

# metamorphosis magazine

Vol. 6, Nos. 1-2 \*THE MAGAZINE FOR F-M TRANSSEXUALS\* Jan.-Apr. 1987

Double Issue

Feature Articles:

POLITICAL AND LEGAL DEVELOPMENTS IN CANADA AND THE U.K.

Special Bonus:

GENDER IDENTITY PROGRAMS  
(Texas, Florida, Virginia)

Patient Perspectives:

PHALLOPLASTY  
SIMPLE OR SAFE?



Personal Profiles:

IF A MOTHER HAS TO BE  
FEMALE THEN WHAT AM I?  
WHY ASK ME?

Special Reports:

TENTH INT'L SYMPOSIUM ON  
GENDER DYSPHORIA (Program)  
INT'l FOUNDATION FOR GENDER  
EDUCATION - FIRST CONVENTION

Book Reviews:

PRESENTATIONS OF GENDER  
GENDER DYSPHORIA; Develop-  
ment, Research, Management

MOTTO: "Don't curse the darkness, light a candle." (Zen proverb)

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METAMORPHOSIS MAGAZINE, Vol. 6, Nos. 1 & 2, January-April 1987  
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ed that the Magazine is accredited and a copy of the publication  
containing the reprinted material is submitted to the Editor.

## RUPERT REGRETS...



Happy Easter Holiday, friends!

I deeply regret the long delay in getting this double issue out to you but I have also been busy doing other things on behalf of MMRF and for the TS community, as a whole (see "News & Info" Update" enclosed and "Foundation News" overleaf). Too, I lost 15 files (including 10 pages of this issue!) which I had to re-write, before we got our printer and second disk drive. I was also in the States on three occasions. And, my weekends are usually taken up by telephone and "office" counselling, business calls, Board meetings, socials, bookkeeping and correspondence (I have written 80 letters since I sent you the last double issue)-all in the name of MMRF, and to a lesser extent, Transition Support-the local M-F TS group with which we are proposing an affiliation (I am the Liaison Officer). Additionally, I do work for Transsexuals In Prison (I am the Facilitator) and for the International Foundation For Gender Education (I was a Steering Committee Member for the first annual convention and am the First Alternate to the Board of Directors). Of course I do not get paid for any of this work!

Anyway, I hope this meaty issue partly makes up for the long wait.

I am all ready to begin the next issue (24 pages). Following this, you will receive three more issues for the year as we are now publishing QUARTERLY instead of bimonthly but you will still be getting the same number of pages ( $4 \times 24 = 96$  instead of  $6 \times 16 = 96$ ). (The current double issue is still owing from last year, so new members and subscribers, please add \$6 ( $\$30 + \$6 = \$36$ ;  $\$18 + \$6 = \$24$ ), otherwise you will not be entitled to the fifth issue for this year.

The three gender identity programs (pages 21-24) were randomly selected for the purpose of providing general information only. We do not necessarily endorse any one specific program or particular method of phalloplasty, and hope to feature other programs and surgical procedures in upcoming issues.

I wish to extend a big "THANK YOU" to Patricia Fisher (FACT Quebec Area Rep) who just took out a MMRF Life Membership (which was recently halved to \$250) Hopefully Pat's example will inspire others to follow suit (hint, hint).

My sincere gratitude also goes to Ms Joanna Clark, for sending me a videotape of several TV programs featuring TSs (including Joanna and I), to Dr. Roberto Farina, for sending me two more copies of his book, TRANSEXUALISMO (1982), to Dr Jan Walinder, for sending copies of his books: TRANSSEXUALISM: A Study of Forty-Three Cases (1967), and A SOCIAL-PSYCHIATRIC FOLLOW-UP STUDY OF 24 SEX-REASSIGNED TRANSEXUALS (1975), and to Dr. Collier Cole, Ms Judy Jennings, Dr. Milton Edgerton and Ms Joyce Schmidt, for providing in-depth replies to my inquiries about their own gender programs and surgical procedures.

Take care till the next issue comes out about the end of May...

MMRF NOTES

Oct. 20-24: MMRF Executive Director Rupert Raj accomodated & counseled F-M member and mate from Winnipeg.

Oct. 29: TIP Facilitator Rupert Raj reproduced & posted Transexuals In Prison Newsletter (Dec.11/Jan.29).

Nov. 3: Rupert, his sister, MMRF Professional Consultant Joanna Clark, her father, GIC of Colorado Director Tomye Kelley and former Roman Catholic priest Nancy Ledins appeared on "Sally Jessy Raphael" (WTNH-TV, Ch. 8, New Haven, Conn.)

Nov. 6: Rupert, GenderServe Director Susan Huxford and Clarke Institute of Psychiatry GIC Senior Research Psychologist Ray Blanchard appeared on "Lifetime" (CFTO-TV, Ch. 9), Toronto.

Nov. 8: Metamorphosis Magazine Editor Rupert Raj produced and posted June-September double issue.

Nov. 8: Board of Directors Meeting: Three new directors welcomed; purchase of computer approved; Metamorphosis Magazine to be published quarterly in 1987; magazine for M-F TSs to be published if feasible.

Nov. 15: Rupert, Susan, Clarke GIC et al were featured in "Altered States", Toronto Globe and Mail.

Nov. 15: Rupert hosted a social for 30 M-F TSs, friends, professionals

Nov. 19: Rupert, Susan and Ray were featured guests on "Shirley" (Life Channel, Cable 26), Toronto.

Dec. 20: Rupert hosted a social for 8 F-M TSs and friends.

Jan. 10: Rupert, colleague Denise Hudson, MMRF member/The Gathering Director Jana Thompson and MM sub-

scriber/Metamorphosis Center Director Michelle Poll attended a memorial gathering for Dr. Benjamin at the New York Academy of Medicine.

Jan. 15: MMRF grant proposal to Gay Community Appeal for \$1500 denied.

Jan. 16: New Telephone Service: Rupert initiated peer-counselling/support service 1st, 3rd & 4th Fridays, 7-12 p.m. (free for members, calls limited to 3/4 hour).

Feb. 21-22: Rupert accomodated and counseled F-M member's mate (potential Board member) from Kingston

Feb. 22: Rupert moderated workshop; "TS Consumer, Professional Provider" at Conference '87, Social Services Network for Gays, Lesbians & Transexuals at Ryerson in Toronto.

Feb. 28: Rupert hosted social for 6 F-M members and friends.

Feb. 28: Board of Directors Meeting Purchase of printer & disk drive approved; proposed merger with Transition Support tabled for further discussion; some proposed constitutional amendments approved

Mar. 4-8: Rupert and ETVC's Kim Hellman moderated workshop "Transsexualism; Fact And Fantasy" & two open forums at the International Foundation For Gender Education's First Annual Convention in Chicago

Apr. 11: Rupert hosted a social for 22 M-F TSs, mates and friends.

Apr. 18: Board of Directors Meeting Membership fee increased to \$30; further proposed constitutional amendments approved; proposed merger with Transition Support disapproved (business affiliation to be disoussed); time & place set for AGM; nominations submitted for election of officers & directors. (cont'd.)

POLITICAL AND LEGAL DEVELOPMENTS IN CANADA AND THE UNITED KINGDOM

CANADA (Good News!):

On May 6, 1986, the gay community won a 15-year battle to have sexual orientation added to the Ontario Human Rights Code as a prohibited ground of discrimination. The Legislature, studying a bill to bring Ontario's laws into line with Canada's Charter of Rights and Freedoms, voted 64-45 on Dec. 2 to keep the sexual orientation amendment proposed by Member of the Legislature Evelyn Gigantes (New Democratic Party, Ottawa-Centre) who spearheaded the bill.

Although some people say that the new law applies equally to transsexual Ontarians and that we should ride on the coat-tails of the gay community, I was of a different mind. So, more than a year ago, I wrote to several provincial and federal politicians, suggesting a separate amendment to the Code that would protect transsexual citizens by prohibiting discrimination on the grounds of "gender identity" or "transsexualism". Their responses to my appeal have been published in past issues of this magazine (cf: Ms. Evelyn Gigantes, MPP, NDP, Ottawa-Centre, Feb.-March 1986; Mr. Greg Lawrence Intake Officer, Ontario Human Rights Commission, Toronto, April-May 1986; The Hon William Wrye, Minister of Labour, Queen's Park, Toronto, June-Sept. 1986).

I also contacted a gay Member of the House of Commons, Svend J. Robinson, who is trying to pass a similar bill on a national level. His Jan. 30, 1986 reply follows:

"Just a short note to thank you for your letter about MMRF...the first...I have received from an organization representing trans-

sexuals and gender dysphoric people. Certainly I will study with care the issues you have drawn to my attention in your letter. Thank you for your kind words of support for the work I have been doing to end discrimination on the basis of sexual orientation. Clearly similar arguments would apply to discrimination against transsexuals.

Svend J. Robinson, Member of Parliament, Burnaby, B.C."

A second reply (Aug. 27, 1986) from Ms. Gigantes follows:

"Thank you for your letter...The lobby which has arisen in opposition to the amendment is quite fierce. It will be all we can do to beat it back. In the meantime I happen to know one transsexual, now a man, who has had all his personal documents changed to reflect his needs and he is in the process of marrying. The Family Law may pose problems in such a case, as it specifically identifies a spouse as a person of the opposite sex and [he] could face legal challenge by a third party concerning custody or inheritance matters. These problems are real and they are going to have to be faced. Bill 7 and the debate that will occur do not seem to me the appropriate place to raise them.

Evelyn Gigantes, Member of Provincial Parliament, Ottawa Centre"

I will be writing both Evelyn Gigantes and Svend Robinson again very soon in order to further pursue the issue of human rights for transsexuals in Ontario and Canada.

\* \* \*

(cont'd.)

### Political And Legal Devel. (cont'd)

On April 1, 1987, the Change of Name Act in Ontario was modified to become a simple beauracratc procedure, thus waiving the former requirement to appear in court and to publish notice of the change-of-name in two daily newspapers (a welcome reprieve for transsexuals!)

Transsexual Ontarians can obtain the Application for Change of Name (Change of Name Act-Form 5) and a Statement of Guarantor (Change of Name Act-Form 8) from the Office of the Registrar General, MacDonald Block, Queen's Park (Wellesley & Bay), Toronto, Ontario M7A 1Y5 (416-965-1687). Payment of \$100 must be submitted to the Treasurer of Ontario together with primary proof of identification (original birth certificate and photocopies of citizenship card, passport, driver's licence and social insurance card) Notice of the change of name will be published at no cost in The Ontario Gazette. By mail, the process takes up to two months applying and picking up the documents in person takes about a week.

