at Johns Hopkins. He notes that "transsexualism" (he puts the term in quotes) has come to stand for a "multitude of sins," and worries that some applicants will regret surgical sex reassignment. "If diverse patients are lumped together under the term 'transsexual,' there will be no going back later to make potentially useful prognostic distinctions."

Meyer is embedded, if not mired in the medical model. Presented with evidence that there is not a discrete syndrome of transsexualism, he suggests that clinicians look harder. He never seems to consider that the desire for sex reassignment need not be due to psychopathology of any sort. Eventually, he burned out, published a seriously flawed study (Meyer and Reter, 1979) and issued press releases condemning the surgical treatment of transsexualism which resulted in the closing of the gender identity program at Johns Hopkins.


This controversial and methodologically flawed study of the outcome of male-to-female transsexual surgery, and the publicity attendant upon its release, resulted in the closing of the Gender Identity Clinic at The Johns Hopkins University. It also led to a resulting domino-like effect, in which dozens of other university-affiliated gender clinics closed their doors. The authors attempted to measure success by looking at factors like change of residence, job and educational levels, and marital status. Not only is the study seriously flawed, the author’s conclusion that there is "no objective advantage" to sex reassignment surgery is but one of a number of possible conclusions.


The author admits he has gone out of his way to dig up three instances of transsexuals who had committed, or in one case, had at-
tempted to commit, homicide. This paper is indicative of a sensation-
alistic bias in medical literature; one need only transpose the subject
population to, say, homicidal ministers or murderous children with
heart problems to see how unfortunate it was that this paper was ac-
cepted for publication. It is more likely that the subjects’ histories of
childhood abuse, life on the street as prostitutes, substance abuse,
self-mutilation, rapes, and in one instance, obvious schizophrenia
were much more significant as causative factors for the assaults than
their gender dysphoria.

Money, J. (1975), Ablatio penis: Normal male infant sex-reassigned as

Money, J. & Ambinder, R. (1978), Two-year, real-life diagnostic test:
Rehabilitation versus cure. In Controversy in Psychiatry, eds. H. Brady &

Money, J., Hampson, J. G. & Hampson, J. L. (1957), Imprinting and the
establishment of gender roles. A.M.A. Arch. Neurol. & Psychiat., 77:
333-336.

The authors note that in their study of 105 hermaphroditic persons,
gender identity is almost always congruent with assigned sex, no
matter what the various components of sex (which are listed) may be.
There is much wisdom in this paper; for instance, the authors note
that gender identity is caused by an interaction of environmental and
biological factors, and that once formed, environmental and social
cues are deciphered in relation to that gender identity. This is a re-
markable point of view for 1957. Unfortunately, the article conclud-
es with a likening of the development of gender identity to the imprint-
ing phenomenon discovered by Konrad Lorenz. The authors have
been taken to task for this repeatedly over the years.

Ogas, O. (1994), Spare parts: New information reignites a controversy
surrounding the Hopkins gender identity clinic. City Paper (Baltimore),
18 (10), March 9, pp. cover, 10-15.

Discusses the circumstances surrounding the closing of the Johns
Hopkins Gender Identity Clinic in 1979, following Meyer and Reter’s
paper, and the arrival of Paul McHugh. The author interviews John
Money, Marty Malin, and others who were active at Hopkins at the
time.


The author likens sex reassignment surgery to complicity with a patient's wish to die. Characterizing the desire for sex reassignment as a neurosis, he states his belief that Hamburger et al.'s patient sought help in order to allay the guilt associated with dressing up. He predicts that sooner or later, the patient will regret what she did (Christine Jorgensen lived for nearly 40 years postsurgically with no publicly stated regrets).


The authors divide male-to-female transsexuals into two types: primary and secondary, with primary transsexual people "progressing toward a transsexual resolution without significant deviation either heterosexually or homosexually."


The authors describe two types of secondary (homosexual and transvestic) male-to-female transsexualism, using case illustrations. The paper concludes with a discussion of treatment, in which they ascribe some blame to psychiatrists for their frequent dismissals of transsexual persons as psychotic and/or delusional.

