CONFERENCE REPORT

BEAUMONT SOCIETY

CONFERENCE '75

A study of transvestism and allied states
in the family and society

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A STUDY OF TRANSVESTISM AND ALLIED STATES IN THE FAMILY AND SOCIETY

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Printed Published for the Conference '75 Committee
by Caroline and Vivien [redacted]

THE CONFERENCE ORGANISATION

The organisation of the Conference was carried out by a group of people who were completely lacking in experience. All that we possessed at the outset was an idea, the determination to achieve its fruition, and the memory of a trip to the Leeds Conference.

That we gained in experience as we went along is without doubt. We made many mistakes, unjustified assumptions and errors of judgement, but learned by these mistakes. In the end we all felt satisfied with the result. However, whether we are right to be satisfied depends on those who attended. All comments are welcome because this is the only way that future conferences can be improvements on our first attempt.

Special credit is due to the following members of the Conference Committee: Caroline and Vivien [redacted], who between them did all the printing, accommodation arrangements and handling of mail which passed through our postal service; Stephanie [redacted], who sent out much of the publicity material and handled the resultant enquiries; Rosemary [redacted], who undertook a vast publicity campaign; Rosemary [redacted], who arranged the speakers. Finally credit must also go to the [redacted]s for the preparation of this report which was in itself no mean feat.

Clearly the Beaumont Society has found the Conference to be of value in its work. This will only be a lasting value, however, if it is the first of many. There is a very great need to expand the present extent of knowledge on the twin subjects of transvestism and transsexualism, both in quantity and quality, and to broaden the community involvement in our problems. This can only come about by means of a continuing dialogue with those who seek to help and understand us.

On behalf of the Committee I would like to thank all those who helped us, those who came for being interested in us, and those who as a result may help us in the future.

Ipswich
14.5.75.

Angela [redacted]
Cnoference Manager

INTRODUCTION

The Beaumont Society is an organisation catering for the social need of the heterosexual transvestite. It was founded in 1965 by a few people who had returned to this country having been members of the American Foundation for Full Personality Expression. This latter organisation was set up in 1961 by Dr. Virginia Prince.

It was not until the late 1960's that the Beaumont Society began to grow rapidly as a result of publicity which appeared at the time of Dr.Prince's attendance at a Social Work Conference in London in 1967.

The Society has a central Executive Committee which is responsible for the policy making of the Society. The United Kingdom and Eire are divided into seven Regions each under the overall supervision of a Regional Organiser who is also a member of the Executive Committee. Each Regional Organiser has a number of Assistant Organisers who are responsible for Areas which vary in size from single counties to those consisting of several counties.

Very recently, as a result of the increase in enquiries from wives and fiancees, the Executive Committee authorised the implementation of a Wives Counselling Service,under the overall guidance of the wife of a member, to provide a nationwide counselling service for those couples facing the problems of a relationship which involves one of the partners being a transvestite.

The Society has recently been put on a more formal footing following the adoption of a formal Constitution which,among other things,provides more active participation by members. It has also formalised our aims in the following manner:

1. To promote and assist by all possible means the study of gender role differences.
2. To form an association of heterosexual transvestites, whose motivation for cross-dressing is primarily of a gender, rather than a sexual nature. Through this assocaition to provide a means of communication and help between members in order to reduce emotional stress and eliminate the sense of guilt, and to aid in gaining the understanding of their families and relations.
3. To disseminate to both lay and professional groups, information to increase their knowledge of transvestism and the work of the Beaumont Society. By such, and other lawful means, endeavour to gain public understanding and tolerance for this mode of behaviour and help for those so affected.
4. To engage generally in cause or objects to promote the above purposes and to do anything necessary and proper for the accomplishment of these purposes.

Following the success of a conference held at Leeds in 1974, discussing 'Transvestism and Transsexualism in Modern Society', held under the auspices of the Leeds University TV/TS Group, at which the subject of Transvestism had a somewhat minority hearing it was suggested that the Beaumont Society should hold a Conference on the subject of Transvestism - more especially the subject of heterosexual transvestism.

For many reasons this subject area is much neglected, both in the literature and as subject matter for discussion at Conferences. It is also obvious that there are many misconceptions and it was felt that a Conference aimed at the medical, social, legal and religious professions might go a long way to filling a gap in present day knowledge. It is well known that people practising in these professions do not often come up against the problem and it was felt that some

background information would be useful to them when confronted with cases of transvestism.

In fact the Conference was attended by some eighty-five delegates, of which thirty-two were medical and social workers and journalists, who took an active interest in the Conference programme.

The Friday evening was devoted to an informal Buffet Meal and an opportunity for delegates to get to know each other. The success of this was evidenced by the fact that some continued to exchange views until the early hours of the next morning.

The Conference got down to work seriously on Saturday morning when delegates attended a series of talks by some of the main speakers under the Chairmanship of Dr.Rosemary [redacted]. The illness of Anna [redacted] and the fact that Rosemary [redacted] was not available until Sunday morning necessitated a slight change in the programme. Saturday afternoon was given over to a series of Seminars and Discussion Groups on topics relevant to the Conference theme.

Saturday evening was set aside for a semi-formal social evening which started with dinner in the main dining area. This was followed by a choice of socialising in the bar, or attendinga film show. It was unfortunate that the film 'I Want What I Want' was too expensive to hire for the occasion. However, perhaps it was not a bad thing that we had to substitute an ordinary feature film 'Who's Minding The Mint' as it helped to lighten an otherwise intense study day.

Sunday morning was given over to the remainder of our guest speakers, under the Chairmanship of Ms.Caroline [redacted], while the afternoon presented an opportunity for the various groups of delegates to get together and discuss their reactions to the Conference. The final session was set aside for these various groups to give the Conference Committee their reactions. After an interesting session the Conference was closed with the hope that further Conferences of this type would be held in future years.

In the report that follows much of the space is taken up by reports of the main speakers' papers. As far as possible these are verbatim, though some effort has been made to make them more suitable for reading, as the spoken word is often quite different in its layout from the written word. Some of the more interesting questions which the speakers answered have also been included.

We are indebted to Janet [redacted]r and Vivien [redacted]t who provided the Audio and recording facilities which together have made the preparation of this report much easier. However there have been two limitations, the first being the occasions when question sessions over-ran tape availability and second, when the questioner was too quiet for their question to be recorded with sufficient clarity.

The report also gives a resume of some of the Seminars which were held on the Saturday afternoon, and the text of a paper which was issued as a discussion document but did not attract sufficient interest to warrant its discussion in a Seminar.

Finally we would like to express our thank to those members of the Conference Committee who worked so hard to organise the Conference, both before and during the event; to Miss.G[redacted]on and her staff for making us so welcome at Leicester University; to the Guest Speakers for coming along and giving up their time to speak to us on their special subjects; and to all the delegates who came and made the Conference a success.

Ipswich 30th May 1975.

OPENING ADDRESS

Dr. Sylvia C[redacted]r
(Vice-President - Beaumont Society)

First of all I would like to apologise for the absence of our President who is on one of those family occasions in which the trouser suit is what the best dressed girl will wear.

This really is a remarkable occasion. When we started the Beaumont Society ten years ago a gathering like this was the kind of thing regarded as a sort of dream that every transvestite has. It just didn't seem possible that we would grow so big, or that society would change so much to increase their tolerance of us, that we could get together in a University with other transvestites, doctors, social workers and journalists, meeting to discuss this subject which ten years ago was something we hardly dared admit even to ourselves.

What does one expect to get out of such a Conference? We have all got our individual ideas about it. Most transvestites still have some fears - how are they going to manage their lives and so at least the younger transvestites present will be looking for some kind of enlightenment on this. And perhaps it will be to the more experienced transvestites that they will looking to see how other people have managed.

Others amongst you are perhaps looking for different things. Those who are doctors or social workers get transvestites coming to you asking for help. You will want to know something about it so that you will know what kind of help you can offer. Many of us, in various parts of the country, have some kind of loose connection with the Samaritans. They ring us up when they have a transvestite coming to see them. Some branches show a great interest, some show less, so that we are living in society where, although tolerance is of a magnitude we never dreamt possible a short time ago it is still not complete. Everyone has some sort of hang-up, including ourselves.

One thing I hope will happen at this Conference is that we will forget our differences whether we are members of the Beaumont Society, social worker, doctors, or journalists and will not sit like four armies on each side of a table snarling at each other, or insisting on our own point of view and not listening to the other.

Transvestism is a subject in which progress can only be made by communication. Here I'll probably annoy the Conference Committee by being a little bit personal in expressing my own opinions on this. I feel that communication on a subject such as this is seriously hampered by language problems. We find the same words being used with a terrible variety of meanings so that sometimes we think we are agreeing with somebody else when in fact we are expressing two quite different ideas but using the same words to do it. Others are disagreeing violently simply because they haven't understood that they are really in agreement, they are just saying it in different words. There are so many technical words in use in the literature.

The point that I want to make is this. There are really three things involved. Sex - the physical aspect of it, how our bodies are made; sexuality - how we relate to other people; and gender - the kind of social roles imposed on us as soon as the midwife says it is a boy, or it is a girl. I have used three technical words for these in the sense in which I use them but I am only too well aware, in talking to others and in reading the literature, that they are not always used in the same sense. I would hope that any Conference such as this

would make some progress towards producing a kind of language in which we can talk about the subject and each know what the other is really trying to say.

On that depends, not only communication, but our increased understanding of the subjects. To think we need tools, just like anything else, and words are the tools of thought. We cannot hope to make them precision tools but let us make them a little less blunt than they are at present.

Now you didn't come here to hear me talk. There are many other things going to happen in this Conference. What I really want to say is that the Beaumont Society is very glad that you are all here. Let us make it a successful Conference.

Sylvia [redacted]ter is one of the founder members of the Beaumont Society. For about eight years she acted as the Society's Secretary and has helped to forge links with a number of helping agencies throughout the country. As a result of changes brought about by the Constitution she has taken the newly created post of Vice-President.

AS I SEE IT

Jean [redacted]n

I am one of those women who have a personal problems column which I started about the same time that the Beaumont Society started. I thought that you had been in existence much longer.

I was very interested to hear what Sylvia Carter had to say about Conferences. Talking amongst you last night there was a very mixed feeling about the value of conferences. Some of you said that this is the first time you have been able to dress and it was a wonderful relief to get away and be among people who understand how you feel. Some said "I don't know what good it will do but I just came along to give it a whirl". Others said "Quite frankly I can do without this sort of thing because I have no problems". Whenever I have been to a conference, and they have only been Samaritan Conferences, I have always come away feeling encouraged, feeling how well worth while it has been. It is this business of communication. We all read about this sort of thing, but it really is one of the most important things in life. I hope that you will go away encouraged and wanting to do more for each other.

I gather that about fifty percent of transvestites are quite content to be as they are but I wonder if any of you feel as I do. What are we here for? The world is so complex. I feel I can't do anything politically but if I can die - I don't believe in the life hereafter - and leave the world a little better. In my case I have five children and if I can leave five happy children behind, it will have been all worthwhile living. I don't know if you feel this in your transvestite life but if you help others to cope it is valuable to yourself as well.

One of the things that struck me when I started my personal problems column was that whatever we are we don't choose to be. We develop as our lives dictate and,although I think we have control over certain characteristics, basically what is us we cannot change. When I started receiving letters from homosexuals and transvestites I thoughtwhat a pity that such people have to suffer for being what it is natural for them to be.

To me this seemed to be quite wrong and this is basically how I run my column. Nobody chooses to be in difficulties or unhappy. Unfortunately people call my sort of column an advice column which it is not. You do not want advice. It would be so easy wouldn't it for somebody to tell us what to do, but we can't. Everything we do and make up our minds about is personal to each of us and there is no easy way to run any of our lives. We have to do what we think is best.

I go round speaking to many groups and it is appalling how little people know about transvestism. People are very interested and they say "I had no idea that they were like this". People do ask the most interesting questions and I am left to wonder just how you, as a Society, can reach out these people.

I am horrified to hear that you are terrified of the police. Of course having lived for twenty seven years with a very nice policeman I am bound to be biased. I do remember that there was nothing in my training curriculum, though that was thirty years ago, about transvestism. I didn't know the word existed and I thought like most people - funny old lot. And I think this is still so.

I was having dinner one evening with Stephanie, Jennifer and Angela and they asked if my husband would come to the*Dinner. I asked him later and his

*the Beaumont Society's Annual Dinner held each year in London

reply was that he would be embarrassed. Angela put forward the idea of someone coming to speak to the police but again my husband felt that they would all be embarrassed. I do believe that it is the duty of the police to try and understand

Now before I became very interested in transvestism it was homosexuality. They are on their feet and going, they are where you are going to be in five years time. In Luton a little group has started at last and they asked me if my husband could get a policemen along to talk to them. They wrote to my husband who came home saying "Your friends have written. Do you know quite honestly I cannot find a policemen who is suitable. I don't want somebody to go round there to meet them and finish up having a big row". I am glad to say that at last he has found someone. I don't know what will happen but it is extremely difficult and the same thing applies to transvestism.

I certainly think that it would be helpful if the police could have a talk from someone arranged as part of their training, but my husband feels that it is just not possible even to spare as little as half an hour. This is the attitude. It is not that he is unkind or anything but they have to be broken in gently. Frankly I don't think that it would do any good to send a speaker if they were not a tip-top speaker and looked absolutely spot on "female". Otherwise would an embarrassment to them. I do think you ought to turn your mind to thinking along these lines. It is a case of worming your way in gently, so to speak.

Another thing I find in the letters I get is the mishandling of families by social workers who are lacking in knowledge. Just lately I have had one such case of a family which has been split up because of transvestism. The husband thought it was a filthy habit and didn't understand it. The wife thought that she couldn't stand it anymore and that she must have a divorce, and divorced she was. Now the children are in a terrible state. One of the girls is setting fire to the curtains and throwing matches all over the place, while the other is wetting and dirtying herself, she is twelve years old. The woman has written to me "I am heartbroken, I miss him terribly and my children are going mad". I think this sadness is really appalling.

There is a tremendous need, as you all know, to preserve family life and it can be done. I know, and you know, that there is help available but just how very difficult it is, in this situation, to find it. People write and say "Well how the devil can you understand how people feel". I can't, I'm not in their situation and can't possibly understand how you feel. On the other hand I have letters from people who are fifty or so who say "I have never told anyone that I am a transvestite" and it has all poured out.

I also get letters saying "I don't want to become a member of the Beaumont Society as I don't feel I want a male friend". No but perhaps they could do with a 'female' friend. I can't persuade them, though I do know that some of my correspondents would love to be here. You don't realise until you get into this situation just how much it does mean.

I must quote this little bit of a letter I received from Rosemary (Jones). I was tickled to death to read it, because I've got five children and believe me there is no-one more suprised than I am about that. She writes "I note also that your reproductive efforts have exceeded the national average by more than two, and while this exclamation may not be in order it may be felt that you may be qualified to give an opinion on how you view the relationship of children with a transvestite father".

This must be a tremendous problem to you all. I feel that the fact that I've got five children doesn't make me very wise, it doesn't make me a very good parent, it doesn't make me particularly enthusiastic but here I am, I have five children. Fortunately I don't have any great difficulty with them. Whatever may be felt about telling children in a transvestite family, and there must be many difficulties, I am convinced that once you start lying and hiding, this creates an atmosphere of insecurity from which the children never recover. I get letters from older people, and from young people too, who are lacking in confidence. Really this stems from a childhood of lying and secrecy.

I feel little children will accept anything because they love you. But if you leave things too long they get distrustful and I think that it is so important that children grow up with a feeling of love and security. Somebody was talking to me at breakfast about the problems of children talking outside the home about "Daddy wanting to wear a dress". I would say that this is the most natural way of spreading the word. Of course there will be peculiar reactions from other parents, but this is going to come anyway. I would say myself that it is far better to tell young children than wait for them to find out themselves. It is a shock from which children may not recover. I have not experienced this and might be quite wrong about it.

I am full of admiration for the wives and I wonder if, in the joy of being accepted as a transvestite by a wife, some of you men forget that knowing this is an added anxiety to them. I have had letters from wives who have said "Because I have accepted my husband our lives have become all orientated towards him, It's all me, transvestism and the Society. I find I'm living my life for them. Some times I feel dispirited, discouraged and wonder what is in it for me." I just mention this in passing because it must be an added anxiety.

Something which crops up over and over again is the secrecy of it all. How sad it is that you can't pluck up courage and tell wives. This is something that I can't pontificate upon. It must be difficult. I often wonder if wives don't know that there is something wrong. I would say that a sensitive would. I would rather know. However this is something that one can't lay down hard and fast rules about. One has to make up one's own mind about this.

I must mention fashion. I think that it would be very nice if some sort of set-up could be arranged to help you choose things. It isn't just a case of being in fashion, it is a case of wearing something that suits your figure really. It must be difficult and I would think that shops which are helpful are few and far between. It might be helpful if the Beaumont Society could arrange some kind of get-to-gether of manufacturers and have a fashion show - a sort of "Come, Choose and Try On". It is something to think about.

What of the future? Well I do think that conferences are marvellous. Eventually you will definitely be accepted, there is no doubt about it. It is a long hard struggle. There will be more integration. You'll just have to keep plugging away, getting over what you feel to the public is not something to be achieved overnight. It is going to take years of trickling in. And if people like I can help then by all means I am sure that we'll do what we can.

IIII

Q. Do you have any letters from the children of transvestites? Does it, in fact cause them distress or problems as far as you are aware?

