

The Hormone Doctrine of Professor Gooren

by Monique de Knecht.

'LIFE IS SOMETIMES A GREEK TRAGEDY'

Nowhere else in the world do they know as much about transsexualism than in the teaching hospital of the Free University in Amsterdam. Under the guidance of Professor Doctor L G Gooren, some two thousand men and women have changed their gender. His patients are increasingly younger. He prefers to investigate the minds of small children in the bid to solve the great riddle of transsexualism - 'These tragic lives from which I would so willingly spare people.'

'ONE PERSON gets appendicitis, another is transsexual. Nothing can be done about it. But a transsexual has extreme difficulties and carries an enormous burden. What other people do not even consider is for them a life-sized problem. Their sense of masculinity or femininity is not self-evident. Worse, the physical body is in sharp contrast to mental belief. That deforms people.'

Balding. A moustache. Typical outer signs of a man. Professor Dr. L G Gooren, professor of transexuology, has never felt other than male. 'No, not for one moment. Transsexualism is extremely rare. There are about 150 cases a year (in the Netherlands). Parents have more chance of their child being involved in a road accident than that they will have a conflict about their gender. For most people, transsexualism is a totally alien concept. They are unable to imagine it.'

'I do not know how transsexuals feel. I would think it a disaster if I personally were in that condition. After handling two thousand cases, I know how overwhelming the problem is. If I had to put a figure on their quality of life, I would assess it as a three. After surgery, it climbs a few points. But problems remain in their lives.'

Girls who bind their breasts flat; boys who wear dresses. There have always been such people. In earlier times, such girls have gone to sea or joined the army. The boys were rarely able to enter a convent and take up a cloistered life amongst women. Often, they killed themselves. Nowadays, women can wear jackets and trousers and do a man's job if they wish. For men, a dress remains taboo.

'They deny their transsexualism and go and do what men do. They choose masculine professions such as the military or building work; they marry and often have less sexual but more companionable relationships with their wives. Their problem, though, remains unresolved. You cannot throw transsexualism out of the window - it chooses you for life.'

'We have had clergymen here who have served the church for a long time and have now chosen for themselves. There was a 78 year old man who finally decided to express his own personality. The whole of his life was a flight from the inner self. He was married three times. We treated him with hormones and removed his penis.'

Normally we would have created a vagina but that presented risks at his age and it did not concern him too much. He wanted, above all, to be a man no longer. The operation cost 1200 guilders (£350 sterling). He feels a lot happier and is now 87.' When people come to the clinic, after years of internal conflict, they often have failed suicide attempts behind them. At the clinic, they find the first understanding of their dilemma. After exhaustive discussions, about two-thirds of the applicants continue with treatment.

'It is not enough to just be transsexual. One must be able to make a reasonable transition to the other gender. If you are 6'3" tall and take size 12 shoes, you are unlikely to be a glamour girl. There are also, for sure, accomplished transsexuals who are now KLM stewardesses.'

Women receive hormone treatment which stops their menstruation, deepens the voice and starts beard growth. With men, hormones increase breast size and alter the distribution of fat over the body. This phase lasts eighteen months and is considered as the 'know-that-you're-sure' test before the big operation. Just two or three percent drop out at this stage.

With men the operation involves reworking the penis to form a vagina. Breasts are often enlarged and excessively broad jaws and chins reduced (average cost 7000 guilders - £2300 sterling). The "new woman" can have intercourse and even an orgasm.

The operation for women is more complex (15000 guilders - £4800 sterling). Not only must the breasts be removed but the construction of a penis is more difficult than creating a vagina.

'From the clitoris, enlarged by hormone treatment, we make a penis about 3 to 4 inches long. This cannot stiffen. But this will be improved in the future. There are already operations being done which use a pump mechanism such as is also used by impotent men.'

The "new men" are not weighed down by their impotence. They find it more important that they can urinate standing than that they cannot penetrate a woman.

The FTM transsexual is, in general, more satisfied than the MTF transsexual who, after the operation, certainly feels happier but can still struggle with psychiatric problems and may take refuge in drink or drugs or attempt suicide.

'Many expect that they will get a more perfect female body than they do - a body with plump skin and no hair. Outside, in public, they can attract attention and some people jeer at them. Society demands much higher standards of appearance from a woman than it does from a man. A male can be unkempt and shamble along and nobody even comments about it.'

Further, many "new women" have both lost their job and their partner. Coping with that takes some doing. Half of the "new women" feel very isolated. "New men" fare somewhat better. They usually have work and a partner and feel less lonely.

'Women are much more tolerant of transsexuals. They are prepared to have a relationship with a man who was formerly a woman. There are also wives who stay with husbands who have undergone SRS. Companionship in marriage doesn't go away. I don't know exactly why women are more tolerant than men. I think that they are more understanding, less ready to jump in with instant judgements. They have a wholly stabilising effect. Men are anxiety-ridden creatures, frightened of the unusual. Women are remarkably understanding, wiser.'

