

metamorphosis magazine

Vol.7, No.1 *THE INT'L MAGAZINE OF TRANSEXUALISM* Feb. 1988

Feature Articles:

HEALING THE BREACH:
TS Consumers, Professional
Providers Working Together

TOPICAL MINOXIDIL
FOR HAIR GROWTH

TBS AND THE ONTARIO
PENAL SYSTEM

Personal Profiles:

HOW I FELT WHEN DAD (J.
██████████) BECAME A WOMAN

COMING OUT AS A GAY TS MAN

CHRISTINE: IFGE Convention
Special Guest-of-Honor

Two New Advice Columns:

DEAR DOCTOR...
NURSE'S NOTEBOOK

Tributes To:

SISTER MARY ELIZABETH
DR. JOHN MONEY

Book Reviews:

CROSSING THE LINE
FEMININITY

MOTTO: "TS consumers, professional providers - only by working together shall we resolve gender conflict." - Rupert Raj

TABLE OF CONTENTS

Rupert Raps (Editorial).....	1
Metamorphosis Foundation Notes.....	2
Healing The Breach; TS Consumers, Professional.... Providers Working Together.....	4
Tribute To: Sister Mary Elizabeth.....	7
"Crossing The Line" (Book Review).....	8
How I Felt When Dad Became A Woman (Profile)....	11
Dear Doctor (by Dr. Lenard Hughes).....	14
Nurse's Notebook (by Michelle Hunt).....	16
IFGE Guest-Of-Honor; Christine.....	17
TSs And The Ontario Penal System.....	18
Tribute To: Dr. John Money.....	21
"Femininity" (Book Review)/New Books On TSism...22	
Topical Minoxidil For Hair Growth.....	23
Profile: Coming Out As A Gay TS Man.....	24
In The News.....	26
Letters To The Editor.....	29

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male TSs, significant others and helping professionals.

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RUPERT RAPS...



Greetings once again and welcome new members and subscribers! This is the first issue published since the July-Aug. issue, so 1987 memberships/subscriptions are not due till after

the April 1988 issue. Alternatively, renewing members can remit their 1988 dues now (applying a \$10 credit for the two issues and the resource directory owing from last year, for net dues of \$25), and the same for renewing subscribers (applying an \$8 credit for the two issues owing from last year, for a net fee of \$16). New memberships are \$35 for 1988 and new subscriptions are \$24 (for six issues).

This issue begins a new chapter in our history as it is the first to contain material of interest to male and female TSs on an equal basis. This issue also marks the introduction of three new columns: "Tribute To..." (a tribute to two Honorary Life Members every issue - this time we're saluting Sister Mary Elizabeth and Dr. John Money, next time will be Lou Sullivan and Dr. Roberto Farina), "Dear Doctor..." (a question-and-answer column for F-M TSs written by Dr. Lenard M. Hughes) and "Dear Nurse..." (the same for M-F TSs written by Ms. Michelle Hunt, R.N.). If space permits, I may also start a column: "Rupert's Believe It Or Not" for the next issue. I regret the lack of more technical articles in this issue, but you can look forward to a report on vaginoplasty (as performed in Sweden), as well as the first instalment of Lou Sullivan's

diary of his genitoplasty. The next issue will also feature a film review of "Vera" (about a Brazilian F-M TS) and a book review of Body-shock. I do need a lifestory by a M-F TS for next issue. I apologize to "Romeo Bliss" and to D.P. for not publishing their poem and personal profile, respectively, this time around, due to space limitations, but hope to include them next time.

Now, here come the reasons why there hasn't been an issue for the past six months. Acute burn-out on my part (since May 1986) is number one on the list. Secondly, our computer broke down three times and I had to take it (by bus) to the factory (in the neighboring city) to be repaired. (I'm indefinitely loaning Metamorphosis \$300 for a service contract for the year for the computer - which I can barely afford to do!) Other reasons for the delay in publication include: the formation of my own professional counseling service, "Gender Worker" on Sept. 4, the start of a new job (data entry) on Oct. 5, my move to a new apartment on Nov. 29, and my month-long bout of bronchitis-cum-laryngitis. You people have absolutely no idea how much money, time and energy I spend (at very great cost to my bank account, and to my physical and emotional health) all in the name of Metamorphosis - for the benefit of the TS community. For this reason, I'm seriously restricting some of my commitments and am, as of now, curtailing all activities involving peer-support and peer-counseling and all social functions. My relationship to members of the TS community will henceforth be of a professional nature, and my voluntary work with Metamorphosis will be limited to administrative and editorial capacities. We are primarily an educational organization, and my top priority is to publish the best international, bi-monthly magazine on TSism ever!

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METAMORPHOSIS MAGAZINE

For M-Fs and F-Ms, helping
professionals, sig. others

Regular: \$24, TS prisoners:
\$12, Prof Consultants: \$12,
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\$20, Full page: \$40

METAMORPHOSIS... FOUNDATION NOTES

Board Meetings: Oct. 10, 1987 (Kingston), Nov. 14, 1987 (Toronto), Jan. 9 (Toronto), next meetings scheduled Mar. 26 (Ottawa), May (Montreal).

Appointments: MMRF Exec. Director Rupert Raj, First Alternate to the International Foundation of Gender Education's Board of Directors, became a Board member Dec. 30, 1987. MMRF Honorary Life Member and Prof. Consultant Joanna M. Clark took the religious name "Sister Mary Elizabeth" Jan. 6, 1988 and founded a new order, the Community of St. Elizabeth.

Grant: MMRF will be awarded a \$450 grant by the Lesbian & Gay Community Appeal of Toronto on Mar. 13 to promote the Metamorphosis Magazine. We appealed for \$600 last November.

New Name: The originally-proposed name "Metamorphosis Foundation" was denied by the Ontario Ministry of Consumer and Commercial Relations last August. The most recently-proposed name "Metamorphosis: Gender Education And Support" still must be approved by the Ministry, so our name is legally still "Metamorphosis Medical Research Foundation".

New Motto: Our new official motto is: "towards resolving gender conflict" and will appear on our new letterhead as part of our new logo.

New Logo: We are asking members to submit drawn samples of a new logo that would incorporate our new motto and that would apply to female and male TSs on an equal basis.

New Membership Cards: Members will be issued the original blue membership card until such time as the new one becomes available (i.e. once our new name has been approved by the ministry). At such time, members will be sent a new (beige) card.

Metamorphosis... Fdn Notes (cont'd)

Amended Constitution: We amended our Constitution & By-Laws at our last AGM, but we can't send members copies of the amended Constitution till such time as the ministry has approved our newly-proposed name.

New Letterhead/Envelopes: We are obliged to use our original (blue) stationary (bearing the original F-M logo) until such time as our new name comes through, and we can go ahead and print new (brown-on-beige) letterhead and envelopes.

New Resource Directory: Members will be sent a copy of the 1988 resource directory with the April magazine. The RD will list TS support groups, service organizations, gender clinics, professional sexological societies, counseling services, info'/referral services and sex-reassignment surgeons.

Confidential Contacts List: Members will receive a copy of the new confidential contacts list with the April issue. The CCL will be sent to TS members only (subscribers and professional consultants will not get a copy as this is for peer-support among our TS membership)- one for M-F TSs, another for F-M TSs. Please send your listing (name, address, age, surgical and marital status, etc.) as soon as possible.

Confidential Research Questionnaire: We still need respondents to fill out an anonymous research questionnaire for our on-going data collection. Please write to request a Q, specifying if you are M-F or F-M.

TS Prisoner Fund: We need donations and sponsored memberships (now half-price: \$17.50). Rupert Raj paid membership dues for four TS prisoners last year and hopes to sponsor 18 this year. Please help your TS brothers and sisters behind bars.

Computer Fund: We need donations to expand our system (more memory, graphics board, hard disk, modem) and to service existing equipment so as to improve production of the magazine, resource directory, etc.

The Uninvited Dilemma: We have sold 143 copies of this book and 31 Research Supplements. The U.D. is available from us (paper only) for \$12 U.S. or Cdn. equivalent. The R.S. is \$10.50 U.S. or Cdn. equivalent.

Bank Balance: Our current bank balance (as of Feb. 10) is \$816.14. We desperately need your support in order to survive. Please renew your membership/subscription as soon as possible, and help recruit TS and professional members/subscribers.

OF SOULS AND ROLES

Born was the child -
spirit of woman,
body of man.

The child grew into role
while he gazed upon his soul.
"How can it be?
This is not me!"

Oh, wits of science
don't play with me!
Tell me now...
Can this be?

"Look not upon the mind -
for logic has no soul.
There is no peace
in an undesired role."

"Look upon the heart -
see what there be,
Do not explain it
for it is thee."

And so, the journey begins...
A bumpy exchange of role.
An inner peace,
the uniting of soul.

--Charlene

HEALING THE BREACH: TS Consumers, Professional Providers Working Together

by Rupert Raj, Ex. Dir., Metamorphosis

There has existed for sometime now an uneasy tension, at times a hostile estrangement, between the "consumers" (self-styled transsexuals) and the "providers" (helping professionals - in particular, the psychiatric community). This fact was acknowledged with some concern at an annual general meeting of the Harry Benjamin International Gender Dysphoria Association held a few years ago. (I recall writing to the HBGDA president in June of 1986, addressing this very issue and offering myself as go-between in an attempt to try to help heal the breach between the two sectors I'm still waiting for a response!)

Fortunately there is growing indication that this on-going battle between the two "enemy camps" is somewhat subsiding. At long last, a reconciliation and a "joining of forces" seems to be in sight. This prediction of a happier state-of-affairs to come springs from the following examples, in three countries, of co-operation between the transsexual and the medical communities. In each instance it was the consumer group who took the initiative to approach the professional sector - following the time-honored wisdom of a noted Islamic prophet.