\* \* \*

### UNITED KINGDOM (Bad News!)

On Oct. 17, 1986, a major setback occurred for transsexuals in Great Britain when the European Court in Strasbourg, Austria totaly rejected the appeal by British F-M TS Mark Rees on Articles 8 (Respect for Private and Family Life) and 12 (Right to Marry) of the Convention of Human Rights. On Sept. 29, 1981 Mark's solicitor, David Burgess, petititoned the European Commission of Human Rights which admitted the petition Proposals for friendly settlement raised no response from the U.K. Government. On Dec. 12, 1984, the Commission adopted a report recording a breach of Article 8 but the

Commissioners were divided on Article 12. On Mar 14, 1985, the Commission brought the application before the European Court of Human Rights The case was publicly heard before the Court on Mar. 18, 1986.

Against all expectations and in contradiction to the earlier findings of the Commission, the Court found there was no violation of human rights, either with regard to a transsexual's private life (birth certificate) or the ability to marry. The Court felt that the U.K Government had endeavoured to meet the applicant's demands as far as possible under the new existing system and that any change in birth certificate registration "would have important administrative consequences and would impose new duties on the rest of the population." With regard to marriage, the Court defined it narrowly as "traditional marriage between persons of opposite biological sex". Therefore, there were no grounds to allow TS marriages. The majority of judges in each case were 12-3 on the birth certificate and 15-0 on the marriage question.

Earlier, in Sept. 1976, Belgian F-M TS Van Ousterwijck complained to the European Court that sex imposed upon him by Belgian law did not correspond to his real postion but in early 1980, the complaint was rejected on a technicality (all procedures under (cont'd.)

### **Cross-Dresser**

2020 "B" Beschmont Ave. Box 150  
Cincinnati, OH 45230

A support group for all Cross-Dressers.  
Meetings - Third Thursday of the Month.  
News-Letter - "InnerView" published monthly.  
For more information write

A Chapter of Gateway Gender Alliance

## Political And Legal Devel. (cont'd)

Belgian law hadn't been exhausted) In 1983, British M-F TS Tula also appealed to the European Court, citing discrimination against her right to marry. In Oct. 1985, the European Commission admitted her case, linking it to the outcome of Rees' case and another application submitted by British M-F TS Rachel Webb was accepted by the Court.

This historic appeal, the culmination of years of preparation and protest by transsexuals against the denial of their human rights in the United Kingdom, was backed by the Self Help Association For Transsexuals (SHAFT) whose European fund (contributed by members) has helped defray legal costs of the case. Co-operation among all the principal people involved: Mark Rees, solicitor David Burgess, adviser Richard Ekins and SHAFT reps Judy Cousins and Cheryl Warren has been especially close Cheryl adds:

"SHAFT would like to express its gratitude to those whose unstinting work and dedication...has paved the way for helping all TSs achieve their goal. Whatever the verdict in this case, the fact that the TS community could 'get its act together' over this and be blessed with such a splendid torch-bearer as Mark Rees (not forgetting Tula...) is a splendid refelciton on a group of people too often condemned for their internecine bitchiness and trivialized by the media. Make no mistake - this is an historic time for the TS world, and the case marks a watershed in our fight for normal decent treatment by society. If we fail this time, there will be - there must be - other watersheds. If we succeed then 1986 will be long remembered by generations of thankful transsexuals."

## MMRF Notes (cont'd.)

Apr. 27: Rupert produced and posted January-April double issue of Metamorphosis Magazine.

Jul. 4: Annual General Meeting: To be held Saturday, 1-5:30 p.m. at 519 Church St. Community Centre in Toronto (with a social to follow). (Members & two guests are eligible to attend for a registration fee).

Monthly Socials: Rupert is hosting get-togethers for F-M members and guests every 4th Saturday, after 7 p.m. Please call a day or two ahead if you plan to come (416-██████████)

Confidential Membership Directory: Please submit your name, address, phone no., birthdate, marital and TS status as soon as possible if you wish to be listed.

Research Questionnaire: Please submit anonymous Qs as soon as possible to help aid our data collection for the TS manual. Thank you.

Membership Renewal: Please renew your membership (\$30 as of Apr. 18) or magazine subscription (\$18 for renewing subscribers, \$24 for new subscribers - to cover this double issue owing from last year) as soon as possible as our treasury is low in funds. Members who have already renewed are requested to remit the recent \$2 fee-increase.

Membership Drive: Please lend us your financial support by taking out a couples membership (\$45) or a second membership for a family member, friend, helping professional or unemployed or imprisoned TS. Life memberships are now available for \$250.- half the previous fee. Please help us to double our membership this year in order to ensure our financial stability and continued growth, as well as our collective consumer voice. Thanks!

The first annual convention of the International Foundation For Gender Education took place in Chicago, Mar. 4-8, marking a milestone in the history of the transgender community.

Over 140 transvestites, transsexuals, their spouses and helping professionals from across the U.S. and Canada attended the premiere business conference for the community's "movers and shakers". The theme was "Coming Together - Working Together" and the 30 support groups and service organizations represented did just that.

IFGE Executive Director Merissa Sherrill Lynn saw her longtime dream to unify the cross-dressing community into an effective international network finally come true in a large suburban hotel in mid-America's "Windy City". Over two years in the making, this first convention signifies the threshold of a new era for people who wish to express the "opposite" gender.

Dr. Virginia Prince, a pioneer since the early '60s who has enabled thousands of transvestites to "come out of the closet", and has helped their wives to understand, personifies the era that has gone before. For 27 years of commitment to the cross-dressing movement, she was presented with a "Lifetime Outstanding Service Award" by Convention Co-Director Merissa Lynn.

Lynn expects the turn-out for next year's convention to more than double and is optimistic more professional people in the fields of sexology, psychology and psychiatry will participate.

For information on IFGE and next year's convention, please Merissa

Sherrill Lynn, Executive Director,  
International Foundation  
For Gender Education, P.O. Box 19,  
Wayland, Mass. 01778 (617-██████████)

Rupert Raj, P.O. Box 5963, Stn. A,  
Toronto, Ontario, Canada M5W 1P4  
(416-532-5769).

\* \* \* \* \*

MMRF Executive Director Rupert Raj served as a member of the Steering Committee for the first IFGE convention and was also asked to act as Transsexual Program Coordinator. He co-moderated a workshop, "Transsexualism: Fact And Fantasy" and two open forums on various aspects of gender reassignment with Kim Hellman, Executive Committee member of Educational TV Channel - a transgender group in San Francisco. (ETVC submitted a proposal to host the 1989 convention in California - which was approved by IFGE's Board of Directors at the Mar. 8 meeting). Raj was elected First Alternate to the 15-member Board and sat in on the first (four-hour) meeting. He volunteered to work on the Programs Committee and the Public Relations Committee for the 1988 convention.

## TV-TS TAPESTRY

P.O. Box 19  
Wayland, MA 01778  
(617) ██████████



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\*\* With this ad \$10 of each subscription will be rebated to MMRF

## TENTH INTERNATIONAL SYMPOSIUM ON GENDER DYSPHORIA

Academisch Ziekenhuis Vrije Universiteit and The Harry Benjamin International Gender Dysphoria Association, Inc. will sponsor the Tenth International Gender Dysphoria Symposium in Amsterdam, The Netherlands, June 9-12, 1987. For further information, contact: Dr. Aaron Billowitz, Program Chairman, [redacted] Cleveland, Ohio 44109 (216-[redacted]).

### Program Highlights

DEVELOPMENTAL AND CHILDHOOD ISSUES IN GENDER IDENTITY, Moderator: Peggy Cohen-Kettenis, Ph.D.

Construction of Gender Identity in Early Childhood, Beverly Fogot

Family Dynamics and Gender Identity, Susan Coates, Ph.D., Rick Friedman, M.D.

Development of Gender Self-Representation in Gender-Disturbed Children, Leslie Lothstein, Ph.D.

Gender-Atypical Behavior in School-Age Boys, Heino Meyer-Bahlburg, Ph.D., D.E. Sandberg, Ph.D., R.R. Pleak, M.D.

What Do We Really Know About the Development of Gender Identity Disorders? Moderators: Peggy Cohen-Kettenis, Ph.D., Ira B Pauly, M.D.

DIAGNOSTIC ISSUES IN GENDER DISORDERS, Moderator: Sharon Satterfield, M.D.

Character Disorders and Transsexualism: Results of MMPI Files, Paul A. Walker, Ph.D.

Gender Dysphoria: A Nosological Perspective--1987, Judy Van Maasdam, M.A., Paul A. Walker, Ph.D.

Changing Perspectives in the Understanding of Gender Identity Disorders: The Case Western Reserve Experience, 1972-1987, Aaron Billowitz, M.D. et al

CLINICAL EXPERIENCES AND INSIGHTS, Moderator: F.G. Bouman, M.D.

The Transsexual and Criminal Behavior, Marc Bourgeois, M.D.

The Transsexual in the Military: Flight into Hypermasculinity, George Brown, M.D.

Multiple Family Groups, Kathy Harowski, Ph.D.

Patient and Therapist Perspectives in the Treatment of a Hermaphrodite, Tina Wheeler, Ph.D., Leah Schaefer, Ed.D.

Longitudinal Case Studies of Patients with Chromosomal Abnormalities, John Money, Ph.D.,

SEX REASSIGNMENT SURGERY FEMALE TO MALE, Moderator: Wolf Eicher, M.D.

Phalloplasty - Past, Present and Future, John Kenney, M.D., Milton T. Edgerton, M.D.

Alternatives for Urinary Extension Urethroplasty, Donald R Laub, M.D.

Effects of Smoking on Arterialized Skin Flap Phalloplasty, Neal Wilson, M.D.

SEX REASSIGNMENT SURGERY MALE TO FEMALE, Moderator: Heino Meyer-Bahlburg, Ph.D.

One-Stage Reconstruction with Emphasis on Aesthetic Vulvar Reconstruction - Videotape Presentation Arnaldo Rizzetto-Stubel, M.D.

(cont'd.)

Tenth Int'l. Symposium (cont'd.)

Surgical Follow-Up of Fifty Cases  
F.G. Bouman, M.D.

Surgical Update for the Nonsurgeon  
Moderators: Louis Gooren, M.D.,  
Heino Meyer-Bahlburg, Ph.D.

FOLLOWUP REPORTS AND CLINICAL PERSPECTIVES, Moderator: Louis Turner, Ph.D.