A. I have never had a letter from the child of a transvestite. Generally speaking people read and don't write letters. The people who write to me are good letter

I am sure that it must cause difficulties. But where do children go for help - this is another difficulty. This area is probably something that a child would find difficult to talk about. Everything that worries one is difficult to talk about. I think that you need a special sort of person to talk to. I always say that no matter what your problem there is always some-one to help but it is so very hard to find them.

Q. What should one's attitude be to a policeman? I was once stopped, but he was kind enough to let me go. What I had decided to do was to confess immediately - would this be the right thing to do?

A. Confess! It really depends on what you feel about it. I don't think that you are obliged to make excuses for yourself quite frankly. I think that is the last thing you should do. I don't think that you should have to justify yourself for being dressed as a woman.

Q. On the subject of disseminating information. We appreciate the newspapers taking an interest in us, but unfortunately it is so often on the sensational side. How can we best achieve a sympathetic consideration by the media?

A. I think that the only way you can do this is by getting to know someone on a newspaper. It would be a good idea to try and get to know a person - it is the personal contact - but it is hard to find the right person, especially as you don't have many public meetings. It might be a good idea to invite a features editor to one of your meetings. It is much easier for people to get to know you by justing sitting and listening rather than them having a speaker.

Q. Is it not true that it is not considered as news unless it is rather startling?

A. I agree. I cannot understand how people can be so utterly ignorant and unkind. But it is not their fault that they don't know what nice people you are. They can't, can they ? They have never met you.

Comment (Ms.Rosalind Green) Speaking as a journalist I would like to say that though it has been said that you are sensationalised in newspapers this must be an advance. Five years ago you would have been condemned in newspapers. Your attitudes are being presented dispassionately. There was a series in the Sunday People newspaper about a year ago, which I know many of you read and some were horrified by what was written.

I think you must sit back and think that five years ago the Sunday papers would have said "Isn't it disgusting that men in these positions, in these professional jobs are dressed as women" Now it is being presented as "This is what some men wish to do" We are not making any comment. No-one is saying that you are wrong to do it, but no-one is condemning you, which is what was happening five years ago.

You can't sit around in your dresses and say "Why doesn't anyone understand me and be more sympathetic to me. I'm a man dressed up as a woman, why can't they appreciate that". Five years ago you wouldn't have walked outside like it, but now you are walking about and holding conferences. This is an advance - you can't jump the gun. It has to be done gradually.

Jean [redacted] Married,with five children, to Chief of Police in Luton. Onetime Policewoman and Samaritan. Now runs a personal column on several newspapers.

TRANSVESTISM IN THE FAMILY SITUATION

Caroline [redacted]

Much current literature and experience shows that many transvestites become aware of the 'need' to dress at an early age. Initially this may be of a sexual nature, for example as an adjunct to auto-erotic behaviour, but later it seems to be replaced by a need in which the erotic element is very much reduced. The transvestite is plagued by intense guilt feelings and with the worry that he is not 'normal', though he is often very capable of sexual experience with members of the opposite sex.

Sooner or later he will meet a girl to whom he is very much attached and will be faced with the problem of to marry or not to marry and of telling his 'wife-to-be'. Basic reasoning tells him that she will be unable to accept such a strange need and might well reject him. Rather than risk this loss he refrains from telling all. Also, because he has only so much drive to allocate to each of his tasks and because he is using so much of his 'drive energy' in the direction of his love the need to dress seems to reduce. This lends support to the feeling that the need to dress will disappear when he is married. These factors make the telling seem unnecessary and much less attractive. Once again he shelves the whole idea and it remains forgotten until after the marriage.

In the next few minutes I would like to talk about the position of the transvestite in the family situation, not because I feel that the single transvestite has no problems but rather that I should concentrate on the area in which I have the most experience.

Much to his consternation the transvestite finds that the need to dress does not disappear after marriage, indeed the need seems to increase because of the constant close contact he has with his wife's feminine clothing. Once again he faced with the decision to tell or not to tell, only this time his wife is in a much worse position. She could well feel that she has been cheated, or that she has been trapped into a position which, if she has any respect for her marriage promises, she has no easy escape. If children are imminemt, or actually in existence the ties are much more binding. It is little wonder that the husband keeps his secret to himself.

Keeping such a personal part of his nature to himself leads to real problems. Isolation and guilt, together with the frustration of not being able to satisfy his needs leads to appearance of irritability and bad temper. He starts to criticise his family for minor failings and makes unreasonable demands of his wife and family. He finds that he has periods where he takes out his spite on the family and becomes increasingly difficult to live with. His need to dress does not diminish, rather it increases because it is well known that the more difficult it is to satisfy a need the more desirable that need becomes. In short his marriage is in jeopardy.

Experience shows that the ability to dress, even if the family remain ignorant of the husband's condition reduces his frustration and with it the unpleasant side effects of irritability and bad temper. The family returns to some semblance of 'normality'. Eventually he is likely to make contact with other families in which the wife has managed to adjust to the situation. Her husband has facilities for dressing in the home and the transvestite is left to wonder if this state of affairs could be achieved in his own situation. The problem which now arises is not so much "should he tell" but "how should he tell". Unfortunately he will either be faced with a complete absence of advice or much

conflicting advice.

There are no set rules of how he should go about telling his wife, nor until very recently has there been any form of assistance available to married couples to help them in this difficult time. Some couples do manage without help but there are many more who would 'tell' if counselling facilities were readily available to them. It is the wife who experiences the most difficulty. The husband has such organisations at the Beaumont Society to turn to for help and through their policy of providing facilities for social communication he is given the opportunity to learn about his condition and afforded the opportunity to dress. The wife, however, has no-one to turn to for advice, it not being the sort of thing she feels that she can discuss over the back fence with the neighbours. Her approaches to her general practitioner and local helping agencies are likely to be unfruitful because such agencies are often without valid information about the condition, though this is a situation which is gradually improving.

For some time now the Beaumont Society has run a very loose knit counselling service based mainly on its local officers. It has been possible for members wives to be put in touch with married couples in their area for the purpose of seeing that being married to a transvestite is not the end of the world. Recently it has been decided that this system should be put on a more formal footing so that the service can be more widely used. The Society has given the wife of one of our members the go-ahead to set up a Wives Counselling Service which, it is hoped, will be able to offer counselling facilities to a much greater number of wives, both of Society members and those outside the Society. That such a service is needed is well shown by the relief that wives feel after meeting other married couples and finding that being married to a transvestite is somewhat less fearful than living with a rattlesnake.

Once the hurdle of telling his wife has been overcome a fresh set of difficulties will arise. The wife, quite understandably, may feel that she is unwilling to see her husband all dolled-up although she may realise that this is an essential part of his need. I am often asked how to cope with this situation and usually advise two approaches. The first involves the wife, and possibly the children, going out for an afternoon or evening to give the husband a chance to dress. The second involves the husband retiring out of sight to dress - say to a bedroom. Neither of these are really satisfactory but they are a start.

There must be a great deal of 'give and take' on both sides - indeed marriage itself must be based on this criterion. Rigid rules are to be avoided altogether as they do not allow for any flexibility in a situation which does not lend itself to rigidity. The need for dresing does not necessarily appear at the allotted times and to rigidly adhere to a timetable is to defeat the primary object of allowing dressing to occur in the home.

As time passes it should be possible to modify the various 'rules' thus allowing the husband and wife to gradually adapt to the situation. It is possible in this way to make improvements within a marriage. If the wife can see that transvestism does not threaten her in any way she may gradually come to accept the situation as part of the marriage. If she is also able to meet and talk with other wives who have had similar problems she is likely to find this very helpful.

As long as there are no children there will be a minimum of problems. One

question which arises is whether, once the wife knows of her husband's condition, they should have children in case it is 'passed on'. There is no evidence at the present time to suggest that transvestism as a hereditary condition, though there is at least one 'father/son' case history and two others have cropped up during my work with the Beaumont Society, but compared with the many cases that have been handled this represents very much less than 0.5%. The other worry is that the husband's activity may induce transvestism in the child, perhaps by example in the first place. I think that it is true to say that most transvestites are only too well aware of the problems that their condition brings them and so would be very reluctant to indoctrinate their children, either directly or indirectly. Many children do experiment with clothing of the opposite sex when they are very young, either in dressing up games, or as sexual experimentation at or around puberty. But of this number only a small proportion move on from exploration and experimentation to become true transvestites.

Children represnt an increasing restriction on the dressing habits of the husband and may lead to a recurrence of the irritability and frustration we noted earlier. As the children grow older they need to stay up later and so reduce the time available for dressing. This is where the Beaumont Society can play a very significant role by providing local facilities, either in a hired room or at a member's private home. This allows them the opportunity to dress from time to time. At a time when the children are growing up this can be very useful.

As an alternative to this there is the question as to whether or not the children should be told. My wife and I are in the happy position of having our two daughters fully aware of our activities, but I consider that we were extremely fortunate for a number of reasons. Firstly, being so very involved with Beaumont Society work has meant that from time to time we have had to call on our children to help with various jobs connected with the Society. Secondly, we have had a good number of people to our home, in their male role, and the children have got on well with them. Thirdly, and most important we have established a good standard of communication with them and have been very open with them from the time they started to ask questions. It would seem natural to expect that they would accept my condition and this proved to be the case. My elder daughter's comment was that she was glad that there were no more secrets between us. My main concern was that they would inadvertently let the secret out perhaps by saying something like "My daddy wears a dress like that". But we have amphasised that there are things which are private in everyones life and that transvestism is one of these. They seem happy with this and for the present things seem to be working well. This is, of course, an ongoing situation, and no one can foretell the end results, though we are hopeful

It is generally considered that the best time to bring children into the picture is before puberty, say between the ages of eight and eleven. Puberty and adolescence produce quite enough problems for the child to cope with and it is unfair to ask them to adjust to having a father whose apparent gender identity seems to change at will. Probably the most important thing in deciding whether or not to tell your children is to ask yourself if your children have had an upbringing which has emphasised the value of tolerance and open-mindedness. In telling it is usually advisable to avoid a formal "Now come and sit down as I have something to tellyou" situation, although I do know of one 'formal telling' which was very successful. The fairest plan is to bring it about naturally.

Another thorny problem is the neighbours. It is again very difficult to lay

down any ~~hard~~ and fast rules as it very much depends on the nature of the neighbours. It is a known fact that those who belong to the higher social classes are much more able to accept such revelations, but that the majority of those in the lower social groups will not. This is very fortunate because it means that those transvestites in strong working class communities have many more problems than those in other areas.

The best criterion when deciding to tell neighbours is the 'necessity factor'. If the need is not there, don't. People respond to you as they imagine you to be and if they suddenly find that you no longer 'fill the bill' they become unsure of how to cope with the situation and are likely to resent this state of affairs. It is selfish to cause this confusion if there is no need, whilst it is equally unfair for a person to come upon your condition unaware.

Though a family may learn to cope with all these problems and so allows transvestism to become integrated into family life there are many other worries to take their place.

If the husband is able to dress fairly freely, and can do this well, he will want to meet others and to venture forth into the big wide world which presents the family with a whole new range of hazards, of which, possible involvement with the law is the greatest. They know only too well the cost to family, home and employment of having a court case splashed all over the front page of the local newspaper, though in some cases this has led to a cementing of the family rather than to it's disintegration.

There is no law against going out dressed in clothing of the opposite sex, but there are laws governing the keeping of the peace and it is these that are invoked in most cases involving transvestite expeditions into the streets. There is no uniformity of police action throughout the country, each police force having its own interpretation and enforcement policy. One force might turn a very blind eye to the situation whilst a neighbouring force may take a very different view.

There are several ways in which these problems can be minimised and are largely a matter of common sense. Without going into great details the following points may be useful. Going out late at night on the basic premise that it is safer should be avoided as it often just serves to draw attention to oneself. Going out in the daytime gives one the 'safety in numbers' situation, especially if the trip can be made in a town several miles away from home. If your wife can accompany you then so much the better. The other great hazard is the use of public conveniences, and their use should be avoided as far as possible as this can give rise to offence in an area of maximum sensitivity.

I have avoided making extended references to the part that the Beaumont Society can play in this whole area as the Public Relations Officer is going to discuss the Society's work later on in the Conference.

I would like to close with a few words concerning the way in which the problem should be dealt with. Communication is essential. The ability of the husband and wife to talk freely about the problem is essential. Tolerance should be instilled in bringing up children in the hopes that future generations may avoid the pitfalls that abound in a society which is still reeling from the restrictions of the Victorian and Edwardian Eras.

Q. I would like to take up your point about the lack of counselling. I am a

representative of the National Marriage Guidance Council and would like to say that we do counsel anyone. We counsel a great number of homosexuals and people with relationship difficulties who are not in fact married. Our title is very unfortunate because people think of us as only counselling with a view to saving marriage, but I think that we are a group of tolerant accepting people and it doesn't matter what the problem is, they are welcome to come and see us.

A. We have found that a number of people have come to us and have said, in effect, that they found local helping agencies unhelpful - not because they don't want to help - but because they haven't got the wherewithall to guide them in the correct direction.

It is unfortunate that the term transvestism is used to cover a wide range of differing conditions. The experience of heterosexual transvestism is very rare in the counselling situation because so many people manage to adapt to their problem. Thus the average counsellor may not see more than one or two cases in their lifetime, and so it is up to organisations like ourselves to provide such agencies with information which can help them to provide a better sort of service to these sort of people.

Q. I agree that the wife is the one who requires help, rather than the transvestite.

A. We are getting an increasingly large number of wives writing to us, often without their husbands being aware of this. Because of this we have taken action to reorganise the loosely knit counselling service, which we hope will eventually liase with local helping agencies.

Q. Is the counselling service to be on a one to one basis, as you imply, or is it a set up by which wives can meet each other in an informal sort of way?

A. The precise formula has not yet been worked out. We need to know just how many wives we have available throughout the country. We would hope that in the first instance the Wife Counsellor would be able to communicate with the wife who has the problem. In this way the situation can be assessed and if necessary the 'new' husband/wife can be introduced to another couple who have come to terms with most of their own problems.

Q. The counsellor would be the transvestite; or the wife?

A. The counsellor would be the wife. The main area of concern is the counselling of wives, by wives.

Q. I presume that your remark refers to the fact that the wife must fully approve of the husband's transvestism and there is no question of the husband telling the children on his own? It has got to be a joint affair.

A. There must be some degree of approval by the wife, it need not be whole-hearted, but as long as the wife agrees to the children being told and for the need for them to be told. Without this permission it would be wrong for the husband to take the children into the picture and leave the wife out on a limb. This could very well lead to a conflict situation in the marriage in which the husband and wife could gang up on the wife and so lead to a worsening of the marital situation.

Caroline [redacted] has been a member of the Beaumont Society since 1970 serving as an Area Representative for East Anglia until 1972. She was appointed as Assistant Secretary in 1973 and Executive Secretary in 1975. She is married with two daughters. She trained as a State Registered Nurse in the R.A.F. and now is working as an Industrial Nursing Officer, and studying for a degree with the Open University with Behavioural Science and Psychology as the main areas of interest.

GENDER IDENTITY, ROLES, AND THE LAW.

David [redacted] LlB.

I think that the first thing we have to remember about law is that it reflects the way society thinks, and it reflects it almost invariably in arrears of the way society thinks. I was never more aware of this than when we were lobbying for the 1967 Abortion Act. One of the most persuasive arguments to the M.P.'s who were dithering one way or the other was the suceeding series of opinion polls that were taken for the Abortion Law Reform Association by the National Opinion Polls. These indicated very clearly the way public views were formed and the way which public views were held. This fact was much of the back-up in that particular campaign as anything that was done in Parliament or anything done by pressure groups

Now we have heard this morning, and we shall go on hearing it through the weekend that public attitudes are, to say the least,ill informed about the problems of transvestism, of homosexuality, of lesbiansism, of transsexualism, everything. The whole area is muddied as far as the general public is concerned. While those of us who have been involved in this field may recognise the very considerable distinctions between the people who are affected by them, we have to face the fact that the public mind is dominated by the concept of heterosexuality and that for many people, educated as well as ill-educated, the man dressed as a woman is some sort of wierd homosexual - and that is that.

This is important for two reasons. Firstly it means that if there is going to be public understanding of minority issues we have to have a far better educational programme. It is also important in that you quite unwittingly and quite wrongly may fall foul of laws which were designed for utterly different reasons than those which you face. So, if in the course of what I am saying, I say something which appears not to relate to your problem at all I trust that you will understand that I do this not from any failure to distinguish your particular situation from that of others, but from the fact that objective public views will fail to distinguish your problem from that of others and may well, for example if you run into trouble with the Criminal Law, treat you, or seek to treat you as a homosexual.

This muddled understanding is reflected in the law, it is reflected still more in the application of the law. The great difficulty is that when Parliament has written things down in statute and when judges have decided things in 'decided cases', you still have a whole further area of hazard in the people who administer the law and in the way they apply it. The law itself assumes that when the doctor holds up the baby immediately after birth, smacks it on the back end and says "This is a boy" or "This is a girl" that is that. It goes down on the birth certificate and for ever afterwards that individual will respond in accordance with conventions which society applies to boys and to girls, to men and to women.

Now we all know very well indeed that the truth is nothing like that. Gender and sexuality are a matter of a whole spectrum of reactions, feelings and sensations. While you can pick points on the spectrum and that this is 'normal heterosexuality', that is 'normal homosexuality', that is 'normal transvestism' and so on, there are shades of grey between all of them in practice. To try and categorise people simply as male or female, or even within these extended categories we have learned of in modern times is still very deceptive.