Prince, C. V. (1969), Men who choose to be women: A leading transvestite explains why some men feel the need to dress or live as women. *Sexology*, February.


Raymond’s bias is apparent by the second page. Her thesis is that “male-to-constructed females,” as she calls them, are tools of a patriarchal medical system, designed to make women obsolete. Rhetoric disguising itself as science is not deserving of serious consideration, although Raymond’s polemic has received just that. It is worth reading only as an example of how hostile some people feel towards transsexual persons.


Rothblatt likens sex-typing to the Apartheid of South Africa.


Absolutely bizarre case study of a person with many problems, of which the desire for sex reassignment is only one.


Socarides attacks transsexualism and other forms of human diversity in this narrow-minded and hostile little book. Socarides was one of the opponents of removing homosexuality from the DSM III, and his dislike of transsexualism (and transsexuals) is apparent in his journal articles as well as in this book.


The author discusses his “mother-blame” theory of transsexualism with descriptions of mother-child interactions at a gender clinic. Longitudinal studies have showed that the extremely feminine young
boys studied by Stoller were more at risk for homosexuality than transsexualism.


The author reports that the individual described in his 1964 paper, who he had eventually believed to have spontaneously feminized and who he had used in a discussion of a "biological force" in the formation of gender identity, had admitted to him that she had been taking estrogens since puberty. He reaffirms his theory that male-to-female transsexualism is caused by a too-close relationship between a bisexual mother and the child and a (psychologically and physically) absent father, while noting that he still feels there is a biological force involved in gender identity formation.


Cynical but nevertheless excellent summarization of the ethical questions and controversies involved in sex reassignment surgery. The author concludes that "After 30 years ... both the treatments and the patients (of both sexes) have been, at most, near misses."


Discusses the characteristics of patients the author accepted for male-to-female sex reassignment surgery. His selection criteria favored those who had taken drug overdoses and been psychiatrically hospitalized, had long histories of prostitution and nonviolent crimes, and were in general troublesome and demanding but who had managed to feminize themselves (some, and perhaps the majority, no doubt without medical help). Those who had managed to adapt to the male role (i.e., those who did not seem to the author to be feminine) were denied surgery, despite their "often shrill insistence." Those accepted for surgery had lived cross-gender for at least 5 years. Outcomes were good, with no reported regrets in the 13 operated patients. Unfortunately, the non-operated patients were not followed up.

The author, a post-operative transsexual woman and a sociologist, cuts through misconceptions perpetrated by the medical community (e.g., all transsexual persons are “confused and bizarre”), as well as those perpetrated by transsexuals themselves (e.g., the “I’m a woman/man trapped in a man’s/woman’s body” argument). Stone suggests that transsexuals, rather than assimilating, take responsibility for all their history, “to begin to rearticulate their lives not as a series of erasures . . . but as a political action begun by reappropriating difference and reclaiming the power of the refigured and reinscribed body.”


Case studies of two male-to-female transsexuals who died of breast cancer after hormonal and surgical interventions. The author feels unable to attribute the cancer to either hormonal therapy or augmentative mammoplasty.


Ulrich’s work of a century ago, finally translated into English. Ulrich believed homosexuality in men was due to a strong feminine element. His diagnostic category “urning” encompassed both homosexuality and cross-gender identity.


Responding to Hamburger et al. (1953), Wiedeman laments the fact that more psychiatric data were not reported, and apparently were not collected. He calls the patient’s wish for surgical conversion masochistic. “The difficulty of getting the patient into psychiatric
treatment should not lead us to compliance with the patient’s demands, which are based on his sexual perversion.”


**OTHER RECOMMENDED READINGS**


Excellent analysis of the events leading of the removal from homosexuality as a diagnostic category in the DSM.


Reports findings of a study in which 212 male-to-female transsexual persons were divided into homosexual, heterosexual, bisexual, and anallyerotic (unattracted to male or female partners). A self-rating scale indicated that the three nonhomosexual groups were more likely to be autogynephilic (sexually aroused by the thought or fantasy of themselves as women).


