

metamorphosis



VOL. 3, NO. 6 METAMORPHOSIS MEDICAL RESEARCH FOUNDATION DECEMBER 1984

COUNSELLOR CARES ABOUT THE TS AS "A REAL PERSON"

The following is a very positive position paper sensitively written by a Marriage and Family Counselor trainee, in response to a lecture by guest speaker Jude Patton--a Marriage, Family and Child Counselor himself, who is also a F-M TS, and a Professional Consultant to the MMRF.

I don't know where to begin expressing my responses to Jude Patton. He touched me deeply and I'm certain his contribution has significantly changed my views on TSism.

My scarce education on the topic of TSism has been circumscribed to occasionally reading an assigned section in various textbooks. The subject has been the topic of discussion in at least one of the lectures of courses of Abnormal Psychology or Human Sexuality I've taken. What amazes me is these topics have been treated very superficially and more dramatic is how readily many of the instructors during my sophomore year in college were to label TSism as a thought disorder.

Fortunately, there's an alternative to these terse lectures and that is the informed TS discussing the topic in the classrooms. This surpasses in richness and quality the dry textbook sections and even more the prepared lecture.

There's something about Jude's presentation that gave me the impression of authenticity. He did not plunge into an enumeration of etiological factors, he didn't moralize, he simply spoke from the heart and from his profession about an issue that had impacted him. I value this experience. It's this kind of exposure that enriches me as a professional because it changes my views

or rather, it amplifies them and this permits me to respond from an intimate knowledge not only about the issue at hand, but about myself and how I've integrated this experience into my personality. I know that if in the future I interact professionally with people whose problems revolve around gender identity, I will remember Jude and have a warmer heart for this.

When Jude shared his slides with us, he introduced most of the people as "his friends". His emotional support system was extended and composed largely of people whose sexual identity had probably become the pivotal developmental crisis in their existences. I remember thinking such essential existential crisis has possibly impacted every sphere of their existences.

(cont'd. on p. 9)

MMRF Notes

The MMRF Draft Constitution and By-Laws are being sent out (finally) with the present issue to all paid-up members. The drafts have been "unofficially" approved by the four directors and will be officially adopted at the next Board meeting on January 26th.

This year we had 44 foundation members, 11 newsletter subscribers, 3 contributors and 2 advertisers--a total of 60 individuals financially supporting MMRF. The executive thanks you for your support over the past year, and sincerely hopes you will continue to back our efforts in your cause by renewing your memberships/subscriptions/contributions/advertisements. (All renewals are now due unless otherwise specified on your membership cards/receipts; Memberships: \$25, subscriptions: \$15).

(cont'd. on p. 2)

MMRF NOTES (cont'd. from p.1)

Please inform us promptly of any changes in your name or address.

Please complete and return the Confidential Research Questionnaire if you haven't already done so (F-Ms).

The executive extends its hearty congratulations to Dr. Roger Peo-- one of our Professional Consultants --who just recently earned his doctoral degree in sex counselling and therapy from The Institute for Advanced Study of Human Sexuality in San Francisco. Dr. Peo's fiancée hosted a graduation party for him in Poughkeepsie, New York on December 1st. MMRF's executive director, Rupert Raj, was invited to the reception but unfortunately, was not able to attend.

The executive also extends its very best wishes to Dr. Harry Benjamin-- an honorary life member of MMRF-- who will be celebrating his 100th birthday on January 12, 1985, at a reception in his honour, in New York City, co-hosted by Dr. Charles Ihlenfeld--a former associate of Dr. Benjamin--and Dr. Paul Walker--director of the Janus Information Facility in San Francisco. MMRF directors Rupert Raj and Susan Huxford (also executive director of FACT and director of GenderServe) will be attending the reception. As this will be a significant and historical occasion, and probably, one of the last opportunities to pay tribute to "the Father of transsexuals", we urge our members, subscribers, contributors, advertisers and professional consultants to please send in their birthday greetings (cards or letters) to Dr. Benjamin in care of MMRF, as soon as possible. Mr. Raj will hand deliver these to the doctor, in person, when he greets him at the reception in January.

The editor apologizes for the lateness of the present issue--which was delayed due to the hustle and bustle of the Christmas rush.
SEASON'S GREETINGS TO ONE AND ALL!

