

# Mixed Singles

What happens physically and psychologically to a man who crosses the ultimate sex barrier . . . and becomes a woman? Is it an act of liberation, or a "bionic unreality"? This is the story of how male doctor Dick Raskind became Ms Renee Richards, tennis player. By Andrew Kopkind.

Swinging through America on the Virginia Slims tennis tour last winter was a woman who has come a long way in a short time—and still has some distance to go. While other women players have only to practise their game, Renee Richards has to work on her womanhood as well. For while Billie Jean King was always Billie Jean, and Chris Evert was always Chris, not very long ago Renee Richards was a man named Dick.

Acceptance into the ranks of women's tournament tennis has not been easy for her. Richards' fast shuffle of her cards of identity from Jack to Queen convinces old friends and a few sexually progressive tennis pros, but many of the established stars, such as Chris Evert, and the controlling organisations, such as the Women's Tennis Association in America, have not budged in their strict construction of the rules of gender; they still prefer to think of Renee in her former persona, as Dick.

Dick Raskind, MD, started playing tennis as a young boy, captained the Yale (Class of '56) tennis team, advanced to a top seed in the national men's over-thirty-five rankings, narrowly missed a Forest Hills championship, and meanwhile built a lucrative and respected practice as a New York ophthalmologist. Finally, in the summer of '75, Raskind gave up the retreating ghost of his masculinity and underwent the surgery which exchanged his male for female genital and urological equipment. Dick, born again as Renee (literally, "re-born" in French), moved to Newport Beach, California, where she began new ophthalmological and tennis careers—this time in the women's ranks. For many months Renee Richards kept her new profile low. She treated her patients in her office, wrote scholarly works on eye surgery, and played the odd tennis set at the John Wayne Tennis Club near her home. But at a match early last summer in La Jolla, California, a spectator "read"—the term used in the jargon of sexual closetry for identifying a sexual changeling as his or her former self—Renee as Dick Raskind. The perceptive spectator tipped off a San Diego newscaster, who put the gossip on the air, and the closet door opened wide.

"I pleaded with the TV man for hours," Richards told me. "I asked him not to go on the air with the story, but he did. Even so, I could have buried it. It wasn't national news. My father and my sister urged me to wait it out, until the story died off and I could go back to leading my life again. I had that choice." But because of the "zillions of letters" from sexually oppressed sympathisers seeking a spokesperson, or because of her own need for real-life validation, Richards went public. She applied to compete in women's matches, found an old tennis friend who let her enter the tournament he was organising at the Orange Lawn (New Jersey) Tennis Club and began volleying with Press and players there with equal agility. She lost the \$1,800 first-prize money in the semi-finals, after a sleepless week of hounding by an insidiously curious Press. But a few days later she won more than \$100,000 from Random House and Ballantine Books at an "auction" for rights to her autobiography, whereupon Renee announced she would take a year off from ophthalmology in favour of tennis and other pursuits. At forty-two, she may find that tennis will be less rewarding than medicine; but, all things considered, the



score surely stands: advantage, Richards.

Throughout the autumn, Richards toned up her muscles, sharpened her game and worked on her book—with novelist Eleanor Dienstag as her lively ghost. Her tennis coach was former champion Pancho Segura, who lives and teaches at the cushy La Costa resort near San Clemente; her body-builder was Vickie Voden, a UCLA women's weight-trainer. Richards plunged into athletics with the same confident, purposeful attitude she had applied to her sex-change. "I've given up smoking, I go to bed early, I run five miles a day, and I play four hours a day," she reported in the middle of the training programme. "The Women's Tennis Association will *have* to accept me as a woman player then," she said eagerly, her voice rising to a high growl. "Even *they* are beginning to realise that."

Acceptance—as a woman—more than victory as an athlete or success as a doctor—is the organising principle of Renee Richards' new life. What makes it so difficult for her, however, is the glare of publicity which attended her half-voluntary "coming out". "The vast majority of trans-sexuals prefer to merge back into society as women," Richards said softly in a talk we had in her Madison Avenue hotel suite one morning during the Orange Lawn tournament week. "They don't want to be something special. But I'm an event because I have become open about it."

But Ms Richards *is* special, and trans-sexualism is a hot topic, in large part because of her openness. People gawk at her in the streets now and old friends gossip, but Ms Richards maintains a single-minded sense of control over her social environment. She finds comfort in the kindness of strangers: "Just the other day in my old neighbourhood a man recognised me, stopped his car, jumped out, ran over and shook my hand," she reported. Former tennis buddies still call for games; one friend had her over for a set at an exclusive Manhattan club, causing "quite a sensation" at courtside. But she keeps up the friendships she values from the old days and forms new ones (there are rumours of a romantic liaison with a man in California) despite the celebrity status.

