

Harry Benjamin's Syndrome

Harry Benjamin's Syndrome is an intersex condition developed in the early stages of pregnancy affecting the process of sexual differentiation between male and female. This happens when the brain develops as a certain sex but the rest of the body takes on the physical characteristics of the opposite sex. The difference between this and most other intersex conditions is that there is no apparent evidence until much later after the baby is born or even as late as adolescence.

Harry Benjamin's Syndrome was known in the past with many different names, being Transsexualism (ICD-10) the most common used in relation with it.

Over 60 years of medical research regarding Transsexualism (modern HBS) specify that there is NO evidence whatsoever that any psychological or environmental factors cause Transsexualism-HBS. All of the medical research done to date indicates conclusively that physiological (neurological, genetic) factors are the sole cause of Transsexualism-HBS. -

Dr Henk Asscheman, MD, PhD (The Netherlands). Professor Michael Besser, DSC, MD, FRCP, SmedSci. (UK). Dr Susan Carr, MPhil. MFFFP. DDRCOG. (UK). Dr Domenico di Ceglie, FRCPsych., DIP. PSICHIAT (Italy) (Child Section) (UK). Professor Milton Diamond, PhD (Chair) (USA). Professor Richard Green, MD, JD, FRCPsych. (UK). Professor Louis Gooren, MD, PhD (The Netherlands). Dr Frank Kruijver, MD (The Netherlands). Dr Joyce Martin, MRCGP, MB ChB, D.Obst.RCOG. (UK). Dr Zoe-Jane Playdon, BA(Hons), PGCE, MA, MEd, PhD, DBA, FRSA. (UK). Mr David Ralph, MBBS, BSc, FRCS, MS. (UK). Mrs Terry Reed, JP, BA(Hons), MCSP, SRP, Grad Dip Phys. (UK). Dr Russell Reid, MB. ChB, FRCPsych. (UK). Professor William Reiner, MD. (USA). Mr M. Royle, MBBS, FRCS (Urol) (UK). Professor Dick Swaab, MD, PhD. (The Netherlands). Mr Timothy Terry, BSc, MB, BS, LRCP, FRCS (Urol), MS (UK). Mr Philip Thomas MBBS, FRCS (Urol). (UK). Professor James Walker, MD, FRCP, FRCOG. (UK). Dr Philip Wilson, DPhil MRCP MRCPC FRCGP. (UK). Dr Kevan Wylie, MB, MmedSc, MD, MRCPsych, DSM. (UK).

What is Harry Benjamin's Syndrome?

Harry Benjamin's Syndrome (HBS) is a congenital intersexual condition that has a pre-natal developmental origin, and it involves the differentiation of the male and female gender identities in the brain. The estimated incidence of HBS is 1 in 30.000 girls and 1 in 100.000 boys.

To put it simply, a girl with HBS would have a female neurological gender identity, whilst the genitalia would be male. Conversely, boys with this condition have female genitalia coupled with a male neurological gender identity.

At present, it is not possible to diagnose this condition at the time of birth. Therefore, the children are raised in the gender role opposite to that of the neurological gender identity. This often leads to psychological problems unrelated with the HBS itself.

Gender identity is a purely neurological function, with no psychological factors appended.

Therefore, neurological factors determine gender identity, not the anatomical structures of the genitalia. The physical structure of the brain, such as the CNS, fix gender identity. Since there is no apparent evidence at the time of birth, it is difficult for doctors to diagnose the condition, quite unlike other intersexual conditions.

Harry Benjamin's Syndrome is not an illness or a disorder, and we should not consider it such, but rather as a physiological variation of human sexual formation, as in the case of other Intersex Syndromes. When, on this page, we speak about "suffering" HBS, we refer to the suffering caused by the physical incongruence that people born with this condition experience, and not to a pathological explanation for HBS. Read more about the convenience of the term "Syndrome" applied to this condition in the page Retrospective of this site.

If we compare HBS with other congenital intersexual variations, it occurs twice as often as Klinefelter's Syndrome, and five times more often than Turner's Syndrome. Research shows the incidence of HBS to be 25 times more common than AIS (Androgen Insensitivity Syndrome).

Most diagnoses of HBS occur when the individual is between 20 to 45 years of age, but many are diagnosed in their teens, and some cases are detected in early childhood (four to five-years old). No matter at what the age the diagnostic decision is given, the affected individuals go on to HRT and SAS, and live a perfectly normal life afterwards. Nevertheless, the earlier that one undertakes corrective HRT and SAS, the better it is for the person involved.

On the other hand, some have only had HRT, and not SAS, and that appears to be sufficient in these cases. (Are these true instances of HBS, or transsexuality? Research has not answered this question, yet.)

The level of stress induced by societal pressures concerning gender norms and behaviour differs widely from one individual to another. The expectations of most societies regarding gender-specific actions do not suit all individuals, and many find some sort of cross-gender identification not displeasing (this is probably a sign that the person involved does not have HBS).