"TRAPPED"

*Trapped inside a shell
A shell which doesn't match.
Going through gender hell
My sense of manhood you try to snatch.*

*I try to make everyone see
This body of mine is just a mistake.
It does not represent the real me
And if I act to fit my body
That would be so damn fake.*

*The more pain I go through
The more I want out of this horrible
cage.
But for now, there's nothing I can do.
And that thought fills me with rage.*

*Sometimes the thought of being dead
Just doesn't want to leave my head.
Nothing I can do will bring me relief
What would it take to change this
belief?*

--Doug Logan

* * * * *



BARBRA STREISAND dons drag to play a rabbinical student in "YENTL".

BOOK REVIEW

Female-to-Male Transsexualism: Historical, Clinical and Theoretical Issues, by Leslie Martin Lothstein, PhD. (Boston: Routledge & Kegan Paul, 1983)

Reviewed by Lou Sullivan

It will be the task of this book to provide a coherent analysis of the phenomenology of female transsexualism (as a clinical disorder), to explore critically some of the working assumptions of female transsexual research and to provide a viable framework for evaluating, diagnosing and treating female transsexuals.

Dr. Lothstein does plenty of "evaluating," but when it comes to "diagnosing and treating," his theories are far from a "coherent analysis." This publication is both dangerous and regressive, reminiscent of the early psychological theories of "what makes a boy homosexual" (overprotective mothers, weak fathers, etc.)--theories that have been tossed away years ago.

Lothstein makes his conclusions based on the fact that he read through the files of 53 female-to-males seen at Case Western Reserve University in Cleveland, Ohio, from 1974-82. He believes anatomy is destiny, and makes it clear by page 30 that he cannot understand how a female who is "maladjusted" could have a "satisfactory social-surgical outcome."

Lothstein begins with a review of the previous psychological theories on the female-to-male phenomenon: some studies linking the female-to-male's desire to be a man as a strong father-figure identification, others viewing it as an anti-father stand in order to "protect the mother." The contradictions in theories are truly amazing.

The transsexual-to-be identifies with a physically assaultive father who was unavailable to his weak, emotionally withdrawn wife and having a need to rescue the mother from him (playing the role of a surrogate husband). In effect, this family dynamic...has remained unchallenged up to the present time.

Well, let this reviewer be the first to challenge it, then.

Lothstein's comments sent Moral-Majority-repression chills down my spine. He repeatedly states that female-to-males "deny being lesbians" (inferring by his tone that we are) and that "black women may somehow be 'innoculated' against severe gender identity pathology." He dismisses Richard Green's study of children raised by female-to-male fathers:

Green's conclusions, that the children revealed conventional sexual identity development in rather 'unconventional families' must be viewed cautiously. Green's findings not only go against the grain of current psychoanalytic and learning theory, but also of common sense.

I challenge two major propositions regarding female transsexualism which have profoundly influenced clinical thinking: the first related to the so-called stability of the female transsexual; the second related to the continuity between childhood and adult manifestations of female transsexualism. Both propositions turn out to be false.

Lothstein cites four detailed female-to-male case histories, each a carbon copy of the one before it, each a Lizzie-Borden life story filled with rapes, incest, suicide attempts, mental hospitalizations, losses, illnesses, separations, abandonments, instabilities, sexual abuse and murders of family pets. I mean, these people had PROBLEMS.

Throughout this book I have presented historical material and clinical evidence which suggested that female transsexualism was not a normal variant of sexuality or an alternative life style, but a profound psychological disorder.

We must always be wary when someone uses the word 'normal.'

Moreover, an analysis of my clinical sample suggested that female transsexualism has its roots in the pre-oedipal period. It is a disorder

which is "caused" by family dynamics, in which parents communicate and transmit distorted gender meanings to their daughters. Consequently, by the second half of the second year of life, some girls are unable to establish a core female gender identity and a nuclear self-system. Moreover, all female transsexuals were shown to have borderline pathology, developmental arrests, and a primary disorder of their self-systems.

Lothstein then attacks those who assist transsexuals in their transition period and believes they have caused the transsexual to "close the door to further personality growth and a richer inner life," an absurd statement from anyone who knows a transsexual.

One might argue that if the clinicians were interested in supporting (the female-to-male's) 'health' and 'stability,' then sex reassignment surgery would have been contraindicated.

"The quest for sex reassignment surgery," says Lothstein, "is no more than a fantasied solution of perfection." This reviewer believes anyone seeking perfection certainly would not consider female-to-male sex reassignment surgery, plagued with serious imperfections as it is. What an ego our male=perfection author has! He repeatedly quotes himself from his past publications as supporting evidence for his theories.