"I feel the pressure tremendously," she allowed. "I feel I have to behave perfectly, to be a model of decorum. Then I go home and I don't behave so perfectly," she grinned. "At practice yesterday, I whacked the ball so hard against the clubhouse wall I knocked down a picture on the inside. You see, I'm damned if I do, damned if I don't in this thing. If I don't win a tournament, then I'm a flash in the pan. If I do win, then everyone will say I have a tremendous advantage because I used to be a man."

Tennis is a way to prove her legitimacy as well as a danger to it. "It's my vehicle for expressing the social issues: that a trans-sexual is a woman in every conceivable way and is entitled to the same rights that every woman ought to have, and also that a person in a sexual minority should be allowed to live without social ostracism, and not be deprived of gainful employment." But tennis, as she said later, is also "my game". The tennis fixation occupies an

emotional place second only to the transsexual's mother, a psychiatrist, died in 1961)—saw her for the first time



"as a woman", the subject was, as it always had been, tennis. "He's a really macho guy," she said of her father, "a big bear. I had an intuition he'd be in the stands that day, and he was. We were close, but we always dodged the sexual issue. After the match, he came over and said just what I knew he would: 'You don't get down to hit those low balls,' and 'Throw the ball up higher when you serve'."

To smooth the way in her new world, Richards travels with a public relations agent, a slightly unbelievable Southern Californian named Dave Buffum, who describes himself as director of "a private clinic and an educational foundation". Buffum's brash disingenuousness grates against Richards' gentle sincerity. During the morning I spent with Richards in her hotel, Buffum flew into violent telephone tantrums in a corner of the room, disrupting our conversation with noisy threats and obscenities over some confusion in scheduling a tennis match. Richards sat quietly, waited out the torrent of abuse Buffum was dishing over the receiver and asked him gently but firmly to take his calls in another room.

The publicity Richards generates wherever she goes says as much about the gossipers as the gossiper. Just her existence as a changeling raises emotive questions of identity, of masculinity and femininity, of body and soul—so sensational because they are so confounding and, in a sense, threatening. Some people have always chosen extraordinary sexual styles, manners and affectations. But gender was never something to pick and choose, like items on a supermarket shelf. Even after Christine Jorgensen and Jan Morris—two of the very small number of trans-sexuals who have "become open"—gender remains one of the immutables of existence. Apparently society still needs to cling to some test that will "prove" it is impossible to change sex in mid-stream.

Renee Richards presents herself as a living contradiction of the proposition that gender is parcelled out one-to-a-customer at birth and cannot be traded in thereafter for an exciting new model. "I've known I was trans-sexual ever since I was an infant," she insists. "I've had an absolutely overwhelming desire to become the woman I felt I am. It's a kind of emotional malignancy—not a disease, of course—but the desire grows and grows and there's no stopping it. I tried for years and years and years to deny it. I tried to grow a beard. I joined the Navy. I tried psychoanalysis, marriage, having a child—all kinds of male endeavours." Some of those attempts worked for a while to distract or deflect the trans-sexual urge, but in time the obsession won. "If a person is a true trans-sexual," Richards said, "and if he or she has the wherewithal to do it—the money and the knowledge—they'll eventually have the surgery, no matter how hard they may have tried to avoid it."

Like many children with less exotic sexual ambivalence, Dick dealt with his doubts by over-compensation. He accepted his from summer camp, remembers young Dick as "very graceful, but not effeminate, an average kind of guy—except that he had the only big-game tennis serve at Camp Moosilauke". Raskind went on to Yale, dated the prettiest New Haven girls, then did his medical school stint in Rochester, NY. Later, he served in a naval hospital, taught at Cornell Medical School and earned a national reputation as an expert on the surgical correction of cross-eyes in children.

From time to time, the "malignant" compulsion to become the woman he felt he was almost overtook Dick. In 1967 he flew to Casablanca for "the operation" but recoiled at the filthy hospital conditions and the lack of post-operative care. He came back depressed and despairing of relief. It was then that he met Barbara, a generation younger and, everyone agrees, singularly beautiful. They eventually married. "Dick and Barbara were mirror images of each other," Renee said, speaking of her earlier self in a curious



a very good-looking man," she continued, catching herself and smiling slightly. No immodesty there: after all, Dick was somebody else, somewhere else. "There was instant rapport."