Perhaps the law has been wise inadvertently, it has hardly been wise advertently, in that is has never bothered to define at all what male and female is. There is no definition anywhere in English Law which tells you what a man or a woman is. It is assumed. There is one decision of the court, a disastrous decision in the case of April Ashley, where the courts countenanced some of the problems which people in this area face. It is a decision which will haunt us for a long time until something is done about it. Unfortunately there are certain provisions where the underlying assumption of what gender is, is made made and then the law goes on to say that if you do certain things there is trouble. These are basically the laws relating to homosexuality, the laws relating to behaviour in public and things of this sort.

It would be helpful if I dealt with some of the, firstly, Criminal provisions of the law, of which you could inadvertently fall foul, or people have fallen foul and I hope to show you how.

The first, curiously, is the legislation relating to prostitution - soliciting in a public place. It may seem odd that I should suggest that this has any thing to do with you at all, and indeed I suppose in one way to a transvestite who is arrested for soliciting, this would be the ultimate compliment to their femininity. Unfortunately it doesn't work that way. The difficulty is that once the police have arrested you, dragged you in and then discovered their mistake all too frequently they are loathed to let you go and say that they are sorry. All too frequently they cast around for something with which they can charge you instead. This is where the risk arises, because the natural leap when they discover that you are a male dressed as a female is to say "You can't have been soliciting, you must have been importuning, or guilty of conduct likely to cause a breach of the peace, or conduct likely to insult a female, or something"

One would have thought that the safeguards built into the law relating to soliciting were adequate to protect the ordinary citizen from this sort of affront, because the words of the charge for prostitution "being a common prostitute did." imply that you have either been previously cautioned for prostitution (and if anyone ever tries to caution you for this get an appeal on those grounds straight away), or else you have previously been convicted of it. You can't be a common prostitute without. This still leaves you the basic problem that you have been hauled in, in the first place.

The best way I can explain the hazards of this is by referring to a case which did not involve anyone from your sort of area. It involved two perfectly ordinary West Indian girls who had been to a party and were walking home through the streets of Manchester at about eleven or twelve o'clock at night. They were walking down a street that just happened to be one of the regular parades of the vice squad, They were chatting to each other and gesticulating as West Indians often do. The 'paddy' waggon drew up to the kerb, three ununiformed officers leaped out, grabbed hold of these ladies and shoved them into the van. They were fairly badly abused physically. One of them said that she had her faced slapped and I'm not suprised as it was consistent. They were taken along to the local police station where the arresting officer asked for the book of prostitutes so that he could check up on the cautions etc. When it was found that they had no previous cautions and no previous record whatsoever the police turned round and said" Well you were guilty of disorderly behaviour, resisting arrest, shouting, and so.... we'll charge you with that"

Upon that basis we went to court and I had to fight hard for two days before these girls were acquitted. It is very difficult when you have citizens evidence

against the evidence of three policemen. This does show how terribly easy it is, particularly late at night, that if you depart any way from normal behaviour you are at risk. I can be terribly difficult and very much like hard work to try and unstitch.

So the first offence- soliciting - is one that does present a hazard, merely because it is in this field, and merely because you can inadvertently fall foul of it.

The second if the male equivalent of soliciting - "importuning in a public place". To the knowledge of people active in court work generally there are certain public conveniences staked out by the police and under permanent observation for the joy of arresting homosexuals. It has always appalled me, when the people that they arrest are taken to court to be fined £5 or whatever it is, that so much effortshould go into this sort of activity, and that so much hazard to people's whole social existence should be allowed to continue. Again, merely by virtue of being a male dressed in female clothing can expose you to the risk of being arrested. Then the very difficult problem afterwards, which is far more real, of explaining to a lay magistrate that there is nothing sinister in the fact that you were in female clothing.

There are the problems of the basic "wrap-up" charge of "conduct likely to cause a breach of the peace" and again an ignorant court can very easily convict someone on the bland assumption that if you are a man, and if you are dressed in female clothing, and if for example you are using a ladies loo (and it would be difficult to use a gents loo) there must be conduct likely to cause a breach of the peace. There is an offence of "conduct likely to insult a female", which broadly exposes the same risk.

So the indeterminate offences dealing with behaviour in public places are all hazards. One of the safeguards that you can have is to always carry with you some document. It doesn't matter if the person who signs it has any special credentials, but something that looks like an official document which shows that you are acknowledged by someone in the medical and/or legal field as having a special problem. This can often be the saving grace if you present it straight off to the copper who bothers you. I know that over the years we did quite a number of Deed Polls and Statutory Declarations for transsexuals. On a number of occasions they carried these around and showed them to the police and they worked. I gather that someone has presented their Beaumont Society membership card and this has worked. So some sort of official recognition of the fact that you are not out on some sinister errand can be better than having nothing at all.

The other thing is that you have to try and make your behaviour in public as unobtrusive as possible. Go out in broad daylight, preferably with a friend, rather than late at night. Don't frequent areas which, if you know by chance, that they are hazardous because the police may be watching.

It is quite wrong that anyone in this country who is not doing any harm should run these risks at all but until we grow up a bit further we have to acknowledge that these hazards exist in the Criminal Law and they are, if you like the first band of hazards which you have to face.

Curiously there are all sorts of affronts which the law somehow sidesteps. For a while the courts tried to convict gentlemen who 'kerb-crawled' and who for a while caused great offence to perfectly respectable ladies by trying to collect them for prostitution. Somehow the men see to have got away with this after a while and 'kerb-crawling', apart perhaps from being 'conduct likely to cause a

breach of the peace' is not punished by the law even though the female reciprocal of it, in soliciting, certainly is.

Because Queen Victoria could never understand what lesbianism was, and because no-one ever wanted to have the job of telling her, lesbians have always had a much easier life. The female-male transsexual and transvestite has hardly any problem. Female clothing virtually encompasses every garment you can consider, male or female, so there is no difficulty about that.

So there are great gaps in the law which illustrate just how ludicrous the law is and how blind it is to make provisions for parallel situations some of which are heavily punitive and others which are not.

There is some hope that some of the sting will be taken out of some of these offences now that there is some statutory recognition that homosexual behaviour, in certain circumstances, can be lawful.

When people are prosecuting for any offence in the homosexual area, especially for importuning, one of the almost classic lines is that people are smiling at each other. You would be astonished that although there is not a statute, or a decision taken in court anywhere in the land that smiling is a criminal offence. The fact that somebody smiles at somebody else can often be sufficient evidence to get a conviction. This might sound ludicrous but I once had a fight on for a transvestite in Manchester, who had been out drinking with some acquaintances. They toddled out of the pub at eleven o'clock in the centre of Manchester and his acquaintances said they were off to the loo. They were males and so went to the gents while he waited by the railings at the top. Along came the ladies of the vice patrol and grabbed 'her'. She protested and said "I am only waiting for my friends". The friends came up, saw the police and ran - hardly suprising really.

So we went to court and I had to say to the court - "You have to make up your minds - was she waiting for someone she didn't know, which might be importuning, or was she waiting there for someone she did not, and while you are about it would you please tell us, even if the police say she was smiling at people coming up out of the loo, is it an offence to smile at someone?" Mercifully she was acquitted.

People do have to meet people, people do approach people in the street and ask for a light, what the time is and so on. Perhaps it is no longer an affront now that homosexual behaviour is not essentially illegal. Perhaps it is no longer an affront that somebody should walk up to somebody else, even if they are a male dressed in female clothing and ask for a light, although in times past that was enough on its own to nail you. We still have a very long way to go with the Criminal Law before it is civilised and humane. For some of us at least, that is the objective of what the law should be.

Let us turn from the Criminal to the Civil Law. Generally I suppose that the transvestite has fewer problems than most of those who diverge from this elegant 'norm' which society pretends it has.

Obviously the transsexual and the transvestite wishes, at times at least, to use a name other than that which appears on his birth certificate. They are perfectly entitled to do this as long as fraud is not intended. If I wished to go out of this room calling myself Doris, instead of David, I am perfectly entitled to do so. I shall have some fun with the Law Society explaining why I am now called Doris, but they will probably wear it in the end. If I prepare a Deed Poll or a Statutory Declaration that I now declare that I am now called

Doris instead of David. I can produce this document to my insurers who will blandly change my insurance policies to the new name, and so it goes on. Your name is one of the very few freely disposable bits of property left to you, and nobody has yet even put a tax on it!!

But you can't change your birth certificate even if, like April Ashley, you have gone to the extreme of full sex-reassignment surgery, even if you are,to everything except a full expert medical examination, a woman having started out as a man. The law says that you are a man, and it goes on saying you are a man. For the purposes of marriage, according to Justice Ormrod, you are a man goddammit even if you have married. These sort of affronts are part of the whole evolution of law and they will take time to repair.

You can assume the name and identity of a woman, though there may be hazards in this. I had a client in one of the small Lancashire towns who had been tortured for years until she was finally helped to identify that her problem was on the fringe of transsexualism. She started receiving treatment at the local hospital and in due course it was suggested that she start dressing as a woman, take a woman's identity and start doing a woman's job - which she did. This was in February when the snows were on the ground. I had taken the precaution of putting the local police sergeant into the picture. About April I received a phone call from the police sergeant who said "Mr.Green, you remember that client you rang me about. Well the neighbours have reported that she is missing. They say that when the snows fell he disappeared and a strange woman began to live in the house". I told him that the 'strange lady' was coming to see me and arranged for her to go and talk to the local police. But we were both astonished to find that they were on the verge of launching a full scale murder enquiry and about to go and dig up her cellar to find out where she had buried herself.

So sudden shifts in identity can, in themselves, raise problems. You have to be excessively thoughtful of how you are going to prepare your family, your friends, the local police and what have you, particularly in a small community. The strength and the weakness of a small community is that it is insistent on knowing what is going on everywhere. It is a strength in that people do not die, starve or rot on their own as they do in the big city, but it is a weakness when you have a problem which stands out from the general run and which takes a lot of care and understanding. Usually people are understanding if they get the chance, but the difficulties of communication are not to be underestimated. You have to pick your market and I think it is sensible to talk to the local police. Or get somebody to talk to the local police on your behalf. It is also sensible to have a thought to what your neighbours are doing when they are peering out from behind their net curtains to see what you are doing.

In the following the male case is dealt with though by substituting "male" for "female", "female" for "male" and "man" for "woman" the female case can be covered.

If, as most transsexuals and some transvestites do, you decide to assume a female identity exclusively the natural progression is that you wish to live as a woman, dress permanently as a woman, take a job as a woman and so on. Now we get into an extremely foggy area.

You have your Deed Poll, you want to get a woman's job and so you have to get a Woman's National Insurance Card. As an administrative act the DHSS is apparently still quite prepared, upon suitable evidence and with medical support, to issue a woman's NI card. They don't seem to have got too excited about the differential between contributions for a man and a woman. As far as I know they

are prepared to accept a woman's contribution on a woman's card even if she started out as a man. But they are getting extremely bolshie about the end, which is the problem that women retire at sixty and draw a pension at sixty; men retire at sixty five and draw a pension a sixty five. Increasingly we have had reports that DHSS have said "Ormrod has said, in Ashley v Corbett, that there is no change and so we are not having any change . The fact that you have lived and worked as a woman for forty years on a woman's card does not mean that you can retire at sixty and draw a pension at sixty. You have got to go on to sixty-five" This in itself brings in a train other problems. If your employer, or your co-employer has regarded you as a woman for forty years they will have your retirement present lined up for you at sixty. They will want to know why you are not going, indeed they may well say "You are going - whether you like it or not"

Then we run into another series of problems where the law, though not mentioning the difference between a man and a woman, makes differentials. If you are sacked at sixty because you are a woman and you are not retiring you can probably go to a tribunal and claim compensation for unfair dismissal. Of course your employer will say "Nonsense, she is sixty, she is retiring". You can say "Ah no, but you can't have it both ways. My pension doesn't come until I'm sixty five and if you are not going to employ me then I am unfairly dismissed". He may then say "I'll make you redundant". The same problem arises, because you lose your right to redundancy at sixty if you are a woman but not until sixty-five if you are a man.

One hopes that, with what should be equal pay and equal treatment for men and women in work, these distinctions and the problems they pose will eventually be removed. But they are not to be underestimated at the moment. The DHSS, having by an initial act of kindness issued cards to enable people to do jobs as they wanted and to support them as an aid to the medical process, is now in considerable confusion as to the consequences of what it has done. There are a considerable number of people doing women's work, who started out on their birth certificates as men, and sooner or later they are going to retire.

Somehow we have to find a final way of sorting these problems out. One view is that legislation is the only way, but it is going to take some time. Parliament is not renowned for legislation for the protection of extremely small minorities, and I am afraid that transsexuals and transvestites are extremely small minorities compared with the fifty-six million beastly people out there.

What about marriage? Firstly the shift marriage, which is the concern of the transvestite; and the homosexual to homosexual marriage are out. At least until somebody faces up to the fact that whether you are a homosexual, a transvestite, a transsexual, or what have you, the probability is that sometime during your lifetime you'll wish to form and sanctify a stable relationship. I don't think it's impossible. We can reach the stage where such stable relationships can be brought within a framework like marriage. But it isn't there at the moment and it will be an uphill struggle to achieve it.

So let us concentrate for the moment on the problem, that has been extensively mentioned this morning, of the transvestite in marriage. As far as the courts are concerned they don't much like cases of fraud. Grounds for nullity have long included people concealing VD at the date of marriage, or that they were incurably insane at the date of marriage - I think that most of us are incurably insane when we get married.

The basic premise ought to be that there should be full disclosure between parties at the date of marriage but this is difficult. Quite apart from the

circumstance where the transvestite partner knows his problem at the date of marriage but there a lot of cases where the transvestite partner is nearly as much at sea as to what is going on inside him as anyone else. It is only after a long period when they have read something and learned something that they are able to say "They have a name for my problem. I am not just an eccentric shut away in a little corner. There are others like me". It is very difficult, more so if you are in your teens or early twenties when it is hard to stand back and look at yourself and then say that you are a homosexual or a transvestite. It is easier to say that you might be in a bad phase, or something. So the problem of discussion is not as easy as merely saying I should disclose because one may not know, may not be sure.

I would certainly go along with all that has been said about counselling and support in marriages which face problems whether they are the problems of one partner being transvestite, or of one partner being transsexual but wanting to continue with the marriage, or one partner being homosexual and so on. They desparately need help and there is precious little skilled help about to be available to them.

There is one thing worth bearing in mind, although sometimes it is a two edged sword. In the ordinary process whereby people seek each other out and decide that they are sufficiently attuned to each for them to marry there is, I think, a sensory mechanism by which people mesh into each other and which is subconscious in most cases. They are collectively in balance, collectively able to cope with the full spectrum of the emotional and physical make up of each other. If one person is hyperaggressive, one may be hypersubmissive. If one is of a particular type the other will respond to it and so on.

The same goes for marriages in which transevestites, transsexuals and homosexuals find themselves. It may well be that the spouse is equipped through formative experience with her own family to cope with the problem. It is worth bearing in mind that there is, hopefully, a building block available. I now qualify it because there can be hazard in it.

I had one case in particular where the marriage became a bit shakey when the wife discovered her husband was a transvestite. They came to grips with the problem but the story got out to the wife's parents, who reacted violently to this. As a result the wife was under completely conflicting pressure. In herself she was able to cope, but the pressure from outside was totally destructive and it eventually broke the marriage. Obviously I was not able to investigate the wife's family background but it became increasingly obvious that what happened was this. The wife was able to cope because her family background had equipped her to cope, but the element which had equipped her was totally suppressed. The father, I think, was what you might call a suppressed transvestite and as it so often happens in these cases of suppression he had reacted against the thing. When he found it in his son-in-law he blew his top. Effectively the parents-in-law destroyed that marriage.

So when it comes to counselling, even though you may have certain allies in the situation, it may be a far longer train of counselling that is required than merely the husband and wife, though this is often the case.

The problem of children is terribly difficult. Whose conscience are you solving by telling them? Who are you helping by telling them? I don't know. Perhaps it may be that it helps to build up family stability. It certainly takes the pressure off the situation within the household but you have the difficulty of the capacity of children to cope with situations at any age and I thank God I

that I don't face this problem myself. I cannot pretend to offer adviceexcept to say that with marriage you face the conflict between the private tolerances that you can establish within your house and the public tolerances which are thrust upon you from outside, whether you like it or not. Again and again you see in practice that it is the children who often are the point where inadvertently the leakage of information occurs. It is one thing to tell your children so that they understand but it is very difficult for them to spend all their lives on guard so that they never blow the gaff into a community which may react in a totally hostile way againt the whole family. So unless you can , in some way, de-fuse the social situation surrounding the household you still have problems and you will go on having problems until the whole community accept that not everybody is the same as everybody else.

The law is virtually heedless of your problems. It has invented certain offences and affronts upon which it will stamp and those administering the law may well shunt you into one of these categories even though you don't justifiably fall within one.

Reforms are coming and if you look back over the last decade or so, it is quite astonishing to see the extent to which we have had social and legal reform in this country. We have reformed the fields of abortion, divorce and homosexuality. Admittedly all of these reforms are inadequate. The heterosexual is allowed to indulge in sexual activity from the age of sixteen onwards while the homosexual has to defer puberty until the age of twenty-one, and then only in private and by consent. Similarly abortion, which I really think is a matter essentially for the woman carrying the child, still has to be subject to all sorts of officially approved rubber stamps before she may have what one would think is a matter between her and her doctor.