Apart from transsexuals, Gooren also sees in his practice as internist and endocrinologist, other people with seemingly sexual and gender behavioural problems. Men with breasts, women with too much hair in the wrong places, impotent men, paedophiles. Everything that has anything to do with hormones falls within Gooren's province.

'It is inspiring to realise that a chemical substance has so powerful an impact on human existence.'

The male hormone testosterone also plays a part in violence and moral misbehaviour.

'With men, there can be much more amiss. You find perversion and bizarre sex desires more often in men than you do women. The process of being male is biologically and psychologically more difficult. Hormones play a part but do not explain why somebody is a paedophile or a sex-murderer. We are well aware that when we alter the testosterone balance, the situation can be controlled. We can help stabilise matters. I get patients who volunteer to be chemically castrated. Paedophiles who cannot keep their hands off little boys or girls. We suppress the sexual desire, turn down the flame under the pot, as it were. We remove the feelings of lust which they find tiresome.

'Of course, children must be protected but these people cannot help feeling the desire for little girls and boys that other men have for young women of nineteen. Life is sometimes like a Greek tragedy.'

There are about three times as many transsexual men as there are women. 'There are many more development disturbances and turning points in the process of becoming male. If you look at children who are apparently born sexless, further investigation tends to show they are more likely to be boys than girls. With male transsexuals there seems to be a 'missing link' of maleness somewhere in the brain. They have a self-portrait that belongs in a woman's head. We are totally ignorant about the cause of this. We cannot yet solve the Great Riddle of transsexualism. Earlier, people thought it was purely a psychiatric disorder. And the idea still lives on amongst some psychiatrists although Swaab has demonstrated that the brains of

MTF transsexuals are organised in a female way. For many transsexuals this was a liberation - it showed that they could do nothing about their feelings. There is nothing in the transsexual condition - as with homosexuals - which defies scientific investigation. Some homosexuals feel that when the causes of homosexuality are discovered, then they could take a pill to cure it. Hysterical babble from those who want to ignore biological fact. People are always curious about their nature but the rest is ignorance and fashionable prattle.'

Gooren thinks no more of simple biological and social contrasts.

'It seems to me to be a combination of factors. The question is when the brain of a transsexual becomes organised differently, at birth or if it is caused by other factors. Transsexualism is not genetic. It doesn't run in families. One twin can be transsexual, the other not. It is not a matter of environment or of upbringing. It occurs in all cultures, in all countries throughout history. It affects people with an IQ of 80 and those with one of 150. People who had a loving upbringing and those who were neglected are equally affected.

'I think it has to be a combination of biological and social factors. Possibly some children interpret differently their parents' signals about masculinity and femininity. In Utrecht, there was research amongst children of 3, 4 and 5 years of age who did not fit easily into their peer groups. There were boys who played with dolls, girls who played football and adamantly refused to wear dresses.

Such children were bullied and have no life. In Utrecht, they were not forced to give up such behaviour but learned how to survive it. We also investigated the knowledge and growth of transsexualism. Many transsexuals always say that they knew from a very early age that they were different. But that is a subsequent reconstruction and scientifically weak. Peoples' memories are totally selective and often full of fantasy.

I would dearly love to know why people are transsexual. It is a sick thought but all the same: take such a child if it should die and have the parents' permission to investigate the brain ... It is not yet technically possible to research living brains. The specimen is too small to examine through a scan or other means. It can only be done with a microscope.'

Gooren wants to know not just for the sake of it. 'I should like to forestall transsexualism. That sounds dismissive of transsexuals, as if they should not be like that. That is not my meaning.

The human spirit always tries to move from wretchedness to something worthy. Just look at the people who survived the concentration camps. But the lives of transsexuals are often so tragic that I want to spare people from enduring such lacerating problems.'

If transsexuals are treated at a much younger age they can, according to Gooren, be spared much anguish.

'If you are already bald, as I am, it is difficult to grow a head of hair. There are benefits in early recognition and treatment. In puberty, you can stop menstruation and breast development in girls. With boys, you can halt beard growth and stop the voice breaking. We have treated young people in this way who have subsequently steamed through university in their new sex. They scarcely think about their transsexualism. They have done with all that and it has nothing like an impact on the rest of their lives.

'By dealing with the condition at an early stage, we can bring the mind and the body into harmony. We have seen many girls who believed they were really boys and vice-versa. We can relieve them of many years of agony and distress.

'There will always be children who persistently believe that they should be of the other gender such as the girl who starts to shriek if you tell her that she will grow breasts and start to menstruate.'

The future alone will tell if men and women will also contract the ailments and illnesses associated with their new sex - breast cancer, prostate cancer, brittle bone disease.

'It is too early yet to say. But transsexuals are the best cared-for group in the Netherlands. They spend their lives under the supervision of the Free University Hospital.'