The first in these three examples of rapprochement took place in Toronto, Canada, in March 1981, when the Foundation for the Advancement of Canadian Transsexuals put on a conference at the Clarke Institute of Psychiatry with the participation of its gender clinic. Participants included transsexuals and professionals. Feature speakers included Dr. Betty W Steiner, head of the clinic and Dr Mario Martino author of Emergence. The Metamorphosis...Foundation, in collaboration

with FACT and Transition Support, (all TS support groups based in Toronto) are planning to jointly sponsor a similar convention at the Clarke, sometime this summer.

Late last year, the Self Help Association For Transsexuals held its annual general meeting at the house of Dr. Russell W. Reid, head of the gender identity clinic at Charing Cross Hospital in London, England. Furthermore, Dr. Reid and another physician agreed to act as trustees for the proposed SHAFT Charitable Trust. Two of the main reasons for establishing the trust include the winning of credibility and respectability, and a way to involve helping professionals with SHAFT members to mutual advantage.

And in January of this year, the Renaissance Education Association (a support group for TVs and TSs), and The Gathering (a TS support group) co-ordinated a conference at the Thomas Jefferson Medical College in Philadelphia, Penn with the co-sponsorship of the Society for the Scientific Study of Sex. Speakers consisted of members of both the transgender community and the professional sector. Dr. John Money, of Johns Hopkins University Baltimore, was the keynote speaker. Renaissance Director JoAnn Roberts sought approval from the Quad-S to get the recognition the conference deserved, and to gain credibility within the professional community.

Occasions where the consumer and the provider groups have managed to conduct a meaningful dialogue, and have been able to learn from one another are surely not limited to the above instances, but both parties must diligently strive to continue the good work that has already begun towards the joint resolution of gender-conflict.

Healing The Breach (cont'd.)

The following are some things I do that both TS consumers and professional providers can, and should be doing to reach a better working rapport between the two parties.

- *Learn to listen to and talk with one another, try to learn from and teach one another; grow to trust and respect one another as unique human beings with very real needs; work together to try to resolve gender conflict in the TS-inclined.
- *Recruit prospective members from the helping professional community to join the Harry Benjamin International Gender Dysphoria Association (HBIGDA), and urge them to attend the biennial symposia. (I have been a member since 1982 but have never been able to afford to go to any of the symposia)
- *Reinstate the "Consumer Advocate" seat on the HBIGDA Board of Directors at the next AGM in 1989.
- *Endorse/promote the "Standards of Care as set out by the HBIGDA. (We are presenting a copy of these to each of our members and to our professional consultants and urge other service organizations and support groups to do the same).
- *Read/promote "Counseling The Transsexual" by John Money and Paul A. Walker, (Chap. 102 of the Handbook of Sexology, edited by J. Money and H. Musaph, Elsevier/North Holland Biomedical Press, 1977, 52 Vanderbilt Ave., New York, N.Y. 10017). This paper is a must for counselors/therapists with TS clients).
- *Read/promote The Uninvited Dilemma: A Question Of Gender by Kim E. Stuart, 1983, and the Research Supplement (available from us). This is the book I recommend for "new" TSs, helping professionals, and especially significant others).
- *Join sexological societies (often non-professionals can join as associate members), TS support groups and service organizations which serve both groups (like ours), and refer others to all of the above.
- *Read/subscribe to professional journals of sexology, TS newsletters, and magazines that provide a medium for both TS consumers and helping professionals (like ours).
- *Co-sponsor educational programs - at conventions (like the one held each year by the International Foundation for Gender Education), at symposia (like the one sponsored every two years by the HBIGDA), at seminars and workshops (like the one put on by the Metamorphosis Medical Research Foundation at the 1987 conference held by the Toronto Social Services Network for Lesbians Gays and Transexuals).
- *Co-operate in media outreach activities to educate the lay public by appearing together on television programs, film documentaries, and radio shows, and by featuring jointly in newspaper and magazine articles and in books about transsexualism and gender reassignment.
- *Lobby together to effect needed reform of legal and administrative policies that currently preclude equal rights and opportunities to TSs. (We are appealing to the government to amend the Canadian Charter of Freedom and Rights to prohibit discrimination against TS citizens, and will be lobbying the Ontario Health Insurance Plan to cover the cost of electrolysis and cosmetic surgery for TS women. (Metamorphosis Magazine, Vol. 7, No. 1, February 1988, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4 (416-769-7170).]



Tribute To: SISTER MARY ELIZABETH

It's only fitting that one of the first tributes we'll be paying to those special men and women around the world who have been awarded an Honorary Life Membership in the Metamorphosis Foundation for their veteran work and outstanding contribution to the TS community shall be a proud salute to a woman who's been likened to St. Francis and dubbed the indisputable "champion in the fight for our rights."

Formerly known as Joanna Michelle Clark, she is the author of Legal Aspects of Transsexualism - a landmark contribution to her fellow TS Americans - and numerous articles on the subject. A graduate of the University of the State of New York, she is Director of Administrative Services for the Gender Dysphoria Program of Orange County Executive Director of Community of Religious In Service To America (CORISTA) and J2CP Information Services - all based in California

Sister Mary Elizabeth was born in Pontiac, Michigan and traveled extensively with her parents during her grade school years. She joined the U.S. Navy in 1957 and was promoted rapidly through the ranks, achieving Chief Petty Officer status in 1965. During her military career she was stationed in Bermuda, Memphis and Hawaii with deployments to Alaska, Okinawa and Vietnam. She left the Navy in 1974 and in 1975 changed gender from male to female to free the "woman within". The same year she enlisted in the Army Reserve as a clerk-typist. A year later, when the Army found out and tried to dismiss her, she sued and won a \$25,000 settlement and an honorable discharge - thus making her the only person known to have served in the U.S. military as both a man and a woman.

In 1976 she joined Renaissance; Gender Identity Services, heading their Legal Research Division thru 1980. The same year she helped to found the Gender Dysphoria Program of Orange County Inc. and has been heavily involved in helping the gender-conflicted community since. She served as founding Chairperson of the American Civil Liberties Union Transsexual Rights Committee Southern California affiliate, from 1980-1983 and was responsible for the enactment of California's transgender birth certificate law and the defeat of SB-2200, which would have prohibited MEDI-CAL funds for sex-reassignment surgery

In 1986 she took over the JANUS Information Facility's information referral service at the request of Dr. Paul Walker and today, J2CP Information Services/CORISTA is the leading information/referral service for gender-dysphorics and helping professionals in the U.S. A 1986 nominee for "Who's Who In American Women" and "Who's Who In California" she is listed in the 21st edition of "Who's Who In The West" as Joanna Clark. In July 1987 she became an Honorary Life Member of the Metamorphosis...Foundation.

In December 1987 she started her own religious order after being rejected by Sisterhoods all over the U.S., and at a candlelight service at St. Clement's By-the-Sea Episcopal Church in San Clemente, Calif. wearing a habit of her own design and flowers in her hair, Sister Mary Elizabeth took the veil and the vows of poverty, celibacy and obedience. She was later officially recognized in her new status by the Episcopal Diocese of Los Angeles, and is the first "new woman" to become an Episcopal Sister.

Write to Sister Mary Elizabeth at Community of St Elizabeth, Box 184 San Juan Capistrano, CA 92693-0184

CROSSING THE LINE by Michael Eliot (unpublished, 254 pps.)

Reviewed by Rupert Raj

Probably one of the most provocative approaches ever undertaken by a transsexual man or woman attempting to communicate the essential (and substantial) nature of the transsexual experience, this revolutionary account should be a world-wide best-seller when it finally reaches the bookstores. What is more, this book should spark the intense interest of sex therapists, researchers, psychiatrists, psychologists, sociologists, anthropologists, biologists, endocrinologists and surgeons - and is sure to fuel the wrath of party-line feminists.

Crossing The Line will undoubtedly offend the sensibilities of some of the more genteel readers, simply because of its primary focus on a kinaesthetic awareness of the male body - particularly the penis - as a sexual reality. It is furthermore bound to fire a controversy of far-reaching implications on account of the writer's basic premise that F-M TSs (pre-surgically) actually FEEL the male organ-much like amputees still sense the "phantom limb" for sometime after.

"In ordinary usage "kinaesthesia" refers to: 'The sensation of movement of strain in muscles, tendons, joints, muscle sense.' It's the closest word I could find to describe what I 'feel' as a transsexual. I am describing something for which no accepted vocabulary exists, because [it] is not yet recognized as 'real'. (Perhaps it is not recognized only because it has not been described)." (FF, p. 248).

"KINAESTHETIC SENSE describes the means by which one feels (senses/knows) one's sex; esp. in this context, how a transsexual 'feels' 'opposite-sex'. Defined: 'The sent-

ient awareness of a sexual energy pattern that has real motor effect on the physical level; in TSs creating discomfort where the motor effects are not compatible with the body; one's primary sense of sexual identity, by virtue of the fact the sensations of sexual stimulation are far more compellingly real than any other senses which might contradict them.'" (p. 254).

"There is no doubt in my mind this feeling is the one thing that all transsexuals have in common... 'female' transsexuals experience the penis as the kinaesthetic presence of a 'phantom-limb' type phenomenon from earliest childhood. Also: Why does anyone think anal intercourse does not suffice for the 'male' transsexual? He says: 'It feels wrong.'... I do not pretend to know how this comes about in an organism, this contrary kinaesthetic sense, but it is a coherent set, it over-rides the ordinary muscular sense, it persists through time, in a place that literally doesn't fit, and in a place it is actively discouraged from being in..." (p. 249).