The Significant Other: Partners of Post-Operative Male Transsexuals, David Hurley, Jr., M.D., Milton T. Edgerton, M.D., MW Langman, ps.dra

Specific Satisfying Results in Post-operative Patients, James Nachbar, M.D., Milton T. Edgerton, M.D., M.W. Langman, ps.dra.

Theological Questions and Pastoral Responses Regarding Gender Dysphoria, Rev. Canon Clinton R. Jones

"La Question Transsexuelle" - A New Book, Pasteur J. Douce

SPECIALIZED WORKSHOPS

Advances in Surgical Techniques

Construction of the Neo-Phallus, F.G. Bouman, M.D.

Advances in the One-Stage Phalloplasty, P.J. Daverio, M.D.

Construction of Neo-Vagina From Sigmoid Loop, A.C. Drogendijk

Measurement of the Neo-Vagina, A. de Boer

A Technique for Penile and Scrotal Inversion Vaginoplasty, Michael Small, M.D.

Reports on Penile Implants, Recto-Sigmoid Neocolporrhaphy, Revision Vulvoplasty, Neal Wilson, M.D.

Intrapsychic Aspects of Gender Identity

Gender Dysphoria, Sex-Role Identification and Psychological Adjustment Among Self-Identified Homosexual Men, Peggy Cohen-Kettenis, PhD

A Rorschach Analysis of Mothers and Their Transsexual Children, Leslie Lothstein, Ph.D.

Identification and Internalized Object Relations: A Comparison of Female To Male Transsexuals, Lesbians and Heterosexual Women, Terrie Lyons, Ph.D.

Symbolization Processes in Gender Dysphoric Males, Marilyn Wilchesky M.Ed.

BIOMEDICAL ASPECTS OF THE ETIOLOGY OF GENDER IDENTITY DISORDERS

Moderators: Marc Bourgeois, M.D., F. Huyse, M.D.

Psychoendocrine Theories of Gender Identity, Heino Meyer-Bahlburg Phd

Sexual Differentiation of the Brain, D.F. Swaab

Recent Endocrine Studies of Transsexuals, Louis Gooren, M.D.

Anatomic Variations of the Corpus Callosum in Persons with Gender Dysphoria, Lee Emory, M.D, Collier M Cole, Ph.D, Eugenio Amparo, M.D.

EEG Abnormalities and Transsexualism, H.P. den Haas, M.D.

TRIBUTE TO HARRY BENJAMIN 1885-86

Historical Overview of Harry Benjamin's First 1500 Cases, Tina Wheeler, Ph.D, Leah Schaefer, Ed.D

Remembrance of Harry Benjamin, 1885-86, Paul A. Walker, First President - HBIGDA

PHALLOPLASTY: Patient Perspective

On Aug. 5, 1986, I entered Norfolk General Hospital in Virginia to undergo the genital reconstructive surgery.

I was admitted at 5:30 a.m. At 7:30 a.m., I was wheeled to the operating theatre to start the 12-hour surgery. I had understanding nurses and excellent care.

During the operation, the surgeons took a strip of skin 5"x8" from my left lower arm to form the penis. A main blood vessel, nerves and a piece of bone (to act as a stiffener for the phallus) were also taken. Strips of skin from both upper legs were grafted onto my lower left arm.

The room temperature had to be maintained at 80 F because of the skin grafts. I felt I was roasted.

I was in the Intensive Care Unit for 2 1/2 days, in a private room for two weeks more and then, in a motel another 13 days before I was released. I couldn't drive for two months afterwards.

I had no pain from the surgery, but have some inflammation underneath my penis and am taking medication. I have an old injury in my right arm and leg which was aggravated when I was moved during surgery. So I had pain there and still have little feeling in my leg.

The penis is 6" long and the head is 4 1/2" in diameter. I go through a hole in the underside of the penis but cannot go through it at all times. I must return next year to complete the urinary hook-up and construct the scrotum. I will have sensation in the penis, later on, the surgeons say.

The cost was \$15,000 for three

doctors, \$18,500 for the hospital and \$37 a day for the hotel room.

My wife stayed with me for the first week, went home for a week, and was called back for instructions on how to take care of me upon my release. She changed the bandages on my left arm twice a day. (I think it is best you have someone with you during recovery).

I had a catheter hooked up for a week following my release, and had to take sitz baths every day as well as a regular bath.

I returned for a check-up on Dec. 22, 1986. I will try to set a date for the final stages of the operation for sometime this summer.

\* \* \* --C.E.

ARE YOU ACTIVE?

Are you an active member,  
The kind that would be missed?  
Or are you just contented  
That your name is on the list?  
Do you attend the meetings  
And mingle with the crowd,  
Or do you stay at home  
And crab both long and loud?  
Do you take an active part  
To help the club along,  
Or are you satisfied to be  
The kind who "Just Belong"?  
Do you help to plan the programs-  
Get new members quick,  
Or leave the work for just a few,  
Then talk about "the Clique"!  
There's a lot of work involved  
That means success if done,  
But it can be accomplished  
With the help of everyone.  
So attend the meetings monthly  
And help with hand and heart...  
Don't just be a member,  
But take an active part.  
Think this over, member,  
Am I right or am I wrong?  
Are you an active member,  
Or do you "just belong"?

## SIMPLE? OR SAFE?

by Khalil [REDACTED]

While in Atlanta, this past April through October, a friend of mine (also a female-to-male transsexual) told me about a Dr. Light (not his real name) who administers hormone therapy at a nominal fee. I had contacted other doctors, none of whom charged less than \$150 to begin the procedure. I didn't have that kind of money and I was despondent. So, this was wonderful news. The next day I went to see Dr. Light at his office.

Transsexuals came into this medical office everyday but there were other people waiting to see the doctor too. I explained to the receptionist the nature of my visit and, not so much as blinking an eye, she handed me an information sheet to fill out. Then I was called into the doctor's office and led into an examination room. We introduced ourselves and shook hands. After reading over my chart he stopped and stared at me.

"You want estrogen, right?" he asked. I wondered what he was talking about.

"No, I want testosterone. I'm a female-to-male transsexual."

"Oh, oh yes, of course," he stared at me again briefly, and then abruptly left the room.

I began to wonder if the exam was going to be as unbearable as they always were. I thought about the doctor's question too: if I had been a male-to-female, would I have come to him for hormones dressed as a man? Carrying a needle, he re-entered the room.

"Roll up your sleeve, please," he instructed, swabbing a spot on

my shoulder and jabbing it with the needle. There was no pain.

"That'll be \$10. You can give it to the nurse out front," his hand already on the door knob, waiting to escort me out.

Caught up in the fast pace of it all, I paid my fee as he said: "Next week when you come in for your shot, Khalil, you will see Dr. Drew (not his real name) as well as myself. He's a psychologist and his fee is \$10 too."

"Thank you, see you next week," I said, shaking his hand. So ended my first visit with Dr. Light.

In the following three weeks, I received two more shots from him and the third from a friend who was a nurse. You see, I had asked the doctor for a prescription so I wouldn't have to come in each week. So, for a \$5 fee, he prescribed me a 10-week supply of testosterone cypionate and 10 syringes for a total of \$17. That's all there was to the entire ordeal. Everything was as simple as that.

But is such "simplicity" orthodox? Certainly a transsexual without very much money would find the process an inexpensive one. In addition, neither the receptionist nor the medical staff embarrassed me by calling me by my surname even once. It was all over and done with nearly before it had begun. If a transsexual had been waiting a long time to start the hormones, and hadn't been able to find a doctor who charged less than \$150 just to begin, Dr. Light would seem like a godsend.

But, I am sad to say that his procedure was very unorthodox. Due to the complex change testosterone promotes within the body's system, more thorough physical... (cont'd.)

Safe Or Simple? (cont'd.)

examination was in order, not to mention psychological observation. Apart from being transsexuals, we are people - subject to any part of the conundrum of everyday existence. Dr. Light had no knowledge whatsoever of my mental or emotional health, and his failure to physically examine me did not disclose any other existing medical condition I might have had. In short, he behaved incompetently.

I know what it's like to want desperately to start treatment. My own desperation carried me to Dr. Light - initially imagining his affordable fees as a blessing long overdue. Without him, I wouldn't have been able to commence therapy for quite awhile - a long time, yes, but I would have begun eventually and under safer conditions.

I was lucky in that my physical health was sound, and, as far as I determined my mental and emotional state. But what if I had not been? With my need to be a full realized male, I wonder if a prior ailment would've been enough to have kept me from seeing Dr. Light anyway?

I believe that, as a medical practitioner, it is his responsibility not to leave that choice to the transsexual. If the patient had a pre-existing condition and was given hormones, regardless, adverse reactions to the drug could occur, and he could fall ill and suffer irreparable damage. And the doctor might find himself in legal trouble if other patients weren't so reluctant to reveal his name to the medical authorities.

Is safe not better than simple?

[Cf. the Standards of Care set by the Harry Benjamin International Gender Dysphoria Association.-Ed.]

NEW TS SUPPORT GROUPS

The American Federation Of Transsexuals, P.O. Box 9238, North Dartmouth, Mass. 02747; Attn: Karen Aldrich (617-996-3046)

The Gathering, 560-C Main Street, Hackensack, New Jersey 07601  
Attn: Jana Thompson (201-342-6548)  
or Renata White (203-869-3561)

Gender Identity Anonymous (415-467-5285 or 431-1221), Meetings - 3255 Balboa St, San Francisco, Ca.

National Gender Dysphoria Organization, P.O. Box 02732, Detroit, Michigan 48202; Attn: Justina Williams (313-842-5258)

Northwest Gender Dysphoria Information & Support Center, 1061 N. Hwy 95 #6, Moscow, Idaho 83843  
Attn: Jessy Jerimiah James III

Rainbow Gender Association, P.O. Box 700730, San Jose, Calif. 95170

The Association For Canadian Transsexuals (TACT) P.O. Box 44, Stn. B Hamilton, Ont. L8L 7T5 (523-7055)

Transition Club, P.O. Box 42454, Las Vegas, Nevada 89116  
Attn: T.C. Onekea (702-731-5814)

Transition Support, 519 Church St. Community Centre, Toronto, Ontario M4Y 2C9 Attn: Connie Radbone (416-690-0693) or Rupert Raj (532-5769)

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By Appointment  
(11) [REDACTED]

Reviewed by H. Marshall

This book has been written from the perspective of the traditional psychoanalytic approach. That is, the author believes situations can be observed, patterns detected and conclusions drawn; the experiment can be repeated and the conclusions repeatedly reached. That is the goal: as Stoller makes clear, that may not be the actuality.