Many will look to this book for information on the medical aspect of the female-to-male change and its influence is the real tragedy of this publication. Only 20 pages (of 311) are devoted to hormone therapy and surgical techniques, and Lothstein seriously misinforms his readers of the physical and medical aspects of female-to-male sex reassignment. Without a shred of support, Lothstein states

There is increasing evidence that male hormones alone do very little to masculinize the female transsexual.

Women with small bodies, slight frames, poor musculature, small hands, and delicate features will not reveal dramatic changes when taking male

hormones; they will appear as small-framed, slight, delicate-appearing males.

One of the major side effects of androgen therapy is the development of profound acne, the only treatment for which is the discontinuance of the therapy.

All lies, lies, lies. Just like anyone else with an acne condition, a female-to-male transsexual can be successfully treated with tetracycline, and anyone who has worked with female-to-males should be outraged at his deliberate deceptions concerning the effects of male hormones on the female.

It is only through psychotherapy that the female transsexual's selfobjects can be transformed and her exhibitionism, grandiosity and idealization be successfully internalized so that the goals of the self can be rerouted away from sex reassignment surgery... Transsexuals' perfectionistic ideals and goals need to be associated with their self-defects and their views of the father as an idealized, omnipotent selfobject realistically interpreted so that sex reassignment surgery can be avoided.

(The female-to-male's) anxiety results from several factors related to her ego and self-pathology including: a lack of gender-self cohesion, a fear of dissolution of the gender-self representation, fears of annihilation stemming from fantasies of fusion with the mother, and a need to disidentify as a female in order to fend off murderous impulses directed at her by her mother.

It makes me sick to think this is the first book written about the treatment and care of female-to-males. It is a dangerous and repressive book which no doubt will be read by gender therapists everywhere. Of course no one should be approved for sex reassignment surgery on a walk-in basis, but many of us have lived uncomplicated, honest and thoughtful lives and made our decision to change our sex with full knowledge of the limitations.

(cont'd. on p.5)

Lothstein has intentionally misinformed his readers in order to discourage females with gender dysphoria from realizing their potential and the options available to them. After claiming to "provide a viable framework for evaluating and diagnosing" the female transsexual, he himself admits there's no way to tell who is a REAL transsexual (blissfully beyond his redemption) and who, through his "treatment," can be dissuaded from "engaging in defensive and compensatory male behaviors (like crossdressing and the development of perversions)".

He relates that physicians began recording case histories of female transsexualism in the early 1800's, but "it was not until the publication of Krafft-Ebing's Psychopathia Sexualis (1894) that these disturbances were recognized as being worthy of medical investigation." Oh, lucky were our ancestors to have lived in peace! What transsexuals have gained through medicine (hormones and surgery), we've paid back dearly as an easy target of those who need to believe THEY are the 'normal' ones.

...in order to understand the etiology of a specific woman's transsexualism, the clinician will have to inquire into her underlying transsexual fantasy content, the nature and extent of her erotic imagery, the unconscious symbolism of her dream life, and her daydreams and conscious imagery. All of these experiences and processes need to be teased out and understood if we are to grasp the etiology of a specific woman's transsexual wish.

Most therapists are also unprepared to deal with the pervasive feelings of excitement, confusion, anxiety, frustration and rage which characterize and impede the treatment process. Moreover, these feelings may spill over beyond the therapy session and affect other staff, who may complain about the patients' behavior, especially if they use the men's room (sometimes comically referred to as "toilet trauma").

This is no joke. It seems we have a long way to go before we can hope to be treated as people in our own right. Before gay

pride, there was nothing to assure those who loved their own sex of their own self-worth. Now, 15 years later, homosexuality is no longer considered a mental disorder. I hope Lothstein's cruel book will lead the psychiatric profession down the same path--toward a better understanding of transsexualism. Unfortunately, transsexuals do not have the strength in numbers to demand that this repression STOP now.

N.B. My favorite typo: "Indeed, some women go to considerable lengths to appear male, even stuffing their pants with cotton (cotton wool) to stimulate a penis."