In divorce we finally jumped the gap in 1969 to say that what mattered was whether the relationship did, or did not survive. If the relationship had fundamentally broken down that was it, if it hadn't it wasn't, which seemed logical. But we couldn't get far enough away from the past to say just that. We had to go on to say that if you are going to allege fundamental breakdown you have to prove adultery has taken place and this is intolerable; or that one person's conduct is so unreasonable you can't be expected to tolerate it; or that one party has deserted for two years; or that youve lived apart for two years and consent, or five years and don't consent. We are still haunted by this old business of proving guilt or innocence in a situation which we know is nonsensical. Human behaviour is not a matter of guilt or innocence. It is a matter of interaction between people, you can't put a finger on anybody and say "You are guilty and you are innocent". All you can say is that collectively you interact in such a way that it doesn't work.

In theory, at least, the existing law of divorce makes things very difficult for the transvestite because it is exceptionally easy for the blank-headed judge of the County Court, who sits on divorce cases, having described to him a situation involving transvestite behaviour by a wife who objects, to say "Oh you poordear! this is obviously conduct with which nobody can reasonably be expected to put up with" - whether or not they have the capacity to tolerate it. I say in theory it is difficult because we have to face the fact that if the marriage gets into the Divorce Court then no ammount of jerrymandering with the rules, on which you can get a divorce, is going to make much difference to it. You probably have to face up to the fact that it is a write off.

There is this hazard in the law that if it opens, or if it indicates a route

to divorce which tallies with situations which don't necessarily predicate divorce then you may well encourage people to take a step which otherwise they wouldn't. Again we have to look at practice. I am a solicitor sitting in my office and a woman comes in and says " Here I am a nice lady with two children, nice house and so on, and I came home one day and found my husband dressed in my clothes" Now if I am an ordinary member of my profession, and in this gathering at least I can say God forbid, the chances are that I will say what, in due course, the judge will say in court - "Oh you poor dear, you must have a divorce you can't be expected to go on like this. We'll fill in the papers, put in the petition which counsel will settle" You'll get advice back from counsel saying it is outrageous and that this girl shouldn't have to put up with this. And away it goes.

People can find, and do find themselves divorced and they only wake up the next morning and think "What have we done?" They have about their heads the economic crisis of divorce which, unless you are very rich, is always a crisis. They have about their heads their children being torn to pieces because they don't understand and there is no way you can explain to them. And the danger in provisions in law which put a rubber stamp on a situation is that they can encourage the situation to happen. If we could clip these paragraphs out of the Divorce Reform Act which identify specific causes, even as specific as the general provision that conduct is intolerable and just concentrate on the crucial issue of - has the relationship broken down or not - we would be a lot safer. The transvestite, transsexual, homosexual and what have you would be a lot safer in marriage. Unfortunately we can't grow up that fast yet.

I think it is hopeful that so many changes have occurred so that we now see that within the space of ten years contraception has emerged from the undergrowth and has become an accepted part of life for the married and the unmarried. We longer see VD clinics being run through the back door of the local skin hospitals. We are beginning to grow up and I think that the probability is, provided we don't blow ourselves to pieces and there are a lot of reasons why we might, we shall go on growing up because the basic foundation, to my mind at least, of social sanctions,which have inhibited evolution so far, is rapidly disappearing.

My own belief is that the reason we have had so many taboos, so many restrictions and so many inhibitions over sexual behaviour, in its widest possible association, has been that up until now the most important thing for the human race to do is to breed. If you read those terrifying paragraphs in Deuteronomy and Leviticus, which are enough to give you terrible consciences for the rest of your life, you begin to see a fabric there which is designed for one purpose only, and that is to emphasise that the relationship which is important is the heterosexual breeding relationship. That has been the object of sexual behaviour in the past, and there have been enormous social sanctions erected to protect this to ensure that, if possible, children were born into stable relationships. There has been quite a viscious backlash against anything at all which has diverted attention from this objective. Homosexuality, because the homosexual relationship, except in a hetersexual form of marriage,does not produce children has been out and has been lethal. So has transsexuality because it doesn't really help heterosexual marriage, and transvestism because it was not even understood, it was something nasty in the homosexual area and was out as well.

Now the pressure is off and at last we have woken up into a world where the least helpful thing anybody can do is to breed. We see the human race on the verge of breeding itself, quite literally, into extinction. If you draw the curves

DEVELOPMENT OF GENDER IDENTITY AND ROLE

Dr.A.[redacted] MD.MB.BS.MRCS.LRCP.MRCPsych.DPM.

This talk is about the development of gender identity a subject which, though I have not researched it myself, I brought together for our medical students.

Basically gender is the differences between the sexes. The development of human beings, into two sexes, takes place at a very early age when there is a difference of chromosome content of the cells. The actual development starts in utero and most babies are born belonging definitely to one sex or the other. There is a second development of, both primary and secondary, sexual characteristics at puberty and this produces the sexually developed adult.

Developing at the same time, in most societies, there is also a differentiation of sex dependent behaviour. In most cases this proceeds normally to produce a masculine male or a feminine female who are very happy with the arrangement. They don't question it and proceed from this to develop sexual behaviour and to choose, as targets for their sexual behaviour, conventional targets or objects. One can think of this as conventional development which occurs in the majority of people and we are interested a little in how it occurs.

One of the factors that influence the development of sex-dependent or gender dependent behaviour is that the child normally sees two parents, one of each sex, though it is obvious from the number of one parent families that this is certainly not the only pressure which produces gender-dependent behaviour. There is no correlation, as far as I know, between losing a father or a mother at an early age and any of the sexually unconventional behaviours which your, and various other,Society is interested in.

The difference seems to develop during early childhood. There was some interesting research done in America which showed as children developed to about three years old they would play with anything. Then as the years go on girls continue to play in a fairly undifferentiated way with any sort of toy that comes to hand - guns, dolls, cuddly aminals, but boys start to specifically avoid feminine or girlish behaviour. So male behaviour starts to differentiate itself off and declare itself as male not by doing anything specific or different but by not doing those things which are described as female in the conventional social area. So while little girls will play with guns and dolls, little boys will gradually start to avoid dolls and play exclusively with guns. It appears that the concept of gender and the child's gender identity develops in this fairly conventional way.

Most societies have developed with an aggressive male who hunts, or who does the modern equivalent of hunting from behind an office desk, stalking orders with bits of paper. The female develop roles which permit her to stay at home and care for the children and other traditionally female activities.

For some reason all the oddments seem to occur in New Guinea, probably because the anthropologists got there before the missionaries. There are tribes where everbody behaves in a way that we would regard as feminine, all peaceful, living at home, growing fruit and largely vegetarian. There are tribes where everybody behaves in an aggressive way and both sexes hunt. There is a small tribe which lives on a lake in the centre of New Guinea, and I don't know whether that is significant, in which all the men stay at home and look after the children while the females go out hunting.

There may also be various hormonal differences as well. There are certainly. physical differences between the two sexes. The differences between the World Records for most mens and womens events shows that most of the male hunting type behaviours gives men a distinct advantage over the average female. There will obviously be exceptions in that there will be females who are better hunters than the average male but on the whole the average male will have advantages in this direction. This difference begins to drift away as we develop the more industrialised societies where the differences between the two sexes are less. I think that someone has shown that it would be much better for women to go down the mines to dig coal as they tolerate the conditions much more easily. But when we threw out the bathwater we threw out the baby as well.

The possibility that aggression is hormonally dependent certainly must be there though we have no definite evidence on human beings. If one looks at the mass of castrated domestic animals, nearly all of whom are castrated because it reduces the tendency for them to fight their keepers than for any other reason, one must suspect that the presence of a male hormone is liable in all animals to release aggressive behaviour and therefore one would expect this to be the case in humans as well.

Certainly for one of these two reasons the human male is very much more aggressive, especially during early young adult life, than is the human female. One has only to look at the prison population to see that the bulk of anti-social behaviour occurs in relatively young men. The ratio is something like twenty males to one female.

Thus the gender role develops, mainly by the avoidance of female type behaviour -partly under hormonal influenec and partly by learning from parents, into the adult gender role which most people occupy. Obviously there is a very wide spectrum of individual interpretation of what this gender role may be and undoubtedly the most feminine male would comfortably overlap with the most masculine female - if one had a decent scale for measuring these things. Because of the way in which the male conventionally learns to be a male by avoiding female behaviour it is very much more obvious when the male strays over into female behaviours than vice versa.

If that is how gender identity develops; what can go wrong with it? Traditionally doctors aren't interested in the healthy - only in the unhealthy and the unwell.

Certainly some people are initially of mixed sex but this condition is extremely rare. It is interesting that, providing they are brought up by parents who are convinced that the doctor has assigned their child to the correct sex, both the parents and child grow up perfectly happy - whether the sex is right or wrong. There are some American cases where the sex change has been achieved for children after the conventionally accepted age of eighteen months to two years by which a child should be assigned to a sex. It is interesting that this is the age at which the child develops, in the male, the differentiating behaviour of passing water standing upright. This appears to be the first way in which the young male begins to identify himself as being different to a young female and this seems to be very important. Certainly all urological surgeons working on deformities of male sexual organs believe it essential that by the time the child is old enough to know where he is passing water, in what position he is doing it, this must be the correct way. I don't think that anyone has produced statistical evidence on this as they have not been willing to delay the operation to see whether this makes any difference, but they seem to believe that it does. The

later reassignments have been done but seem only to work in the few cases where both the parents and child have had some doubts as to which sex the child genuinely belongs to.

In fact one can be almost certain that if someone has a sexual problem they do not have a mixed genetic background. It doesn't apply completely but they are very rare indeed and seem to be no more common in people with sexual problems than in people whose sexual behaviour is perfectly conventional. The endocrine effects are not terribly significant either. Males and females are castrated for various medical reasons and all that happens is that the sex drive is reduced, it very rarely affects the direction or outward appearance of the sexual behaviour. It can be reversed in both sexes by giving male hormones and in both sexes the sex drive tends to 'top-up' towards the normal level. The sexual drive itself appears to be a fairly undifferentiated desire for close skin contact with other mammals and cannot be placed as being much more specific than this. It appears to be largely, or almost entirely, convention and learning which direct our particular sexual behaviours in the direction they take. The problems of persons with abnormal direction of the sex drive appear to be completely learnt.

Finally we come to the problems of cross-dressing relatively unrelated to problems of sexual behaviour or of sexual identity. Again these appear to occur in completely physically, genetically and hormonally normal persons. The degree to which these conditions occur is very difficult to assess, but I should think that it is probably by no means uncommon. I have a ratio of three males to one female. In practice,those who present with any form of problem, the ratio is very much higher. This would seem to confirm that,as we would expect, the problem seems to be mainly with the male wishing to dress as the female. This is presumably because the female is much more able to release this behaviour in a socially acceptable manner which does not cause them any embarrassment.

Someone has reported two cases where there was an underlying dysgenisis of the gonads causing transsexualism and gender problems but these are, as far as I know, the only two cases ever known.

We have a wide spectrum of sexual behaviour out of which convention, through the medium of childhood training by both parents and, more importantly, peers, narrows down in one sex the behaviour allowable to a fairly small group and this appears to develop the behavioural differences between the two sexes. From this we get various pathalogical, or alterations to, behaviour in the sense that in some cases they cause distress to the people who have them. What we mean in psychiatry by pathology is that a disorder has developed to the degree where the person is suffering some form of distress or social rejection.

Now no-one is normal and if we set out to treat everyone who was abnormal we would be working on everyone. We have to limit ourselves to those whose deviation from normal is sufficient to cause them to ask us to do something about it. Certainly this is my view of the subject. I imagine that this means that the majority of transvestites, transsexuals and homosexuals never wish to come anywhere near a psychiatrist for help. For this I am only too happy, I have plenty of other patients to deal with, though if I were short of patients things might be different but psychiatry is currently one of the big growth industries.

Those who come to see me have some sort of problem with which we have to try and help them. Whatever your problem I always advise you to live with it if you can, rather than have it cured, as this is always the best solution. Most people have tried to do this for long enough and find that this is not on. One then has to try and help them to decide the pros and cons of various courses of

action. At this stage you have to accept that they will make up their own mind and will become fairly biggotted one way or the other. This is very good for the patient - not something which you should avoid being carried along with. The patient probably needs to see things in black and white. The ability to see that there are shades of grey is probably something that you can only do if you are used to it in a professional capacity, or else it doesn't involve you personally I think that patients have to choose, and be helped to choose, a course of action and then encouraged to stick to it fairly closely. There are various therapies which may help to make this a fairly definite and lasting fixed pattern of behaviour.

Of course there is nothing to stop you flitting between one course of action and another, but I would say that this is a much more stressful mode of adaptation for most of the population. Very few people are happy unless they can be something definite and I think probably that the great value of your Society is that it offers something definite you can become. You can become a fairly definite entity and so know where you are.

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Q. You recommended not seeking treatment but rather to try and come to grips with the problem. Is this based on your experience of endeavouring to treat and finding it so deep seated and almost inerradicable, or is it because the methods available to us are really not quite good enough yet?

A. The first maxim of medicine if "don't interfere if you can avoid it" and I think all doctors will stress the fact that treatment is to be avoided if humanly possible. Treatment will always have disadvantages and so in a case, particularly like yours, I think that one has to be driven towards treating anyone. If you can possibly adjust them and their environment so that they can go on happily as they are this is always the best solution.

The methods that are available to us will make great demands on the patient. To completely restructure your life is always a major procedure. I would rather have major surgery, I would rather have my liver out I think, than try to completely alter my behaviour pattern. If you have got to do it then you can have a go but it is demanding for both the professional and the patient. It always seems a pity when maybe with a bit of thought, consideration and a Society like this one may be able to go on happily as one is.

Q. Would you come down more firmly than that and say that you were actually against the use of aversion therapy?

A. No. I use but I have to be driven into it. I have to be driven to treating any patient. I will always seek ways of avoiding treatment if possible because I suspect it will have more disadvantages than it will advantages, certainly in fields like this or in the neurotic fields. I don't say this for the rest of psychological medicine, but in those of personality and neurotic disorders if you can adjust you will do much better. Inevitably you are just going to come to a new adjustment and if you can make the old one work then this is always the easiest solution.

Q. Would you generally prefer to have patients initially and make the decision or do you think that people who are, perhaps 'amateurs' in your field are competent to make the decisions?

A. There are some G.P.s who know nearly as much psychiatry as I do and who will have attended more course than I have time to get to, they have superb personalities and with this particular type of patient the knowledge of his home background

and the environment he comes from will mean that the doctor has the remaining cards in his hand and will be in a much better position to work than I am. A referred patient is always a bit scared and wondering what he has got that it so nasty that his G.P.can't handle.

Most cases will inevitably come to the specialist because most G.P.s will not have had much experience or knowledge of the field and may well feel not competent to deal with particular problems.

Comment: I maintain that patients would not go along and ask for aversion therapy if there were not people who give aversion therapy and that you are merely perpetrating the system by giving them aversion therapy. I mean, it may be an easy way out, but there are so many other avenues to help people than by sort of butchering them with electric shock. That's just my point of view.

A. I accept your point. If you are a doctor then I think that you have a duty to help your patient take the easiest way out available to him. You have an even stronger duty not to use your patient to support whatever political views or sociological views you may have. You must help your patient to adjust to the problems of life in a way which is most comfortable for him. Many of us, because of our background, education etc, have been trained to be fairly happy being different but it is very difficult to say this of the mass of the population. Most people are very unhappy being different.

Q. Perhaps you would like to give any evidence that this rather crude form of conditioning by association can actually change the personality of the transvestite or transsexual other than by making him frightened of behaving in a way he really wants to?

A. In my view aversion therapy is an exercise you can undergo which will strengthen your tendency to repeat one piece of behaviour rather than another. It is equally applicable to losing weight, to smoking, to the way you dress - you could use it to train yourself to wear a blue suit rather than a brown one just as easily as men's or women's clothing. It is usable at times when you have a habit which, for some particular reason, you wish to get rid of.

Q. I feel that transvestites are not so much interested as to why they are as they are. People just need ordinary supportive help from people who care and this is just not availble. I think that the Beaumont Society has got to make more effortnto provide this.

A. I couldn't agree more but from this comes the corollary that if you are going to offer this sort of care then you cannot, at the same time, attempt easily with the same organisation to change society because in order to do that you have to try and persuade your 'client' to behave in one particular way. If you are going to offer care you have to be prepared to move to whatever is best for your 'client' regardless of whatever your particular interest or aims may be. Your Society will find itself in conflict between the two, I am sorry, but this is a difficult problem that you will have to face.

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Dr.A.[redacted] is a consultant psychiatrist from Cardiff. He has been a psychiatrist since 1964 and has been at the University of Wales since 1971. His interest lies in the biological bases of behaviour with particular reference to organically determined syndromes and behaviour therapy. His research is at present concentrated on simplifying behavioural based psychotherapy techniques so that they can be self administered with or without the aid of automatic devices.

TRANSVESTISM AND THE WORK OF THE BEAUMONT SOCIETY

Dr. Rosemary [redacted]

Transvestism is a symptom that appears in a variety of different conditions. We must remember, when using the word, that it denotes a symptom only and that the symptom may be part of several quite different states. In our present use of the word we are just emerging from the same position as our forebears were 200 years ago when they talked of "fever". Just as each of the various virus and bacterial invaders was later found to produce its specific type of fever and its specific related symptoms and signs, so now we can discern transvestism as a symptom that appears in different conditions. Unlike fevers that develop in infective states, the conditions in which transvestism appears may shade imperceptibly into one another. At one end are the states of fetishist and masochistic cross-dressing. These merge into part-time and thence into whole-time heterosexual transvestism. This, through a neutral or non-sexual transvestite state, merges with transsexualism. In some surgically treated transsexuals the operation releases female-type sexual activity, the boundary between them and the homosexual cross-dresser becoming indistinct. This shading of one condition into another does not mean, however, that any one person must progress through a series of these states as he matures. Whether or not a common cause exists (like the chemical interactions in the temperature regulating system that causes fever) for these states is beyond my present remit.