It has, as its core, a discussion (with illustrative cases) of the families of boys with "marked femininity". Stoller has delved into the roles mothers and fathers play in the gender development of children. He has also delved into the childhood and early family life of the parents of the feminine boys. His major conclusion is that: 1) fathers who are either physically and/or emotionally absent from the specific father-son relationship, and 2) mothers who prolong the symbiotic mother-son state too long both contribute to the development and reinforcement of the feminized male. A significant finding of Stoller's for this reviewer was that a large percent of the mothers in these cases had, in their childhoods, exhibited strong cross-gender behavior of their own, and many had, in fact, wished they had been born males.

The combination of absent father and all-too-present mother leads to a state where there is an absence of an oedipal situation. For the very feminine boy,

"His mother, not his father, is the model for his gender identification, and she is not the object of his eroticism; He wants to be like her, rather than to have her (Greenson,

1969). His father, all too absent, is neither rival nor model. The boy is deprived of the needed conflict."

Stoller includes chapters on two feminized male Native Americans, and a cross-cultural approach to the development of masculinity. He also reviews some biologic effects on the development of gender identity.

He briefly parallels the development of masculine females with what he has found with feminine males. Not surprisingly, girls who do not form close attachments to their mothers, and who become "buddies" with their fathers suffer from later gender confusion.

It is Stoller's belief gender development occurs within the first year of life. In the case of boys, "once the femininity begins to appear, somewhere around one or two years" the mother is pleased to see it, at the same time "denying it is strange behavior."

One of the chapters is titled: "Near Miss; 'Sex Change' Treatment" This reviewer, while not in agreement with some of Stoller's conclusions, strongly feels he has done many of us in the paraculture and in the helping professions a great service by listing, in one table, many of the moral, medical, psychiatric, theoretical and practical issues, in pro and con format, regarding 'sex change' surgery. If you haven't thought about the "other side of the coin", Stoller certainly presents the opportunity to do so. He is outspoken regarding the contemporary use of sex change surgery to resolve an issue that might best be treated in another man. However, he makes (cont'd)

### Presentations Of Gender (cont'd.)

that statement against the following backdrop:

"Though gender disorder rarely remits with psychotherapy, some patients find themselves and in doing so become aware that 'sex change' will not suit their gender identity."

What percent is "some"? How big is the sampling? What is "finding oneself"? Does it include happiness? Relief? Comfort? How can we define healing for the person, perhaps not gender dysphoric, who wishes a change in anatomy? Is "sex change" surgery cosmetic? Or therapeutic? How does breast augmentation for a "healthy" male differ from same for a "healthy" female from a social, ethical, medical and therapeutic perspective? How does breast reduction surgery for a "healthy" female wanting the body of a male differ from same for a "healthy" woman wanting more attractive breasts?

Much has been said in the past that there has been little follow-up on "sex change" surgery. Stoller goes on to say we know all too little about how the post-surgical person feels years or months after the surgery. He feels many have had illusions regarding what the surgery could have done for them and what it did achieve for them. If this is the case, then perhaps it is the counselors, therapists and analysts who have failed. Did the professionals require their clients seek the knowledge of others who have preceded the pre-operational clients in surgery?

These were some questions the book created in this reviewer.

[Reprinted from the OUTREACH NEWSLETTER, Fall/Winter 1986].

### LA QUESTION TRANSEXUELLE

This 1986 book is edited in French by Pasteur Joseph Douce, of the Centre Du Christ Libérateur in Paris. He has worked with transsexuals and transvestites for over a decade and is a member of the HBIQDA. Dr. F.G. Bouman - a Dutch plastic surgeon, wrote the preface and Dr. Louis Gooren - a Dutch endocrinologist, the introduction. Some 20 specialists contributed. Order from: Lumiere & Justice, 32, rue Berzelius, 75017 Paris, France. The price is 133 1/2 French francs.

### VENUS' PENISES

This 600-page tome covers the whole spectrum of sex and gender. The author is John Money, Ph.D., Director of the Psycho-hormonal Research Unit at Johns Hopkins in Baltimore. Published by Prometheus Books in 1986, it costs \$48 (Cdn.)

### 'THE SISSY BOY SYNDROME' AND THE DEVELOPMENT OF HOMOSEXUALITY

This 15-year study identifies a correlation between boyhood effeminacy, including an early intense desire to be a girl, and becoming gay or bisexual as an adult. The writer is Richard Green, M.D., at the University of California in Los Angeles. The book came out this year from Yale University Press.

### THE SPIRIT AND THE FLESH: Sexual Diversity In American Indian Culture

This field study presents proof that the Native Indian institution of the berdache - the religiously and culturally sanctioned adoption by men of female social roles - is still practised by traditionalist tribespeople. Walter L. Williams, a scholar of Indian cultures and an openly-gay man, wrote the book published by Beacon for \$22 (U.S.)

## IF A MOTHER HAS TO BE FEMALE, THEN WHAT AM I?

(Notes From A Transsexual Parent)

by Steve [REDACTED]

Some people were born to be mothers; I was born to be a man. Therefore, when I became pregnant and gave birth, I was not a 'mother' but a parent - without a distinctive title or role.

I had never been able to accept being female - or more accurately, being in a female body. The feelings I had about it since childhood were all negative: feelings of vulnerability, fear, shame, disgust, and in adolescence they worsened to the point where I considered the body I inhabited as my worst enemy, my tormentor. It caused me nothing but physical and emotional pain and humiliation. Being raped at the age of 19 certainly didn't help although I felt so 'separate' from my body that I couldn't accept it as a personal attack and became a drug addict for many years.

I had wanted a child since I was 15 or 16. I had been abused as a youngster and felt the need to raise a child to make up for all the pain I had received. When I became pregnant at 21, however, it was like a fantasy, a living day-dream - not really a bad experience, but it was as if I was merely a spectator watching a movie about someone else. The "movie" ended in the labor room.

I've been through many things in my life - physical and emotional abuse, rape, drug addiction, to name a few - but nothing I have ever experienced was comparable to the sheer hell I went through those last 6 1/2 hours. With the exception of sexual relations with boyfriends, it had been many years

since I'd been emotionally able to let another human being touch me - the very act terrified, repelled me. In a labor room one is expected to totally surrender her body to what ever disgusting things assorted unknown nurses and aides insist they have to do. Anyone can do any thing to you. You lose your rights dignity, control over your own body, and the things one must quietly submit to are nothing less than degrading and repulsive.

I had very little pain but the emotional and mental torment were absolutely unbearable. Had I known what goes on in hospitals, I would have given birth in my apartment-risks and all. Childbirth, given the surroundings of this so-called modern hospital, was not a natural experience. It was designed to completely strip a person of human dignity and make her feel like a terrified animal, a bloody piece of meat hanging in a slaughterhouse.

I had no "maternal instincts". I had desperately wanted my child since years before his conception but was unable to be a "mother". I took very good care of him but there was none of the emotional attachment or the hard-to-define feelings and expressions I had noticed between mothers and their babies. From the moment (cont'd.)

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Notes From A TS Parent (cont'd.)

of his birth, I saw my son not actually as my own offspring but more like the younger brother I'd never had but had always wanted.

While most mothers were saying "goo-goo" to their babies I played him Bob Dylan songs on my guitar. While most were taking their kids to play groups, I took mine to car shows. We went places together, saw things, did things, travelled together. I spoke to him not as adult-to-child but as person-to-person. There was none of the familiar power games or condescending attitudes that most parents use when "dealing with" youngsters. My son and I do not "deal with" each other, we communicate. We enjoy our mutual company; nothing is forced, assumed or taken for granted.

My main fear is that if my transsexualism becomes publicly known, I will lose custody of my son on the basis of other people's prejudices. [Editor's Note: This has happened to at least two of our F-M members]. Even though most do not understand transsexualism, they will consider it just reason to use their biases to declare me unfit to raise my own child.

My son's love is not blind; he does not love me because I am his parent; he loves me because he knows I love him. Prejudice, however, is conveniently blind; it sees only what it wants to see, understands only what it wants to understand. And, they can only see transsexualism for the "weirdness" they believe it to be. They refuse to even try to see or understand it for what it is or to believe that behind the word there are individual human beings.

I was born with a birth defect:

being male in a female body. That fact makes me different from most people, but it does not make me a freak or an unfit parent. It is a defect that, more than anything else in the world, I want to have "cured". But I must wait for the sake of my son, not because of any problems he might have about it, but because of Society's self-righteous hand. Transsexualism may have been a factor in my slightly unconventional relationship with my son. If so, then I am grateful, for our relationship is so much better than that between most "normal" parents and their kids.

A F-M transsexual having a child is in itself a miracle, and raising him over the years is a true blessing. I feel much more fortunate than people who have "normal" lives, marriages and families for they seem to lack so much of the joy we have. In my son, I have cause for joy every day of my life - he is like a new sunrise each dawn. To "normal" people, children are generally just a product of biology; to me, my son is a blossoming rosebud into whom I have breathed life.

Still, the "normal, straight world" rejects me at every turn, because I do not associate with other mothers (to do "fun stuff" like discuss floor cleansers and garage sales) and because my life is rather unconventional. (cont'd.)

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My passion is music. I wear Heavy Metal T-shirts and jeans, and am generally like the average 15-year-old boy (except that I am interested in men, not women).

People brand me a "freak", "weirdo", "queer" - all those ignorant terms they use when you do not fit their mold of conformity and they don't know what to make of you. I am a parent, transsexual, etc. but I use only one word to describe myself: PERSON.

To my son, too, I am a PERSON-not like the "Mommies" most of his school pals have, but closer to a friend, more like a brother. He has called me by my name since he learned to talk. He has never heard the word "transsexual" but when he does, I'm sure it will not matter to him - unless Society has managed to contaminate his young mind. He does not care what body parts I have - only that I am the main person who loves him.

Prejudice is not born into a person. Society's cruelty has to instill it into people's minds. I am raising my son not to be narrow minded but to accept each human being as an individual. Certainly this is not an attitude that makes a parent unfit. And it is attitude understanding and personal example which matter the most in parenting - not how a person's body is put together or what s/he chooses to do about it. When people are born with a defect it must be their right to be able correct it and to not have to stand trial as to their fitness because of it.

I am a good parent and it does not matter if I've male or female parts. I am transsexual but I am the only one affected by that fact

I am a mean to whom  
no one has given birth.

One day soon I shall awaken  
in the morning, as I have been  
in the night, in my mind's eye;  
soon it will be tomorrow...  
soon it will be dawn.

I have spent life as a butterfly  
desperately longing to escape its  
I have spent a lifetime /cocoon;  
trying to escape this monstrous  
/shell.