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Rupert Raj, B.A.
Executive Director

THE MALE PRODIGY: A STORY OF FEMALE-TO-MALE TRANSSEXUALISM (Part 3)

by Khalil F. Jordache

One Saturday evening in May, not long after my thirteenth birthday, I stepped off the bus at the corner of New York Avenue and Twelfth Street. The Greyhound Bus terminal is in this area of downtown Washington, and I often went there after work on Saturdays to watch the people. There was always a potpourri of characters present, people who caught my eye and made my imagination soar, inspiring my first attempts at fiction which I never expected anyone to see, but wrote anyway for my own expression.

On this evening, as I strolled idly down Twelfth Street, peering into shops and stopping now and then to observe bag ladies, government men, street hustlers and young women whom I called "movie stars", I noticed two boys near my age following me. I'd seen them behind me earlier but had paid them no special attention. They had simply been faces in a sea of faces. But seeing them again, this time allowing my eyes to meet theirs, their gazes struck terror in me. So, I walked faster, keeping close to others around me. No matter how quickly I weaved around the people on the street, the boys remained near. One of them grinned as I glanced back at him--a big dark boy with unruly hair even wilder than my own. (Mine wasn't s'posed to be wild, but as soon as I was away from the eyes of my family, I destroyed the braid my mother forced me to wear. In that year, 1974, the popular hairstyle among young Blacks was the afro--the larger the better. So, I felt pride and comfort in donning the forbidden fashion).

The big boy nudged the smaller one and they began to run toward me, grinning mischievously. I ran too, the newsbag I'd acquired from the Washington office slung over my shoulder. Pushing past the people ahead of me, running blindly, I tripped over something on the sidewalk, falling heavily on my knees. Almost instantly, the smaller boy was beside me, his arm..

about my shoulders to give the impression of assisting me.

"What's in your bag?" he quietly demanded. And the bigger boy stooped in front of me as people stepped around us. I looked from one to the other. "Come on, boy. Let's see your bag or you'll be sorry!" growled the bigger boy.

I was wrestling against the smaller boy's grip when another older voice from somewhere behind me said, "Hey, what's going on here? What are you boys doing?"

And the two boys yanked my bag from my shoulder and raced away across the street, dodging cars and people.

I looked up, head spinning, knees bleeding, into the face of a familiar adult--one of my favourite teachers whom I shall call Miss Bell. I was so stunned from the boys' assault, yet strangely pleased that they'd thought of me as a boy, that seeing Miss Bell standing over me rendered me breathless.

"Cleo, are you alright?" she helped me to my feet.

And I stared up at her. "Yeah, I'm okay." She looked different that day than she did at school. She was a tall woman in her thirties. It was the first time I'd ever seen her in pants. Her short blonde hair softly surrounded her oval face. "They took my bag," I told her.

"Was there any money in it?" she asked, placing her hand on my arm.

"My wallet, there was almost five dollars and my library books."

"I'm very sorry." She gazed at me. "If you'd like, I could drive you home. I was going shopping but I'd much rather make sure you aren't menaced any further."

"No, I don't want to go home yet!" I blurted. And she looked at me curiously. "See, I'm not s'posed to be downtown. My Mama told me to come right home but, ...well, I like to watch the people here."

(cont'd. on p.7)

THE MALE PRODIGY (cont'd. from p.6)

She stroked my face and smiled.

"Well you can come with me to my home then for awhile. We can talk and you can tell me all about why you watch the people her!" Her eyes drilled mine and I stood before her, stupidly brushing, brushing, brushing the grit from my jeans. Her hand on the back of my neck firmly led me along the sidewalk to her car up the street. "You're very bright, Cleo," she said, stroking my neck. "I'm very interested in knowing your thoughts and dreams. We'll have a nice visit, won't we?" She flashed her ivory teeth and the sun deepened the redness in her cheeks.

"Yes," I smiled nervously, "we will"

Miss Bell had a lovely apartment in a N.E. section of D.C. called Edgewood. There were marvelous sculptures and paintings, oriental rugs and beautiful plants. The walls were shining and without any holes like the ones at home. I'll bet she doesn't have any rats! I mused.

"You know, Cleo," she said, bringing me a coke from the kitchen, "I'd like for you to tell me more about your feelings, about your masculinity." My heart skipped a beat, what was she getting at? Had my father talked to her?

"Don't worry," she answered my scared expression, "you can talk to me, I'm your friend." We stared at each other. "I can see you like to dress masculine, I imagine you're often subjected to the...well...to the labels many people have for those who are 'different'."

"I know what you're thinking. My father thinks the same thing, that I'm a lesbian." She seemed surprised at my knowledge and use of the term. "I'm not," I said emphatically.