Whatever it was, it did not last very long. Dick was on his way to becoming Renee, and Barbara gave up hope of keeping her husband a man. Shortly after the birth of their son, Nicki, Dick began the long process of medical treatments and psychological preparations which culminated in the sex-reassignment surgery, and the couple separated. The separation is no longer amicable.

As a surgeon, Raskind knew the difficulties and risks of the entire trans-sexual procedure. Most clinics and attending doctors require the prospective surgical patient to undergo years of hormone treatment before any irreversible cutting is done. At the same time, the patient customarily "transvests"—cross-dresses and assumes

the mannerisms and habits of the desired sexual identity. For Raskind, it was an elaborate charade. At first he was Dick by day and went in drag as Renee after office hours. Later, when the oestrogen hormones began enlarging his breasts and shifting his shape, it was Renee who donned male drag for work, complete with a man's wig and conservative suits. Raskind's colleagues noticed a certain rise in the pitch of his voice (actually, an acquired talent and not the result of the oestrogen) and the changes in his figure. Never guessing what he was going through, they postulated that he had cancer of the larynx and was taking hormones for treatment.

Oestrogen does not usually remove a man's beard or body hair, so electrolysis is invariably a necessity for male trans-sexuals. The female hormone does increase breast size (and some enlargement remains even if treatment is stopped), but silicone implants are sometimes added. Oestrogen causes impotence in the male; and it must be used for the rest of the trans-sexual's life to maintain a "female" body shape.

The operation—actually, several surgical procedures often performed in two or three separate sessions—took place for Raskind in early August 1975. The surgeon was Dr Roberto Granato, a well-known specialist in the gender-identity subculture. He is said to have some 200 sex-reassignments to his credit. Renee doesn't talk about the clinical details of her surgery, but in the typical case of the male trans-sexual, castration comes first. The testes are removed, but the empty scrotum is left in place; it will later form the lips of the new vagina, the *labia majora* and *minora*. The penis is also removed, but its skin is used to fashion the lining of a vagina that will be sensitive to erotic stimulation. The prostate is usually removed as well, and the urethra is shortened and redirected to

allow sit-down urination. Sometimes a "cosmetic" clitoris is added as an aesthetic last touch. Naturally, the reproductive organs cannot be rebuilt to function "normally", although a uterine transplant may some day be possible. But like the cosmetic clitoris, it too would serve to reinforce the "feeling" of womanhood rather than the function. The medical process does not stop with the operation. When she is discharged from hospital, a post-surgical male-to-female trans-sexual is fitted with a dilator which must be inserted often to keep the refashioned vagina from closing. And hormone therapy must continue indefinitely—despite the possibility of cancer risk in older "women" (there are, as one would guess, no studies of the effect of oestrogens on older trans-sexuals).

The surgical plumbing is the only aspect of the trans-sexual phenomenon about which there is some scientific agreement. The causes, significance and even the definition of trans-sexualism lurk in the greyest of areas. The exact place of trans-sexualism on the spectrum of sexual orientations has never been fixed. Renee Richards says she always knew she was a trans-sexual and not a trace of disapproval for another identity. Barbara Henderson, an authority on the problems of trans-sexuals and transvestites, explains that there are women—making love to men. Homosexual fantasies in which they are women—making love to other men. Or maybe it's on the same hand. "How clear is it that subjective fantasies make the difference?" a psychiatrist who used to work with Dick Raskind asked. Objectively, Dick was a man attracted to other men; subjectively, he was a woman attracted to men. Some psychologists would say that the trans-sexual fantasy is simply an elliptical transformation of the homosexual impulse, but perhaps the subjective reality is sufficient in itself to constitute a sexual category. Difference or not, trans-sexuals are compelled to make extraordinary mutilations of their bodies to act out their fantasies—which in itself is different from most other sexual orientations.

The situation is further complicated—perhaps hopelessly—when some male-to-female trans-sexuals go through the medical rigmarole to become lesbians to be women loving women; but as yet there are no reliable reports of women becoming homosexual males. There is, of course, the distinct phenomenon of transvestism—men dressing as women (almost never the other way around, for unfathomed reasons). Transvestites may be trans-sexuals; indeed all trans-sexuals are transvestites at some point. Transvestites may be gay or straight—and those two groups are generally hostile to each other, in one degree or another. The mind boggles at the possible combinations and permutations of sexual styles, and the vocabulary is scarcely adequate to deal with all the concepts.