Michael Eliot is a 48-year-old, partially post-operative, female-to-male, transsexual American. Trained as an anthropologist, he worked as a college instructor for a time and until recently, owned a gallery and made his living as a sculptor. He recently got married and he and his wife now own an antique shop near Boston. Well-read and widely-traveled, his insights and perceptions spring from diverse sources, not the least of which is his dual perspective of the intimate realities of sexuality and of gender. After all, has he not experienced (and FELT) life on both sides of the gender boundary - both as a woman/female and as a man/male?

Crossing The Line (cont'd.)

"...I resent the current fashion of seeing sex differences as no more than elaborate psychodrama and social contracts;...this view robs me of my reality...it is wrong."(p.250)
"...I know exactly how it feels to function sexually as a male...My sexual partners never doubted it. I can also tell you (as any TS can) what is different about the two ways of functioning sexually...[We] KNOW there is something different about 'males' and 'females'. Strip all cultural notions from 'man and 'woman' and that thing remains; imutable, polar, imperative."(p.253)

And did he not cross over that "sacred", immutable line of sex in a quest for self-fulfillment, in a search for a flesh-and-blood reality to complement, to complete, his psychic identity, his spiritual dimension of self? Yet, for Eliot, this striving for gender congruity for psychosexual integration, will not end until he, too - like other men - can also enjoy the male birthright of a sensate penis.

"I do not want a penis to fulfill the definition of being a male. I want a penis because I want a penis,...it's having the penis itself that will make me feel completely whole...No [thing] on earth can...provide that satisfaction."(p.248). "I foresee a time when...a female transsexual [need not] accept a lifeless lump of flesh that does not even function for urination...I'm not satisfied with that...I do not want to settle for less than what I believe is possible...If a technique to create a workable penis is not perfected in time for me to enjoy it, I want it to be on record that I knew it could be done."(p. 241).

Eliot does just that - proposing a hi-tech solution that would, in

effect, replace the need for macro-surgery by hormonally-inducing the genital tubercle (ie. the foetal tissue that develops into either a penis or a clitoris) in the F-M TS to grow to its full potential as an adult penis. He further suggests the implantation of polymers (fine tubing which disintegrates as the surrounding tissue incorporates the material, leaving a flesh-and-blood replacement of the implanted tube - as experimented with at the University of Utah) to facilitate the extension of the male urethra. Intriguing? Yes. Far-out? Perhaps not. Remember, "science fiction of today is science fact of tomorrow!"

In the course of his quest for a resolution to his lifelong dilemma, it is evident that Eliot has done his homework on transsexualism and on sex differences. He states even though he has come across a lot of good hard research, he has also encountered some of the "sloppiest" conclusions - which he puts down to the fact that the non-TS researcher is handicapped by what he terms "sex-blindness"; "the necessity of having to filter perceptions through only one point of view." Perhaps then what we need is a new breed of professional researchers who have "crossed over" but still retain their scientific objectivity.

Crossing The Line has a tri-part structure; the first section introduces the author and the main segment of the book, the middle part (the "heart and soul" of the book) is a personal journal of the first two years (1977-79) of the process of sex-reassignment as experienced by the writer, and the last section is a general and medical overview. The diary format highlighting the eventful days in the life of Mike Eliot is a departure in style from other "metamorphosed" autobiographers that lends itself very well to film-making. (Move over "Vera"!)

Crossing The Line (cont'd.)

The tone of these memoirs may strike readers as being somewhat hostile, in terms of Eliot's attitude towards his father, lesbians, and "shrinks" (as he terms them). However, on approaching him about this negative stance, the writer reassured me that most of these angry and aggressive feelings have since dissipated, at least those regarding his father—with whom he was finally reunited as "the long lost son" just prior to his dad's death. As for gay women and psychiatrists, well, you will just have to wait for the sequel to find out.

Liberated readers should not despair, however, for Eliot does redeem himself by his renunciation of sex stereotypes, even if he can't come to embrace the idea of androgyny:

"Unlike Mario Martino or the other 'female' transsexuals I know, I was not locked into... a stereotype of sexual behavior... 'Androgyny'. Is there anything I haven't gone through to understand that popular concept? For every female part I played [as an actress] or directed, I had to draw on something real to give it life... I had a lot to use... [b]ut one is one sex or the other. One cannot be both. It's popular to confuse this temporary capacity for empathy with an actual identicalness, or sliding scale to virtually erase gender in the name of political or humanitarian egalitarianism, to deny the polarity of male and female. It is wrong to do so." (pps.24-25).

Yet, in the final analysis, Mike Eliot shows himself to be a "new man" of both sensitivity and virility, a man who is body and "soul".

[Please submit names of publishers who might seriously consider putting this work into print.--Ed.]

Passages

Newsletter of "The Gathering", the support organization for transsexual individuals in the greater New York area

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HOW I FELT WHEN DAD BECAME A WOMAN

by Mark [REDACTED]

The only image I can really recall when my father told me he was going to become a woman was a rhododendron tree. We were walking up the drive of our house. Dad was nervous, I was 18 and not exactly unprepared, and the rhododendron was in full flower in spite of the winter air. That rhododendron tree was an appropriate image; hermaphroditic, hardy and coming into flower in a season that would only just tolerate it.

We discussed the impending change, the likely reactions of my brother and sister, my mother's feelings. I recall Dad emphasizing the condition was not hereditary - more to assuage his fears about my likely reaction than to correct any misconception on my part.

For such an important announcement, the details are hazy in my memory but then I had always known there was something different about our family. In terms of lifestyle, that difference was obvious. To have a father who was a journalist and a writer seemed natural but undeniably romantic. To tell impressive stories at school of James Morris' earlier exploits - from struggling through the ice-pack of Everest to joining sheiks on a crossing of the Arabian Desert - elevated me to the status of hero along with my father. We became a close-knit family. We were in one another's company more than is usual, and if my brother and I relied on our parents for stability and reassurance, they also relied on us for emotional response.

I still looked for an explanation. My first conclusion was Jan must be homosexual and had decided at a late age to stop hiding it.

Our relationship gradually became more distant as we grew more reserved with each other. On my side there was both the shyness and the broadening of horizons of an adolescent and Jan seemed to need more of her emotional reserves to cope. Nonetheless, the trust continued and we discovered the pleasure of the lengthy call that dissects the world, the flesh and the devil. Because of this, I never asked my father if he was a homosexual. I did bring up the subject with my brother but he dismissed the idea and consequently, I was never sure one way or the other. The answer to the question came only gradually.

My parents now had the difficult problem of introducing the idea of my father's changing sex to the children, for one of the effects of the hormone treatment was that Jan's breasts were slowly swelling and there would come a point when the fact could no longer be hidden. It must have been extremely hard for them to decide how to broach the subject. They had a small collection of books on "sex-changes", which they left lying around, especially when they were away.

I gradually made the connection between the books, my father's not altogether masculine appearance, and my own thoughts that my father might be homosexual. It occurred to me my dad might be contemplating a sex-change, but it was so outside the scope of my knowledge or conceptions I at first assumed there must be a more oblique reason for leaving around such books. However too many incidents and observation led me to wonder. I began to realize the nature of the dilemma. All that remained was for Jan herself to tell me, walking up the drive.

Shortly after this revelation, I went to Oxford University. In the interval, my family began (cont'd)

When Dad Became A Woman (cont'd.)

to get used to James becoming less of James and more of Jan: the male appearance gradually slipped into something more nebulous, and the effect of the hormones grew more obvious. Jan continued to live her homelife as a man; she had not yet of course, physically changed her sex and the knowledge of her intention was now limited to the family and a few close friends.

The change from one gender to another was so slow, the changes (such as growing breasts and softening of skin) took place over such a long time that it began to seem natural. It might have been more awkward if we had been subjected to questions or comments from friends and neighbours, but Jan largely disappeared from a wider social life during this period, our house was quite isolated, and if friends did notice anything, they never made comment.

It was, however, necessary for Jan to live as a woman when away from home. She needed experience in living life as a woman before the change was irrevocable. It was to this and we arranged I should meet her, for the first time dressed as a woman, in Oxford. My over riding emotion was curiosity I was by then so used to the idea of Jan becoming a woman that the chief interest was to know what she would look like in her new persona.

I opened the door to a respectable, well-dressed woman coming in to middle-age. The person behind the clothes was exactly the same as I had known when I had last seen her, except a little more nervous, and it was very hard by then to remember what she had looked like as a man for she had been physically so close to looking like a woman that the addition of

clothes and make-up merely completed the picture rather than producing any radical change.

At Oxford no one yet knew James was now Jan but it was necessary to tell a few people, in particular, girlfriends who were likely to meet her on her rare visits or at home. Jan had suggested a *modus vivendi* for such occasions that I should introduce her as my aunt. I tried it once but hated it. It was as if I was denying my own parentage, so I merely warned people in advance and introduced her to them as Jan. The reaction was usually stunned silence. Sex-changes were then rarely heard of. After the silence sometimes came disbelief but when the listener was convinced it wasn't a joke, those of my own age group were less interested in the changes...

The range of reactions expressed to me was, I think, wider than that expressed to Jan as it was easier to express astonishment, disquiet or outright criticism to someone one step removed, and the curiosity about the physical changes could be answered with less embarrassment by a relation.

There was one group for whom the change held a particular fascination; homosexuals. I suppose that interest should have been obvious, but there were among my acquaintances two divergent views. The first group saw in Jan's sex-change feelings they too shared, however latent. Jan explored these feelings to their logical and ultimate conclusion, and what she found broadened their understanding of where their own feelings might or might not lead them. The second group held Jan in contempt. They felt Jan had betrayed them that she was gay and should have faced reality, remained a man, and lived as a homosexual. They missed the point (cont

When Dad Became A Woman (cont'd.)

In our own family our relationships weren't changed by the mere fact of the operation and the required social adjustments had already evolved previously. The publicity had little effect, other than to let Jan live openly as she had been doing covertly as a woman and for us to accompany her.