All these states do, however, share an underlying obsessional or compulsive state onto which their other symptoms are added. Originally the Beaumont Society was established by and for the heterosexual transvestites, those whose sexual activity is "normal" but who, from time to time, felt compelled to adopt the appearance and behaviour of the opposite gender. In this definition it becomes necessary to distinguish between the biological sex of a person and his gender-identity and role. The former is determined by the genes and hormones and in its turn determines the anatomical characteristics and physiological reproductive roles of the two sexual types. The latter is largely determined by environmental and cultural factors. A person's sense of gender-identity and his gender-role usually develop in conformity with the sex assigned at birth (even when this was in error). It is only among cross-dressers that one sees individuals developing a sense of gender-identity and partially adopting a gender-role that is incongruous with their biologically determined sex.

Estimates of the frequency of transvestism have varied between 1 in 100 and 1 in 1000 of the adult male population. I do not know whether all people with compulsive cross-dressing as a symptom are included in these numbers, nor what proportion of these are heterosexual transvestites as I've defined them. It is generally stated that the compulsive heterosexual cross-dressers are the commonest group. If these figures are anywhere near the truth, then, out of the 20 million adult men in Great Britain, there may be, at the lowest estimate, 10,000 potential members of the Beaumont Society. At the highest there may be up to 200,000

Whatever the actual numbers, the problems that face the transvestite are loneliness, and ignorance or confusion about the nature of his condition, together with the tension and anxiety produced by any obsessive or compulsive state. Since transvestism is a solitary practise - there being no need to seek out partners - and since also, until very recently, little was written about the subject, each transvestite remains in his solitary well of loneliness, confused, anxious and bewildered by his extraordinary compulsions. The very first time

that I heard of another sufferer was in a report of evidence given at a Coroner's inquest, when it was too late. This was followed shortly by Roberta Cowells' story. After that fifteen years passed before I heard of Dr. Virginia Prince and her work in forming the Foundation for Full Personality Expression, (known for short as FPE). A few weeks later, quite by chance, I found Dr. Harry Benjamin's book, the Transsexual Phenomenon.

The Beaumont Society was formed in 1965 and affiliated to the similar body (FPE) which was set up by the personal initiative of Dr. [redacted], or Virginia, Prince in Los Angeles some 5 years earlier. Both were formed to combat the loneliness, ignorance and fear that transvestites suffer by enabling them to correspond, to meet each other in a secure environment and to disseminate knowledge about the true nature of the condition among the members. Many types of people are transvestites and are now turning to the Beaumont Society for help. We have decided that our Society is inappropriate for those in whom cross-dressing is solely a direct means of sexual gratification, for those to whom it is an adjunct to bondage or other masochistic activities, for homosexual cross-dressers, and for any with serious mental conditions needing specialist care. It is very difficult sometimes to distinguish between some heterosexual transvestites and some transsexuals, those who are gender-oriented as opposed to the sexually motivated. Because it is possible to help both types, there is little logical reason for denying to the gender-oriented transsexuals that help that membership of the Society gives to the heterosexual transvestite.

Membership of the Beaumont Society means that such information as is contained in Dr. [redacted]'s book and in other writing is more freely available. We can explain to the lonely and confused transvestite that he is not uniquely peculiar and that he is not going mad. We can show him the many members who, having accepted their transvestism, lead, for the most part, normal lives at home and at work. What is even more important is that we can reassure and comfort his wife or girl-friend, helping her to realise that he can become closer to her if his transvestism can be accepted and become part of their joint life together. The abnormality of gender identity, present in transvestites as an obsessional symptom, can, by degrees and with help, be changed into a growing realisation of the many feminine personality traits that frequently remain dormant in most men, whether transvestite or normal.

To date, about 1000 people have applied for and been offered membership of the Beaumont Society, but many have only remained members for about three years. We are aware that our penetration of the potential market is very small if the estimated frequency of transvestism is anywhere near the truth. In discussion with Dr. Prince I have found that the same small proportion of possible transvestites have joined the Foundation, despite her energetic efforts at publicity throughout the U.S.A. I do sometimes wonder if the various figures quoted on frequency are incorrect. Or is it that many cross-dressers have no desire to seek the companionship and knowledge that the Beaumont Society and FPE can offer? The reason for the high drop-out rate of members, common both in the U.S.A. and Great Britain is probably that as people accept their condition and find a circle of similar acquaintances, they no longer need the Society as a support. They have the information and contacts they need to reduce the tension, etc. consequent upon their transvestism and so they can continue to lead happy and productive lives in their families and in Society without the help we initially gave them.

The Beaumont Society's members are scattered throughout the British Isles and in some European and Commonwealth countries, with a concentration in and

around London. Most members are known by a feminine pseudonym and all members have a membership number, the dissemination of real names and addresses being restricted to the President, Secretary and Treasurer. All contact between members is initially made through the Secretary. In geographical regions and areas we have Organisers whose job it is to help to bring the local members together. However, members have no need to disclose their real identity or home addresses to the Organisers and the individual member only meets others at his own wish. Naturally, if two members wish to meet or correspond, then they can make the required mutual arrangements, but under no circumstances does anyone disclose to another a third member's identity without having obtained prior permission. By this sort of strict security concerning personal identity we can retain the confidence of persons whose marital, social or business affairs might be compromised by any unwonted disclosure. For those who do not wish to communicate with others the Society publishes its own home magazine, the Beaumont Bulletin. It also operates a lending library.

The Beaumont Society both nationally and by individual efforts locally is already in touch with the Samaritans, the National Housewives Register and marriage guidance counsellors. We are also establishing contacts with medical practitioners and social workers on an individual basis. This includes the Charing Cross Hospital Gender Identity Clinic. An important aim of this conference is of course to improve such contacts so that the various bodies can be better informed of each other, of the nature of the conditions we are managing and of the help we can provide. Members of the Beaumont Society have previously described their condition and the work of the Society on television, radio and in the press. We hope to extend this sort of publicity whenever possible, as well as giving further talks to Samaritan, Marriage Guidance, National Housewives Register and other local groups of concerned people. Any requests for such talks are always welcomed.

Continually, when discussing Transvestism, we find that we have to dispel two false beliefs in the minds of other people. The first is the one that most transvestites are homosexual. Now I know that 95% of men have at one time or another had some sort of homosexual activity or fantasy (and that the remaining 5% are probably frightened liars!), but transvestites are typically heterosexual or asexual. In the latter, the lack of sexual drive may well be secondary to the anxiety generated by the condition. I am not clear why a few homosexuals regularly cross-dress. They might be genuine transvestites who misguidedly believe themselves to be homosexual. They may be bisexual persons or they may be cases of the co-incident presence of the two conditions in one person.

The second error, and this has been made much worse by some publicity last Spring, is the mistaken belief that all who want to cross-dress are Transsexuals. We have continually to convince people, transvestites themselves, but even more important, their wives, that only a small minority of those with transvestism as a symptom are going to be driven by their condition to desert their wives, give up their previous jobs and identities and seek a legal and surgical "change of sex". Although membership of the Beaumont Society is open to transsexual people, in our information and counselling work we invariably make it clear that the typical transvestite is never going to go down the road, so much beloved by the sensation-seeking hunger of the mass media of communication, to the sex-change operation. Our work is to explain to the unhappy and confused person that he can, by learning to live with his transvestism, retain his normal place in his family and in society.

Q. Have you found any correlation between depressive illness and transvestism?

A. Depression, as psychiatrists would understand it, very often arises as a reaction to a stressful situation and so you find a person who displays, amongst other things, the symptoms of depression. But whether there is a correlation between cyclothymic personality type and transvestism I don'tknow. I am a bit wary of using these catch phrases of defining a person as being manic depressive, obsessional or schizoid because people tend to shift from one type to another.

Reactive depression, reactive against external pressure, is common and is going to be a common symptom found among transvestites when you first meet them, or when they first tell their story to anyone. But this does not mean that there is a fundamental link between the manic depressive personality type, if there is such a thing, and transvestism.

Q. During the conference so far there has been no mention of the parents of transvestites. How should I deal with a situation in which I am approached by a set of parents who say that they believe that their son is interested in cross-dressing?

A. I think that we should be ready to tell the parents of an adolescent transvestite just what we have to tell the mature transvestite and tosupply to the parents the same sort of reassurance and the same sort of information.

Q. Suppose this desire maifests itself at an early age, say 4 -5 years - Does this situation still hold, or are they to be discouraged?

A. Stoller believes that at that age something can be done for the children, but the parents have to be treated as well and it is a prolonged business. He reckoned that it usually manifests itself at around 8 - 15 years, but maybe the condition was set much earlier, say at 2 - 3 years, but remained dormant. By the time it emerges at 8 - 15 years there is not much one can do in the way of curative treat ment and it is better to adjust to the situation as it is.

Marion Cochlin commented: I think it is really difficult in young children of 2 - 3 years because many of these children love to cross-dress at that age anyway. I think that it does become dormant for a while after this age. This is what we have found at Charing Cross Gender Identity Clinic. From about ten years it becomes more fixed.

Comment: Rosemary Jones In connection with this a very good book has been published - "Sexual and Gender Identity - Conflict in Children and Adults" by Dr.Richard Green, which deals extensively with his work in the paediatric field. He is finding that he can 'weed-out', at the age of 4 - 5 years, the potential transvestite and transsexual and there is some hope that psychotherapy can put these children into a more appropriate direction.

I would like to suggest that it would be a good idea if school doctors, who go to clinics to test the sight etc, of young boys and girls could put a few questions about gender direction to the children. If they found that there was conflicting gender direction it would be extremely useful to take these children and probe a bit further to see if they have an incongruous gender identity.

Dr.Rosemary [redacted] became a member of the Beaumont Society in 1971 later becoming an Assistant Organiser in the Western Region. In 1974 she was appointed Public Relations Officer following the retirement of Mrs.Williams.

THE USE OF BEHAVIOUR THERAPY IN THE TREATMENT OF SEXUAL PROBLEMS WITH REFERENCE TO TRANSVESTISM

Dr.P.[redacted].MA.MB.BChir.MRCP.MRCPsych.

I realise that the title of my talk would suggest that I've come here to preach to the Athenians and,obviously, to a certain extent this is true in as far as those of you here who are members of the Beaumont Society are presumably, by and large,sensibly aware of the satisfactions available to the transvestite. However it may be of interest to you to know what techniques are available for changing behaviour in this area and the medical delegates may well be approached by persons who want treatment for their transvestism as such.

I think that first of all I had better make my moral and ethical position clear. Firstly I don't regard transvestism as an illness or anything. I regard it as a piece of behaviour which is defined as deviant by our prevailing culture. And like any such behaviour it can lead to stress and unhappiness. In such circumstances one can make the situation less hard either by changing society or by changing the individual and I personally don't really see any ethical distinction between these two approaches. However the changing of an individual must depend not only on his consent but on his direct request. It is only those conditions that we would consider changing transvestite behaviour.

Behaviour therapy has other names that you may have come across - behaviour psychotherapy, sometimes called behaviour modification. Basically it is a group of techniques based, more or less, on the body of knowledge of scientific psychology, in particular, what it called learning behaviour. It carries an implied model of mental disorder and psychosocial, so called, deviations and that these represent a pattern of learned habits which are mal-adaptive. It also implies that behaviour can be chnaged by changing those factors which influenece either the learning or maintenance of behaviour. It also carries the implication that the quickest way to change attitudes is by changing the behaviour which is dependent on the attitudes. This is a rather back-to-front approach and having said that about it it should be pointed out that in these respects it does not depend on internal dynamic processes like dynamic psychotherapists utilise in their theorising. However many of the techniques of behaviour therapy have been in use by dynamic therapists and one of the pieces of work which I shall mention could fall into either camp as it were.

Basically any behaviour therapy technique is preceded by the minute analysis and measurement of the behaviour to be changed and a very precise delineation of the circumstances in which it occurs.

The techniques which are available in the treatment of sexual disorders, used in a very broad sense, can be divided into those aimed at disorders of sexual orientation and disorders of social behaviour linked to sexual roles. Obviously it is very difficult to separate these out entirely. Treatments which are aimed at disorders of sexual orientation can be divided into those which are aimed at reducing deviant response in this - that is reducing the tendency to produce behaviour which is regarded as deviant, and those aimed at increasing ordinary heterosexual responses. Obviously, in any piece of sexual behaviour which is regarded as abnormal, either one or other of these aspects may require more attention.

The techniques which are available for reducing the tendency to respond in the deviant way are twofold. One is avsersion therapy, which is probably the

behavioyral technique most known, and the other which is self-regulation.

The basic idea in aversion therapy is to pair a disliked stimulus with the behaviour you wish to modify. The disliked stimulus can be a chemically induced nausea produced by drugs like Apomorphine, or it can be a mild electric shock. These are the techniques which have been used most in patients who come into transvestite categories - used in its very widest sense.

I don't have any experience with the use of chemically induced nausea, it's not a very aesthetic technique but it's not that unpleasant. The use of electrical aversion involves a small electric shock which is not painful but just sufficient to reduce the pleasure attached to deviant sexual activity. Other techniques in the aversion therapy area which have been used are; smell aversion, the pairing of an obnoxious smell with either the thought or act of some piece of behaviour; covert sensitisation, the pairing of an image for instance in the treatment of an exhibitionist. I have used the pairing of a policeman, or the patient's wife weeping, when the exhibitionist gets the urge to expose himself and this has been shown to be effective.

By and large the techniques seem to produce, not a conditioned aversion which is rather strange, but a conditioned indifference so that something which previously was an urge ceases to be one. It becomes a matter of indifference.

In considering these techniques,which effectively would come under the terminology of punishment, one has to consider how aversive the treatment is. Work has been done. People who have been treated with electrical aversion were asked to rate how unpleasant the treatment was compared with a number of other situations which they have come into contact. They all rated it as being less unpleasnat than going to the dentist which gives you some idea of the unpleasantness of this form of treatment.

Self regulation is a more attractive proposition in that it is applied by oneself - to oneself. Except insofar as the training in self-regulation is mediated through a therapost it does not otherwise involve the use of an outside therapost.

Basically the technique is to analyse a chain of behaviour and select choice points. Again this is something I have used in the treatment of exhibitionists. One analyses the chain of events which leads up to the exhibitionist exposing himself. You then find out the various points in this chain where the person has made a choice, these can be delineated quite well, and then you try and get him to do, or try to do, something alternative at each of the choice points, so that in a way it becomes a self control procedure. This is something we do in general life when we are trying to avoid eating that extra chocolate biscuit or something, we try to think of something else. Obviously in this case it is a very structured technique which is what gives it its power.

The other way of changing sexual orientation is to increase heterosexual responsiveness. The techniques which have been written about have included fading and either mastabatory or orgasmic conditioning. Fading is the pairing of a heterosexual stimulus with sexual arousal and the sexual arousal which is usual, for example if one was treating a homosexual by this method one would produce a homosexual material which was arousing to the patient and when he was aroused would change the photograph to that of a heterosexual nature and gradually the arousal becomes conditioned to the heterosexual material. Mastabatory conditioning is a similar technique in which sexual arousal is produced by mastabatory rather than by the use of photographic or auditory stimuli.

The treatment of social behaviour is something which quite new and has been developed both here and in the USA. The idea of what we call social skills training is that it is possible to train social responses directly and these may be in any area of social difficulty. For instance patients may find it difficult to take shoddy goods back to the shop or something like that. It is possible to reverse this situation, to point out the flaws in his technique and to get him to re-rehearse the situation. One can use technilogical methods like video-feedback in which the patient sees his performance on film. He is then able to see where he is going wrong, re-rehearse the situation and see again his performance. So far these techniques have been little usedfor specifically treating sexual disorders, but there are exceptions which I shall mention later on.

Before proceeding to talk about the use of behaviour therapy techniques in the whole area of cross-dressing syndromes I ought to mention how I regard these syndromes.

There is no absolute truth in this area and that, for the medical profession, not sufficient is known. The problem is that we are, in fact, classifying two areas of disorder. The first is a disorder of sexual orientation and the second is that of gender role disorders. The classification which I find most useful is that of Roth and Ball who divide the whole area of transvestism into Symptomatic Transvestism in which the transvestism is either a symptom of, say homosxuality or of fetishism in which the patient is wearing his fetish, and this is associated with sexual arousal. They then have Simple Transvestism in which there is a marked disorder of gender role. This according to information whichone has from articles like those of Prince and Bentler is the category of people who attend the F.P.E in America, and the more extreme form - transsexualism.

In fact I suspect that there is a spectrum of these disorders and one can find people who are, by and large, simple transvestites who have also at some stage in their life also had a disorder of sexual orientation and that their cross-dressing was associated with sexual arousal. There are people who are very largely fetishitic transvestites but who, nevertheless, have certain conscious feminine traits in their make-up. One also finds that people who would have originally been categorised as simple transvestites may move on sometimes towards requests for gender change operations. So the classification is really unsatisfactory because it is really a spectrum. The importance of looking at the different types of behaviour involved in cross-dressing is really in assessing the literature on the treatmeht of cross-dressing.

Bearing these different types in mind I reviewed the literature and in fact there are two main series of treatment which have been published. Both have used aversion therapy. There are many other small series or case studies in the literature but the importance of series is that one can assess how effective the treatment is because one takes the number of people treated and asseses what happens. After assessing the success rate one can then assess the factors which make for success.

The first of the two series is the report of Morgenstein and colleagues working at the Maudsley hospital. They reported on nineteen patients whom they assessed for treatment, which involved using Apomorphine induced nausea as the aversive stimulus. Of the nineteen assessed 6 decided that they didn't want to be treated and of the 13 who went forward for treatment 7 were effectively cured and 6 had returned to cross-dressing occasionally but were regarded as improved. This was at between eight months and four year follow up.

