Sex Reassignment: Male to Female to Male

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A male patient planned and achieved sex-reassignment surgery which subsequently proved to have been performed prematurely. Postoperatively, the patient experienced a sudden change of conviction and was confronted with the realization that he could not live as a woman. Threatened by suicide, he finally found a resolution to his dilemma by reverting to the male role. Similar mistakes in the future can be avoided if patients are required to rehabilitate in the new gender role prior to the irreversible step of genital surgery.

INTRODUCTION AND PURPOSE

To differentiate diagnostically between transvestism, extremely effeminate homosexuality, and transexualism can be difficult in some instances, and an erroneous diagnosis may occur. Such an error can have life-threatening sequelae in the case of a patient mistakenly diagnosed and treated as a transexual who subsequently undergoes premature sex-reassignment surgery. Two such cases among the population of sex-reassigned transsexuals, now numbering 300 or more in the U.S.A., have come to our attention. One made himself known by mail only. He identified himself as an effeminate homosexual and bitterly considered that he had not been adequately forewarned, for he found himself postsurgically not only without a penis, but also without an adequately functional vagina. It appeared that he had made a too hasty decision to leave the country for sex-reassignment surgery, expecting the surgery by itself alone to solve all his psychic problems, not only those pertaining to discordance between gender identity and reproductive anatomy.

The second case is the subject of this report. In retrospect, he appears to have been a transvestite who precipitated himself into sex reassignment prematurely. The purpose of this report is to present the case for instructional purpose

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with respect to (1) differential diagnosis and (2) the wisdom of requiring that a sex-reassignment candidate experience a 2 year period of hormonal, social, emotional, vocational, and economic rehabilitation in the new gender role, prior to undertaking surgical reconstruction, the final and only irrevocable step of the reassignment procedure.

CASE REPORT

Referral

The patient was referred to the Johns Hopkins Hospital Gender Identity Clinic by his physician. Reasons for the referral were the following:

1. The patient had come to realize that his recent sex-reassignment surgery was a mistake, and he was in doubt as to what to do.
2. The patient had returned to live close to his parents in the Johns Hopkins area after he and his wife had separated.
3. The patient had made an attempt at suicide by swallowing sleeping pills, and his mother requested an emergency appointment. He was described by his mother as very depressed, as having lost about 20 pounds during the preceding 4 months, and as suffering from loss of appetite and sleep.

Procedures

Investigative inquiry and supportive counseling on an emergency basis gave the patient immediate help with regard to confusion, depression, and suicidal tendencies. In addition, he was psychologically tested, as was his mother. The mother was also seen for several interviews, and the father once.

Over a period of 6 weeks, ten psychological interviews and counseling sessions were held. At the end of this period, he had made the decision to return to live as a man and, for purposes of anonymity, to seek mastectomy in another state. He departed without explanation and farewell.

Background History Prior to Reassignment

The following history is based on the interviews with the patient and his parents.

In a rather vague manner, the patient stated that since being “a couple of years old,” he had “just the feeling of being sort of misplaced.” With regard to belonging to the opposite sex, he recalled ambiguous feelings. Compulsive transvestism occurred throughout later childhood and adolescence, always in privacy. Besides the erotic reward gained from cross-dressing, he also felt repulsed by it. As a possible sequel to the veto against cross-dressing while serving in the Army, he experienced several blackouts with loss of consciousness. Because of the blackouts, he was honorably discharged. The patient’s mother reported that blackouts were preceded by deep depression and followed by

3 Psychological testing was done by Mr. Charles Annecillo, M.A.