TRANSSEXUALISM

Information For The Family

Transsexualism: Information for the Family

Fourth Printing—1993
The American Educational Gender Information Service, Inc.

Third Printing—1986
J2CP Information Services

Second Printing—1982
JANUS Information Facility

First Printing—1977
Erickson Educational Foundation

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

Love is very patient and kind, never jealous or envious, never boastful or proud, never haughty or selfish or rude. Love does not demand its own way. It is not irritable or touchy. It does not hold grudges and will hardly even notice when others do wrong. It is never glad about injustice, but rejoices whenever truth wins out. If you love someone you will be loyal to him no matter what the cost. You will always believe in him, always expect the best of him, and always stand your ground in defending him.

Paul the Apostle
Approximately A.D. 56
1 Corinthians 13:4-7

TABLE of CONTENTS

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[1] 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

---

[1] In the interest of simplicity, the transsexual will be referred to as "he".

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,[2] 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[3] 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[4] 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

---

[2] the external genitalia.

[3] e.g., heavy facial or body hair in the female, feminine hips and pronounced breast development in the male.

[4] One who occasionally dresses in clothes of the opposite sex for a variety of reasons.

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,[5] 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.

---

[5] So far, we do not know any case on record that can be validated, although there have been a number of claims.

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 to question "why" is the scientist's proper job, and 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 quali-

ties, 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 now 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 was 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.

TRANSSEXUALISM: INFORMATION FOR THE FAMILY

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 transsexuals 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 te legal and medical professions to render services; either by reason of questioning the validity of such a diagnosis, or fear of potential peer and/or community sanctions.

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).[6] 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

---

[6] J2CP Information Services has on file an extensive list of psychiatrists, psychologists, social workers, endocrinologists and other professionals with a special interest in treating transsexuals. On request, we will supply you or your physician with the names of those practitioners who are located in your area. Please include a SASE (Self-Addressed, Stamped Envelope) with your request.

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 treatment.

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.

TRANSSEXUALISM: INFORMATION FOR THE FAMILY

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 to share this burden, hopefully the help will be received with gratitude.

A Final Word

Imagine that you, the father of a transsexual, awakened one morning, looked into the mirror, and saw an unfamiliar reflection returning your glance: that of a woman. Imagine your shock and dismay. Your feelings were no different from what they had always been; and yet you, with your masculine sense of self, were now trapped in a body that contradicted all that you know yourself to be. If you are a woman, perform this experiment in reverse.

Now you have a slight notion of what your son or daughter has been experiencing daily, probably since earliest childhood. Furthermore, he has been under constant pressure to keep up the masquerade at school, in his social relations, in his job, and perhaps even at home; in his total way of life. One day, the strain began to be overwhelming. He felt that he could not sustain this deception, this contradiction, for another moment. In his desperation, he may have tried suicide. Or he may have realized that skilled and understanding help is available to him, and set out to find it.

It is little wonder that the adult transsexual who finds himself in this impasse is determined to free himself from it. Once he has decided on the course of sex reassignment, he probably will never look back. If qualified doctors accept him for treatment, the chances are that nothing will dissuade him, not even the disapproval or entreaties of those he loves. When you have clearly understood and felt the reasons for his determination to find help, let him do so fortified by your support and love.

TRANSSEXUALISM: INFORMATION FOR THE FAMILY

Gender Disturbed

When a little boy from time to time dresses up in mother's skirts and adorns himself with her lipstick and necklaces; when a little girl prefers a game of cowboys and Indians with the boys to playing house with the other girls: parents will generally decide that this is a phase which the child will soon outgrow. And in most cases they will be right. Young children will experiment with many roles and activities in the process of finding and forming their identity.

However, there is a cause for concern when the child's constant and insistent pattern of behavior is that which we would identify as that of the opposite sex. He is then showing signs of cross-gender identification (i.e., identification with the opposite sex), a condition for which family guidance and therapy may prove helpful.

How does the child with a gender identity problem differ from the child who is genuinely going through a passing phase of play and exploration? Let us take an idealized example of one little boy.

Since he was about three or four years old, Tommy has been making attempts to drape himself in clothes of his mother and older sister. He does

this every chance he gets, and now, at age five, he would wear feminine clothing exclusively if permitted to do so. Furthermore, he is a remarkably convincing "little girl" in appearance, mannerisms, and in voice inflection.