The degree of anxiety concerning appearance and anatomy also varies widely from one person

to another. Some do not care much about their genitalia, or about how others perceive the gender of their public persona.

However, the overwhelming majority of people place much importance in the expression and congruency of theirs and others' social and physical gender. Most take their gender for granted, and it is so deeply rooted in our instinctual behaviour and expectations that we do not think of it consciously.

Conversely, those who have HBS experience a steadily growing dissatisfaction and unhappiness with the discontinuity between their neurological gender and their genital anatomy. The dissonance that exists between a person's neurological gender and the expected gender-appropriate behaviour of society can be devastating.

There are only two alternatives. One can seek medical help, and obtain HRT and SAS to correct the anatomical incongruity and thereby eliminate the gender discontinuity. By adjusting physical anatomy to reflect neurological gender, the person involved receives release from the tension of HBS.

Alternatively, the pressures of the anomalous gender/anatomy signals can drive a person to suicide if they do not seek a medical correction of the condition. When one finds that one's personal gender incongruity combines with an unrelenting societal insistence upon a properly gendered expression of behaviour, the enharmonics of the situation lead many to take their own lives.

The hostile attitude of many in society often exacerbates the pain and suffering of those with HBS. There is often disbelief and hostility directed towards those who reveal their HBS, and there are those who believe that any medical correction of anatomy is contrary to all reason and good-sense.

In addition, many elements in society treat anyone with a gender-ambiguous appearance badly. They target the gender-incongruous and subject them to verbal threats and harassment, physical intimidation and violence, and use discrimination and ostracism to isolate such individuals socially.

This situation is harsh enough to deal with, but a loss of support from family networks and friends often compound it. What finally brings many to the brink of despair is the loss of employment that often accompanies societal rejection of the individual. This is why untreated HBS causes suicide. It is not the HBS, but the pressures surrounding it that can drive people over the edge.

At present, the exact physiological cause of HBS is unknown, and it may be that there is more than one discrete antecedent for the condition. If one were to ask reputable researchers today, the probable answer would be that pre-natal events in foetal development would tell us the story.

No matter what is the ultimate causal factor, HBS is a physiological condition that has the potential to create a traumatic situation in an individual's life. If one does not treat it with the appropriate medical regimen, it can lead to the death of the person involved. That is why society must learn to treat those with HBS with compassion and understanding.

HBS is simply a medical condition; it is not mental or psychological derangement.

How is Harry Benjamin's Syndrome medically treated?

Early detection and treatment of HBS can eliminate virtually all symptomatic signs of the condition.

The prescribed and normative treatment regimen for re-assigning the person's body to the proper physical structure congruent with neurological gender identity consists of two stages.

The first stage is Hormone Replacement Therapy (HRT), where the administration of appropriate hormones results in the start of the desired somatic changes. This phase of treatment usually affects secondary sexual characteristics only.

The treatment culminates with Sex Affirmation Surgery (SAS), where the surgeon modifies the anatomical structures of the genitalia to be in congruence with the neurological gender. This is NOT "sex-change" surgery, as the gender of the affected individual never changes.

Unfortunately, many still consider HBS as being identical to transsexualism, and this creates difficulties in the proper diagnosis and treatment of the condition. Too many people link the word transsexualism to psychopathology and mental illness. They see it as a case of "men wishing to be women".

Some MDs still describe this condition as transsexuality. At times, it appears as though doctors are ignoring the latest research on neurological gender identity. This ignorance leads to physicians retaining the use of such outmoded terms as transsexuality.

The current medical system can treat HBS very well, but the ignorance of individual practitioners leads to inaccurate diagnoses and treatment. The lack of information concerning the latest neurological research leaves many general practitioners struggling with past myths and misconceptions.

Please be careful when you consult with a doctor concerning HBS. They may not have access to the latest medical research regarding the condition. One should listen attentively to a physician, for they have a great deal of knowledge about the human body and its' processes. Nevertheless, as they are also human, they can be as prone to mistakes and wrong assumptions as are the rest of us.

It is advisable to seek the advice of an endocrinologist who is experienced in treating patients with HBS. In this manner, you shall receive objective treatment from the doctor and staff, and the chance of the MD having had access to recent information is more probable.

Psychological therapy is useful for the diagnosis of the condition, but only a treatment regimen of HRT and SAS can correct the physical anomaly.

In most cases, it is not possible to give a diagnosis before late childhood or early adolescence, although there are places such as the Netherlands that are very advanced in diagnosing and treating HBS early in life. In that country, those diagnosed with HBS can receive HRT before the

onset of puberty, thanks to the work of those such as Cohen-Kettenis.

It is important to keep in mind that HBS is a physiological, not a psychological, condition. Psychological intervention is useful for a limited number of patients, especially younger ones. The most important members of the treatment team are the endocrinologist and the surgeon. The psychologist plays an ancillary role only.