"Tell me about it," she urged. And I told her how I knew I was a boy, and about the agony my dilemma caused me at home. Once I began to talk, words poured from me, all of the ponderings and the terror and the pain I'd kept inside.

After nearly an hour of this, Miss Bell was sitting on the sofa with me, holding me close. "I can get you some material to read. Your situation is called 'transsexualism' and though little is known about the syndrome, I can get you some pamphlets to read." She stroked my hair. "Meanwhile, have you thought of a masculine name for yourself?"

I smiled, amazed even further that she should mention yet another subject of which I thought constantly. "Yes," I said. "I read Kahlil Gibran's THE PROPHET. He writes so beautifully and he was so cool" (she laughed) "that I think I'll name myself after him, except I won't spell it the same way he does."

"Of course not." She sat up, facing me, her hand still on my neck. "Alright, Khalil, my little boyfriend, just between the two of us, we'll share your sepcial secret. And I'll help you all I can, okay?" I nodded hypnotically, staring into her blue eyes and feeling very strange.

"Every boy your age has dreams," she said, "and I'm here to listen to and understand yours. Do you ever dream of girls, Khalil?"

My palms were sweating and my shoes felt too tight. "Sometimes." I said.

"Come with me," she stood holding out her hand to me. "Let's go into my room and talk about your dreams."

I stood petrified and took her hand. I trembled inside, but the sound of the name 'Khalil' on her lips, and the fact that she was the first adult (and alas) the first woman who'd ever accepted me as a male excited me and stirred the desire to follow her lead. We walked arm in arm to her bedroom.

(to be continued)

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DEAR RUPERT

I've recently been forced to deal with some pain that doesn't seem to be leaving. So, I thought I'd share it with you as so few can truly "grok" our pain but those in the same situation.

I've always been close to my family. Cutting the apron strings and moving 3,000 miles away was one of the hardest things I've ever had to do. Since telling the truth to my parents, we have reached a new level of understanding that's made me glad they're my parents. It took them quite awhile of denial and guilt-instilling to reach the acceptance they have now.

Two weeks ago I got the terrible news from home my father has terminal cancer and doesn't have long to live. He was hospitalized for weeks without my knowledge. Now that I know, both my parents wish that I not visit under any circumstance. I've not been home since 1980 when I moved there.

It really hurts to see they obviously care more about what others will think than letting me say a proper goodbye to my father. Their priorities are really upsetting. Most of their friends don't know and only some of the relatives know. I'm from a large family and there's a first cousin who is in a very powerful political position.

It looks like my father's eventual death will be kept from me too, depriving me of the opportunity to even go to his funeral. I see my parents' attitude as one of shame and embarrassment. If anything, I believe parents of transgender folk should feel proud their offspring had the courage to deal with their incongruence and had the strength to do whatever it took for them to be true to themselves.

Feel free to share this issue in the December newsletter. Perhaps another reader went through the same thing and can share some insight with me.

Lou Sullivan's criticism of JOURNAL OF A TRANSSEXUAL made a lot of sense and his points are totally valid. However, he failed to comprehend an

important perspective. He obviously is a very insightful guy: knows who he is, what he wants out of life. But, not everyone is that together or that fortunate.

I think the JOURNAL has value because there are many people who suspect they may be TS (like Diane Leslie Feinberg) and they should be aware of the results of taking hormones and having surgery when there may still be some doubt or uncertainty in their lives. Many people confuse gender dysphoria with other conditions, such as self-deception to being gay. Diane's pain could help open someone's eyes before they make those irreversible mistakes.

My metamorphosis occurred four years ago and I'm happy about it. But, others who are confused and desperate need to know Diane's story so they can delve deeper into their own psyche and see which path is best for them.

I gave the JOURNAL to a friend who was pondering having the change. It helped open her eyes to the possible ramifications of rushing into things and now she is working on accepting her lesbianism.

So, although the JOURNAL is unquestionably negative, some people need to know that such negativity does exist, and some people do change their minds again after changing their bodies, and they are then doomed to a life of ambiguity and sticking out like a sore thumb! We need potential TSs to be aware of all possible perspectives before going through the change, as it's the ones who change and are sorry that give us all a bad image.

Even though the pamphlet is depressing, it illustrates how painful uncertainty can be. Diane's life will never be the same now that she is ambiguous--and that could have been prevented had she been better able to examine her heart.

