

The transsexual world has its own problem of sexual inequality. Liz Grist reports.

In the likeness of man

...the word transsexual and most people will think of Jan Morris or April Ashley — or maybe Judy Cousins, president of the Self-Help Association for Transsexuals (SHAFT), who has done much to promote the transsexuals' cause, and whose picture appeared a little while ago in a Sunday colour supplement. All these were male transsexuals who have now adopted, both mentally and physically, the female gender.

Transsexuals suffer from gender dysphoria, a term used to describe the conflict a person experiences when his or her mind and body don't match sexually. It is now a recognised psychological condition. It is accepted, by professionals in the field, that none of us is all male or all female and that transsexuals are simply people unfortunate enough to have their minds and their bodies at opposite ends of the sexual spectrum.

Information about male to female transsexuals — including Jan Morris' book *Conundrum* — is generally available to the public, too, and has won sympathy if not understanding. Even sensational newspaper reporting has at least made people aware that such transsexuals exist and that they can be helped.

But, paradoxically, the transsexuals' world is still

beset by sexual inequality. Today's Morris and Cousins can, with the help of SHAFT, pursue their change of sex to its logical conclusion — the operation that will give them female genitalia. It takes a long time and isn't easy to come by, but it can be done.

For female to male transsexuals, however, it's a different story. Even SHAFT, which has several hundred members and contacts all over the UK and abroad, can offer little more than moral support. Phalloplasty — the construction of a penis — is almost impossible to obtain. Even the two or three surgeons in the UK who have some experience of the technique are unhappy with the results. Male to female surgery results in female sex organs that look very much like the real thing, and which work pretty well if one ignores menstruation and childbearing. But phalloplasty, claim the surgeons, cannot give a woman anything that looks, let alone functions, like a normal penis.

Dr Russell Reid, a psychiat-

rist at the gender identity clinic at Charing Cross Hospital, London (probably one of the best-known in the country) explains that though one in six of his transsexual patients is of the female to male type, he refers none of them for phalloplasty.

"You can remove their breasts and give them male hormones. But you cannot provide a penis and that's what they all want." He describes those transsexual phalluses he has seen as "insensitive clubs of tissue that get in the way." Their owners could use them neither to pass water nor for sex.

So many psychiatrists believe the best option for a female to male transsexual is to keep her feminine sexual equipment and to use a sex aid for intercourse. Transsexuals don't agree. Their lives revolve round the search for the surgeon who will give them a penis.

Paul (a pseudonym) is one of them. He has read almost all the medical papers on the subject and has written to surgeons in the US, where interest in phalloplasty is

greater. He now knows that while a fully functioning organ is out of the question, he can, with luck, end up with something that looks reasonably normal, will pass water, and achieve sexual penetration.

Paul has already had a mastectomy and a hysterectomy, and is on male hormones. He looks like a man and lives as one. He has a devoted girlfriend and is accepted, by those who know, for what he is.

"Why does he feel the need to go any further? "My identity is my relationship with my body," he explains. "It's not to do with male or female roles. That's why passing myself off as male is not going to solve my basic problem."

Paul says though he believes that "women are, in some ways, the superior sex — they come out of the conditioning machine much nicer than men," he has always felt male. He fought the feeling until, ten years ago, he read a magazine article about transsexuals. He was then 28.

"I identified with it, and that was the first time I realised what I was." He then

tried psychotherapy for three years in the hope it would change his attitude to his body. But it only convinced him that a change of physical sex was the only solution.

Paul has seen three British surgeons who do phalloplasties. Their techniques are similar and involve a series of operations — often at least six and sometimes many more. The aim is to use flaps of skin taken from elsewhere on the body to form a tube-like graft for the phallus. Then, depending on the surgeon and the success of the technique, it is sometimes possible to construct a channel inside the phallus for the urine to pass through. The organ can also be stiffened with a prosthetic implant to make sexual intercourse feasible.

Some transsexuals who have had the operations seem surprisingly pleased with the end result, imperfect though it is in their surgeons' eyes. "I think some, even those whose results I've thought hopeless, have been relatively pleased with it," one of them said.

Perhaps the doubts stem from the fact that as men, the surgeons expect high stan-

dards of performance from the male organ, even a transsexual phallus. But, in terms of giving and receiving sexual pleasure, the female to male transsexual isn't necessarily missing out. The clitoris is always left intact beneath the graft so the transsexual can still have an orgasm. If orgasm and the ability to penetrate are the most important parts of sex, then the operation, to that extent, can succeed.

Paul, however, hasn't yet decided to go ahead with surgery. He feels that the techniques available in this country fall short of those in the US. There, with the use of microsurgery, surgeons claim they can produce, in one operation, a phallus with full erogenous sensation — something that no UK surgeon has been able to achieve. But even US surgeons haven't so far fashioned a penis which is erectile.

Paul may have faith in US expertise but he hasn't the money to pay for it. The operation costs 25,000 dollars — if there are no complications.

He hopes that, sooner or later, a British microsurgeon will be tempted to try his hand at phalloplasty. "I'm prepared to be a guinea pig. All I want is to feel he's a good surgeon."