As stated above, the only recognised medical treatment for HBS is HRT followed by SAS.

HBS is an Intersexual Condition

"For us in Australia, acceptance by both state and federal courts that transsexualism is a medical condition with a biological basis has given us a range of common law rights that our brothers and sisters in other parts of the world can only dream about." -Karen Gurney.

Harry Benjamin's Syndrome (HBS) is an intersexual condition with a basis in neurological, hormonal, and chromosomal factors. It is thus biological and somatic in origin, not psychological at all.

The main difference between HBS and other intersexual conditions such as Turner's, Klinefelter's, and Kuster Hauser's Syndromes is HBS apparently passes unnoticed for years until an apparently sudden onset in adulthood. Recent research indicates that HBS is an intersexual condition such as the ones mentioned, and it is by no means a psychopathology or mental derangement.

Here are the conclusions of William Reiner MD, a paediatric clinician at the Johns Hopkins University Hospital in Baltimore, Maryland, USA, where he works with children with intersexual conditions:

"In the end, it is only the children themselves who can and must identify who and what they are. It is for us as clinicians and researchers to listen and to learn. Clinical decisions must ultimately be based not on anatomical predictions, nor on the "correctness" of sexual function", for this is neither a question of morality or of social consequence, but on that path most appropriate to the likeliest psycho-sexual developmental pattern of the child. In other words, the organ that appears to be critical to psycho-sexual development and adaptation is not the external genitalia, but the brain".

To Be Male or Female-That is the Question

The human brain is inherently male or female in orientation, as is the configuration of our DNA. Endocrinologist Dr Louis Gooren reported recent discoveries concerning the structure of the brain made at the Netherlands Institute for Brain Research in 1995 (Zhou et al.), which were confirmed by another study made in 2000 (Kruijver et al.).

"The recent discoveries about the brain's sexual differentiation on people with transsexualism (HBS) could open a door to see this condition in a different way than we see it today. First, from the medical view transsexuals could be reassigned to their true sex and not be seen as mentally disturbed people.

Second, the medical insurance would be obligated to pay for all medical expenses for the sexual reassignment as it happens with other cases of intersexuality. The legal system would have to treat transsexuals in the same way they treat people with other intersex conditions. The rest of the people may change their attitude towards transsexuals, and even religious institutions would stop seeing it as a sin.

The fascinating consequences of the "biologization" of transsexualism (HBS) in all the domains of Life are difficult to value."

Louis Gooren MD

Transsexualism, a form of Intersexuality, 2003

Department of Endocrinology, Free University Hospital, Amsterdam, the Netherlands

The recent discoveries of researchers regarding the neurological causes of HBS (Schwaab et coll., 1985 Zhou et al., 1995) have increased our understanding of the role of physiology in our gender identity.

Now, we know that our gender identity is not only defined by our genital structures, endocrine system (sexual hormones), or genetic configuration (sexual chromosomes), but also by the physical design of the brain (neurological factors, called in common usage "brain sex"). This gives rise to the potential for more intersexual conditions than we thought existed in the past.

Besides the neurological factors that are present in HBS, there are other manifestations of the condition such as hypogonadism or anomalies in the endocrine system. Recent studies suggest there is a genetic basis for HBS as well.

Even before the commencement of HRT, it is common for those with HBS to exhibit characteristics of the "opposite" sex. For example, many females with HBS exhibit lower levels of the antigen HY (Eicher et al., 1981). These levels would be abnormal in typical males. Other cross-sexual morphological characteristics are common. Many women with HBS already had clearly feminine features and bone disposition before starting HRT.

Recent research shows us that variation in the length of certain segments of DNA may signify the existence of HBS. The researchers examined a repeat sequence in each of three genes known to affect the sexual development of the brain. One particular variant seemed to be significantly

associated with the presence of HBS.

Scientists discovered this factor in a gene responsible for producing a molecule known as ER-Beta. ER-Beta acts as a minuscule gateway that regulates the flow of oestrogen through the brain during foetal development. The gene that produces the ER-Beta receptor contains a section called a CA repeat sequence. It is called thus because C and A are names for two "letters" of the genetic code that are repeated many times in a row in this receptor. They found that longer CA repeats had a strong correlation with the existence of HBS. (Read full abstract and text in the section Medical Archives)

A Human Rights report from Australia gives the following explanation of HBS:

Transsexualism (HBS) is now regarded by the world's leading experts in the field as another of the many biological variations that occur in human sexual formation: an intersex condition: where the sex indicated by the phenotype and the genotype is opposite the morphological sex of the brain. People with the condition of transsexualism (HBS) are therefore born with both male and female characteristics and, like many others with atypical sexual development, seek rehabilitation of their phenotype and endocrinology to accord with their dominant sexual identity; an identity which is determined by the structure of the brain. Transsexualism (HBS) is about being a particular sex, not doing it. It is also about recognising gender norms, not challenging them.