The only reactions I felt were psychological rather than social. I suppose every eldest son feels competition between himself and his dad. I certainly had. Now that Jan was a woman, the competitive urge remained but without a target. The motivation had been my father-figure, not the woman that Jan now was. I felt a sense of rejection—that Jan's adoption of womanhood was a denial of the role of fatherhood, and thus a rejection of me.

The rejection also entered a more concrete area, one where the conscious and the subconscious meet - my sex-life, Impotence, the inability to achieve erection, caused by fear of failure prompted perhaps by the fear of rejection, is a common enough syndrome. After Jan's operation, the sense of rejection found a new more conscious ally; a strong visual imagination. It was not the image of my parent-hood being cut off that came to haunt me, but the image of the vagina that replaced it. It symbolized the break in continuity that I had already felt and the sense of rejection this break falsely implied. I somehow transferred that symbolism to the woman I was sleeping with at the time. The result was inability, although sexually excited, to achieve erection.

The situation wasn't terrible. If the result had been rejection by the women concerned, then the syndrome might have had more seri-

ous consequence. Love is more important than sex; concern and foreplay began to erode my fears. The impotence passed, the visual image died away and with it, the failure

These were my major reactions, but the dislocation seemed no more than many people experience when parents divorce, or when one dies young, despite the fact some of the details were more rarefied.

The second legacy was a realization of how important our family relationships had been in sustaining both Jan and ourselves through the long period of change. Our family hierarchy had never been of much importance; consequently we had always been more interested in one another than in one another's material or social success. The sex of one of the family didn't really matter. And, the slow evolution of the sex-changing process meant we evolved along with Jan and as long as love and trust was shared among us, as they were, we were (and remain) an essentially happy family.

When, at times, I wonder wistfully what it would be like to have a male father now, I realize I'm not wondering about the person but about the trappings of the successful male preserve; the club, the network of "old boy" contacts, the executive car. I learned character is more vital than anything else. Of course, I cannot say whether my relationship with my father would have been different if he had not changed sex but consequent unhappiness would certainly have coloured our relationship. We are good friends, more than that. We feel that indefinable bond between parent and child. The fact my dad is now a woman is immaterial to that tie.

[Reprinted from "Trans-scribe" Vol 5, No.4, October 1986, Hedesthia, Box 78-026 Auckland 2 New Zealand]

DEAR DOCTOR...

This column will answer questions submitted by members as pertains to medical aspects of sex reassignment. Responses to queries should serve only as general guidelines and you should consult your physician in specific cases. When sending questions, please also include a brief history of your hormone therapy, surgical procedures of any type, medications taken on a regular basis, as well as the source of information when referring to specific questions from publications.

I'd like to introduce myself and briefly summarize my background. I obtained a Bachelor of Science in chemistry, with minors in biology and psychology during my undergraduate years at the University of Florida. After this, I attended graduate school for two years in basic medical sciences. I received my Doctorate in Medicine at Meharry Medical College. My postgraduate training included four years of residency in both surgical and urological fields. I will be pursuing further specialty training in the near future. I'm currently engaged in the practice of emergency medicine and trauma care.

I've read extensively in the area of sexual differentiation and have a keen interest in disorders of endocrine function, congenital anomalies and in many areas of surgery including wound healing. I've been involved in research in wound healing and did some work in endocrine manipulation of patients with prostate cancer, since this appears to evolve from some sort of endocrine imbalance. Advanced stages of prostate cancer are treated with female hormones and surgical castration.

My goals in writing this column shall be to help individuals who have experienced gender dysphoria

to get answers to questions they haven't had the opportunity to ask, and to try to clarify specific issues so they can make well-informed decisions regarding further care and treatment. Additionally, I hope to help protect them from the media and other people who may not be sensitive to their needs, and to help them maintain a quality of life which is every human being's right. A further aim I hope to achieve is to reach out to other professionals in an effort to educate them regarding the reality of gender dysphoria as a bonafide medical condition requiring treatment, whether surgical or emotional or both, and should never be neglected when patients seek help. These patients suffer a great deal emotionally and need all the support available. The problem affects not nearly as small a group as once considered. If a particular health professional doesn't wish to become involved with these patients, they at least owe the courtesy of referral to an appropriate physician or counselor.

I've been in correspondence with a large number of persons considered to be gender dysphoric, whether self-defined or diagnosed by the medical community, and have an idea of the types of questions most often asked. Thus, I'll begin this first column with some information relevant to those queries.

I've had several patients ask me about sites where tissue is taken from various parts of the body to construct a phallus for F-M TEs. I know several institutions that promise sensation in the neo-phallus after taking muscle, skin, nerves, blood vessels, and even sometimes bone, from the forearm. First and foremost, no one can promise you guaranteed sensation of any kind in such a flap, much less sexual or erotic feeling. If you are one of the very fortunate few (cont'd)

NURSE'S NOTEBOOK

Hello and welcome to what we hope will be a regular feature of this magazine. My primary purpose will be to furnish information you cannot find elsewhere or to expand on any facet of the transexual process you may wish to know more about.

Now, since I realize the preceding paragraph may seem somewhat pretentious, perhaps you may wish to know more about me and that's only fair as I will get to know quite a lot about many of you, our readers.

Firstly, I am a post-op, having undergone male-to-female sex reassignment surgery performed by Dr. Michel Seghers in Bruxelles, Belgium about four years ago. In fact, I was the very first TS from the U.S. to have SRS performed by this surgeon, and for that matter, the first American to have this surgery in Belgium, as far as I know. Professionally, I hold degrees in both Nursing and Engineering and have practised both professions in some 10 countries around the world.

For the past seven or eight years, I have been writing extensively on the subject of transsexualism, and some of you may have read articles in the "Phoenix Monthly International" or "The Transsexual Voice" in the U.S., the "SHAFT Newsletter" in England, or "ILIA" in France, to name just a few. Lastly, in association with Dr. Seghers, I initiated the Bruxelles Gender Congruity Service and was the Director until my return to the U.S.A. in the middle of 1986.

But, enough about me. This column is being written for you, and to some extent by you. If there's anything I can help you with, please write. If you require an immediate reply, please include a S.A.S.E. (or international reply coupon-

available from the post office). There are few rules, only that the questions relate to TSism, and as I am a nurse and not a doctor, your query does not require a medical opinion. Otherwise, you may ask just about anything you wish to know. As I took up more room with the introduction than I had planned, I will limit this first column to a topic about which I'm receiving an increasing amount of mail, and that is voice surgery.

To me, this is a needless procedure which ranks with having your legs shortened, or your hands broken and reset to a smaller size, and is a totally useless and potentially dangerous surgery. Now, before one of you writes to me about how you have a deep voice due to swallowing a safety pin, flaming oil, or boiling lye, let me assure you that every, and I do mean every, TS I have ever known was, at one time in their life, blessed with a deep, normal male voice. The thing is that some of us decided to learn how to use our voice in such a way that the person on the other end of the phone would call us "Ma'am" instead of saying, "Yes, Sir." Granted, learning to modify your voice to that of a female takes a lot of time and effort but it is a skill that can be mastered by virtually anyone, and it is one of the few things involved with sex reassignment that you can do for yourself. In addition, because you don't actually alter anything physically, you can always summon a nice "male voice" if, after SRS, one of those little occasions happen when you need to prove to an unsolicited caller that you have a man at home.

Well, that's all for now. Please write. Till the next time, God bless.

[M-F members may send their questions to Ms. Michelle Hunt, R.N., P.O. Box 211343, Denver, CO 80221]

IFGE GUEST-OF-HONOR, Christine

Christine Jorgensen is to be the special guest at the second annual convention being held by the International Foundation for Gender Education in Chicago, Feb. 23-29.

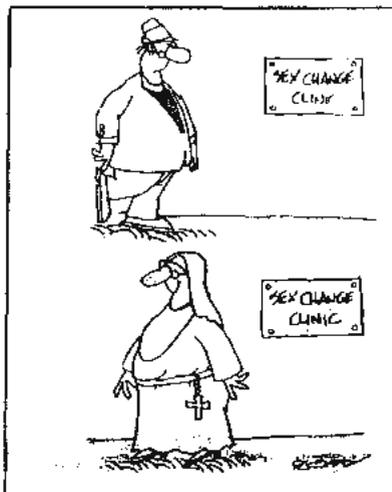
"Some 40 years ago, a young man from New York had just been discharged from the service whence he began a personal search to discover the meaning of his life. Though he had never cross-dressed or been attracted to this, he knew that for some reason, he did not fit into society as a man. He began studying the effects of hormones on the human body and secretly experimenting with them. At that time in good old USA, there was virtually nowhere to turn, so he shipped off to Denmark ostensibly to visit relatives and pursue an interest in photography. There, he approached an endocrinologist at a medical research center in Copenhagen. George Jorgenson became a human "guinea pig" in the most far-reaching medical experiment in our sub-culture's history.

Nearly three years later, George Jorgenson returned to New York amid much hoopla, curiosity and general hysteria as Christine, a government-certified, pretty blond woman. Though she had fame and notoriety thrust upon her unwillingly, she held her head high and proceeded to win over much of the general public with her charm, poise, and beauty. This, amid all the jokes, snide remarks, and sordid stories. Because of Christine, and in a later generation, Rense Richards, a lot of us would finally be able to identify ourselves, as well as find someone to identify with. Knowing there was someone else out there, being able to find a "label" for what we are, and the interest generated in the medical profession is the legacy which Christine has given us. So it is with eager anti-

icipation that we await her arrival in Chicago next month. This wonderful, courageous woman who, whether we know it or not, has made such a difference in all of our lives."
(Written by Yvonne, Chicago Gender Society Newsletter, January 1988, P.O. Box 578005, Chicago, IL 60657)

Accompanying Christine to the convention will be Sister Mary Elizabeth (formerly Joanna Clark) - IFGE Board Member and Metamorphosis Honorary Life Member and Professional Consultant. (Regretably MMRF Executive Director Rupert Raj will be unable to attend due to limited finances.) For registration information, contact Marissa Sherrill Lynn, Director, IFGE, Box 19, Wayland, MA 01778 (617-[REDACTED]).