Tommy has always avoided the company of other boys and their rough and tumble games, and his interests are typically those of the little girls who are his friends. Frequently he takes a leading role in setting up their games, invariably assigning to himself the part of the mother. He shows a marked interest in all his mother's activities and faithfully mimics her voice and mannerisms.

By the time he was three or four, Tommy repeatedly insisted that he was a girl, and staged temper tantrums if he was contradicted. He always sits down to urinate, and often asks his mother why his penis cannot be removed.

This little boy presents an especially clear-cut picture of a child with cross-gender identification. By his preferences, by what he avoids, by his emphatic statements, he expresses his conviction that he truly is a member of the opposite sex. Not all such cases are so distinct and pronounced nor will they display all of these specific characteristics. The determining factor in defining th condition, for doctors who specialize in thes problems, lies in the frequency and assurance o cross-gender behavior, and in the evidence of th child's spoken or unspoken conviction.

Treatment for such a child will inclu physical examinations and psychotherapy for a least one parent, preferably for both, and psych therapy for the child, so as to allow him eve

chance to overcome his problem if that be possible. But the problem must be brought to professional attention before the age of five.

Non-Transsexual Gender Disturbed Adolescent

The period of transition from child to adult, announced at the onset by pronounced physical changes, often produces confusion and conflict even in the individual whose body development is well within the range of the normal. The acute self-consciousness of the adolescent, which we have all witnessed and to some degree experienced, reflects the strangeness to him of his suddenly maturing body; and the new demands made upon him by others, and which he makes upon himself, as an individual on the threshold of adulthood.

At this sensitive time, his self-acceptance depends heavily upon the acceptance of his family, and especially on that of his peers. It is a time of life when conformity to the expectations of the group, in appearance and behavior, is crucial to his comfort and to the ultimate success of his passage to adult life. The adolescent who has not yet learned to value the uniqueness of each individual's inner worth feels that to be in any way different is to be inferior. Where physical appearance is concerned, the mass media add yet another weight of unrealistic pressure, in their stress upon the flawless physical image.

In instances where some physical abnormalities have been present since childhood, these characteristics take on a heightened significance at this time, when the body acquires a new social value. If abnormalities appear for the first time

in adolescence, the effect on the child can be shocking and unsettling, causing him to withdraw from those around him. Suddenly, the shape of his nose or the size of his ears may disturb him to the point of obsession. But he is, quite naturally, particularly sensitive to any unusual features in his sexual development. In boys, these may include undescended testes, a small penis, enlarged breasts, obesity, and short stature. In girls, excessive body or facial hair, breasts that are small or fail to develop, absent or delayed menstruation, give cause for concern.

As parents of an adolescent whose sexual development is in any way unusual, you will want to see that he receives without delay treatment which is essential to his well-being. Such conditions will not set themselves right; and postponement of treatment may only confirm abnormalities which, if attended to at once during this very fluid stage of growth and change, may be fully corrected or alleviated. The skilled services of a psychiatrist, plastic surgeon, endocrinologist, pediatrician, or other specialist where indicated, can make all the difference for your child at this juncture, sparing him needless pain now and for the future.

The doctors you consult may suggest a program of hormones or other medication, diet, exercise, and, in some instances, reconstructive surgery. In most cases, the child will respond gratifyingly to this care. His evident new-found sense of well-being will be your reward. If some disturbance should remain after medical help is completed, the assistance of a psychotherapist may be required.

The Transsexual Adolescent

The adolescent we have just described suffers from physical irregularities in his normal heterosexual development. They are the sources of his disturbance and once they have been corrected to the fullest possible extent the disturbance will subside.

In the case of the transsexual adolescent, the source of disturbance is precisely his normal physical development. For the boy who from earliest childhood has regarded himself as a girl, the appearance of the insignia of manhood--i.e., beard, body hair, deepening voice and genital maturation, is a traumatic event. Likewise for the transsexual girl, the breast development and the onset of menstruation so prized by the heterosexual girl are deeply repugnant to her.

Those children who suffer from a conflict between sex and gender identity find that this conflict is painfully intensified by their normal adolescent development. For them, too, experienced and compassionate professional help is available, and it is crucial that it be enlisted at once. A gender identity team, or experienced medical practitioner, will make the best possible determination of treatment for your child after the appropriate tests have been evaluated.

As important to your child as the professional care he receives is the love and acceptance only you can give. Do not underestimate what you can do for him in this regard. His family's attitude toward him is important to any child. To the child in difficulty, it may be crucial. To the transsexual child it will be important that you accept him

as he is: for himself. Let him know, in every way you can, that the person he is, with all his special qualities of character, means far more to you than the features of his physical appearance. With your constructive support, your adolescent will come through to a happier, more successful life than either you or he thought possible, during the perplexing time before treatment.