Karen Gurney and Eithne Mills, 2005

Murdoch University Electronic Journal of Law, Volume 12, nr 1 & nr 2

Most people with intersexual conditions have a definite gender identity as a man or as a woman. This is the reason they seek gender congruency so desperately. Today, intersexed individuals are demanding the right to choose for themselves how they wish to express their gender identity and gender congruity. They wish to end the corrective surgeries done by doctors upon new-born infants, and leave such surgery until such time as the person can make an informed decision for themselves, much in the same way as HBS is treated at present.

Some groups of intersexual people have refused to see HBS as a form of intersexualism. Their attitude comes from misinformation, or the survival of old-fashioned stereotypes, not upon solid and reliable scientific research. We could better classify it amongst some other relatively rare conditions, for HBS is not one of the conventional intersexual conditions. Perhaps, this situation would ease if there were more communication between these different groups of individuals.

HBS is not a component of personal identity. Rather, it is a physiological anomaly that medical treatment brings into congruence with neurological gender. Because of perceived relationships between transsexualism and homosexuality or transvestism, many saw transsexualism as problem regarding sexual identity; therefore, people saw it as a psychological aberration.

So many people have become so accustomed to making our condition a part of our identity that they wonder if we should call people with HBS "Benjaminites". This is absurd. HBS is a physiological condition, and part of no healthy person's identity. Women with Turner's Syndrome do not call themselves "Turner's women". People with cancer do not call themselves "cancerites".

We should NOT call ourselves "HBS women" or "HBS men". We are merely men and women with a definite medical condition. Full stop. Our physiological condition has nothing whatsoever to do with our personal and sexual identity.

It is more sensible to speak of a person seeking sexual congruency rather than "transitioning" to another sex. People with HBS who are undergoing HRT, or receiving SAS, are seeking congruence between their neurological gender and their anatomical structures, they are NOT transitioning from one sex to another, for that is not possible.

In the end, HBS is another biological variation in human sexual formation, and it is not an illness or a medical problem. However, since medical treatment is both indicated and necessary in most cases an adequate and updated definition of the condition is essential. We must bring the international standard diagnostic classifications into line with current neurological research for them to have any relevancy.

From Transsexualism to Harry Benjamin's Syndrome.

Magnus Hirschfeld introduced the term transsexualism in 1923, and first labelled the condition as "psychic transsexuality". He delivered the first scientific lecture on transsexuality in an address to the Association for the Advancement of Psychotherapy in 1930. Hirschfeld considered transsexuality to be a form of intersexual condition. Later, Caldwell called it "pyschopathia transexualis" in the late 1940s. However, it was not until the 1950s that Dr Harry Benjamin introduced the term to wider medical circles.

Dr Harry Benjamin was a pioneer into the research of this condition, and he believed that it had a biological cause. This was also the contention of Dr Hirschfeld, the originator of the term. There was a great need to distinguish this condition from transvestism and homosexuality, and the term transsexuality seemed adequate to the task. Unfortunately, there was a great amount of ignorance concerning the origins of this condition, but medical professionals did at least start to talk responsibly concerning the transsexual phenomenon.

However, there was a basic difference between Hirschfeld and Benjamin. Hirschfeld considered transsexuality to be a form of "third sex", and connected it to his defence of the rights of homosexuals. On the other hand, Dr Harry Benjamin considered it a physiological condition that merely needed the modification of the phenotype and endocrinology to bring accord between the neurological gender and the anatomical genital structures.

Dr Harry Benjamin paved the way for a better understanding and recognition from the international medical community. Without his deep compassion for more than a thousand patients, without his engagement in academic and professional circles, and without his numerous lectures and publications, treatment for HBS might not be as available as it is today. Dr Harry Benjamin shed light upon the topic as no previous doctor had, and his professional biography is the most prominent in the history of the treatment of transsexuality.

In the past, doctors considered HBS to be a psychopathological condition where an individual had

delusions of being of the opposite sex. Practitioners considered the condition aberrant, and many considered it an "unexplainable" fancy. (see Caldwell, Pyschopathia Transexualis, 1949)

However, there has been much detailed and technical research in the last two decades devoted to the origins and treatment of HBS. Researchers have concluded that HBS is a physiological condition, and there is no link to psychopathology whatsoever. Today, the term 'transsexualism' is outmoded in its' ability to properly describe the condition.

Research now documents the fact that neurological events undergird the existence of HBS. The old psychological construct known as transsexualism is now passé. Thus, those with HBS have the objective neurological gender identity of their sex of subjective identification.

Recent studies tell us that neurological gender identity, not anatomical genital structures, determines the actual sexual identity of an individual. Therefore, someone born with HBS is already a member of the "opposite" sex. This overturns the term transsexualism because there is no "change of sex". Rather, one only does corrective surgery on physical structures.

Someone with HBS is already a member of their identified sex biologically, as their neurological structures are of the identified sex, not of the genital sex. Simply put, their neurological sex is opposed to that of their genital sex.