[Next issue we will summarize a report on charges made against the Removatron International Corp. (a Boston manufacturer of an electronic hair-removal device) by the U.S. Federal Trade Commission - that it made false and unsubstantiated claims of permanent hair removal.]



TSs AND THE ONTARIO PENAL SYSTEM

by Judy [REDACTED]

As human beings, we all want to be loved and understood. At crucial times in our lives, we need compassion and moral support from family and friends whether we are on the right or the wrong side of the law. Many people in prison are disowned by their loved ones - forgotten.

Transsexuals have all the above needs plus a few extra. They need to be accepted for who they are, not who we want them to be. The incarcerated TS is, in my mind, the least understood of those in conflict with the law. They are misdiagnosed by prison authorities, mistreated and ostracized by their peers, and treated like weirdos by those who won't take time to know them as human beings with special needs. Few and far between are those TSs who receive adequate and appropriate medical and psychological treatment while in prison.

TSs "on the outside" can, if resourceful, find professionals to help them access to gender clinics is within their reach and they can turn to support groups and friends. Those of you who have this support can be of tremendous help to your sisters and brothers behind bars. You understand this need above all others and should be compassionate and non-judgmental. All it takes is the moral support of a letter. You can correspond with an inmate provided there's no illegal intent but be prepared to have all incoming and outgoing mail screened. If you wish to send books or TS magazines/newsletters, this depends on prison policy and is ultimately up to the warden. At one time the library at the Prison for Women subscribed to two TS periodicals upon my repeated and persistent request

After a period of time, you may request visiting privileges but again be prepared for infringement of your privacy. First, you must obtain a visiting form from your correspondent and answer questions including your name, address phone number, length and nature of your relationship with the inmate, and whether you have a criminal record. Once you have returned the form, a local parole officer will visit you to ask some more questions. The form will be reviewed by prison officials and you should be notified of a decision. If denied, the inmate can appeal. If granted, security visits (a glass partition separating the inmate from you) may be ordered initially.

Upon entering the prison, you'll be "frisked" (pat down by hand or searched by a metal detector), and must leave your personal effects (except for cigarettes and loose change) in a locker. Visiting times may vary depending on the facility.

What about a support group, you may ask? This is not easy to start in a penal institution. If inmates want such a special needs group, they must submit a proposal outlining the function, potential number of prison and "street" (outside) members, etc. To justify their request to the "powers that be", who will judge whether there is a real need for and possible benefit from such a group. It is a good idea to obtain as much written support as possible from both within and without the facility. Even though you can contact inmate classification officers, prison psychologists, etc., the initiative must be taken by those behind bars.

I work with a M-F inmate whose Living Unit Officer is very supportive yet attitude and co-operation within this system vary vastly according to how caring and (cont'd)

TSs And The Ontario Penal System

well-informed individuals are. Not very many know much about TSism and often equate it with TVism. Some feel pre-op inmates should be sent to a prison appropriate to their gender belief (ie. M-F TSs should be incarcerated in a male facility and vice versa), which is absurd as this could endanger the inmate's life or well-being. Others are more compassionate and helpful people who try to obtain resource materials to learn more about the special needs of TS prisoners.

Currently, I'm aware of only two correctional centres in Ontario that house TSs: Joyceville Institution and the Prison for Women in Kingston. There are now no gender assessment programmes within these facilities since the Clarke Institute of Psychiatry in Toronto did not renew its contract with Correctional Services Canada in 1986.

Pre-op TSs who break the law are generally housed in detention centres inconsistent with their gender identity and do not receive appropriate medical treatment unless they've been taking hormones prior to incarceration (but even so it's very difficult to continue hormone therapy). In addition, many are not permitted to wear the clothing of their gender-choice. For example, M-F TSs in Joyceville Institution cannot wear bras, skirts and make-up but must wear "prison greens" like the rest of the inmates.

Pre-op TSs who have "served time" are, almost without exception, not admitted to halfway houses for ex-convicts and on the rare occasions they are, only on condition that they assume the gender-role of the other residents so as not to make them, and possibly also, the staff feel uncomfortable. For example, F-M TSs from the Prison for Women

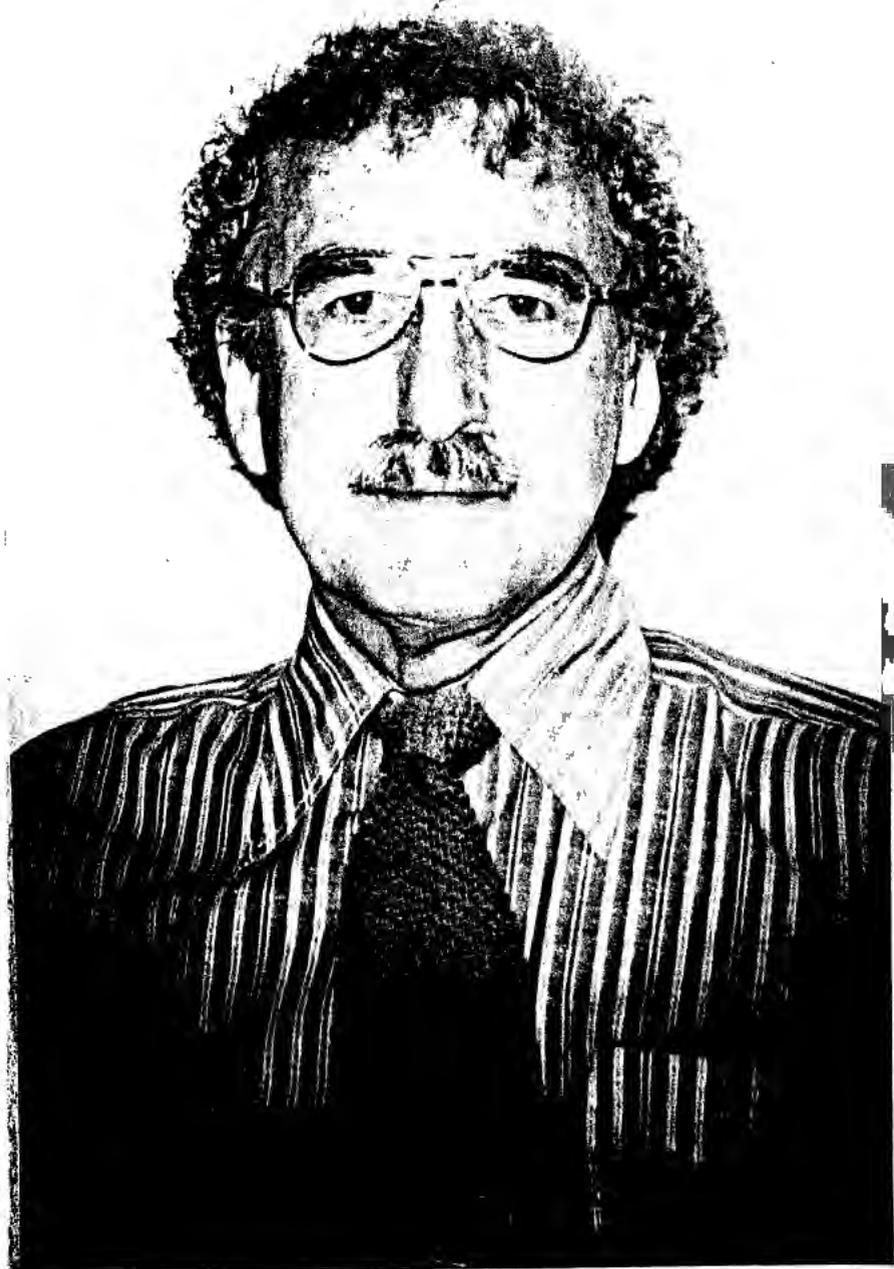
must maintain a female appearance and therefore, are not allowed to grow a beard or take testosterone. [The John Howard and Elizabeth Fry Societies in Ontario have severely reduced or totally cut off residential aid to pre-op parolees.--Ed.]

Post-op TSs who conflict with the law would normally be sent to a facility befitting their legal gender, but where would a F-M who hasn't had phalloplasty go? Policy still indefinite, he could be sent to either a male or a female institution, but would probably be segregated or placed in protective custody if sent to the former. But would he really be safe? My advice to you is stay out of trouble!

What about political and legal lobbying you may also ask? TSs "locked up" would have to ask help from concerned people "in the free world" and could be transferred to another facility or confined to a solitary cell without explanation, as a result. Too such activist efforts might be construed as rebellious behaviour by the National Parole Board, thus jeopardizing any chances for (early) release.

So, given all of the above, my plea to TSs in the free community is to please support your brothers and sisters behind bars. They need your loving fellowship, not your condemnation and have already been judged and punished by the courts. Some of you who've extended a helping hand in the past may have been "burnt" by TS inmates or parolees, but bear in mind that every person on this planet is human and we all have shortcomings. So do some soul searching and if you should find yourself without fault, you are definitely an ideal role model for these misguided people to emulate.

[Ms. [redacted] is our Liaison Officer for TS inmates and parolees.--Ed.]



Tribute To, DR. JOHN MONEY

Originally scheduled for recognition in the February 1984 issue of the Metamorphosis newsletter I extend my sincere apologies to the man who has been titled "Dr. Sex" (and whose name, it has been said may one day be to sexology what Newton is to physics or Galileo to astronomy) for waiting so long to pay special tribute to one of our early Honorary Life Members.