Interestingly they noticed other benefits from the treatment. Firstly there

an increase in social contact and a decrease in anxiety which would presumably be related to the worries that cross-dressing arouses. There was also an increase in occupational adjustment. The study was carried out scientifically in that they started with a set of measures which they correlated with success. They found that the best predictors of success was the lack of generalisation in feminine interest. In this respect I must mention the last two patients I was involved with where one could have made a prediction of success, or non-success from their occupation. The one that was successful worked as an artificial inseminator and the one who was unsuccessful was a cosmetic salesman.

The other series which has been reported really conforms the implications one can infer from the work. This was of Marks and colleagues, again at the Maydsley Hospital who reported on what he called nine transvestites. On looking at the case reports we find that these are in fact largely the symptomatic transvestite - there was a very strong element of fetishism in these transvestites. There were seven which were called transsexual transvestites. Their terminology is outside that of Roth and Ball because what they meant by transsexual transv vestite was really a simple transvestite. They found that the transvestites with a large fetishist element did very well.

They were using electrical aversion and found that even at two year follow-up 67% were very much improved or cured. There was no significant change in the simple transvestite at two year follow-up though there was a transient improvement which was followed by a relapse.

This raises questions about the applicability of aversion therapy to this abnormality of gender role, rather than to the fetishistic element in transvestism. It is possible that the abnormal gender role reflects an increase in the area in which the syndrome halts and may therefore be regarded as an indication of severity. Looking at the case reports in the literature it does seem that it is occasionally possible to produce change in abnormalities of gender role, using aversion treatment, but by and large one has to accept the implication that the less the disturbance of gender role the better patients will do with this form of treatment. However it is also true that disturbances of gender role do improve pari passu with treatment of sexual orientation.

It is only recently that attempts have been made to modify abnormalities of gender role directly and there are two reports on this.

The first is by Green, Newman and Stoller (1972). They might not tend to call themselves behaviour therapists but their approach was essentially a practical one, looking at the mainsprings of the behaviour and changing the factor factors which influence the behaviour. They reported on five very feminine boys, whom they regarded as showing every indication of being pre-transsexual, that is they had every indication of a very severe gender identity disorder when they grew up. It would be impossible to bear this out as they treated them but the factors they saw in the children implied that, from what is known of the antecedents of transsexualism, they would have had a very severe disorder of gender role.

The treatment was very prolonged, the shortest being eighteen months while others were as long as four years which is an indication of their committment to treatment. They first encouraged a relationship with a male therapist which is carrying forward the behavioural principle of modelling where you tend to pick up the behaviour of somebody whom you admire. Obviously if the therapist-child relationship is strong this is a way of getting the child to imitate his actions. If the therapists actions are determined by his male sex this will lead to an increase in masculinity in the child. They also stopped parental encouragement of

feminine behaviour and tried to increase the involvement of the father, or the father substitute where there was no father, in the boy's life. They also tried to interrupt the very strong mother-son bond which they found in these five children. Three of the five have done really very well and the other two have done quite well. This was an interim report and they are continuing treatment.

More impressively Barlow and colleagues (1973) reports on the treatment of a seventeen year old who was, on every criteria we know, a transsexual. They applied themselves to this treatment because this boy was in considerable distress and at seventeen nobody was going to perform a sexual identity change operation. They said that they would refer him for a sexual identity change operation and offered in the meantime some treatment to attempt to re-orientate his gender role. He agreed to this.

First of all they tried to do this by changing his sexual arousal patterns. The boy was a homosexual and in fact about eighty-five percent of transsexuals are homosexual as well. They used firstly electrical aversion and secondly the technique of fading but after two months hard work there was absolutely no change. They then decided they would have to proceed to direct modification of gender specific motor activity, in other words the way the boy was standing, sitting and walking, all of which were markedly feminine. It is something we intuitively accept that traits of femininity and masculinity have very strong motor components. The way we walk, the way we sit, the way we talk and so on all has a very large part in the way other people see us and in the way we percieve ourselves.

Using video feedback, Barlow and his colleagues, got the boy to practice masculine ways of walking, sitting and standing. They found that when they trained one of these it carried over into other areas, but not very much, but it carried over quite a lot into the way the lad perceived himself. They changed each of these in turn and found that though he was looking more masculine he was still not performing in a masculine way in social situations. They then started changing his performance in social situations by rehearsing social situations with him, and also trained his voice which was rather consciously highly pitched. When they had done all this he was much happier, much more socially adept, but he still had very strong fantasies of wanting to be a woman. They then started to train his fantasies direct. In the sexual sphere they did this by getting him to select two least disliked 'Playboy' girlies. He had to look at these and fantasise that he was making a male approach to them. When he had done this he indicated this by raising a finger and the picture was switched to those which were rewarding to him. In this case animals and food.

Gradually he began having heterosexual fantasies which increased quite markedly. However they found that physiologically he still remained highly roused by photographs of homosexual material. They finally changed over to the original treatment of electrical aversion and fading which, after all this modification of gender role behaviour, produced a rapid response and his homosexuality disappeared. At one year follow-up there was still further improvement. The lad was behaving in a quite masculine way in that he was dating and petting with girls.

This gives an indication of what can be done and shows some idea of the committment and dedication of the therapist. Obviously it is not a quick treatment. It took Barlow and his colleagues a year to achieve the above.

So there are possibilities of changing both sexual orientation and gender role behaviour provided it is requested. The chances of success seem to be high in those people with a strong fetishistic element and they don't seem to be anything

like so high in those people who have a gender role abnormality, with the earlier crude aversion techniques which I described earlier.

The committment to wanting treatment has to be very high if long term treatment is to be undertaken. My general feeling about this particular area in terms of behaviour therapy is that the application is not great but something can be done providing the patient does request it, but that by and large, and this is borne out by our usual management of people who are transvestite, the best way to approach the problem is by either a re-orientation of his immediate environment. In other words by education of the wife and so on. The other is by referral to an agency like the Beaumont Society who provide an institutionalised safety valve. This is what, in fact, we do with a great majority of people who come to us seeking treatment. We obviously have to go into the reasons why they are seeking treatment, but by and large we seek to make a manipulation of this sort rather than actually proceeding with a behavioural approach.

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Q. We tend to hear of people who have had treatment and though it would seem to you that they have requested it one finds out that in many cases it is really because of family pressure. Of people who I've met the success rate seems markedly low. How easy is it in fact for you to judge whether the patient is just doing this to satisfy family pressure?

A. To a certain extent family pressure is probably a reasonable justification for seeking treatment but it depends on the exact situation of the patient and family. Obviously one tries to clarify this as much as possible and to clarify the possibility of changing the attitudes of the family constellation rather than the individual. Very often you'll find that the request comes because of undue pressure from the wife whose fears arise out of ignorance, which is a fairly easy thing to deal with.

Q. Can you tell me if psychiatrists are generally equipped to undertake this sort of treatment and should we, as Samaritans, suggest to transvestites that they might be referred to a psychiatrist and would this be beneficial?

A. I think that a transvestite who refers himself to the Samaritans probably requires, at least, some psychiatric opinion. Most psychiatrists are not equipped to handle this very specialised technology, which in the vast majority of cases is inappropriate.

Dr Paul [redacted] was educated at Cambridge University where he obtained a First Class Honours Degree in Psychology and an Athletics Blue. He subsequently trained at St.Bartholomew's Hospital (London) obtaining his MRSCP in 1972 and his MRCPsych in 1974.

At present he is a Senior Registrar at the Maudsley Hospital (London) and is working on a MPhil thesis in the treatment of sexual deviations.

SOME ASPECTS OF SOCIAL WORK IN A GENDER IDENTITY CLINIC*

Marion [redacted]

Psychiatric Social Worker

When Miss [redacted] was asked to speak her instinctive reaction was a negative one. She really felt that she had little to contribute particularly in view of the comprehensive way in which the subject of transsexualism was dealt with at the Leeds Conference in 1974. However, on reflection, Miss [redacted] felt it might be helpful to share some aspects of the work she has been undertaking at the Gender Identity Clinic at Charing Cross.

Referrals are made from the Psychiatrist for help intially with specific problems, usually practical, such as physical appearance, financial, or accommodation. Dealing with these 'presenting problems' enables a relationship to develop until the individual feels safe to verbalise the underlying problem, the real cause of his anxiety.

Three areas of concern seem to exist.

1. Deep feelings related to the very radical nature of the situation.
2. The relationships within his family and society.
3. The practical problems involved.

As the first area is still being studies Miss [redacted]n felt it would not be fair to make any report at this stage. She outlined some of the psychological difficulties experienced by individuals up to and including the time when, later in adult life, he first acknowledges his transsexual state.

The second area of concern is related to his family. Transsexualism generally seems to evoke revulsion and fear, even in a loving, accepting mother, and the feelings of rejection and isolation are a savage burden to bear. The family row which follows disclosure frequently results in the individual leaving home. The relationship may be temporarily or permanently severed. The married transsexual with children has even more problems. There will be ansiety about the possible adverse effects on them. The new roles that members of the family will adop in the new way of life must be explored. Acceptance by the family group leads to acceptance by the wider social group. Miss [redacted]n felt that time spent in counselling relatives would have long term rewards.

The third area of concern, covering the practical problems of employment and accommodation are most important. New documentation is relatively simple in respect of driving licence, passport, etc. but the exceptions are birth certificate and legal marriage.

Employment and accommodation are directly related to appearance, stability, work record, qualifications and references. The abolishment of National Insurance Cards this year (1975) also makes things easier for the transsexual. Retraining at a Government 'Skillcentre' may be offered

if appropriate. In addition, since September, 1973 the Inner London Education Authority has cooperated in weekly beauty and speech therapy classes. Expert advice and practical help is given with clothes, deportment, make up, etc.

Where difficulties are encountered with accommodation some transsexuals are forced to live rough; some Hostels will accept them, but strict rules often mean that the transsexual doesn't fit. In certain parts of London some small sub-culture groups exist and can offer limited support and accommodation; flat sharing with other transsexuals is also a possibility but not often desired in view of the need for 'normal' integration rather than isolation.

Miss [redacted]n spoke with feeling regarding many aspects of her work with male to female transsexuals and in summing up it became plain that the role of the Social Worker is primarily a supporting, counselling and educating one.

Publisher's Note: It is unfortunate that as Miss [redacted] work is on-going and will, hopefully, culminate in the publication of a book in the not too distant future, it has not been possible to include a verbatim report of her talk.

*We are indebted to Vivien [redacted] for the foregoing synopsis.

Miss [redacted] is Principal Psychiatric Social Worker at the Gender Identity Clinic at Charing Cross Hospital where she has worked for the last six years, mainly in the area of male to female transsexuals.

She was instrumental in setting up the beauty and speech therapy classes in London with the cooperation of the Inner London Education Authority.

BEAUMONT SOCIETY - CONFERENCE '75

SEMINAR TIMETABLE

SATURDAY

ROOM	14.30 - 15.45hrs	16.15 - 17.45hrs
1	Problems of Public Transvestism - Mrs.M. [redacted]	Problems of Public Transvestism - Mrs.M. [redacted]
2	Use of Hormones by Transvestites and Transsexuals - Dr.Rosemary [redacted]	Use of Hormones by Transvestites and Transsexuals - Dr.Rosemary [redacted]
3	Reincarnation and Transvestism Violet [redacted]	Reincarnation and Transvestism Violet [redacted]
4	The Role of Agony Columns and Helping Agencies - Jean [redacted]	Development of Gender Identity and Role - Dr.A. [redacted]
5	Transvestism and the Family - Caroline & Vivien [redacted]	Transvestism and the Family - Caroline & Vivien [redacted]
6	Transvestism and the Young Married Couple - Jennifer & Stephanie [redacted]	Transvestism and the Young Married Couple - Jennifer & Stephanie [redacted]
7	Gender Identity, Role and the Law - David [redacted]	TO BE ANNOUNCED - IF REQD
8	The Role of the Beaumont Society - Rosemary [redacted]	TO BE ANNOUNCED - IF REQD
Main Lecture Area		* A Discussion of the Paper: "Self Service Fulfilment"

SUNDAY

ROOM	14.00 - 15.00	15.00 - 15.30
5	Medical Delegates	
6	Social Work Delegates	
7	Other Delegates	
Main Lecture Area	Beaumont Society Delegates Each of these groups to meet and discuss reactions to the Conference or other topics of interest to themselves.	All Delegates: Conference Evaluation and Closing Address

*NOTE ON 'SELF SERVICE FULFILMENT': The author of this paper, while acknowledging the existence of masculinity and femininity in every individual, postulates that the mechanism behind cross-dressing can be explained in terms of an introverted sex-drive. This mechanism is said to stem from an imature sexual excitement, experienced in childhood, which becomes fixated onto the desire for cross-gender identity. The individual substitutes, to varying degrees, the sexual excitement derived from his cross-gender identity, for that which he experiences in 'normal sexual' activity. It is suggested that a desensitisation process, if undertaken with sufficient determination, may enable the individual to reduce the compulsion to cross-dress

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***

Rosemary [redacted]
Cherry [redacted]
Janet [redacted]
Vivien [redacted]

*****

SEMINAR GROUP REPORTS

THE ROLE OF THE BEAUMONT SOCIETY led by Rosemary [redacted]

Two themes ran through both periods on this subject.

The first was the idea that gay groups throughout the country might be the usual first point of contact for a transvestite. This idea must be confirmed by the usual naive comments of the public that any person who cross-dresses must be a homosexual. A subsidiary view that the Beaumont Society had a too narrow base in heterosexual transvestism was also expressed during the discussions. Some felt that thirty five percent of transvestites are probably bisexual and some two to five percent were obligatory homosexuals. It was felt that perhaps the Beaumont Society should broaden its base to admit the former and should also build close links between officials with C.H.E. and perhaps other homosexual organisations.

The second idea was that in all our advertising, especially at local levels, there should be local telephone numbers available , both in the advertising material itself or at the local offices of helping agencies such as the Samaritans Marriage Guidance Council, Citizens Advice Bureaux, FRIEND, Icebreakers and so on. It was felt that it is far easier for an enquirer to dial a phone number than it is to write a letter to a box address. They get an immediate response instead of having to wait for several days.

There were also some ideas on general publicity which included a suggestion from the Marriage Guidance Council that an article which appeared in the Guardian in 1973 was a valuable source of information for use by counsellors.

The need was also expressed for the Beaumont Society in some way to provide support and guidance for the wives of married transvestites. It was felt that this might best be arranged on a wife-to-wife basis by area organisers in their own geographical areas.

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REINCARNATION AND TRANSVESTISM led by Violet [redacted]
(A complete answer and explanation of transvestism and transsexualism)

Some 850 million people in the world believe in a religion that we have lived past lives. These include Hindus, Bramins and others. Additionally some 600 million Christians believe in a future life. According to te Buddhist religion our first lives on this earth are very frustrated and troubled. Out of this first life emerges our second life. There is no specified number of lives we have lead or will lead but eventually we lead a life in which all is calm, serene, where we are at peace with the world.

Our first lives may be very troubled, more especially as regards sex. We may be a woman in one life and a man in the next. Traces of our first life as a woman may remain in our next life and in some cases even memories of our previous life. Our desire to dress as a woman comes from our desire to dress as a woman in our previous life, Our desire to dress as a woman is one of nature's mistakes. We are too much dominated by a powerful woman's personality in a previous life even though we are born as a man.

Some interesting experiences which I have knowledge of go some way to underlie the part that reincarnation may have in the problems of transvestism and transsexualism. The first was my own visit to a medium who saw me in a previous existence as a woman. She said that I had never wanted to be a man in this

existence. She did not know this from me but I have always wished to be a woman.

A girl that I know at the time, and who was a rather fast young lady, went to a medium who saw her as a whore in one of her previous lives. Another was an alcoholic who went to see a medium. She saw him as a French seaman, about to have his leg cut off by a naval surgeon. He had a great thirstfor Eua de Vie which was being passed around the wounded but just before it was passed to him he died. In his present existence he had a terrible thirst for alcohol. With knowledge of his previous life he was cured.

Many traits are passed on to us from previous existences and thus can affect our lives but gradually we are coming to a perfect life achieved by Brahmins Buddhists, and Taoists.

The masculine strong trait can be passed on into a woman in her next existence. Traits of past existences are hidden in our subconscious. Amongst North American Indians there appear to 'braves', but amongst the tribes there are feminine men who are recognised as receiving their feminine characteristics from a previous existence in accordance with Indian Religion.

So if we study Eastern Religions there is a complete answer to the causes of transvestism and transsexualism.

Many important people, for example Voltaire, Pythagoras, Hugo, Goethe, Ibsen, have subscribed to the belief in reincarnation.

PROBLEMS OF PUBLIC TRANSVESTISM led by Margaret [redacted]

The subject was thrown open to the group after Margaret had indicated a number of likely problems. A very lively discussion followed in which members of the Beaumont Society contributed in terms of their own experience.

The role of the Beaumont Society was questioned in connection with public transvestism and whether membership, through the example of others, tempted unfledged transvestites to venture dangerously in public with a high risk of detection. It was pointed out that it was not the policy of the Society to encourage public transvestism but since most transvestites are, at some time, likely to risk this the best thing the Society could do was to ensure they did it with the minimum risk. If they were unfortunate enough to be detected and questioned by the police it was vital that they should be absolutely honest; give their correct name and address; explain what they were and make reference to the Beaumont Society for confirmation. Such incidents should always be reported to the Secretary of the Society. The chances that no action would be taken by the police unless there was any suspicion of wrong doing in which they might be charged with "behaviour likely to cause a breach of the peace".