Therefore, we see that HBS is actually an intersexual condition, and the old idea of transsexualism becomes outdated. The idea of a neutral and physiological neurological basis for the conundrum replaces the obsolete idea that transsexualism was a psychological disorder.

Thus, we see that HBS is not a personality aberration or a mental orientation towards a particular sexual identity. Such a physiological condition demands early diagnosis and treatment, so that the affected individual can live a normal and adjusted life. One cannot delay it for reasons of "psychotherapy", which is of dubious utility in any case.

Doctors once thought that schizophrenia and manic-depressive Disorder were mental illnesses. Today, we see them as physical diseases of the brain structure, which we treat with the appropriate medication to correct the chemical imbalances that cause them. We see the same phenomenon in the current thinking regarding Parkinson's Disease and Alzheimer's Syndrome.

Likewise, experts now consider that HBS is not a mental disorder, but rather a natural and biological variation of human sexual identity. It is an intersexual condition where the morphological sex of the brain is in conflict with the phenotype and genotype. We can treat it with the proper hormonal intervention and surgical modification of the anatomical genital structures.

The old term of transsexualism urgently needs a radical revision. We must leave the old superstitions regarding HBS in the past. Too many negative connotations surround transsexualism: stigma, superstition, media distortion, and back-alley medical treatment. It does not describe the somatic condition adequately, and so we must discard it at the first opportunity.

We have a responsibility to bring the facts to light. We must stop the continual sensationalism in the mass media, and we must do our part to halt the spread of misinformation concerning HBS. Only then, shall we see HBS as it is in reality: a neutral and somatic condition, no different from any other physical condition.

The Problem of Terminology.

The question of the proper terminology we use to describe our condition is the greatest problem that must be attended to by people with HBS.

To achieve full social assimilation into the gender role of physiological reassignment we must first sharpen our perception of ourselves as we are in actuality. One of the main factors in this process is the proper terminology used to define our condition.

At present, definitions that are inadequate in both medical and intellectual terms are in use. Although these formulations had some currency when they were first proposed, they have lost all validity today. The very methodology of treatment appears to be in a state of flux now, and people may even use several different (and often contradictory) constructions to describe themselves.

The confusion regarding terminology is most serious in the various forms of the popular mass media. Most of this material is not serious in tone, nor does it focus on any of the actual problems of the condition. We should keep in mind that these media are entertainment vehicles, modern equivalents of the Roman panes et circenses.

This chaotic disorder appears to be this forum's typical reaction to any serious medical concern, but as far as HBS is regarded, the mass media and its' anointed spokesmen give it only smirking and prurient treatment. Perhaps, we should not expect much from a medium that glorifies the likes of Dr Phil and Dr Laura.

Let us look at some of terms that are currently in use, or may be adapted in the future.

Harry Benjamin's Syndrome (HBS)

In Medicine the term Syndrome refers to the association of several clinically recognizable features, signs (discovered by a physician), symptoms (reported by the patient), phenomena or characteristics which often occur together, so that the presence of one feature alerts the physician to the presence of the others. In recent decades the term has been used outside of medicine to refer to a combination of phenomena seen in association.

In technical medical language, a "syndrome" refers only to the set of detectable characteristics that identifies a specific physiological or psychological particular situation or condition. "Syndrome" doesn't equals "illness" and we don't encourage to consider Harry Benjamin's Syndrome as an illness, but rather as a physiological variation of human sexual formation.

The title HBS comes from Dr Harry Benjamin, a pioneer in the serious research of this condition. More than any other single figure, Dr Harry Benjamin initiated the systematic and regular treatment of HBS (then called transsexuality). His career is the most prominent in the history of treating HBS to date.

The formerly know as HBIGDA (Harry Benjamin International Gender Dysphoria Association) also used his name. It produces the Standards of Care followed by medical practitioners who treat

HBS.

Of the terms in use at present, Harry Benjamin's Syndrome is the most neutral, and the freest of any pejorative connotations. Most other current terms are simply inaccurate or inadequate.

Transsexualism/Transsexual(s)

The most common and well-known term for HBS is transsexualism, which the German sexologist Magnus Hirschfeld coined in the 1920s. There are several serious problems with this construction. Including "sex" in the name attracts undesirable attention. This has strong implications of connections with sexual orientation, which simply do not exist.

It is much too similar to "transvestism", which is a completely unrelated phenomenon. Men who receive a sexual frisson from wearing female clothing have nothing in common with men who were born with female anatomy, and are therefore in inner turmoil as a result. There is enough superficial similarity between the two terms to cause much confusion in the minds of the simple.

In any case, transsexualism is a badly defined term. To use transsexual as a noun is dehumanising, leaches people with HBS of their personality, and makes it easy for the bigoted to think of them as being "other", "weird", and "perverted". People with HBS have a particular medical condition, it is not the basis and ground of their identity, and we should not see them as "laboratory specimens" or "circus freaks".