John Money, Ph.D., an eminently-qualified medical psychologist and associate professor of pediatrics at Johns Hopkins University School of Medicine and Hospital in Baltimore, specializes in the areas of gender identity, transsexualism, transvestism, hermaphroditism intersexuality, sexual orientation and reading disabilities. He has (co-) authored or (co-) edited 26 books and more than 300 textbook chapters, scientific papers, reviews, encyclopaedia entries, editorials, briefs, abstracts, translations, films and tapes. Many readers may have on their shelves such "classics" as Transsexualism and Sex Reassignment, Sexual Signatures Man/Woman, Boy/Girl, Sex Errors Of The Body and the recent Venus/Panises!

Born in New Zealand in 1921, Dr. Money was married in 1950, got a divorce four years later and has lived alone since. However he says he always has a relationship in his life. Yet, he allows himself little time for a private life and arrives at Johns Hopkins - where he teaches two courses on human sexuality and conducts research in to the effects of hormones on same - at 8:30 every morning and often works till midnight. Unless he is delivering a lecture or attending a convention out-of-town he works seven days a week. No wonder he knows more about human sexuality

than anyone on this planet.

In 1966 he co-founded the Gender Identity Clinic at Johns Hopkins and has been Director of the Psychohormonal Research Unit there for a number of years. Dr. Money is also founding President of the American Foundation For Gender and Genital Medicine and Science, and is Advisor to FORUM magazine. He was also Professional Advisor to the Foundation for the Advancement of Canadian Transsexuals from 1976 through 1980 and Professional Consultant to the Metamorphosis Medical Research Foundation since 1983

He has been the keynote speaker of a number of professional presentations, including the International Congress on Sexology in Rome in 1978, the Canadian Sex Research Forum Conference in Vancouver, B.C in 1986, and the VOICES conference co-sponsored by the Renaissance Education Association and The Gathering in Philadelphia last January.

Dr. Money has been awarded a number of prizes, including, the Hofheimer Prize of the American Psychiatric Association for distinguished research in hermaphroditism in 1956, the Gold Medal Award of the Children's Hospital of Philadelphia for his contributions to the medical psychology of sex in 1966, and the Annual Award of the Society for the Scientific Study of Sex in 1972. And in 1987 he was bestowed Honorary Life Membership in the "new" Metamorphosis...Foundation.

Largely through the accumulated research and illuminating insight of this trail-blazing pioneer in sexology, we can begin to resolve the centuries-old scientific debate referred to as "nature vs nurture" or "genetics vs culture" - an issue of vital importance to TSs, gays, and feminists which concerns the underpinnings of human sexuality.

NEW BOOKS ON TSISM

BODYSHOCK The Truth About Changing

Sex, Liz Hodgkinson, Columbus Books Ltd., London, U.K., 1987, 184 pps (\$16 Cdn.) An illuminating study by a non-TS freelance journalist, it tries to understand the unusual dynamics of the TS condition and investigates the who, how and why of sex changes. Hodgkinson tells the stories of some famous lives; Christine Jorgenson, April Ashley, Jan Morris, Renee Richards, Adele Anderson, Judy Cousins, etc. and relates some intriguing cases of F-M TSs including Mark Rees and Michael Dillon (a Buddhist monk!).

IN SEARCH OF EVE: Transsexual Rites Of Passage, Anne Bolin,

Bergin & Garvey Publishers, Inc., South Hadley, Mass., 1988, 210 pps (\$13 US). The first comprehensive study of TS "rites of passage", it illuminates the array of social, psychological and physical changes experienced by people in the process of changing gender. Bolin illustrates, through case studies of symbolic death and rebirth how the rituals accompanying each stage of transition are integral to successful transformation and further represents the extent to which gender roles are culturally constructed.

TRANSSEXUALISM AND SEX REASSIGNMENT, William Walters and Michael Ross (Eds.),

Oxford University Press, 1986, 191 pps. (\$29 US). Based on a decade of work with over 400 TSs at a major teaching hospital in Melbourne, Australia, the book describes factors determining gender identity and explains how and why TSism may develop. This general overview thoroughly discusses the medical, ethical, legal, social and personal implications of TSism and provides a vital contribution to the understanding and management of the TS experience.

FEMININITY, Susan Brownmiller, Bala-lantine Books, 1984, 255 pps. (\$8)

Reviewed by Lynda Breckinridge

In her second book, Brownmiller takes the reader through 8 lovingly written chapters on such feminine topics so dear to my heart as: body, hair, clothes, voice, skin, movement, and that elusive and often explosive feminine quality of emotion. Her book delightfully defines, delineates and gracefully explains, in detail, the various facets and ranges of the physical and emotional phenomena of femininity. As in nature, where nothing is ever black and white, but is instead manifested in subtle arrays of variation, so it is with femininity. And let that be a lesson to you Myra, my poor foolish stepsister. Those medical highbrows have not yet proven that we girls are made of sugar-coated estrogen and spice and bumpy silicone things and things quite nice. Many little girls grow into red-cheeked, curvaceous and robust womanhood under watchful, experienced, maternal eyes and enjoy the silly-song banter of giddy girlfriends. While the sometimes pathetic, would-be M-F TS doesn't have this precious childhood learning experience, the smarter ones can learn of it during the mind-wrenching, cross-living experience, by observing and acquiring techniques of poise and movement from real females in everyday public encounters. This book serves as a valuable teaching aid for the neophyte M-F looking to succeed in life as a woman. After all, as most women exhibit varying degrees of femininity, we are by far the best female impersonators. For, I'm Lynda Breckinridge, woman made of man, and they too shall fall at my feet.

[Reprinted from "Twenty Minutes", January 1988, P.O. Box 6070, Stn. A, Hartford, Conn. 06106.]

TOPICAL MINOXIDIL FOR HAIR GROWTH

[The following is a precis of a paper by Dr. Stanley L. Gore published in the Ontario Medical Review, December 1985. It should be of interest to female and male TSS who suffer from hair loss.--Ed.]

The Health Protection Branch of the Canadian Health and Welfare Department has approved the use of topical Minoxidil, a prescribed drug in the treatment of male pattern baldness. The manufacturer, Upjohn, has recently completed two years of clinical studies on 2,000 patients in the U.S. In Canada, it is produced under the name Loniten (tablets to treat high blood pressure). In the U.S. the FDA has approved the use of Minoxidil in Loniten and in hair gels and mousses. But it has some side effects. Salt and water retention, reflex tachycardia, and changes in ECG T waves are common, so use of a diuretic and B-blocker are recommended. Renal patients and those under long-term treatment must be monitored closely for possible heart damage.

So far no explanation exists for the drug's success but perhaps it stimulates hair growth by preventing aging of hair matrix cells. Studies show it has direct mitogenic effects on epithelial cells and that it prolongs the survival time of such cultured cells. There is also an increase in skin circulation and temperature which possibly decreases the production of dihydro testosterone, the hormone most commonly implicated in male-pattern baldness.

Yet, we do know what to do to make the treatment work. When 10 mg (a typical dose) of Minoxidil, in a 2% solution, is applied twice daily, most patients will see their fuzz (vellus hairs) thicken and lengthen within the first six

weeks. These will transform into intermediate or terminal hairs over the first year of application--the effect peaking about the 9-month stage. The terminal hair count doubles after three months and triples after eight. In a percentage of patients, the count may reach five to ten times the pre-treatment count after one year. In one study, of 122 subjects who completed the assessment of cosmetic acceptability, 72 felt they had achieved a moderate response. Gore has seen receding hairline reverse and fill in in a matter of months in young patients and bald areas between punch grafts lose their sheen in hair transplant patients. Because the drug acts on vellus follicles and has little or no effect on involuted follicles, the result may be inversely related to how long one has been bald.

The patient should be given detailed instructions on application techniques and post-application care. Patients who exercised and perspired heavily within a few hours of applying Minoxidil have grown hair between their eyebrows! Also products such as conditioners, sprays, dyes and perms may interact with the drug and should be vetoed. And one should never use more than the number of milligrams specified. Cases of hypotension have occurred in too eager patients who used up a month's supply in a week.

So far, there are few systemic effects from the topical use of this drug, provided an appropriate dose is used. However, transient itching of the scalp may result, which usually subsides in a week, though in a small percent of patients it develops into contact dermatitis. Too myocardial lesions may possibly develop over the course of years but, as no data are yet available, the patient will be the experimentee over the next decade.

Profile: COMING OUT AS A GAY TE

by Dorian [REDACTED]

My story begins at age two or three when I knew something was wrong. This feeling persisted throughout childhood, including the thought that my girls' toys were not "right". Too, my early interest in serious music, inherited from my grandfather, gave me an automatic identification with men.

There was no one to whom I could turn to express my confusion or to get help. My parents had problems of their own, and schools had a fixed idea of what I should be and never saw me as an individual. More problems grew via traditional Biblical teaching, which represented heterosexuality as fit only for cattle, and women as evil and responsible for all the trouble in the world. I have further been disgusted by the stupid bickering between men and women, their power politics, the yapping of certain types of women who demand others fit into their vegetable kingdom, and above all, disgusted with the bragging and bigotry prevalent in straight men of limited IQ - thing which have helped to turn my back on heterosexuality for good. I decided quite early in life if one was truly human and civilized, the answer was to remain celibate or to become a gay male.

As a child, I drew a picture of two men embracing and thought it to be the ideal love. No one had ever introduced me to anything like that or even mentioned it, nor does anyone gay force me into anything now.

Driven into myself by external and personal pressure, by early teens I was so unhappy I couldn't stand fully upright, and had to have physiotherapy. My parents did

not notice there was something seriously wrong with me, nor were my teachers able to figure out my sometimes difficult behaviour or calls for help. I didn't understand myself why it all felt wrong and out of joint.