--Anonymous

COUNSELLOR CARES (cont'd. from p.1)

A concept intimately connected to life is that of meaning. Intrinsic to our development is the need to make meaningful choices, interact in meaning relationships and grow into a meaningful occupation. Meaning per se doesn't exist but is always created ad hoc. The essence of our existence is to be able to transcend our survival goals and blow into our days and activities a breath of meaning. Searching and deriving meaning becomes part of being alive in most of us.

I thought about this concept in relation to the transsexual's dilemma. I made a parallel between the writings of many existential authors regarding the search for meaning in the context of imprisonment and the inner incarceration expressed by many people who are gender dysphoric.

The imprisonment experience is an extrinsic event and we're all familiar with many of its detrimental consequences but how does this experience differ from the perceptions of being locked up in an incongruous body expressed by many transsexuals? I presumed that housed in a body which is viewed as antagonistic, containing and constricting can be the start of a meaningless existence. The erosion begins from the inside and to me this is ironic because growth and acceptance begin inside ourselves. Where can we go if not inside our deepest places to search for truth and understanding? And what happens to a human being when the reality that comes from within isn't supported by any other physical structures?

There are such serious ramifications of the transsexual dilemma it's a miracle if a person survives such crisis with an intact self-concept.

How we view ourselves is so intimately related to body image I can well imagine the despair of a person who's constantly bombarded by dystonic feelings about his/her body. To think that Jude hid his body from people, ashamed to show the perceived incongruence, makes my skin crawl. It's

not only the many friends he was deprived of and the warmth of having someone's intimate caress, but also the profound aloneness he endured that touches my own sadness.

Another hard fact is that transsexuals aren't the only ones at odds with their anatomical features and feelings of gender dysphoria. Society at large is too and people turn away from a problem they don't understand sufficiently to be able to respond with a degree of compassion.

Transsexuals constitute a minority in American society. As such, they remain in the periphery, feeling alienated from their bodies and having basically only each other for companionship and support.

Treatment designed to bring harmony into the lives of transsexuals is the hope. Yet although there is a comprehensive program in effect, it isn't readily available to anyone who needs it.

The financial reality is that even among those who are judged by professionals to be authentic transsexuals, just a handful can afford treatment in a... (cont'd. on p.10)



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COUNSELLOR CARES (cont'd. from p.9)

program oriented to change of sex surgery. Public funding for such programs is spurious to say the least. In 1979 while my husband was a resident in a state-funded psychosexual clinic, a team of a psychiatrist, urologist and 12 obstetric and gynecology residents organized a program leading to sex-change surgery for "authentic transsexuals". It was successful. However, changes in hospital administration resulted in major shifts in spending policies and very soon the program was terminated. There was a group of people who were in transition from hormone therapy to surgery who were abandoned.

I was outraged then because it touched a fiber of my social consciousness. Today, as I listened to Jude talk, I fully reacted to that experience!

And even among those individuals who successfully change their anatomy to match their psychological gender the process of adjustment is likely long and arduous. Jude said many of his friends don't readily volunteer this information because it endangers their occupational and social relationships. Thus, even after numerous steps designed to bring harmony between body and mind, the transsexual is alone, facing a new life, keeping secret his/her roots and learning how to live from another perspective.

I imagine Jude has been tremendously impacted by his transsexualism. In my opinion it either takes a very courageous person to cope and adjust to the multiple changes he lived or these experiences put him in touch with his inner strength. Whatever the case maybe, I felt truly honored to be in contact with him and benefited immensely from his gentility and compassion.

It was difficult for me to observe him and think of him as a transsexual. I felt glad to experience such difficulty because the origins of my distress stemmed from my perceiving him as a total male and not as a mass of etiological factors, treat-

ment plans and surgical techniques transsexuals are often reduced to by books and so-called "experts".

I think the most valuable, precious message conveyed to me by Jude's presentation was precisely this. There was no way to escape the reality that underneath his clothing was not only a person who had been once gender dysphoric and who was later masculinized by hormonal treatment and who was later permanently intervened surgically for the purpose of anatomical transformation, but along with all these, there's a real and total person who yearns for acceptance and love just as I do.

In the same way the silkworm is a total entity as such, yet transformation into a butterfly is his life task, the transsexual lives imprisoned in a configuration hoping to complete his own metamorphosis and be able to fly near the flowers and display his/her exuberant colors to the world!

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