The adjectival use is hardly better. People all too easily construe "transsexual man" or "transsexual woman" as "false man" or "impostor woman". Many are confused because of this term as to the proper term to call a person with HBS. They wonder whether they should address them as "man" or "woman". This is the source of such vile constructions as "he-she".

After a childhood spent in the wrong social gender, and being in much confusion consequently, a person with HBS is most in need of consonance in their psychophysical identity. The driving need in one's life becomes the achievement of congruence between neurological gender and anatomical reality. At the same time, there is a desire to leave all sexual ambiguities behind, to have wholeness in the gestalt of body, soul, and mind.

It is diabolically cruel to affix the label of "transsexual" onto a person for the rest of their life. They do not engage themselves in a life-long journey between the sexes; it is only a temporary stage on the way to total personal congruency. This usage of transsexual clearly suggests and implies that the person involved is never a true man or woman, but rather a pariah and on a perpetual pilgrimage between the sexes.

Whenever the term "transsexual man" or "transsexual woman" is used, the strong implication is that they are not truly men or women. It matters not if the person involved is at peace because they have finally reached congruence or if their personal appearance is well within the bounds of their sex.

This term robs the person with HBS of full completion, it steals the peace of congruence, and it smirkingly informs one that no matter how much one tries, you shall never be allowed to end the perpetual wandering of transsexuality. The continual accusations never give you rest, and you shall never be finally safe at home, in concord and harmony.

This is ironic, because we live in an age where we can correct the physical anomalies completely. This is cruel because the time of transition is only a year or two at most, but as long as one is a

"transsexual", many shall never allow you to reach the far shore.

You must stay anchored out in the harbour, and only hear the laughter and joy of others ashore in the city. You must wear a placard about your neck proclaiming your status, ring a bell loudly, and shout, "Leper, Leper! Unclean, unclean!" as you make your way amongst the crowd.

The term transsexual comes from two Latin roots. "Trans" is a prefix that means through, across, beyond, or to change. "Sexual" is a verb that comes from the Latin sexualis, which means anything associated with sex or the sexes. We can see where the original derivation of the word came from. It referred to someone who was in the process of moving between the two sexes.

It is unfair to burden people permanently with labels that are no longer appropriate or applicable once changes are made, obstacles are overcome, surgery is finished, and they have taken their place in society in their proper gender. If you must give a classification, let me suggest two: "man" and "woman". Full stop.

Dr Harry Benjamin wrote:

"The term transsexualism may prove to be inappropriate if it should ever be shown that an anatomically normal male may actually be a genetic female, or at least not a genetically normal male. In such event, we would be dealing with a transgenital desire instead of a transsexual. "

The Transsexual Phenomenon (the Etiology of Transsexualism), 1966

Harry Benjamin MD

By transgenital, Benjamin was referring to a form of intersexual condition. Recent research has corroborated this early hypothesis of Dr Benjamin. A team headed by Vilain in 2003 pointed out this very differentiation.

Moreover, the neurological-sexual differentiation as a biological marker existent in all with HBS has been confirmed by Dutch scientists (Kruijver, 2000). This proves the physiological and intersexual nature of HBS.

If HBS is a pre-existent neurological condition, transsexuality loses all its' validity as a definition, for in such a case no one is "changing their sex" at all. One can change physical body structures, but one can never change one's neurological gender. If such is so, no one is "trans-ing" anything.

If one looks in the dictionary for the definition of the term transsexual, one finds the following:

- * a person who has undergone a "sex-change" operation
- * a person whose sexual identification is entirely with the opposite sex
- * overwhelmingly desirous of being, or completely identifying with the opposite sex

These are all adjectival usages.

None of these definitions fits people with HBS, at least in the sense of being scientifically rigorous, medically accurate, or intellectually precise. Therefore, people with HBS do not fall into these categories. This means that people with HBS are NOT transsexuals, in any sense of the word. What do we call people with HBS? Why not simply "people with HBS in their medical history"?

Today, most people living with HBS have found the term transsexual to be awkward and uncomfortable, and do not wish others to address them as such. Let us admit it, this construction is sleazy, outmoded, and inaccurate. It has no future, save in certain restricted uses in Zoology.

Transsexuality

One of the terms with the greatest amount of pejorative meaning and stigma attached is Transsexuality. Although it sounds similar to the above construction, it is actually a distinct designation. Some call it a "lifestyle choice" or the expression of an aberrant personality. It is the term with the greatest stigma attached for the person with HBS.

The finding of physiological indicators and the consequent change in terminology have liberated people with HBS from the cruel grip of this term.

The only legitimate usage of the word "transsexuality" is in the field of zoology, where it applies to animals, not human beings. It refers to the fact that certain species of amphibians can change from male to female, or vice versa, as environmental needs demand.

People with HBS do not "change their sex", nor do they become members of the "opposite" sex. People with HBS already are members of their aspirational sex through the fact that their neurological structures are organised accordingly. Please, remember that gender is a fixed quantity, it is immutable, and we cannot change it by any method medical or psychological.