At secondary school, I formed a close friendship with two straight boys, and as a "boy", we remained buddies throughout high school. When I left to take a job with women, it was disastrous and a break down ensued. I requested surgery so I could pull my weight properly in the world and end my feelings of isolation. I was just bundled off to a series of psychiatrists who had no grasp of the situation and no workable directives, so I muddled along in my own way.

It became increasingly hard for me to face the world, as I was treated either as a woman or falsely accused of lesbianism. For a number of years I remained virtually a hermit and left my spectacles off when going out - the inability to see others clearly giving me the impression they couldn't see me. During this time my despair was often so great even my mother asked our family doctor if there was something he could do, but he just dismissed it. The main thing which kept me from suicide was my dedication to musical composition.

I didn't begin to gain social experience until age 29 and at first with people of similar interests. I made many attempts to become a straight female, all of which failed. Then, I realized what I really needed was a close mental relationship with a man, as I am creative, not procreative - a major difference between male and female.

In July 1986 I received an invitation from a young gay man to attend his birthday party. (cont'd.)

Profile: Coming Out (cont'd.)

I was so happy I literally jumped for joy. An earlier evening at his and his boyfriend's home was one of the happiest times I had ever had. They are a superb couple and have always been affectionate and warm towards me. Indeed, one of them was the first person ever to give me physical and emotional warmth. It was a mixed party with a number of gay men and after initial tension, the evening was so enjoyable I didn't want to go home. One friend I made there has become the first person with whom I can begin to talk, man to man, about my real feelings. He also introduced me to a specialist who has detailed knowledge of TSs, and she knows four other people like me. A return party was given in my flat, including the younger couple, my new friend and his companion and a straight guy who said the gay guys were such terrific men and when was I going to have another party?

Coming out with my biology is obviously hard, but my choice was to either take this route or to die. Apart from the two couples with whom I'm fairly close, I've recently joined a gay men's music group, where I'm accepted as a gay TS and my pseudonym used. It is important for me at this stage to make as much contact as possible with gay men and to form good friendships. Ideally, of course, I would like an especially close friend, and perhaps even this is not as impossible as I might think.

What about reaction from others? So far, they have all been supportive. Work contacts had been aware that some inner struggle had been going on, and some expressed concern over this, even fearing that, at one stage, I may have taken my life. I was promised support whatever happened and one person tried

to seek medical help on my behalf.

When the break came and the news started, they weren't all that surprised. One chap even gave me a magazine listing clubs which he thought might interest me. Another admired the way I'm handling the situation, and several understand quite well the problems being tackled. They are all extraordinary people in an industrial set-up and are pleased that someone who was once withdrawn and tortured is now much more at ease and happy.

Some friends who I felt might be a bit negative have proved just the reverse, and again, were not surprised. Another group of people with whom I am involved study and lecturing (consisting of four straight men, a woman and myself) had no trouble handling the news, and the director, pleased things are at last sorted out is grateful for my work with the group and hopes this will continue.

Coming to terms with my problems is all about combatting loneliness and making life more fulfilled and positive for myself, and maybe for others which means any responsible caring contact would be welcome.

[Reprinted from the SHAFI Newsletter, Vol.3, No.4, August 1987, put out by the Self Help Association For Transsexuals, 106 Barton Ave., Keyham, Plymouth, England PL2 1NZ]

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IN THE NEWS...

SISTER GIVES NEW ORDER TO HER LIFE /OFFICIAL RECOGNIZES SISTER'S STATUS, Orange County Register, Jan. 7 /9, 1988. Sister Mary Elizabeth, 49, (formerly known as Joanna Michelle Clark) flew bombing missions in Vietnam, and fathered a son as a man, before changing sex in 1975. As a woman, she served as a clerk-typist in the Army Reserves. After turning to religion and being rejected by Sisterhoods all over the U.S., she started her own order, the Community of St. Elizabeth, to minister to the gender-conflicted and the needy. She took the veil and the vows of poverty, celibacy, and obedience at St. Clement's By-the-Sea Episcopal Church in San Clemente, Ca. and was later officially recognized as a Sister by the Episcopal Diocese of Los Angeles - the first woman to become an Episcopal Sister after a sex-change.

SIAMESE TWINS ACTIVE TODDLERS, Toronto Sun, Nov. 29, 1987 (photo). Siamese twins Heera and Shiva [redacted] 3, of Trinidad, were born joined at the waist, sharing one set of male genitals, but in 1985, Dr. Robert Filler, heading a team of 70 doctors, separated them at the Hospital for Sick Children in Toronto, and both became boys.

ITALIAN PRIEST BECAME A WOMAN, San Francisco Chronicle, Oct. 14, 1987. Former Italian priest Father Paulo surgically became a woman in Genoa, Italy after 25 anguished years in the clergy. After retiring early, she received a pension without revealing "he" had become a she. The Church is investigating the case.

GAY GRANNY, 83 GETS SEX-CHANGE, The Sun, Sept. 8, 1987 (photo). Swedish, post-op, F-M TS Marlof [redacted] (formerly Margareth), 83, started a new life as a man after sex-reassignment surgery perform-

ed outside Norrkoping, Sweden. He had 'lived a lie' his whole life - getting married and bearing children (who later produced grandchildren and great-grandchildren) - all for the sake of others. So, after the husband died several years ago, he felt it was 'now or never.' But the family's outraged and daughter Kersten says he's too old to know what he's doing, and blames the doctors for the disfiguring operation. Marlof, however, claims SRS is his right, and just wants to have some fun as a man. "Let them call me 'Grandpa'", he retorts.

B.C. FINANCED SEX CHANGE OPERATIONS REPORT SAYS

Kitchener-Waterloo Record, Aug. 13, 1987. B.C. Health Ministry spokesman Terry [redacted] said the government paid for sex-reassignment surgeries for three B.C. residents sent to Toronto between 1982-86. A fourth was sent to London, U.K. this year because the surgery is no longer performed in Canada, and it's cheaper than the U.S. The Social Services Ministry paid the total bill, which covers travel outside the province if treatment is prescribed under the Medical Services Plan but is not available in B.C. But the Ministry is reviewing SRS as there's been a change of philosophy in the medical profession regarding such surgery. [There is now a surgeon in Toronto performing SRS on TS patients.-Ed]

'IF I CAN CHANGE, YOU CAN', FORMER

TRANSSEXUAL TELLS GAYS, Orlando Sentinel, Aug. 1, 1987 (photos). Sy [redacted] 30, former homosexual male prostitute, TS, of Winter Park, Florida, says he can urge the most desperate of gays to go straight. Director of Eleutheros, a Christian-based counseling service (part of the international organization Exodus), [redacted]'s agency claims to de-program 80% of its 200 annual gay clients. Author of "The Man In The Mirror", he recounts how, 9 (cont.)

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

years after living as a woman and taking estrogens for 2 years, he found God, reverted to a straight man, married and fathered a child.

TRANSSEXUAL'S A NEW MAN Sex-Change Erases Former Identity Toronto Sun, July or August 1987 (photos), Profiles post-op F-M TS Dave [redacted], and post-op M-F TS Marie [redacted], 43, married mother of adopted son Denis, Marcelle, President of the Quebec Association of Transsexuals, says about 300 of the 500 TSs in Quebec have had sex-reassignment surgery. Three gender clinics - in Vancouver, Toronto and Montreal - have been performing SRS for more than 15 years. Montreal General Hospital stopped in 1985, when its SRS surgeon retired, but still has an evaluation and counseling program and refers patients (about 1/3 of its applicants, says human sexuality clinic Director Dr. Pierre Assalian) for surgery elsewhere.

'MY HUSBAND USED TO BE A WOMAN', Weekly World News, July 28, 1987 (photos), Profiles F-M TS Carl [redacted], 39, of London, England (F-M Advisor for the Self Help Association For Transsexuals) and his wife Diana, 21. The couple were married last May and hope to adopt a child.

SEX-CHANGE CON Baffles Bigwigs, Weekly World News, July 21, 1987. Prison officials in Carson City, Nevada don't know whether to put M-F inmate Linda [redacted] (halfway through sex-reassignment surgery) in a male or a female prison, but hope to have an answer soon.

BIAS CLAIM (Concord, New Hampshire) Orlando Sentinel, July 16, 1987. M-F TS Jane Doe says, as a TS, she has a mental handicap that made it illegal for her boss to fire her, but the state Human Rights Commis-

sion refused to hear her original charge of sex discrimination. She wants the state Supreme Court to rule whether the Commission should consider the mental handicap claim. James Roth, attorney for the electronic motors manufacturer where Doe was a sales manager, said many federal cases concluded that TSs "are not a protected class."

SEX-CHANGE MINISTER RUNS OFF WITH DEACON, The Examiner, July 7, 1987 (photos), Former Finnish preacher Esko [redacted], 34, changed his name to Mai, got a divorce, became a woman - by surgery paid for by the parish, then stole \$8000 in church funds and fled to Stockholm, Sweden with her lover Wilho [redacted], 20, to start a new life together. The parishioners are angry and want a refund, and [redacted]'s wife Eva, 31, says Mai "will burn in hell."

TRANSSEXUALS HAVE DIFFICULTY BEING ACCEPTED BY SOCIETY, Toronto Star or Globe and Mail, June or July 1987. Members of the Quebec Association for Transsexuals in Montreal told the Rochon Commission (studying changes to Quebec's health care system) the transition to a new identity is a hard road for the 600 estimated TSs in P.Q. Parish priests may label them sinners, males may treat them with contempt, and many gays shun them. Employers and bank managers are often uneasy with them, and government agencies may not accept their new status. Problems at the work site and social stigma can cause untold agony.

MURDER CHARGES (Victorville, Ca.), Orlando Sentinel, June 28, 1987. F-M TS John [redacted] (née Catherine [redacted]), 25, was murdered by his girlfriend's ex-husband, Isaac [redacted] - who was later charged and captured by police.