There are several types of anatomical abnormalities of sex, some of which show themselves at birth, others remaining hidden until puberty, in which the individual develops some physical charactertics of both sexes. He is then clinically described as intersexed or hermaphroditic.

If such a condition is recognized at birth, the child should be fully investigated during his first year to determine: chromosome pattern, the configuration of the external and internal genitalia, hormonal sex, and nature of the gonads. Modern medical experts feel that when surgical changes then indicated are made in infancy, the child's chances of escaping any subsequent serious difficulties are excellent.

Beyond the age of 1-1/2, or in puberty, the question of sex reassignment becomes more complicated, but there is a good chance of success when the physicians consulted give first consideration to the sex in which the child has been reared and to the sex to which he feels himself to belong. This latter is the factor referred to as gender identity, or psychologic sex, to which the great majority of qualified specialists assign first importance in determining the appropriate course of treatment.

TRANSSEXUALISM: INFORMATION FOR THE FAMILY

The intersexed child is not a transsexual, but may share some of the same problems (i.e., cross-gender identity) to which the transsexual is subject. In rare instances, the intersexed child may request sex reassignment. If the request is made, it is usually during or after puberty.

A QUESTION OF ETHICS

Some of the most stubborn opposition to sex reassignment therapy has come not from the general public nor from the ministers of the various faiths, who have been for the most part sympathetic and open-minded. It has come, perhaps surprisingly, from some members of the medical profession. As is the case with other prejudices in the face of innovation, this opposition stems from ignorance and fear.

Some doctors are concerned that they might be subject to legal prosecution if they recommend or assist in surgical procedures. In fact, not one such case has been brought into our courts of law to date, although approximately 10,000 persons have had such surgery. Nor is this likely to happen in the future, when more instances of successful treatment of the transsexual and more literature on the subject will create a still better climate of acceptance than now exists. It is also significant that a group of physicians when polled felt that they would have a more positive attitude toward the transsexual who has received sex reassignment than toward one who has not achieved this goal. Fear of risk and responsibility, not scientific judgment, is clearly reflected in this attitude.

So-called moral opposition shows itself to be equally superficial and ill-informed. One such argument is based on the fact that surgery deprives

the individual of his reproductive capacities. Yet a moment's thought will show that it is highly unusual for someone who suffers from a disturbance of gender identity to marry and breed. If, in the case of the male for example, he should do so in order to "prove" that he is a man, the marriage probably will fail and his wife and children suffer thereby.

Those who disapprove of sex reassignment as a rehabilitation procedure fail to take into consideration all the reliably documented instances of treated transsexuals who have been restored to happy, useful and socially acceptable lives through treatment. On simple humane grounds, the saving and rehabilitation of a life in jeopardy should be a primary consideration in the evaluation of any therapy.

Concerning professional prejudice, the final word has been said by Dr. John Money of Johns Hopkins University Hospital, a pioneer worker in the field of gender identity. Dr. Money has observed that when physicians have the opportunity to meet with and interview a transsexual, their attitudes toward sex reassignment become distinctly more favorable. As in other areas of life, experience remains the best means for dispelling bias and intolerance.

SUGGESTED READING

H. Benjamin, THE TRANSSEXUAL PHENOMENON. New York, Julian Press (1966)(Out of Print). Paperback edition, New York: Warner Publishing, Inc. (1976).

D. Feinbloom. TRANSVESTITES AND TRANSSEXUALS: MIXED VIEWS. New York: Delacorte Press (1977). Paperback, New York: Dell Publishing Co. (1977).

R. Green & J. Money, eds., TRANSSEXUALISM AND SEX REASSIGNMENT. Baltimore: Johns Hopkins Press (1969).

R. Green, SEXUAL IDENTITY CONFLICT IN CHILDREN AND ADULTS. New York: Basic Books (1974).

J. Money and Patricia Tucker. SEXUAL SIGNATURES. Boston: Little, Brown & Company (1975).

J. Money and A. Ehrhardt. MAN AND WOMAN, BOY AND GIRL. Baltimore: Johns Hopkins Press (1972).

The American Educational Gender Information Service, Inc.
P.O. Box 33724
Decatur, GA 30033-0724
(404) 939-0244 (evenings & weekends)