One thing, however, is growing clear as more trans-sexuals "become open": there are many more "pre-operative" trans-sexuals than anyone had imagined, and there is evidence that they turn up with similar frequency in every culture and society. Drag, hormones, electrolysis and plastic surgery do not make a man into a woman, or vice versa. Neither are there any single tests which alone can prove one's gender. There are various clinical tests, but none is entirely adequate. For instance, the vaunted chromosome test, which counts "Barrbodies" in cells scraped from inside a subject's cheek, is not entirely reliable. (One European woman who was found to have too many "male" chromosomes and was barred from Olympic competition asked the attending officials, "What should my children call me now? Dad?") Not even the presence of one or another organ definitely establishes gender. A woman was booted from sports competition because she had testes—even though they did not function to give her "male" characteristics. So arbitrary is sex assignment in some cases that babies born with "extra" organs are surgically limited to whichever gender their doctors find medically convenient or which their parents deem socially agreeable.

For most purposes, Renee Richards is a woman. Her driving licence is stamped "F" in the proper place, her medical insurance rates on the basis of the extended life expectancy of women in the actuarial tables. She has the same genitalia and urological equipment as most other women. She does not ovulate or menstruate,



and she cannot conceive offspring; neither can millions of women, for one reason or another.

We know the difference between men and women by the thousands of little signs and signals they send out in normal behaviour. If gender matters at all in everyday social intercourse, it is usually because the signs are given a special weight. Gentlemen open doors for ladies not because the females have a certain preponderance of XX chromosomes or functioning Fallopian tubes, but because they relate to chivalrous men in a certain obedient, appreciative way. Not the least irony in the trans-sexual phenomenon is that many male-to-female reassignees feel they must exaggerate the silliest signals of femininity to reinforce their self-image. Renee Richards studied and assumed the attributes of what she calls "sexually labelled behaviour" simply to be taken for a woman—at a time in the history of sexual mores when many women are struggling to remove the same oppressive labels. In our morning's conversation in Manhattan, she seemed to be concentrating intently on the details of the feminine manner. Once, she crossed her legs in the "masculine" style, with one ankle on the other knee—like a male tennis player in the locker room; then she quickly and gracefully slid into the "feminine" fashion of one knee cupped inside the other. I saw the confusion of motions, and she saw me seeing it. There are limits to the game.

The event of Renee Richards is another jolt in our awakening sexual consciousness, but while it has liberating effects, it is not necessarily an act of liberation. A less "sexually labelled" society might not correlate genitalia with identity, nor manner with being. We are not, after all, what's between our legs nor how we cross our legs. The use of sexual categories for sports seems poised for passing, too: not because men and women are always the same, but because there are other categories that make more sense than sex in specific instances. There are women who are older, taller, heavier and less "femininely" proportioned than Richards playing tennis. Why is sex the common category? The outrage over Richards' entrance into the women's rankings seems to have less to do with any possible defilement of the flower of feminine athletics than with the threat to the process of categorisation she poses.

Renee may not be a complete "success" as a woman; there will always be something unfinished about her, a sense of neither-nor, a bionic unreality. But there must have been the same sense about Dick. We are not yet ready for de-labelling. But the changes are rapid. A quarter of a century ago, Christine Jorgensen—the first "open" trans-sexual—was universally regarded as freak.

A more complete change may come too late to let Renee Richards merge back into society as a woman, as she once wanted. She is already too much a part of the process and not simply its victim. For what is finally fascinating about her is the way in which her story becomes a metaphor for America right now; the sexual ambiguity, the identity crisis, the instant renewal, the complete re-tooling, the self-absorption. No Viennese psyche-searching or Oriental mind-meditating accomplished her changes. Her method was technological: pills and plastic surgery, and her route led through the media. And when it was done, she followed the rest of America on the road to rebirth—to the Southern California sunbelt.

When the cheering and leering stop (and when she is really too old to play tournament tennis), she may still feel at home on the beach, with the rest of bionic America. By then the status for sexual minorities may be so askew that no one will care about the differences. She ought to fare better than Christine Jorgensen. That old pioneer is now nearly fifty, she's worried about her oestrogen dosage and she finds little comfort in the fame of those who followed her trail through the sexual wilderness. "All in all," she told a friend, "I've got all the problems of a middle-aged woman living with all the problems of a middle-aged man." ☑