It has been an unbearable pain;  
twenty-eight years  
of Feminine Face/Masculine Grace-  
the violent porcelain of a fragile  
shattered, as crystal. /mind,

No human being could ever imagine  
this pain I have suffered and  
no doubt will continue to suffer  
as long as my life remains,  
being who and what I am.

Only those who are as I am  
could ever understand.

--Steven [REDACTED]

\* \* \* \* \*

SURFACING WHEN

Will I forever be condemned to  
/this hell-  
existing in such an empty shell?  
I am trapped within a cage;  
I am a prisoner within myself.

No amount of colored paint and  
/disguise  
Can mask to me this scene of lies-  
I am not as you see me;  
I am a prisoner within myself.

Inside I am aching endlessly  
to be set free into reality-  
I am Titania;  
I am a prisoner within myself.

--Steven [REDACTED]

# Real-life 'Tootsie' in reverse

## For 35 years she posed as her illegitimate daughter's husband

By ROSE GRADY

For 35 heartbreaking years, a loving mother hid the shame of her unwed pregnancy by living the bizarre life of a "Tootsie" in reverse — she posed as her illegitimate daughter's husband!

But the secret life of the woman who posed as Hiram Calder is sealed forever in an unmarked grave in a long-forgotten pauper's plot near Orlando, Fla.

Until her death in 1914, Calder was known to the residents of Orlando as the quiet, unassuming man who worked as a baker in Charles Hungerford's restaurant on Orange Avenue. That was in the late-1800s.

Retired city judge Donald Cheney was just a boy back then, but he can remember Calder as a slender, plainly dressed man of average height.

"He hardly ever talked, hardly ever smiled," 94-year-old Cheney recalled.

"He dressed very simply, usually without a coat or vest, just a plain pair of pants and a shirt.

"No one ever suspected for a moment that behind that quiet demeanor there was a woman in man's clothing — a woman with something to hide."

If there was one person on Earth that knew Calder's secret in life, it was her daughter, Sarah — the woman who posed as Calder's wife for 35 incredible years.

When Sarah died at the age of 47 in 1910, Calder was grief-stricken and anguished with sorrow. The male imposter spent hours at Sarah's grave which she had marked with a tall monument to her memory.

Four years later, Calder died of pellagra, a niacin deficiency once common among the lonely and depressed. It



Dustin Hoffman stands next to a poster promoting his movie 'Tootsie' in which he played an actor who posed as a woman.

was after Calder's death that longtime friend Doris Topliff stumbled across a Bible that revealed Calder's astonishing masquerade and the secret shame she had kept hidden for more than three decades.

In Calder's old Bible were papers that disclosed that, as a young woman living in New York, she had given birth to an illegitimate child.

To conceal this "unfortunate misstep" and to save her daughter the abuse and disgrace then heaped upon a bastard child, Calder dressed herself as a man and began her long charade as Sarah's husband.

Before her death, Calder had confided to Mrs. Topliff that she wanted to be buried

with Sarah in Tampa's Woodlawn Cemetery. But Calder was a pauper when she died and she went to an unmarked grave in Orange County's potter's field — in a \$9 coffin.

On Sarah's tombstone, now weather-worn with the passing of time, are inscribed the words "Gone but not forgotten."

Above and below those heart-tugging words of love are spaces as blank as the white stones in another cemetery 82 miles and a lifetime away.

For somewhere in potter's field, in a grave erased by the passing of time, Hiram Calder has been returned to the obscurity in which she chose to live.



No one in their hometown guessed the secret life of Hiram Calder and the young woman whom everyone thought was his wife.

WEEKLY WORLD NEWS MAY 31, 1983

(Reprinted by permission)

## IN THE NEWS...

SEXUAL DESTINIES: The Biology Of Homosexuality, OMNI, Vol.9, No.7, April 1987. Gunter Dorner, Director of the Institute of Experimental Endocrinology, Humboldt University East Berlin, claims to have found a biological cause for homosexuality in rats that he links to human beings. He says his findings also extrapolate to transsexualism.

DAD GETS SEX CHANGE - BY MISTAKE! Weekly World News, Mar. 31, 1987. An unidentified father of two, 36, who was admitted for a minor hernia problem and given another patient's sex-change operation by accident, is suing the Munich hospital responsible, according to the German journal, Urology Quarterly.

MAN TAKES DOCTOR TO COURT OVER SEX CHANGE OPERATION, Orange County Register, Mar. 24, 1987. Deaf post-op F-M Danny [REDACTED], 48 of Mission Viejo, Ca., is suing Dr. Martin P. Elliott of Newport Beach for medical malpractice and is claiming \$200,000 in damages for botching his 1983 mastectomy operation. His wife Elaine told Judge Jerrold S. Oliver that Danny had cried and said 'I'm a monster' after surgery. Calling the results 'grotesque', she felt he had not been given a man's chest. Watson had a 'proper' mastectomy a year later by another surgeon. Los Angeles urologist Dr. William Casey, who has performed dozens of sex-changes, testified that the breast removal surgery by Elliott was substandard. Elliott quit his practice after learning his medical malpractice insurance policy will not cover claims arising from such surgery. [Photo included in follow-up story, Mar. 25]

TRANVESTITE FOUND SLAIN, Toronto Sun, Mar. 3, 1987. Pre-op M-F prostitute Lisa [REDACTED], 24, of Toronto

Ontario, was bashed to death in the head by her roommate. She had no relatives in the area and was buried in an unmarked grave.

'MY SON, MY DAUGHTER', Ladies Home Journal, February 1987. Jane [REDACTED] mother of post-op M-F photographer Geraldine, 41, of New York relates her initial shock, worry and guilt about her son Gerry's plans to become a woman, and her eventual acceptance of and closer relationship with her new daughter

POLLUTED WATER TURNS WOMAN INTO A MAN, The Sun, Feb. 10 1987. A Belgian woman, Earlene [REDACTED], 36, has begun to take on the physical characteristics of a male after swimming regularly in a waterway polluted by industrial chemical wastes similar to testosterone, according to Brussels biologist Dr Helene Alzerg. She says Earlene has started to look male - growing facial hair, acquiring a deeper voice and changing into a hermaphrodite with both male and female sex organs - and even thinks and acts like a man but had no idea the change was occurring. Alzerg adds it is a gradual transition that may take several years. Dombrons was sent to a clinic in Oslo Norway and a scientist fears there may be hundreds or thousands of women all over the world unknowingly undergoing the transformation.

HOSPITAL GOOF, GIRL GOES IN FOR FACE LIFT AND GETS SEX CHANGE BY MISTAKE/GAL MADE BEAUTIFUL BY SURGICAL SWITCH OPTS TO STAY FEMALE (photos incl.), The Sun, Jan. 20, 1987. Roselda [REDACTED] is suing the Mexico City Hospital and plastic surgeon Geraldo Mendoza for \$35 million for changing her daughter, Lucita, 20 - an aspiring actress who went into hospital for a minor face-lift - into a man by error. Meanwhile, Cristina [REDACTED], 44, the patient scheduled for (cont'd)

In The News... (cont'd.)

the sex-change operation, received a face-lift instead and has decided to stay a woman as she says she only opted to become a man because she had been an ugly woman.

SEX CHANGE DAD WANTS CUSTODY OF WIFE'S BABY (photos incl.), Weekly World News, Jan. 20, 1987. Post-op F-M police officer Michael [redacted], 26, of Cocoa, Florida, is getting divorced from wife Cynthia Jean [redacted], 30, and is fighting for custody of his wife's baby who was conceived with a surrogate father last May. The divorce trial/custody battle is in March but they are undergoing counseling to work things out between them.

HUSBAND REVEALS 'I'M A WOMAN':

Walter Knows A Woman's Needs Because He Was One (photos), The Sun, Nov. 18, 1986. Post-op F-M Walter [redacted] (nee Wanda), 26, told his shocked wife, Linda, 25, on their sixth wedding anniversary he used to be a female. Linda had trouble coping initially but now realizes she is very lucky for 'he is a very sensitive man who's more understanding.' They were married in 1980 in Queenstown, New Zealand and plan to son adopt children.

ALTERED STATES, Switching Gender

By Surgery (photo incl.), Toronto Globe and Mail, Nov. 15, 1986. Features Rupert Raj, Susan Huxford et al and parodies transsexuals as freaks and human oddities [article and letter to the Editor enclosed]

SEX-CHANGE COP STILL LOVES HIS

BEAUTY QUEEN (photoa), The Examiner, Nov. 11, 1986. Post-op M-F police heroine Rae (nee Raymond) [redacted], 51, of Leicester, England, is still legally married to his wife Isabel, 43, after having sex-change surgery last June. Stepson Michael 20, calls his step-parent

Rae. The church where Rae was a steward is sympathetic and will welcome her back. Rae is thought to have been born with Klinefelter's Syndrome. The couple are writing a book about their life together.

SEX-CHANGE MAN HAS BABY THAT IS HALF-BOY, HALF-GIRL (photos), The Sun, Nov. 11, 1986. Post-op M-F

Gertrude (nee Gerard) [redacted] gave birth to Heidi - a hermaphrodite with both male and female sex organs. The abnormal birth (an example of technological heredity) is directly related to the sex-change, says Dr. Rolf Einhauser, who monitored the pregnancy. According to Dr. Adali Valkens who works at the birth clinic near Zurich, Switzerland, Gertrude's female hormone shots interfered with the baby's development - which probably would have been male. Heidi will undergo surgery to become female.

ASTOUNDING BOY HAS TWO BRAINS; One

Is Male, The Other Female (photo), Weekly World News, Nov. 4, 1986. Kenji, 5, of Omuta, Japan, has a male and a female brain that function independently and have separate personalities, according to research results released at an international symposium of neurologists and neurosurgeons in Tokyo. Pediatric neurologist Tatsuo Kato says the boy's male brain causes him to play aggressively and to excel at sports, math and drawing, but when dominated by his (cont'd)



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In The News... (cont'd.)

female brain he shows special talents in language and music and has well-developed eye-hand co-ordination. The CAT scan showed also that while Kenjii's male personality is more outgoing and competitive, his female one is more affectionate, sensitive and highly emotional.

MALE TRANSVESTITE SENTENCED TO FEMALE TRAINING CENTRE, The Advertiser, Sept. 17, 1986. (Melbourne) Pre-op M-F Christine [REDACTED]

[REDACTED] 18 (on female hormones), was directed to serve a seven-month term at the female Winlaton Youth Training Centre in Nunawading, Australia after pleading guilty to one charge of unlawful possession and eight charges of theft. Stanford had been assessed by a psychiatrist from Children's Court Clinic and continuing medical treatment was being arranged. She will have a private room at Winlaton and will shower separately from the other inmates.