Gender Identity Disorder

Two other terms, Gender Identity Disorder (GID) and Gender Dysphoria, seem to be suitably clinical and objective in tone and meaning. Unfortunately, many construe their definitions in such a way as to identify HBS as a psychiatric condition. This is emphatically not so, for HBS is a physiological condition and can only be treated by using conventional medical methods.

We should note that the psychological problems that many with HBS suffer are not central and essential to the condition. The pressures of outside society or the conundrum of the dissonance existing between the neurological gender and the anatomical genital structures causes them. Therefore, we see these personality conflicts for what they are, incidental and peripheral to the question of HBS.

To put it another way, to argue that HBS is primarily psychological in origin is ontologically unsound, and not in accordance with scientific method. This syllogism is specious, and all that advance it have no objective evidence to document it.

Do we treat influenza by sending sufferers for psychotherapy? Of course, we do not. The same applies here, for HBS is, at root, a physiological condition.

There is a minor role for psychologists in the process of diagnosis of HBS, and we can use them to weed out unstable candidates for GRS. Otherwise, their role is purely peripheral and minor.

All attempts to change a person's gender identity through psychotherapy have proved

spectacular failures, for how can mere talk affect neurological structures? That would be as if we tried to treat a blocked artery in the heart by sending the person involved to see a psychotherapist for a year before one could schedule surgery. That is absurd.

Finally, these terms imply that people with HBS are mentally ill, deranged, demented, or suffer from delusional fantasies. This is why we must abandon this term completely and immediately.

Transgender

This all-inclusive term has gained currency in recent years, especially amongst those affiliated with homosexuals. It covers everything from casual cross-dressing, female impersonation, severe transvestism, psychological transsexualism, autogynephilia, and actual HBS sufferers.

This far too broad a characterisation to be useful and it is not precise or clinically discriminating. It implies similarity in actions that have no relationship whatsoever. Since it is nebulous and vague in meaning, it ends by telling you nothing about a particular individual.

My own opinion is that all others in this umbrella category are using the arguments for HBS to undergird their arguments in favour of their specific psychopathology. In effect, they attempt to ride upon the backs of those with HBS to gain sympathy for their cause.

In terms of numbers, people with HBS are perhaps only 1% of this group. We are silent in comparison with the often loud and strident "transgendered activists". Therefore, one can see that much of the misconception in the public perception of HBS comes from those who do not have the condition in the first place.

All people with HBS should distance themselves from "transgenderists" completely and totally.

Sex Affirmation Surgery (SAS)

This term is preferable to the terms Sexual Reassignment Surgery (SRS) or Gender Reassignment Surgery (GRS). SAS is the most precise medically.

It highlights the fact that the surgeon only makes corrections to anatomical structures. This procedure is emphatically not a reassignment of gender (for that is immutable), nor is it a reassignment of sex (for that occurred during the process of preliminary HRT).

This surgery brings congruence between neurological gender and anatomical genitalia, so the title Sex Affirmation Surgery is not only medically precise, it describes for others what the surgeon has done. He has not changed sex or gender, he has merely fixed a physical structure.

We must always keep our language regarding HBS precise, clinical, and objective. This is what shall gain us support in the larger community.

There are other terms in use for HBS, but they are colloquialisms, slang, or rude usages. They merit no discussion here.

Practical and definite Terminology and its meaning.

Harry Benjamin's Syndrome (HBS) is an intersex condition that develops before birth involving the process of differentiation between male and female. HBS occurs when the brain develops in the manner of one sex and the rest of the body develops with the characteristics of the opposite sex. The sex indicated by the phenotype and the genotype opposes the morphologic sex of the brain.

Persons with HBS are people who have Harry Benjamin's Syndrome (HBS), a purely physiological condition. They are simply men or women. Such people are born with the characteristics of both male and female. In common with others who exhibit atypical sexual development, they desire to modify their phenotype and endocrinal system to correct it to their dominant sexual identity, an identity that is determined by the structure of the brain. The person with HBS does not change sex, as gender identity is fixed at birth, and the medical treatment involved is only physical correction.

Transsexualism (TS), Gender Identity Disorder (GID), or Gender Dysphoria is a mental condition that consists of the desire to live and to receive acceptance as a member of the opposite sex. Do not confuse this with HBS, as it is not medical. Feelings of malaise or discord with one's anatomical sex and desires to obtain surgical or hormonal treatment to modify the body to agree with the desired sex usually accompany it (ICD-10 F64.0/ DSM-IV-TR).