The most likely circumstances under which the above charge might be made is firstly that they were "importuning"; that is attempting to attract other males for homosexual purposes. The best way to avoid this was to dress soberly, behave as naturally as possible as a woman, and avoid being found in a place that might be natural for such a purpose, such as outside a male lavatory.

The second circumstance is being detected in a women's toilet and thus chargeable with " conduct likely to offend a female". This is a more probable situation and should be avoided if at all possible. Unless they are very experienced and convinicing, transvestites should plan their outings so that it is not likely for them to enter a ladies lavatory. If it does prove to be essential

then it best to do so in a calm, unhurried manner and without signs of panic. It is not necessarily the best thing to choose a near deserted toilet since one is more likely to be spoken to by a single woman than one would in a more crowded situation.

The last point was emphasised by more than one person present with regard to the safest circumstances for public appearance. Most transvestites, when they begin to venture into public will do so very late at night on near deserted streets and are tempted to run if anyone approaches. Such behaviour gives more fright than satisfaction and if they are caught they may well be suspected of criminal motives. They would be much safer in Oxford Street, perhaps on a late winter afternoon when the diminished light makes any beard shadow less detectable. Even in a crowded shop they are unlikely to be detected, for men will not look at them if they are not pretty women, and women will think cattily "That woman has shoulders like an ox". Of course some women have shoulder like an ox.

It was agreed that company on a first expedition is an enormous help. Ideally a wife or another woman, or it this is not possible a very competent transvestite. Two incompetent transvestites are probably more risk than one. Female company is immensely reassuring since all essential conversation can be carried out by the lady.

Sober and appropriate dressing is very important and older transvestites should never appear in miniskirts and high boots. Equally make-up should be modest except that a heavy foundation may be necessary to cover a dark beard shadow. Advice from Beaumont Society ladies or experienced members is important here since beard shadow, more than anything else, can be a give away. Real women do come in all shapes and sizes but they do not have beard shadow and so much care should be taken. The other major problem is the voice but it is not probably the give away that so many transvestites fear. Many women do have deep voices. A little softening and raising of the male voice can often pass without suspicion. Professional help can be obtained here for the really dedicated transvestite.

General physical construction is not so important. It was remarked that one of the most convincing post-operative transsexuals was six feet three inches.

Finally it was stressed that the 'public Transvestite' should endeavour to remain calm and relaxed as far as possible and not to panic. He may be much more convincing than he thinks and if people stare at him it may be just because he is a 'good looking woman'

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TRANSVESTISM AND THE FAMILY led by Caroline & Vivien [redacted]

The delegates in this group picked out points from the talk 'Transvestism in the Family Situation' which had been given in the morning session.

The most widely discussed was the matter of telling children as this seemed to a very important topic to many present. The point was made that even when the children fully understand the reasons for not telling people outside the home they nontheless might find it a heavy responsibility to keep such a secret.

This was countered by the notion that when something is common-place in family life it tends not to be talked about. In addition where the husband and wife are in concord then the matter tends to remain in low profile. Both these factors place the transvestite behaviour into a setting which makes it a 'normal' part of family life.

It was agreed that where the wife is not particularly happy about the husband's transvestism it might be better to refrain from telling chidlren in order to avoid the possibility of a child-father alliance against the wife.

We had to agree that, in the main, our knowledge of telling children was limited to daughters and this had seemed to work fairly well. Our only information about sons came from a member whose sons discovered his transvestism while they were in puberty. The eldest, who was probably emerging from the period of adolescent problems, seems to have taken it well while the younger, who was in the early stages of puberty, seems to be less attached to his father as a result of his discovery.

The desirability of allowing children to play with whatever toys they chose was mentioned and it was felt that, as far as possible, it was better not to guide them into masculine or feminine play activities even though they may suffer at the hands of their peers if they did not conform with generally accepted play patterns. They should be free to choose, even to the extent of being defended for their choice.

We then went on to discuss informing other adult members of the family and the reasons for doing so, bearing in mind the emotional upheaval it could create. Our opinion remained firm that a genuine reason for telling others should exist rather than the selfish reason of convenience. A Samaritan present changed the direction of our thoughts by pointing out that we ought not to be discussing who not to tell but rather who to tell.

The reasons for telling are important but where the cause of accepting people with different modes of living could be furthered, without causing unnecessary distress to either party, telling adult members of the community was a good thing to do, particularly where they are responsible for some aspect of community care.

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TRANSVESTISM AND THE MARRIED COUPLE led by Jennifer & Stephanie [redacted]

Two sessions were held which were attended by social workers, Samaritans, a medical journalist and a Marriage Guidance Counsellor. Transvestites and their wives were also present.

Living as, and with a transvestite

It was agreed that give and take on both sides is essential. This particularly applies to the amount of dressing. Although a transvestite cannot dress to a time-table, it would be very distressing, even for a wife who fully accepts, if he dressed every evening. Most transvestites would prefer to wear a nightdress but as this could be upsetting a compromise should be reached, e.g. only after he has been dressed, or when the opportunity has not been present but there is a need to reduce the tension which lack of opportunity has produced.

It was felt that some transvestites feel sexually aroused after dressing, probably because of fetishistic overtones and the relaxation that dressing brings, but that many wives were unable to respond at this time. The husband must recognise this and appreciate that a wife, even the accepting wife, has a limit.

Initial acceptance and later rejection.

It was noted that occasionally the wife appeared to have accepted transvestism (often in the period before and in the early years after marriage) but later, for example after having a family, the acceptance is replaced by total rejection.

This culminates in many bitter arguments and threatened, or attempted suicide on both sides. This situation is often worse than the case of a wife who has never accepted transvestism but will put up with it.

The possible reasons for this situation are:

a) She only tolerated his condition until the advent of children, then realised that they may find out but does not feel capable of telling them.

b) The husband has made too many demands e.g. in terms of dressing too often.

If the wife does not accept.

Many wives do not totally accept but do try to strike a balance e.g. by allowing their husbands to go to socials, and to dress in the house. This does create tensions which lead to endless arguments about other things which end as arguments about transvestism.

The husband is often moody as the tension builds up in him. Both partners feel deserted and lonel . Though he needs help with his clothes, he worries about his wife as he knows he could be destroying his marriage. He feels he cannot make her believe that he does love her and does not wish to be as he is, if it causes problems.

Discovery of transvestism after many years of marriage.

It was felt that it is more difficult for the wife to adjust when she is told, or discovers, her husband's transvestism after many years of marriage. She feels cheated, shut out, and may worry that he may have kept other secrets from her. This may particularly apply if the wife has spent many years bringing up the family and has not had time for many activities outside the home.

Sexual problems that can occur.

It was felt that the transvestite may prefer to take a passive role which may lead the wife to feel that she is expected to take part in a 'lesbian' type of relationship. This can give rise to resentment and feelings of inadequacy, and many other problems especially if she is trying to adjust and finding it difficult.

Some transvestites had experienced sexual difficulties when their transvestism was suppressed but these were resolved when they could fully express this side of their personality

The role of the Beaumont Society and other organisations.

These can promote self acceptance and give the transvestite the reassurance that there are many people like himself. They can provide the necessary accurate information to allow the husband to tell his wife of his problem with some degree of success. The wife, by being able to go to social events, can meet other wives, discuss her worries with other people who have experienced the same sort of problems and so will be helped to get her own problems into a more real perspective.

The role played by the psychiatrist and medical practitioner.

Unfortunately it still appears that in general the medical profession knows little about the subject.

One wife was told to wear a black nightie which would cure her husband. Often people were told that it would disappear after marriage.

It was not understood that the transvestite did not normally wish to be cured once he had accepted his own condition

The role played by social workers and helping agencies.

In general they also know very little. Both the Beaumont Society and individual members have tried to obtain contact but often without success. This

seems to apply particularly to the N.M.G.C. Various ideas were discussed on how these problems may be overcome.

It was felt that once a transvestite accepted his own condition both he and his wife will need guidance on how to live with the problem. Sympathetic social workers were useful in this field, as is the Beaumont Society's own Counselling Service which is being run by, and for, wives and girl friends.

It was noted that there was a general lack of basic information,about living as and with a transvestite, among those social workers and helping agency workers present. Some felt that probing into intimate areas of marriage was not ethical.

The transsexual and wife.

It was felt that this was a completely different problem, especially if the transsexual decided she must live full time.

However one seminar member was a transsexual and lives with his wife and family in a full and happy relationship. They have a complete understanding of his condition.

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THE USE OF HORMONES BY TRANSVESTITES AND TRANSSEXUALS led by Dr Rosemary [redacted]

In the best medical tradition the two seminars sessions were intitiated with two case presentations. The first was a Beaumont Society member whose varicose veins had deteriorated under a short course of stilboestrol to a degree severe enough to cause a painful leg ulcer about the size of a 50p piece. The other, also a Society member, had suffered deep vein thrombosis which had stopped short of the associated, and frequently fatal, pulmonary thrombosis. Thus the seminars started in an atmosphere of approbation which, if not exciting, was at least safe. There were those who came seeking reassurances that hormones are, as the Prayer Book so prettily puts it, "without let or hindrance" and they went away appropriately sobered.

There was a good response from the participants in witnessing the effects described, welcome as well as adverse but more of the former than the latter. There was the usual unscientific subjectivity in the pronounced self evaluations; there can be no profit for any of us in someone telling us that there can be no doubt that hormones reduce body hair since "witness the proferred hairless fore-limb". That there is an awful dearth of sound information is true but it cannot be collected on an anecdotal basis. Thus a certain amount of time was passed pleasantly and uselessly.

Many of the points which follow were discussed at length and it was felt that they would usefully serve as the basis for an informative reprint and so they are published here in some detail.

Should further useful points arise I would be prepared to undertake limited correspondence on the subject and make a compendium of knowledge and opinion.

I whould like to thank the stimulating presence of younger members from Leeds and Manchester who helped to resolve some contentious problems. I would also thank Dr.Kellam for the support given in the first seminar and for his rescue on certain points of psychodynamics.

Dr.Rosemary [redacted]es can be contacted by writing to: Dr.Rosemary [redacted] c/o P.O.Box 66, Ipswich. IP2 9BQ. You should mark your envelope "Hormone Seminar".

What are the female sex hormones? The hormones that primarily interest us are divisible into two main groups, the oestrogens and the progestogens; the latter is mainly concerned with preparing the lining of the uterus to receive the fertilised egg and is not of great importance to the transvestite. The oestrogens are a group, twenty two of which have been isolated to date, of substances which are secreted by the ovary, the adrenal, and by the tissues of pregnancy. There are three main, or primary oestrogens: oestriol, oestradiol and oestrone. Of these oestriol is by far the weakest and may indeed only be 'metabolic garbage'

Do men produce oestrogens? Yes indeed men do produce oestrogens in measurable quantities from their adrenal glands. The levels are not higher in transvestites or transsexuals but slightly raised levels have been reported in homosexuals. There is no evidence to support the suggestion that any male experiences the 'cyclical' output of hormones as in the female; the male production is in a steady supply, or 'tonic' production of hormones. Any cyclical sensations are therefore psychological in origin and not hormonal.

What are the effects of giving oestrogens to a man? The sensitivity of any tissue reaction to a given dose of oestrogen will vary from one individual to another, and probably from one type of oestrogen to another. The degree of change in the various tissues will also not be 'in balance' for different individuals. The tissue changes that can occur are listed:

Breasts - in most men these will become sore; enlargement will commence as a thickening of the 'plate' of glandular tissue present behind the pigmented area around the nipple. The main enlargement takes the form of increased fat and water deposits behind this 'plate'. There may be a deepening of the degree of pigmentation of the nipple and areola, but there is usually a much lesser degree of enlargement of the nipple than the rest of the breast. There is sometimes a small degree of secretion from the nipple but not enough to feed even the smallest baby!

Body contours - due to the deposition of fat, there may be an increase in the hip circumference, in the circumference of the thighs and in the pads of fat typical to the female at the side of the neck, back of the shoulders and upper arms. The sharp outlines of the face may be softened by a 'filling out' with an infiltration of fat; prominent veins may become less obvious due to an increase in subcutaneous fat.

Hair - there is no firm evidence that the growth of facial hair, or indeed of hair typical to the male sex elsewhere on the body, is retarded in any way. Most reports that beards are decreased by taking oestrogens are the result of subjective observation in an often biased way, or due to the decrease in heaviness of the beard comensurate with the advancing years. That scalp hair thickens and grows more easily may have some slightly greater foundation in truth. The changes are yet again more apparent than real since longer hair induces a greater subjective awareness. Through an improved blood supply to the skin the growth may improve but you cannot expect to cover bald spots and the 'cowslick' type of deficiency.

Mental attitudes - a change in mental attitudes in subjects taking oestrogen is well reported and takes the form of a feeling of quiescence and placidity, or

downright feminine passivity. These changes are probably genuine enough with a varying degree of subjective overlay; in a man whose psyche is directed towards feminine habits there is a potentiation towards these 'thinking styles'. There can be no doubt that these changes are attributable as much as anything to a release from the incessant pressure on the mind of the male hormone production. But in truth this is a step towards eunuchoidism more than femininity. It may be genuinely interpreted by the subject as femininity in which case it is a valid response.

Libido - there can be no doubt that the libido (or sexual drive) is 'damped down', as has been shown in the treatment of persons convicted of crimes of a harmful sexual nature. There is some support for the contention that the urge to cross-dress and the sexual appetite are impelled by a common drive, in that a number of younger transvestites show diminished cross-dressing activity on oestrogens. This leads to the dilemma of a young man feminine in appearance, with little urge to cross-dress and an inability to fulful the contract of a sexual liaison.

Skin - it is variously described that the skin becomes smooth, silky, translucent,elastic etc. It is true that the ageing processes in the skin are retarded that there is a greater elasticity and a better blood supply, and that in this respect there is an improvement in appearance but the claims are often unduly exaggerated.

Voice - there can be no doubt that the voice is unchanged by any degree of medication by hormones. It is as if one were to try and change a violin into a cello by rubbing it with shoe polish. The voice can be modified by practice and training but not by oestrogens.

Genetalia - some transsexuals are delighted to believe that their genitalia are atrophying to the extent that they expect to find a penis in the pan one day. Of course this is wishful thinking at best and is based on the observation that an unused organ tends to atrophy and at least is less noticeable, but they can hardly expect the 'chemical castration' to be a surgical reality.

To conclude this section it must be stated that these effects are reversible and indeed the medication must be continued to maintain the effects.

There is some discussion on whether oestrogens were antagonistic to androgens. It has been concluded that oestrogens are not in themselves chemically antagonistic to androgens but that in their effect on the hormone balance they will reduce the individual endogenous production of androgens.

Are there any harmful effects from the administration of hormones? There are certainly side effects which are actually or potentially harmful enough to constitute, in certain susceptible individuals, a contraindication to medication. These effects will be described in detail since their description forms the basis of responsible ethical prescription of this type of medication.

Nausea and vomitting - this is common enough and is harmless except in persons suffering from disorders of the upper intestinal tract,such as gastric ulceration, hiatus hernia and oesophageal varices, where repeated trauma of retching could aggravate the otherwise quiescent pathology. Nausea is dose related and a reduction or cessation of medication will relieve this debilitating symptom. There is great individual variation in this response, some being very little affected, whilst others will become severely nauseated on small doses.

not be given for this reason.

What hormones are available and which is the best one to take? I have divided the hormones into the oestrogens and progestogens, and I feel that there is no real benefit to be gained from the latter. The oestrogens are divided into the naturally occurring oestrogens which can be extracted or synthesised; and substances which differ in chemical structure but have oestrogenic effects, they are synthesised and are confusingly known as the synthetic oestrogens. Let us consider the natural oestrogens of which there are twenty-two of which only three need concern us.

Natural oestrogens and their derivatives - oestriol is the weakest of this group and is rarely used except in old ladies. The more powerful natural oestrogens are oestrone and oestradiol of which the latter is used in therapy. In practice the true natural form (Oestradiol - 17b) is not used because it is too rapidly destroyed by the body. The synthetic derivatives ethinyl oestradiol, mestranol (ethinyl oestradiol 3-methyl ether), oestradiol monobenzoate and oestradiol valerate are used. They are all extremely potent oestrogens and fairly long acting. Ethinyl oestradiol is the most popular with mestranol a close second. These are usually given in tablet form. Oestradiol monobenzoate and oestradiol valerate are usually given by injection in an oily solution and are therefore absorbed over a long period and may be given at monthly intervals.

Another source of natural oestrogens are the extracts from the urine of pregnant mares. These preparations contain a wide range of natural oestrogens in unspecified proportions and have the possible advantages of containing the lesser known oestrogens. The most popular preparation is Premarin, which is dispensed in tablet form.

Synthetic nonsteroidal oestrogens - these are chemically unrelated to the naturally occurring oestrogens but have powerful oestrogenic effects. The most well known of these being Stilboestrol, less well known are dienoestrol, chlorotrianisene, and methallenoestril. These are given in tablet form

The substances described above are presented under a bewildering variety of proprietary preparations of which it is difficult to say that one is better than another. Sometimes one substance is better tolerated by the individual than another, for no distinct reason. It really comes down to a question of 'suck and see!

These hormones are also prepared in topical form (to be used locally on various parts of the body and in particular the vagina). Applied to the male breast for example, under an occlusive dressing, they appear to exert a local effect. In fact this effect is probably attained by local absorbtion into the circulation whence they return in diluted concentrations to the local site where they exert their effect.