PENTHOUSE PET WAS BORN A MALE

(photos), The Advertiser, Sept. 6, 1986. (Sydney) Post-op M-F dancer and model Julia [REDACTED] 28, revealed to Australian Penthouse publishers she was a male until a \$7,000 sex-change operation in Singapore in 1983. Three years ago she won third prize in a Perth beauty contest. Her family now accepts her as daughter and sister, and her boyfriend is proud of her.

ADJUSTING THE LONG AND SHORT OF IT

The Advertiser, Sept. 6, 1986. (Peking) Two Shanghai Hospital surgeons lengthened the penis of a man who complained it was too short by taking skin from his fore arm and grafting it onto the penis tip. Earlier, surgeons on the same team grafted a penis back onto a man after it had been chopped off.

ROBERT STOLLER PERVERTS IT ALL FOR YOU (BOOKS), Village Voice, Aug. 5, 1986. Review of Dr. Robert Stoller's two books: PRESENTATIONS OF GENDER, and OBSERVING THE EROTIC IMAGINATION, Yale University Press

ACCIDENT FORCES PARENTS TO RAISE INFANT BOY AS A GIRL, Weekly World News, Oct. 29, 1985. "Baby Doe",

the victim of a circumcision accident in which his penis was destroyed by an electric cauterizing device, was surgically changed to a girl two weeks after his birth and will receive female hormones starting at age 11. Her parents are suing the Northside Hospital in Atlanta, Georgia, the surgeon who performed the circumcision and the manufacturers of the cauterizing device. Baby Doe was one of two little boys whose penises were damaged in separate circumcision accidents at Northside on the same day. The parents of the other boy are also suing but their son has not undergone a sex-change.

MAN KILLS GIRLFRIEND WHEN HE DISCOVERS SHE WAS A HE, The Examiner,

Oct. 22, 1985. Loveless Austin, 22, of Chicago, brutally bludgeoned to death TV (TS?) Jerome Brent (alias Stella Essie), 33, and ransacked her apartment after learning about her true sex. Austin was booked a month later on charges of burglary armed robbery, assault and murder.

(cont'd.)

Medical Psychology  
Sex Education and Therapy  
Post-Facilitated Therapy Consultant

**JUDE PATTON, PA-C, M.A.**  
Physician Assistant-Certified  
Marriage, Family and Child Counselor  
CALC MF-15543

[REDACTED]  
Santa Ana, CA 92708  
(714) [REDACTED] (714) [REDACTED]

## GENDER IDENTITY PROGRAMS

### Gender Treatment Program, Rosenberg Clinic, Galveston, Texas

Our program began in 1976 as the Gender Clinic at the University of Texas Medical Branch, Galveston under the direction of Paul Walker Ph.d. A few of us (psychologists, psychiatrists, endocrinologists and surgeons) on the faculty began to work with Paul and the program grew. When he left in 1980, I became Director and the program moved out into the private sector. Our Clinic spent several years with Galveston Psychiatric Services but has now found a permanent home at the Rosenberg Clinic. We still have our basic team of professionals that work with our clients, and we still use the University of Texas Hospitals here when it comes to surgery. Currently, we have about 75-80 people in active treatment on our program (a ratio of three males to one female transsexual). While most come from the Texas-Louisiana area we also have active participants from Kansas, Arkansas, Oklahoma, Missouri, Mississippi, Alabama, Florida and Nevada.

We offer a complete range of services for persons seeking rehabilitative treatment towards establishing a new gender role, including pre- and postsurgical counseling, hormone therapy, speech therapy, and surgery. We also schedule bi-monthly Saturday group meetings for all our patients - to allow an opportunity for everyone to come and discuss achievements, concerns and problems (partners, friends and parents are also invited).

We work in accordance with the guidelines established by the Harry Benjamin International Gender Dysphoria Association. That is individuals must live full-time in

the desired gender role for 18-24 months before surgery can be recommended. For those who meet this requirement already or have had previous surgical procedures elsewhere, there is still a mandatory six-months waiting period; this allows us to obtain the necessary documentation from other doctors, as well as meet with the applicant several times to assure that he is fully informed about the surgery beforehand and that he's achieved a satisfactory level of social-vocational-emotional stability in order to facilitate rehabilitation after surgery.

The surgical procedures involved in phalloplasty are divided into the following stages; abdominal tube pedicle, transfer (3 stages); urethroplasty and vaginectomy; testicle insertion; penile prosthesis

To date, our surgeon's results with this procedure have been quite good. He has performed six of these and the patients are generally satisfied with the results (especially with respect to urination and sexual activity). Yet, no firm guarantees can be made with respect to outcome; this surgery is not routine and each procedure is done on an individual basis.

Collier M. Cole, Ph.D., Director  
\* \* \*

### Gender Identity Association, Jacksonville, Florida

The Gender Identity Association is one of the original 12 teams devoted to the diagnosis, gender rehabilitation and surgical sex reassignment on patients with Gender Dysphoria (transsexualism).

Care of people with gender dysphoria is undertaken on an individualized basis, whether they are transsexual, transvestite (cont'd)

Gender Identity Programs (cont'd.)

or homosexual. A treatment plan is developed for specific patients to meet their individual requirements

A full range of surgical services is available:

1. Facial and body restructuring surgery, including eyebrow ridge, nose, chin reduction, Adam's apple reduction and breast augmentation. Other specialized forms of cosmetic surgery have been developed to meet the specific needs of the male and female transsexual.

2. Surgical sex reassignment for male-to-female transsexuals involve creation of functioning neovagina, with external genitalia so close to the "real thing" that many physicians who examine our patients are not aware that they are not genetic females.

3. For female-to-male transsexuals, breast reduction and penis construction is done. The operations for the latter are unique and depend on an unscarred abdomen as far as possible. Hysterectomy is done at the same time as the phalloplasty to avoid disturbing the blood supply to the abdominal and thigh skin used to make the penis. Every effort is made to make the penis functional in terms of intercourse and urination with a high degree of success. Penile stiffeners are required on about one-third of the patients. Testicular implants are placed if required by the patient.

4. For those patients who have had partial treatment or poor results from surgery performed elsewhere, our surgeons have spent more than 20 years correcting the poor results of inexperienced surgeons or those using mass production techniques. The vaginoplasty that we have developed does not involve

the use of external skin graft.

Surgical sex reassignment surgery can only be performed on patients who have met the prerequisites of surgery. These include proof of partial surgery done elsewhere, including information from the physicians who cleared the patient for surgery, as well as copies of the operative reports.

For patients who have not yet received surgery, the criteria include emotional stability, living for some period of time in the new gender role without the world at large being aware of the patient's original sex. Since these requirements are rather individualized, we work with the patient's own therapist whenever possible. These reports must be supplemented by personal interviews in Jacksonville. If the patient doesn't have appropriate evaluation in the home community, a complete assessment is obtainable through us at a current cost including psychiatric and psychologic testing of \$1,400.

Judy [REDACTED], Executive Secretary  
\* \* \*

Gender Identity Program, University of Virginia Medical Center, Charlottesville, Virginia

The Gender Identity Program was established in 1971 to offer aid to persons presenting with gender dysphoria, specifically, transsexualism. The University of Virginia Gender Team comprises professional in the areas of plastic surgery, urology, gynecology, psychiatry, psychology and adjunct services.

Written referrals are accepted from those candidates who provide a brief autobiography, fill out our questionnaire, submit a letter of recommendation from their local psychiatrist and a letter (cont'd)

## Gender Identity Programs (cont'd.)

of support from a family member and/or close friend. We require a three-day evaluation period at our medical center. The candidate will be seen by each member of the team and will under go a series of psychological tests.

Prior to surgery, the candidate will meet with the treating physician and his staff to discuss procedures, risks and complications of the surgery. These operations are costly and usually are not covered by health insurance. Three to four separate surgical procedures may be needed for conversion from female to male genitalia. The cost of the phalloplasty with or without urethral hook-up varies. Hospital costs are billed separately.

Prior to sex reassignment surgery, breast reduction and total hysterectomy are completed, either at the center or at a hospital near your home. Further fees may be required if testicular or penile implants are requested.

About 12-20 days of hospitalization are necessary for the first stage of surgery, as well as two shorter admissions to finish this step. This first stage of phalloplasty requires the patient's presence in Virginia for about three weeks. A waiting period of about six months between stages three and four is often needed to allow the blood supply to improve...

We have been using a new technique for penile reconstruction since 1971. Instead of using several groin flaps as originally done with limited success, we now take an abdominal flap from the center of the abdomen. This is raised and the urethra routed from the uppermost portion of the flap to the lower portion during the first and

second stages of surgery. In the third stage a segment of the bladder tissue is used to recreate the urethra and insert it into the delayed, raised bladder flap. Thus far, we have had more success with this surgical technique as opposed to the original method used.

If the urethral hook-up is chosen in order to attain the ability to stand and void as a normal male the penis remains somewhat soft continually. If one chooses to use the reconstructed penis for the purpose of sexual intercourse mainly, then an opening is surgically created and a silastic device is inserted into this pocket of skin. Almost all of our patients have opted for the urethral hook-up.

Artificial testes are given to all patients who request them. This is done as a final cosmetic procedure at which time the penis is usually sculpted as well.

Qualifications for acceptance into our program include; living and working in the desired gender role for at least 18-24 months, financial and job stability, acceptance by friends or family members and referral by a psychiatrist who must submit a transexual diagnosis

Joyce Schmidt, R.N., Co-ordinator  
[Ed Note: M. Ina Langman, Ps. Dra. is now program co-ordinator.]

Progress continues to be made in phalloplasty and mastectomy for female-to-male transexuals. We now see almost as many patient in this category as in the reverse group.

We published a report in the August 1984 issue of Plastic and Reconstructive Surgery explaining our current technique for reconstructing the urethra from the bladder wall. I believe this has certain advantages over (cont'd.)

## Gender Identity Programs (cont'd.)

previously used methods. We are now further in improving the safety of the phalloplasty by using muscle and musculocutaneous flaps from the rectus abdominus muscle based on the inferior epigastric artery and vein. This, in some instances, is allowing one-stage reconstruction of the phallus with the urethra inserted either at the time or at a later operation, if the patient decides to have this additional feature.

The principal change we are noting in the mastectomy has been a method to advance the incisions to a lower level and blend them along the lower border of the pectoralis major muscle. This leaves the upper chest almost unscarred in these patients. The surgical techniques change each year but patients seem to be getting increasing satisfaction with the improved methods.