Blanchard examined the relationship between gender dysphoria and the phenomenon he calls autogynephilia (the sexually stimulating
thought of the male individual who fantasizes about himself as a woman). More than two hundred nonhomosexual outpatients of the Clarke Institute of Psychiatry Gender Identity Clinic were given questionnaires to determine gender dysphoria and patterns of sexual attraction. He found that men who were most attracted to the thought of themselves as nude women scored more highly on measures of gender dysphoria than men who preferred to envision themselves as clothed women. Both groups scored higher in gender dysphoria than a group of men who were most aroused at the thought of themselves as women in underwear. In other words, those most aroused by the thought of being women were the most inclined to wish to change their own bodies. Blanchard takes his results as a confirmation that the desire for sex reassignment is part of a progression which begins with sexual fantasies of wearing women’s clothing.


This edited text contains an excellent critique of Meyer and Reter (1979) and other interesting and informative chapters. However, the program used at the Clarke Institute of Psychiatry is the medical model and therefore more conservative than the emerging, contemporary standards of treatment; the majority of chapters reflect the conservative perspective. See also Steiner, 1985.


Excellent treatment of the ethical dilemma transsexualism causes physicians. Useful table of characteristics considered desirable and undesirable in those requesting sex reassignment surgery.


Discussion of differential diagnosis, with handy table of desirable and undesirable characteristics for sex reassignment surgery (a more extensive table can be found in Brown, 1988a). Good reference list.


This article actually discusses wives of crossdressers and the impact upon them of their husband’s crossdressing.


Contains chapters derived from papers presented at the First International Congress on Cross Dressing, Sex, and Gender Issues: an excellent book.


This is a well-researched and footnoted work, the most complete on crossdressing since Hirschfeld’s 1910 *Die Transvestiten*. In the first half, the authors take a historical approach, examining both crossdressing and notions of gender through the ages. In the second half, they look at nineteenth and twentieth-century crossdressing phenomena, including transsexualism (but the major focus is on crossdressing). Several chapters explore the personality of heterosexual crossdressers, and one chapter examines the research on female partners of crossdressers. A thorough and insightful work.


Detailed bibliography with more than 700 pages of listings.


The “transformation” in the title is post-op Perry Desmond’s conversion via Christianity and reversion to male form as a “cunuch for the Lord.”


A psychological and sociological treatise on women who are or who have at some time in the past been frequently mistaken for men. Although several of the women had flirted with the notion of sex reassignment, none were seriously interested in actually becoming men. The book includes photographs, end notes, and a 10-page bibliography.


Dealing exclusively with biological males, Docter draws heavily on sexual script theory to explain transvestism and secondary transsexualism. Includes a review of the literature, a chapter on the wives of crossdressers, and a chapter which gives results of a large survey given by the author.


The results of Green’s longitudinal study of extremely feminine boys, originally selected because they were thought to be pre-transsexual, are presented here. The majority of the boys had homosexual orientations as adults. Only one was considering sex reassignment, and he was apparently ambivalent about it.


Edited text with chapters from a variety of cultures.


The most comprehensive treatment manual to date.


The report of Christine Jorgensen’s surgical and hormonal sex reassignment hit the headlines in late 1952, ushering in the modern age
of transsexualism. Jorgensen tells her story, some fifteen years after her surgery and twenty years before her death from cancer.


Autogynephilia (literally, “love for oneself as a woman”) is a term coined by Ray Blanchard (1989, 1993). Lawrence argues that most males have sex reassignment not because of gender dysphoria, but to fulfill their sexual fantasies of themselves as women.


Also published as Journal of Gay and Lesbian Social Services, 10 (3-4), 1999.


An edited text from those working at the Clarke Institute of Psychiatry in Toronto. See also Blanchard and Steiner, 1990.


Excellent treatment of transgender throughout. Fascinating read.


NOTES

1. Editor’s Note: A similar strategy was employed by George Weinberg in Society and the Healthy Homosexual (1972, Anchor Books) where he coined the term “homophobia” and then defined that as a pathological problem, rather than homosexuality.


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