Persons with Transsexualism, GID, or Gender Dysphoria (also called transsexual or gender dysphoric) are people who have Transsexualism (GID), a very serious mental condition (ICD-10/ DSM-IV-TR). Such people do not have HBS, as they lack the physical markers of the condition. In addition, we apply this term to people when they "change sex" or alter their sexual characteristics, or when they change their public sexual identity. On the other hand, as the word indicates (trans-sexual), it designates people who move from one sex to another or it indicates the process of such movement. Given the great variety of people with diverse psychological-sexual problems that self-define themselves as "transsexuals" today, the term "transsexual" has lost its (confused) original meaning, and has now acquired a new meaning that is interchangeable with the term "transgender" (for more on this term, see below).

Transsexuality is a phenomenon that occurs in the animal kingdom (e.g. certain amphibious, oysters) that consists of a change of natural sex in the species. Popularly, we apply it also to

humans when speaking of people who "change their sex". "Transsexuality" is a generic term that applies to all kinds of species and variations, while "Transsexualism" is a much more precise medical term, which we should use exclusively for people with the condition of Transsexualism (now, better defined as Harry Benjamin's Syndrome).

Transgender Persons (or transgenderist) are people whose gender experimentation or expression of gender differs from the accepted social conventions. A transgender person can be a transvestite, a transsexual, or anyone who manifests certain qualities that do not correspond with the characteristics traditionally associated to the sex of the person.

Harry Benjamin

Harry Benjamin (1885-1986) was a German-born doctor. He is renowned for his pioneering work with Transsexualism (later known as Harry Benjamin's Syndrome 'HBS'). He received his doctorate in medicine in 1912 in Tübingen for a dissertation on tuberculosis.

Sexual medicine interested him, but it was not a part of his medical studies. After several failed attempts to start a medical career in New York, in 1915 Benjamin started his own general medical practise. Later he also practised in San Francisco in the summer of every year.

His special interest was hormonal research, and thus he became a disciple of Eugen Steinach, whom he visited in Vienna every summer throughout the 1920s and early 1930s. On these occasions, he also took frequent side trips to Berlin, where he visited both Magnus Hirschfeld and Albert Moll and participated in their congresses.

In 1948, in San Francisco, Harry Benjamin was asked by Alfred Kinsey, a fellow sexologist, to see a child who "assured to be a girl", despite being born male. The mother of the child wished for help that would assist rather than thwart the child. Kinsey had seen nothing of the like previously. Neither had Dr Benjamin.

This child rapidly led Benjamin to understand that this was a different condition than that of transvestism, under which adults who had such needs had been classified to that time (see for a competent history of earlier cases).

Despite psychiatrists whom Benjamin involved in the case failing to agree amongst themselves on a path of treatment, Benjamin eventually decided to treat the child with oestrogen (Premarin, introduced in 1941), which had a "calming effect".

He helped arrange for the mother and child to go to Germany where surgery to assist the child

could be performed, but from where they ceased to maintain contact, much to Benjamin's regret.

However Benjamin continued to refine his understanding, in 1954 openly introducing the term Transsexualism in the medical community, and going on to treat several hundred patients with similar needs in a similar manner, often without accepting any payment. (The term 'transsexualim' was originally coined by Hirschfeld in 1923).

Carefully selected colleagues of various disciplines, such as psychiatrist John Alden and electrologist Martha Foss assisted him in San Francisco, and plastic surgeon Jose Jesus Barbosa performed genital reconstructive surgery in Tijuana, Mexico. His patients regarded him as a man of immense caring, respect, and kindness, and many kept in touch with him until his death.

Medical attitudes toward Harry Benjamin's Syndrome were very diverse among different countries, and many doctors considered all such people (including children) best treated by forced treatments such as drugged detention, electro-convulsive therapy or lobotomy.

Although Benjamin's 1966 book, *The Transsexual Phenomenon*, was immensely important as the first large work describing and explaining the affirmative treatment path he pioneered, he had already published papers and lectured to professional audiences extensively.

In his work, Benjamin believed in a physiological cause or explanation for Transsexualism. He was very much biologically oriented as he himself declared jokingly to Freud in a meeting: "that a disharmony of souls might perhaps be explained by a disharmony of endocrine glands".

Charles L Ihlenfeld worked with Benjamin for 6 years. Dr Benjamin intended him to become his heir apparent. However, he left the practice to undertake a psychiatric residency. Dr Ihlenfeld has written:

"By and large psychiatrists of this time considered gender dysphoria as a manifestation of significant psychopathology, and considered the treatment Benjamin was then prescribing as psychiatrically contraindicated. Rather than discouraging Benjamin, this response simply reinforced his feeling that psychiatry as a discipline lacked common sense".

Harry Benjamin was married to Gretchen, to whom he dedicated *The Transsexual Phenomenon*, for 60 years.

The Harry Benjamin International Gender Dysphoria Association (HBIIGDA) began in 1979 and it used Benjamin's name with his personal permission. In his long and distinguished career, Benjamin came to know many famous American and European scientists, scholars, and artists.

Copyright @ 2005-2007, Charlotte Goiar.
All Rights Reserved.

Further reading:

<http://shb-info.org>

<http://shb-info.org/hbs.html>