Dr. Milton T. Edgerton, Chairman  
\* \* \*

## PARADISE IS NOT FOR SALE

This moving, 1985 Danish documentary about four transsexuals: an opera singer, Christine Jorgensen, a taxi driver and a woman who became a man, was shown Nov. 1986 at Toronto's first int'l. festival of gay cinema and provides a historical perspective on sex-changes.



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## In The News... (cont'd.)

ARE SCIENTISTS SEEKING TO PHASE OUT WOMEN?: Implanting Wombs In Transsexuals Planned (photo), The Examiner, Oct. 22, 1985. Australian social psychologist Robyn Rowland says artificial wombs could be implanted in transsexuals, who could then fertilize themselves with their own sperm taken before the operation. At a panel held at the University of Washington, Seattle she predicted the new race of surgically-created human queen bees would be both mothers and fathers, - eliminating the need for women.

HALF-MAN, HALF WOMAN (photo), The Examiner, Jun. 18, 1985. Hermaphrodite Patrick/Patricia [REDACTED] 28, of Los Angeles, rejects the idea of a sex-change because s/he is both man and woman in mind and body. 'I hated myself as a freak, yet I accepted myself despite my problem.' Tragically, s/he has searched in vain for love because each romantic affair ends once the partner finds out s/he has both male and female sex organs. But despite all the pain it causes, s/he 'wouldn't change for the world.'

BRAINS OF MEN, WOMEN FUNCTION DIFFERENTLY, PSYCHOLOGIST CLAIMS, The Kitchener-Waterloo Record, 19? Psychologist Sandra Witelson, of McMaster University in Hamilton, says the brain is a sex organ that affects men and women's intellectual functions, and suggests girls and boys be taught differently to make the best use of their particular abilities. She says linguistic and spatial aspects are divided in men between the brain's left and right side but are present in both sides of women's brains. Toronto neurologist Marcel Kinsbourne, at Sick Kids' Hospital, warns that findings on the brain's functioning are inconclusive and could be misinterpreted to justify sexism.

## WHY ASK ME?: A Personal Profile

by Rae [REDACTED]

With the ongoing discussion of Aids, I am constantly being asked, "What are your risks of getting Aids?" My problem is understanding why my friends think a female-to-male transsexual is going to contract Aids. I try to explain that I am not homosexual or bisexual and that I am a little confused at the thought of such. As the conversation continues it unfolds around the idea that TSs are seen as more sexually active than any other group - with a variety of partners of both sexes. I'm having a hard time understanding where these ideas come from because my friends are, for the most part, very well educated. I realize they only ask because they care about me but the association makes me very angry.

Upon questioning my TS friends who have had the surgery, I was shocked and amazed to find that many live as either gay or bisexual. One of the guys I've come to know over the years said it was really hard to accept at first, but after surgery and a new identity, his feelings and way of thinking started to change, and one thing just led to another. Overall, this shocking news really set me back, as the possibilities had never entered my mind. So, I've been doing a lot of soul-searching, trying to figure it all out. I've gone back to before I had my surgery and the kind of life I was living then. So I'd like to take you back to my college days and share some experiences I've had and the directions I took to get where I am today...

I knew long before I left my home in Pennsylvania for college in Kansas that I was different and that my differences were a driving

factor I would have to face, somehow, someday, for as time went on, I felt more and more isolated and that I was the only one living this hell that would not stop.

My first year of college was an eye-opener: I attended a four-year church school where women were to act as ladies and men as gentlemen. I knew the college would give me the total education I required, as well as the religious training I wanted in order to deal with my sensitive self - a self I'd never been able to express. The dress code here (something I overlooked) was the first major undertaking I would have to contend with in order to survive. It plainly stated that female students would wear no slacks except in the dorm or as required by the physical education department. Yet after six weeks and a lot of stepping on toes, I managed to change the code. Now I could get down to some serious study!

I kept to myself mostly and fantasized about women and the fact that I was truly intended to be a man except that something had gone obviously wrong - and this I had to do something about. The fact that I was always in boys' attire and had more male than female friends was brought up to me many times by our housemother and by the Dean of Women - who requested that I get more involved in girls' activities as it would look better and people would stop referring to my friends as more than just that.

Confusion was a way of life and there was no one with whom I felt I could discuss my innermost feelings - especially that I wanted to be 'one of the guys' literally. A psychology major, I tried to find a condition that would explain my feelings. Soon I ran across a description of what a homosexual and a bisexual were, with (cont'd.)

### Why Ask Me? (cont'd.)

transsexual and transvestite passed over like bad apples. But the discussion of gender got my mind to really question my existence.

I knew my life was missing something so, I began to experiment with sex, as was the norm for all people my age, but soon realized that in no way was the female role one that I could accept or continue to cope with. I had some gay friends at this point and the many trips to gay bars on weekends exposed me to the world of others also confused with their gender.

With this new finding came the contacts I needed to help me solve my problems (so I thought). Now I was ready to solve my "gender disorder" but all the literature I could find related only the change for a man who wanted to become a woman. There was nothing even hinting that a woman could become a man totally - and not just with a change of clothing. I knew there had to be more and I told myself I would find a way to get to the me that was hiding inside.

For awhile I let people consider me gay and I went to gay functions and churches with my friends. This new way of living was fascinating but I knew that for some reason, I did not fit into this mold either and there had to be more answers somewhere else and other people who felt as I did. Gender reassignment was a goal for me as I knew, deep inside, it had to go both ways. I became more isolated and kept very few friends as I could not come to tell them what was pre-occupying my mind and why I had been spending my time off-campus.

When I sought help through the various mental health agencies, I was turned away without a lead as

to where to find help for my problem. Once, I got an appointment with a counselor. I was so excited but on revealing my preoccupation with becoming a man, was told I'd got some bad information. He tried to change my mind by telling me how 'dirty' such thoughts were. So more confused than ever, I walked out, never to return. I then made an appointment to see someone else in another city and was urged to let myself be hospitalized in order to redirect my very distorted and misguided feelings to becoming a model heterosexual. No way was this going to happen to me - to be locked up like an animal because I had feelings that were different!

Now that many people knew that I had some strange thoughts about sex, I felt I had to set things straight so as to get the 'heat' off my back. So, I accepted offers from the guys to go out and acted accordingly. In the long run, people quit talking about me but I did not feel good about all the things I had done and felt myself slipping farther away. I isolated myself concentrating on my studies and spending my free time in the bars away from campus, where I could escape into a dreamland, imagining becoming a man and meeting just that right woman and living happily ever after...

Along the way, I met some really great ladies. One I spent (cont'd)

*Ronata Lee White*  
Gender Counseling

Greenwich, CT 06830

(203) [REDACTED]

### Why Ask Me? (cont'd.)

a summer with and then she never spoke to me again. (Just recently, after 11 years, we started to write again as she was my best friend during college). Then, there was a lady I spent five years with. It was during this relationship that I found some literature on the University of Texas Medical Branch in Galveston. This was one of the places where counseling was available and where sex-reassignment surgery was done. So we moved to Galveston and both got jobs at the University.

It was during this time that I had to come to grips with a very violent childhood and this would distract my search for two years, as I dealt with an overwhelming anger that had built up inside me. This soon brought our relationship to an end, as I also expressed my desire, again and again, to be a man - which was something the lady could not accept as she could not think of me as anything other than a woman. (After all, I had a very large chest one could not ignore and this rationalization in the mirror made me even more angry!).

One day in therapy, I mentioned this very protected part of me and in the same building, on the same floor, just two doors down, was the man who would be instrumental in changing my gender. In one year I had grown a beard and changed my name and at long last, had changed my body to fit the me inside.

The point here is this journey took so damn long, how could I change again and become someone else like a gay or bisexual? I'm married and have a good job where I work as a man with no hassles. My wife accepts me for what I am and even encourages my 'night out with the boys' because she knows I

missed a lot along the way and that just 'hanging out' with the boys is vital for my continued mental health. True, she gets a little jealous as I find interest in a lot of other women, but she knows this is just an adolescent phase I need to go through, even though, by reason of age, this should all be out of my system by now.

Yes, I still identify with a lot of my gay friends and frequent gay bars (several times a year) but only because I can feel at ease here, and in the long run, know what my expectations and limitations are. So, when people ask me about Aids who are not aware I go to gay bars, it gets me mad and I feel a need to put them straight. I did not live an isolated life and endure some real hell just to become someone else. I am a man by choice if you want to call it that and women are what it's all about. My wife knows I have some off feelings now and then but we work them through and I'm very happy. I now work in the mental health area as a man with much objectivity in a sensitive way and this is the only way I know how.

There has been a lot of pain and heartbreak along the way and I really want to thank my Canadian friend Rupert, from the bottom of my heart, for being there when I needed someone. He wrote back in answer to all my questions and found contacts for me. Thank God I stumbled across the ad for MMRF because it has indeed made a difference for me. Rupert and the magazine need your support in order to ensure its continuation.

When all is said and done, the TS is no more a prime player than any other in the spreading of Aids. Maybe the reason for tying the two together is because the average person does not understand the TS.

GENDER DYSPHORIA: Development, Research, Management

edited by Dr. Betty Steiner, Plenum Press, New York, 1985

Reviewed by Ariadne Kane

This book is the result of 15 years clinical research on 700 individuals who presented themselves as gender dysphoric to the Clarke Institute of Psychiatry at the University of Toronto, Canada. It includes information on management of the dysphoria, as well as the development of the subjects. Dr. Steiner and her colleagues have put together a most interesting series of chapters with several theoretical notions and much clinical data to corroborate some of the ideas related to the ideology and management of the transsexual.

The basis for most of their work derives from the definition of transsexual (gender dysphoric) as defined by the third edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM III). This publication came out in 1980 and serves as the basis for much of our current clinical and management attitudes on this segment of the paraculture, defining "transsexual" as a heterogeneous disorder of gender identity - the sense of knowing to which sex one belongs. The essential features of the disorder are stated to be "a persistent wish to be rid of one's genitals and live as a member of the other sex." (It is important to note that this reviewer does not subscribe to this narrow definition of a person with gender dysphoria syndrome). Apart from this basic terminology difference, I have found this book offers the greatest number of clinical cases on record (over 700) of people who want to have sex reassignment surgery. It provides a wealth of clinical data so that a helping professional can get reasonably good

about the nature and subtlety of people who present as transsexuals.

Chapters Two through Six in the work focus on early influences in gender identity development. There are descriptions of persons whose subjective sense of gender identity was in contradiction to their biological sense at a very early age. The thrust of this section is to review what is known about the factors that influence this subjective sense in "human intersexes".