A new product 'Androcur' has recently appeared which, from the drug company's literature, would seem to perform a chemical castration of a purely temporary nature. If you believe, as I do, that transvestism is basically linked to libido then you can expect from this drug your emanuensis. There is nothing in the handout on it's use in transvestism since it's main use is in the treatment of the persistent sexual offender though 'about one patient in five develops transient or perhaps in some cases permanent enlargement of the mammary glands

How should hormones be given? as indicated above the majority are prepared in tablet form for oral administration and this is by far the most effective route of administration, certainly for the novice since the dose is more susceptible to

control. The topical form is of virtually no use except in the exercise of harmless narcissistic fantasies. The oily injections are good for their prolonged action and simplicity of administration; but it is not possible to be sure that a cyclical administration is being achieved since there is no simple way of telling when the depot of hormone is exhausted. Also there is a tendency for the hormone to be rapidly absorbed at first and tailing away to very little at the end of the month.

The same applies even more strongly to administration by hormonal implant. This takes the form of a large amount of hormones concentrated into a small pellet which is inserted under the skin at some convenient spot and whose duration of action is variously described as being from one to six months. You really don't know where you are in terms of dosage with this route of administration. The best but theoretical method would be to have an ovary transplant. This is technically possible but ideally one needs a twin to act as a donor, and women rarely happily give up their ovaries to the surgeon until the gonad's remaining life-span is somewhat foreshortened.

What dose of oestrogen should I take? the standard regimes recommended for women to replace lost ovarian function seems to be far less than the transvestites requirements, for example when he is trying to grow a pair of breasts. In practice the patient is started on a dose smaller than the maintenance dose for a woman (e.g. ethinyl oestradiol 0.01mgm daily or stilboestral 0.5 - 1mgm daily). This is done to ascertain the severity of any side effects that may be experienced.If all is well the dose is steadily increased in as fast a way as to be effective in producing breast tenderness and hence enlargement. As far as maximal doses are concerned, for most subjects enormous overdoses are prescribed but there is probably an optimum level ofmedication which can only be reached after months or years when the maximum changes have been achieved and one is simply concerned in maintaining these changes. The maintenance dose is found by a patient method of trial and error. Of course such a fine degree of control is only possible with oral medication. If the patient is receiving injections or implants it is pobably the safest policy to under-dose.

If I go increasing the dose of oestrogens will my breasts continue to grow indefinitely? It is important to realise that for each individual the ability of the 'target' organ to respond to hormones will vary enormously; some men will very quickly grow a very satisfactory bosom while others will struggle on for months with little effect. This inability to respond has to be accepted though it is disappointing. On the other hand it must also be accepted that there does appear to be a stage of maximal development past which the breasts will grow no larger. At this stage they may or may not have reached the desired proportions but no amount of increase in medication will provoke greater growth. The breasts are chosen as a measure since they are measurable but the concept of maximal changes probably applies to the other target tissues.

How can I tell whether the hormones are taking effect? reliance should be placed on objective assessment while at the same time the subjective changes are there to be enjoyed. Regular weighing under standard conditions in a standard amount of clothing will reflect the increase due to water retention and fat deposition. Measurement of bust, hips and waist are obvious. In addition to these measurement of thigh and arm circumference at a fixed level from a bony landmark will be of interest. The facial changes are best studied by a series of facial photographs taken at regular intervals (in black and white). They should include full front and both profiles. It is of great interest to keep a proper record of medication and the changes found, both subjective and objective, with this type of record

long term therapy can be more accurately planned.

Where can I get these hormones? It is not unknown for the patient, desparate for hormones, to ingest or inject hormones destined for animal consumption. This is not only aesthetically unpleasant but also unsafe and uncontrolled. You cannot obtain hormones over the counter without a doctor's prescription. Some cosmetic preparations (usually exceedingly expensive) claim to contain hormones and most of them don't.

The attitudes of the Medical Profession vary from cynical scorn to kindly co-operation via almost total disinterest. A quiet persistent intelligent plea will meet with more success than the passionate hysterical demand. Remember you have no rights in this matter since it is the individual doctor's privilege to withold prescription. You do have the right to change your General Practitioner and an interview with your prospective new doctor will determine whether he has the required attitude to your problem. Hormones may be given by some pychiatrists if you wish to go to the bother of psychiatric assessment. Lastly there are a number of private practitioners who have a name for 'free dispensing'. This is fine and they render a good service; but at a price.

What will hormones cost? If you are fortunate to find a NHS doctor to prescribe for you it will cost you the presciption charge only. Bought privately over the counter the cost will depend on how much you are taking and which product, the latter being the more important factor. The cheaper synthetic natural oestrogens should cost less than 50p per month. A monthly injection at cost price is a little more than £1.00. The natural conjugated oestrogens cost between £1.50 and £4.00 per month.

Note: These prices are those ruling in 1974.

Should I be taking hormones at all? All things being equal and despite the talk about the discretion of the doctor, the decision to take hormones or not is one for the patient alone. It is his psyche which drives him to the request and assuming he is well balanced in his outlook, the request should be honoured.

There are certain people to whom I would refuse hormones. These are of course the young man who is courting or married and indulging in an active sex life, and the older man whose sexual urges may still have a faint enough spark to give infrequent pleasure to his partner. No amount of arguing would dissuade me from this. I would be quite happy to give hormones to the young unmarried man but as soon as he took a steady girlfriend I would withdraw from the arrangement.

It has been said that birdseed and padding should invariably be adequate and so it may be for some. There are some of us with more sophisticated aims in life which require something more convincing than these measures but are not prepared to go onto surgical breast augmentation for example. For, these the 'boobs, buttocks and bliss' family, I feel that hormones are well justified.

SELF-SERVICE FULFILLMENT

Abnormal relationships of sex drive and gender identity. Sylvia [redacted]*

Gender identity is largely learned during childhood though it may have an innate component. It may be impaired by many influences, e.g. hormonal imbalance during the foetal stage; excessive mother love; a physically or psychologically absent father; or almost any psychological disturbance or stress. There is not one single cause which brings about this weakening or loss of gender identity.

Sex drive is innate and is essentially the same for males and females though its power varies between individuals. It is an instinctive desire for physical union with persons of the opposite sex and has two stages. The first or arousal stage will, if not wilfully checked, lead to the second or orgasm stage. In some individuals it is possible to maintain the arousal stage at a subdued level almost indefinitely, e.g. extended sex play in 'normal' heterosexual activity, though in due course this usually proceeds to the second orgasmic stage.

Before the physical means of sexual expression is developed an immature sexual excitement can be conceived which is not related to any individual of the same or opposite sex. In a highly imaginative, introspective individual with a weakened gender identity it is possible that merely imagining himself to be female, or made female, may produce this immature sexual excitement. This appears whenever the child thinks of himself in the opposite gender role. From this stage it is easy to be convinced that he should be of the opposite gender, though he may not be aware of the real difference between gender and sex. Although society insists that his true gender is his apparent genetic one he is so strongly convinced, that he is likely to persuade himself that some terrible mistake has occurred.

At puberty he learns that sexual excitement can lead to orgasm. If the sex drive is weak this might not occur, though the initial sex excitement is sufficient to maintain the desirability of cross-gender identity. Whatever his sex drive he comes to realise that the function of sex drive is to motivate union between himself and the opposite sex. Despite this he finds excitement in believing that he might be, or ought to be, a member of the opposite gender. When this excitement can be made to express itself through orgasm he has reached the stage of conscious erotic narcissism. (See Footnote I - page.4)

With 'normal' sex drive he will be capable of sexual union with a person of the opposite sex but if his sex drive and cross gender identity are sufficiently deeply linked he may find greater intensity of sexual excitement and orgasm in his cross gender identity than in 'normal' sexual intercourse. The presence within himself of a compliant 'partner' spares him the trouble and possible embarrassment of finding sexual rapport with another person. His socio-sexual behaviour with members of the opposite sex is likely to be inhibited by envy of their gender identity and an introverted sex drive.

Difficulties or lack of success with members of the opposite sex during early adulthood may make him more introverted. Successes with the opposite sex may temporarily alleviate the condition but will not remove it. Social pressures may force the individual to conform to his genetic gender role to the extent of marriage and fatherhood but they are unlikely

to entirely remove the desire to change gender, the excitement which stimulates this desire or the capacity to achieve greater intensity of sexual satisfaction. He is likely to encounter serious problems in such a marriage, even if he has adequate capacity for apparently 'normal' sex relations for his sexual orientation will be introverted. He may imagine himself as the female partner or may need to be dressed in female attire to achieve full sexual performance. Though his wife may suspect that she is not his main sexual object she may not overtly object to his cross-dressing or realise that cross-dressing may sometimes be consummated by masturbation.

The fetishist, the transvestite and the transsexual are all motivated by the same cross-gender sexual excitement. What differentiates them is the degree to which the condition is sublimated into the subconscious mind; to some extent this is determined by the depth of cross gender/sex drive association. The youngster confirms his cross gender image by cross dressing, stimulating deeper sexual excitement and ultimately better sexual satisfaction. If sexually active and easily excited he has reached the stage of cross-dressing fetishism.

Passing in public in the cross gender role gives further confirmation of the desired image and a new sexual excitement. Social acceptance as a woman is deeply satisfying and the transsexual learns to maintain a low level background sexual excitement almost indefinitely. The cross gender image and partial sexual arousal become fused, and either more or less sublimated to form a real and essential part of his personality. The stage at which he feels himself definitely transsexual may be described as sublimated fetishism. The possibility of sex-reassignment therapy now becomes a compulsive need to the extent that some will go to any lengths to obtain this therapy.

In later life those with an innately weak sex drive may find it difficult, or impossible, to proceed from sexual arousal to orgasm but if the gender identity is weakened in childhood (by one or more of the influences previously mentioned) the immature sexual excitement may become associated with cross-gender identity just as in the strongly sexed individual. The person with a weak sex drive, or 'normal' sex drive reduced by ill health, is likely to grow up with some degree of cross gender identity but little or no sexual capacity. An individual who cross dresses or lives as a woman could be classified as trans-genderal, though the genesis of the condition is essentially the same as the transsexual.

The absorption of the composite cross-gender/sexual excitement experience into all aspects of the personality may be shallow or deep irrespective of the strength of the sex drive. The success and happiness of operated transsexuals depends not so much on the strength of motivation but the depth to which the cross gender image is absorbed. Hormone therapy and surgery completely remove the sex drive. Patients with a shallow absorption of cross-gender image may well wonder why they had the operation and try to revert to a male gender role. If the cross gender image is deeply absorbed . he may be fairly content and look forward to a happy life as a woman. But in the end all the desire and excitement which moved her forward from infantile wonderment to mature determination will be gone.

Females are less readily aroused to the first stage of sexual excitement and it would seem reasonable to assume they are proportionately

less likely to conceive the cross gender excitement in childhood. It is logical, therefore, that there should be substantially fewer female transvestites or transsexuals. Recent research would seem to bear this out as it shows that the ratio of female transsexuals to male transsexuals is around 1 : 5 - no similar figures exist for female transvestites to male transvestites.

In my opinion this condition is a disorder in the sense that it militates against natural fulfillment of the individual even though by its very nature it seems to offer a fulfillment of its own. This fulfillment is essentially a void. It engages the entire personality and the deepest emotions to do no more than discharge the sex drive. (See Footnote II - page 4)

For all those who are able to realise that the essential motive is empty it may be better for them to put away their femme clothes, strive to disengage the sex impulse from the cross gender image and relieve frustration by 'normal' sexual expression or if this is not possible then by the use of 'free-wheeling' sexual expression, using masturbation and fantasy. In this way it is possible, with sufficient determination, to gradually reduce the compulsion to cross-dress, though it is unlikely that it will be removed completely. Such de-sensitization may initially offer lesser sexual satisfaction but in the long term it is to be hoped that the individual will come to realise that his time, money and capacity for love can be put to better use than cross-dressing.

The following Footnotes are taken from an earlier, unpublished, article by Sylvia [redacted].

Footnote I: It might be argued that this applies only to the fetishistic transvestite, but there is a real sense in which fetishism is the only motive behind every aspect of the condition even in the absence of physical sex drive. We make love to ourselves either implicitly by dressing and thinking of ourselves as members of the opposite sex or explicitly by masturbation or by a combination of both. We are sexually introverted.

The difference between the fetishist, the transvestite and the transsexual is nothing more than the difference in the strength and the continuity of the introversion, itself conditioned by the general personality of the subject.

The pure fetishist may be easily and quickly sexually aroused but being sexually introverted expresses his sexual drive by using some women's clothing and discharging his sex drive by masturbation. He then immediately resumes his male clothing.

The heterosexual transvestite may be less quickly and easily sexually aroused and his sexual introversion is more continuous than that of the fetishist. He thinks himself to be a member of the opposite sex for longer periods and may often conclude his cross dressing sessions in the fantasy female role with masturbation. He claims that he has allowed female self to live for a few hours, but in effect he has exercised his purely male concept of desirable female sexuality by making love to himself.

The transsexual may be even less quickly and easily sexually aroused. His sexual introversion is more continuous and in some cases

permanent. Before sex re-assignment he may masturbate occasionally, frequently or not at all. In these latter cases there is little or no sexual capacity which can be removed by surgery but this does not exclude them from the category of sexual introvert.

Footnote II: I do not deny that all 'normal' men have female aspects to their personalities. Sex is a kind of spectrum and we each occupy a place somewhere between the absolute male and the absolute female extremes. But let us not seize upon this to delude ourselves that our female aspects can best be expressed by a pretence and a masquerade. They can best be expressed by addressing our full personalities towards the love of others rather than turning inwards toward love of ourselves.

I would suggest that if we are to have a definitive name within the various sexual categories I would suggest it should be intro-sexual.

Nevertheless if we are introverted and our introversion has, from a very early age, incorporated our psychological concept of sex and, where it exists, our physical sex drive there may be little we can do to turn our personalities outwards. But we will be unlikely to even attempt it if we are unaware of our true state.

Sylvia [redacted] is a male transsexual who has lived, worked and earned 'Her' living full time as a man and as a woman. In spite of the desire to change sex since earliest childhood she was able to become fairly well integrated, happy and successful as a professional man. She has also been happy and successful as a woman. She hopes that these views from both sides of the fence, and the fact that she has been able to freely choose her role might be of interest. The conclusions she draws are entirely her own, tested by experience and in discussion with other transvestites and transsexuals.

*Edited by Caroline [redacted].

CONCLUSIONS

There was every indication that this, the first Beaumont Society Conference had been valuable to all those who attended. It was also valuable to the Society in that it had been possible to find out just how it was viewed by members of the various social work and helping agencies. A hope was expressed that another Conference would be held. At the time of going to press it is possible to confirm that the 'go-ahead' has been given for next year's event.

Throughout the Conference it was patently obvious that the Beaumont Society's greatest deficiency is that it has not yet become very widely known in spite of some two years fairly intensive activity by our Public Relations Officer. Some delegates had never heard of the Society until news of the Conference appeared in their journals. It was suggested that we should concentrate on advertising ourselves, not just in the 'high-brow' publications but in those which are read by the majority of the population. It was acknowledged that there is the problem that many newspapers were reluctant, or even refuse, to accept advertisements which have possible sexual implications. Some local advertising papers, which are often distributed free, were felt to be a better proposition.

Social workers felt that the inaccessibility of the Society was a disadvantage when they were confronted with a transvestite or transsexual. Not having a central office or telephone number was also a disadvantage but was out of the question for the time being. It was suggested that Beaumont Society local officers should be contactable by phone either direct, or through one of the established agencies who might be willing to act as a referral or clearing agent for these sort of cases.

Some delegates felt that some form of associate membership might be useful to them so that they could maintain contact with the Society and keep track of recent developments. This is a worthwhile suggestion. It is also being planned that the Society publish an Annual Report of its activities which will be available to social workers and helping agencies. It is hoped that the first report will be available by the end of this year or the beginning of 1976.

The involvement of local workers in social activities was suggested as a means of maintaining local contact and interest. It was felt that this might deter some local members, fearful of exposure, but that this could be over-come by setting aside certain Guest Nights in the local social calendars.

There was talk of us 'standing up to be counted' which was easier to suggest than to put into practice. Many people were not in a position to do this for fear of possible social repercussions, though there is increasing activity in this direction with Society members giving talks and interviews to local groups, newspapers and magazines.

The implementation of the Wives Counselling Service was warmly welcomed now that the need for it had grown. It was seen as a natural progression to the Society's long term aim to offer help and advice to both partners.

There was a suggestion that the Society should be broader based - perhaps taking in those who were bisexual rather than only heterosexuals as at present.

Not unnaturally there was criticism of the political structure of the Society but a number of these were made by those who were not acquainted with recent changes which had been made and had been published in the Society's house magazine.

The overall impression was that the Society has a vital role to play in this area but it should make efforts to become more widely known and more accessible.

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GENERAL INFORMATION

BEAUMONT SOCIETY

Main address: BM.Box.3084. London. WC1V 6XX

President: Alga [redacted]

Vice-President: Sylvia [redacted]

Secretary: Caroline [redacted]
(P.O.Box No.66, Ipswich, IP2 9BQ)

Public Relations Officer: Rosemary [redacted]
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Wives Counselling Service: Stephanie [redacted]
(P.O.Box No.66, Ipswich, IP2 9BQ)

REPRINTS: A limited number of reprints of the main papers, plus the report on the use of hormones by transvestites and transsexuals, have been produced. Copies can be obtained from:

P.O.Box No.66, Ipswich, IP2 9BQ.

A small charge of 2p per copy is being made to cover cost of the materials. Postage should also be included (5 copies = 5½p, 6 to 10 copies = 8p, 11 to 15 copies = 9½p, 16 to 20 copies = 11p)

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