In another chapter, one author deals with biologic perspectives on the problems of transsexualism. This would include recent work on the H-Y antigen. The remaining chapters of this section are concerned with crossgender-identified children. One author provides an overview of the literature, another provides summary of clinical experiences with crossgender-identified children and their families and presents an etiological formulation that tries to take into account both constitutional and psychodynamic variables.

Three chapters contain a number of empirical and theoretical issues relevant to adults with gender identity "disorders". For instance one author points out that crossdressing in males has generally been evaluated with regard to feminine gender identity. However, he states that crossdressing is also practised among others, such as rapists, sadists and masochists and that these individuals have not traditionally been considered to have gender identity disorders. Yet, in adulthood, a percentage of these people who present childhood crossgender behavior patterns display at least one behavioral(cont)

### Gender Dysphoria (cont'd.)

phenotype that is similar to that of the transsexual. In the final analysis, he suggests that cross-dressing has many meanings, including some that have not been previously systematically considered in the sexology literature.

In a later chapter, another author presents a battery of self-administered questionnaire scales which are designed for the objective classification of adult male patients into four diagnostic categories. These correspond roughly to diagnostic groups that were identified as "nuclear transvestites", "marginal transvestites", "fetishistic transsexuals", and "nuclear transsexuals". The authors of this chapter briefly describe the use of psycho-physiological measurement as an alternative to verbal methods in the assessment of erotic anomalies that usually accompany gender disturbance.

Clinical issues are the subject of the last third of the book. Here the authors have done a great service for the helping professional. In one chapter, there is a good discussion of the clinical management of gender dysphoric patients. In another, there is a good analysis of the partners of transsexuals through the use of the clinical vignette. Another contributor discusses the process by which a person moves into the social status of the opposite biologic sex. It is argued here that sex reassignment surgery is only one among many components in this process, and is not necessarily the most important of these. He claims that a general failure to take the rehabilitative impact of the non-surgical components of gender reorientation into account has distorted the interpretation of surgical outcome studies and has overall, tended to mislead

research on the clinical management of transsexuals.

Finally, the editor with her 14 years of clinical experience in this field, concludes this impressive study with her observations and suggestions for follow-up in other studies that are well within the interest of helping professionals who work with this client base

GENDER DYSPHORIA, without doubt is a major contribution in the 80s toward better understanding the nature of gender dysphoria, sex reassignment and clinical management of these clients. It is a must reference for all helping professionals who work with this client population. I recommend it highly.

{OUTREACH NEWSLETTER, 1986, Outreach Institute, Boston, Mass.}

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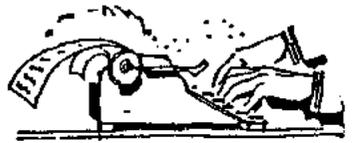
### **J2CP Information Services**

J2CP Information Services provides information/referral services formerly provided by the Erickson Educational Foundation and JANUS Information Facility. J2CP Information Services is a separate entity and is not affiliated with either of its predecessors.

J2CP Information Services provides an information package consisting of pamphlets and literature concerning gender dysphoria syndrome, transsexualism and transvestism. This information package is available at a cost of \$25.00 to cover research, printing, postage and secretarial services. Additionally, J2CP Information Services will attempt to provide referrals to reputable counselors, psychotherapists, or gender programs, and peer groups near your home.

Certified checks or Money Orders should be made payable to J2CP Information Services. Please specify whether you are male-to-female, female-to-male, or transvestite when writing. If transsexual, please provide your place of birth.

LETTERS TO THE EDITOR



Dear Mr. Raj:

Am enclosing a check to cover my renewal for the Metamorphosis Magazine. I continue to find each issue to be quite informative and helpful for our men. Indeed, we leave the current issue in our waiting room and I frequently get positive comments from the guys.

I truly hope to be able to make one of your General Meetings someday. I would like the opportunity to meet you and others and share information and experiences. In the meantime please keep me posted on the group's activities. Good luck with your endeavors in the coming year and best wishes.

Collier M. Cole, Ph.D., Director  
Gender Treatment Program, Rosenberg Clinic, Galveston, Texas

\* \* \* \* \*

Dear Rupert:

It certainly was great to finally meet you in person last month [at the memorial gathering for Dr. Benjamin in New York City]

A group of us have achieved our goal of organizing a solid support group for transsexuals in the New York metro area. We call ourselves "The Gathering" and meet on the first Sunday afternoon of every month. Right now, we're small but as people get to know of us, I'm sure we'll really grow. I expect there will be about 15 of us at the next get-together at my house. We have only three F-M members at the moment but are trying hard to reach more. Since building a solid network of consumer/providers is one of your goals, I'd very much appreciate your giving our group

any appropriate publicity you can.

I'm enclosing a check for \$30 as I've been meaning to renew my membership for a long time!

Jana [redacted]  
[redacted] New Jersey 07601 (201- [redacted])

\* \* \* \* \*

Dear Friend:

ETVC has recently put out an informative pamphlet, "Transsexual Basics". It was designed to supply elementary information on transsexualism and a balanced look at reassignment surgery. It was compiled from data gathered from both pre- and post-operative transsexuals.

In addition to this pamphlet and one on transvestism, we also produce a bi-monthly newsletter covering past and future TV/TS events in the Bay area, as well as articles of interest to the gender community. Our members are interested in what other groups are doing and would like to exchange information and newsletters. We hope you will find interest in these publications and invite your feedback.

Gloria Peters, ETVC, P.O. Box 6486  
San Francisco, California 94101

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Letters To The Editor (cont'd.)

Dear Sister Group:

Our group, known up to now as the National Gender Alliance-Windy City Chapter, is undergoing a change in leadership. A transition team has been formed to lead the group until our April meeting when an election of officers will take place and the permanent name of the group be finalized. During the transition period we will be known as the Chicago Gender Society.

We want to assure our friends that the group has survived intact and is alive and well. We are currently 50 strong and are confident that through this reorganization and refocusing of the group, old members will return and new ones will join us. We will keep you updated on our progress. We will continue to hold meetings and socials at the same times and places as before, and to have fun and cultivate friends while offering more programs of interest to our varied membership. The feelings of optimism and enthusiasm about the changes occurring within the group are overwhelming.

We would like to thank you all for your support and confidence. Here's to a bright future!

Roberta O'Meary-Stanton, Rachel Richards, Dave Maxwell, Transition Team, Chicago Gender Society

\* \* \* \* \*

Dear Mr. Raj:

Dr. Money suggested I contact you so I am asking you for your co-operation and aid.

NGDISC works with many organizations and people around the U.S., including Transsexuals In Prison.

We have local referrals for M.D.s for hormonal treatment, have counseling and analysis set up at university psychology departments and are in touch with several surgeons. We also offer peer-support. However, our main goal is to help TSs in prison before and after release, through the officials where they are. So, any info' you could share as to surgeons, their qualifications and fees will be of help

We have a nationwide support group letter and I'm in touch with about 100 M-F TSs and several F-Ms including one in Israel we are trying to sponsor into the U.S. We're also trying to negotiate a deal with several banks/credit unions to set up a loan program for working TSs to get aid in obtaining the needed lump sum for surgery.

I know you must be busy but please try to find time to help. Maybe we can be of mutual benefit.

Donna May James, Northwest Gender Dysphoria Information & Support Center, [redacted] Moscow, Idaho 83843

\* \* \* \* \*

Dear Rupert:

As you know, I've been trying to get a few of us together and have finally found a dear friend who has lent us the use of her home. The meeting will be held in Walpole, Mass. We would like to have about 10 people attend and share some of the experiences and difficulties we have been having as individuals. They can come in the gender of their choice. Our support group is "The American Federation of Transsexuals" and we published our first newsletter in January.

Karen Aldrich, P.O. Box 9238, North Dartmouth, Mass. 02747

Letters To The Editor (cont'd.)

Dear Rupert:

Many thanks for your letter. We are always on the lookout for contacts with helpful organizations in other countries. We already have links with TV and TS groups in Japan and Australia, as well as the Tiffany Club in the U.S.A. and exchange magazines with them. I've enclosed ours - "The Glad Rag".

If either you or your members are in London, you'd be very welcome to call in - as well as the weekend meetings, we've a helpline running during the week.

The group's going from strength to strength - nearly 800 members (mostly in the U.K. but a few abroad, including Canada and the U.S.) - and we've become the point of reference on the subject in the U.K. By the way, the "Limited" in the letterhead doesn't mean we've become a commercial venture we're now what you would call a non-profit corporation and our aims are broadly the same as MMRF's.

Karen Richard, The Transvestite/  
Transsexual Support Group (UK) Ltd  
2/4 French Place, London, England

\* \* \* \* \*

Dear Rupert:

That article by Ian Brown in the Nov.15 Toronto Globe and Mail made me feel bad. It seemed to set our progress back a decade. Brown couldn't have been more disrespectful, and his manner of reporting was terribly unprofessional. They must be desperate for writers if they accept writing like his. His personal opinion comes through in the article; it isn't supposed to.

If I were you (whom he called a

lesbian) I'd be angry as all hell! As a matter of fact, I don't have to be you and I'm still angry because he could have been writing about me or any other transsexual; To him we have no names, only news captions! So yeah, he was talking about me, about you, about all F-M TSs In addition to his inexcusable inability to understand one term from another, he portrayed TSs as demented, sexually-perverted fanatics. He really bothered my pride, insulted my intelligence. I'm going to see if I can get something in the Globe regarding the tone of the article. What's the address? I felt like I was reading something even worse than National Enquirer!

Khalil [REDACTED] Amelia, Virginia

[The Globe and Mail, 444 Front St. West, Toronto, Ontario M5V 2S9. A copy of this article, "Altered States", plus my and my sister's letters to the Editor are enclosed with this issue. We welcome your comments for publication. - Ed.]

\* \* \* \* \*

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**Crossdresser and Transsexual**



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Dear [Name],

Thank you for your letter. I was glad to hear from you and to hear that you are still in good health. I hope you are enjoying the weather in [Location].

I am well at present and hope these few lines will find you the same. I have not much news to write at present.

The weather here is very nice at present. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

I am well at present and hope these few lines will find you the same. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

I am well at present and hope these few lines will find you the same. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

I am well at present and hope these few lines will find you the same. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

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I hope you are enjoying the weather in [Location]. I have not much news to write at present.

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I hope you are enjoying the weather in [Location]. I have not much news to write at present.

I am well at present and hope these few lines will find you the same. I have not much news to write at present.

I hope you are enjoying the weather in [Location]. I have not much news to write at present.

**CANADIAN LESBIAN  
AND GAY ARCHIVES**