[Please send newspaper clippings and cartoons for publication in the mag.]

RESEARCH PARTICIPANTS WANTED

Dr. Eli Coleman, of the University of Minnesota's Program in Human Sexuality, wants to interview F-M TSs who identify as bisexual or gay men, and plans to publish his results in an upcoming issue of the Archives of Sexual Behavior. To participate in this confidential study, call Dr Coleman at 612- [redacted] or write him at [redacted] S.E., Minneapolis, MN 55414.

S. Ruben of the University of Kansas' Dept of Human Development and Family Life, is seeking female and male, pre- and post-op TSs to complete an extensive anonymous questionnaire (similar to those on applications to gender programs or in follow-up surveys). Volunteers can write Ruben c/o Prof. Aletha Huston at: [redacted] Lawrence KS 66045.

Glenn [redacted] a doctoral student in clinical psychology at the California School of Professional Psychology, is soliciting TVs, pre- and post-op TSs to participate in a research project on cross-dressing for his dissertation. Volunteers wishing to complete a private info packet, can write Glenn at: 135 W. 31st St., Box 11, New York, NY 10001.

NEW SUPPORT GROUPS RECENTLY FORMED

Michael [redacted] a doctoral student in counseling psychology, plans to specialize in work with TSs, and runs a support group in Indiana. Contact him at [redacted] Bloomington, Indiana 47401.

The Hampton Roads Transgender Support Group has been formed in the Tidewater Area. It will work with its parent organization, The Center For Gender Reassignment, 400 West Brambleton Ave. #300, Norfolk, VA 23510. Contact Ms. Beverly Spires, the Co-ordinator, at 804- [redacted]

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Poems, limericks, free verse on themes related to: transsexualism, transvestism, and androgyny for inclusion in forthcoming book: AN ANTHOLOGY OF TS, TV, AND ANDROGYNOUS VERSE. Send submissions to: Rupert Raj, METAMORPHOSIS, P.O. Box 5963, Station A, Toronto, Ontario, Canada M5W 1P4.

G E N D E R	* Transsexualism * Transgenderism * Transvestism	W O R K E R
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LETTERS TO THE EDITOR



Dear Mr. Raj:

Please accept my appreciation of the continued issues of your magazine. I hope continued growth for your organization. Having tried to organize services and information outlets for M-F TSs sometime ago, I know the problems and pains involved. While my efforts failed due to poor funding and a lack of fellow professionals to help, I am still trying to stimulate some services in the US midwest...I keep sending folks your way, especially from Illinois. Your getting into the total TS area is great. I now can rest easy in that someone will have a newsletter all interested parties can read. I tried to provide such as you may recall [GENDER ISSUES NEWSLETTER] but couldn't get the thing off the ground.

I recently attended the 10th International Symposium on Gender Dysphoria in Amsterdam and was disappointed not to have run into you there. It was well organized and the presentations were quite sophisticated. Problems of gender at the professional level are being addressed better and better. Alas, the growth pattern is still slow.

I look forward to someday soon getting up to my favorite city to meet you. Please let me know if I can help your organization in any way possible. Best of luck!

--Theodore [redacted], Ph.D., Consulting Psychotherapists, [redacted] Chicago, Illinois 60601

* * * *

Dear Rupert:

Lenard and I attended the Tenth International Gender Dysphoria Sym-

posium sponsored by the Harry Benjamin Association and the Academisch Ziekenhuis Vrije Universiteit in June. We were impressed with the level of achievement of scientific works, especially the attention given to biologic factors. I'm enclosing a copy of the abstracts.

Much publicity was given in the media for several weeks before the meeting. The conference was in English. Much progress has been made in Holland (legal, social, medical) over the past 15 years. After the surgery, TSs are said to be "de-transexualized" and can have their legal status officially adjusted.

Dr. Paul Walker concluded in his paper that "personality disorders almost always co-exist with a diagnosis of transsexualism." One M.D. asked him if this could be correlated with the traumatic life experiences of most TSs. Walker stated he had no way of knowing.

We met biologic females who said they had no gender orientation. They had had the mastectomy and hysterectomy but took no hormones, and were quite emphatic they wanted to be "who they are" and would not be male or female!

I'm disappointed some of your readers are willing to reject the theories of Dr. Lothstein on the basis of a few book reviews. They do this, I fear, because they are eager for surgical correction. Surgery is a complex solution to a difficult problem - as recently reported by C.E. in your last issue. Can you read between the lines to empathize what he must be suffering? If Lothstein has helped some of his patients psychologically, what is wrong with that? It was, for them a lot less painful (cont.)

Letters To The Editor (cont'd.)

and a whole lot cheaper. I had the pleasure of meeting Dr. Lothstein at the conference. He seemed to be a compassionate, sincere person and was concerned with the state of civil rights for TSs and lack of insurance reimbursement for their treatment. He also feared he was denied full professorship at the Cleveland Clinic where he was formerly on staff - due to the nature of his work (ie. prejudice). Please, in future, refrain from alienating this man and keep an open mind.

A most delightful moment was a chat with Rev. Canon Clinton Jones, who agreed all are children of God who loves us each the way we are.

The HBIGDA* is calling for members and hopes to double its membership in the coming two years before the next symposium in Minneapolis, Minnesota in June or September 1989.

Gender, like Time, is a word previously believed to be Reality.

--Roseanne [redacted] R.N., Charlottesville, Virginia

[*Contact: Ms. Judy Van Maasdam,
Exec. Dir., HBIGDA, Inc., [redacted]
Stanford, CA 94303]

* * * *

Dear Rupert:

Somehow you seem to manage to 'hang in there' and continue your work...not all that easy as well I know! Enclosed you'll find a copy of my "Nurses' Station" column for THE TS VOICE. I thought you would perhaps appreciate this [satirical] "22-point program" to destroy the years of work done by others as only one of the few who are owed so much by so many can. Feel free to expand on it if you wish and

you have my permission to use it.

I am completely behind your project of producing a comprehensive TS Manual such as the one published by SHAFT in England. This has been needed for a long time and I had even thought about doing something like this myself. If I can be of any help, including writing a chapter, please let me know. I will be happy to do anything I can to help you get some good authoritative information out to the community. I have just about had it with all the "experts" who lack the academic credentials to give the advice they hand out. Please send me your survey questionnaire so I can copy it and pass it on to a few girls in the Denver area.

Do take care and God bless.

--Michelle [redacted] R.H., Denver, CO

* * * *

Dear Mr. Raj:

Thanks so much for writing with interest about my research on eroticism in M-F TSs. The data is collected, analyzed and currently being written up. The cost of this research has been devastating. I'll send you an abstract of my results which you're welcome to publish in your magazine. I am interested in your research questionnaire - it sounds like you're doing some exciting work. Your findings on sexual orientation [a fair percentage identify as M-F lesbians] are interesting. My sample report a pre-dominate heterosexual orientation.

I am honored to be invited to serve on your Board of Professional Consultants. Take care Rupert, keep up the good work!

--June [redacted] Ph.D., San Francisco, California

Letters To The Editor (cont'd.)

Dear Rupert Raj:

I'm now about 90% along the way toward completion of a 300-page manuscript on transvestism and transsexualism. If all goes as planned, this will be published by Plenum Press next year. It is extremely difficult to wrap up this project while working full-time as a college professor. I'm a clinical psychologist and have been involved in TV, TS and related gender matters for about 7 or 8 years. I'm most eager to meet you in person and I appreciate the informational items you sent. I will be on the program at the Chicago meetings of the 1988 IFGE meetings. Hopefully we can meet then.

--Richard F. Docter, PhD, Director,
National Gender Project, Northridge, California

* * * *

Dear Rupert:

I've spoken to you on the topic of support for the partners (girlfriends/wives) of TS individuals on numerous occasions. Now I'm expressing my concern on paper so your readers may have the importance of this brought to light and so they too may ponder on this dilemma. I've been with my F-M partner for 6 years. His main support system throughout this time has been me. I'm the person on whom he vents all his frustrations, hurts, etc. He has also found a number of compassionate people whom he can talk to but I remain his main sounding board. If a TS needs support there are people, support groups and organizations to which he or she can turn, but what about the partners? To where do they turn? From whom do they find understanding and help to cope with all the problems

their mates are going through? Some TSs can be very self-centered at the start of their transition and very hard to get along with. Where do they vent all that is inside of them? And where do we turn to? I have yet to find such a support group in Canada. I realize there are some mates of TSs who believe they don't need this type of support. Congratulations! If they can do this on their own, I sure wish they would share their secret with me. Someday, they too will acknowledge their need for peer-support, even if it's just a "Hang in there, it does get better" statement. We all need positive reinforcement once in awhile. When this day comes, they too will have no one to turn to. Then what will they do? We, the wives and girlfriends, need each other. What are we waiting for? Isn't there anyone else who feels as I do or am I living on an island by myself? Am I the only one going through this particular need? I feel that a statement must be made from someone at some point in time. I am that person and the time is now. I'm hoping this letter will generate the eventual birth of a support group for partners of TSs in Canada - not 10 or 20 years down the road but in the very near future. We sure need it! An island is a lonely place to be all by oneself. How about some company? Sure could use some!

--Judy [redacted] Kingston, Ontario

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of
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Letters To The Editor (cont'd).

Dear Rupert:

I found the information you sent very helpful and I'm glad to be a member of MMRF. It's a great relief to have found someone at last who understands my dilemma, one who is as totally dedicated to the problems of GDs as you are and to know there are others out there who share my predicament. For the first time in my life, I feel some hope. It was fortunate for me I sent for The Uninvited Dilemma and was thereby introduced to you and MMRF. Now my future doesn't look so bleak. I admire and commend you for the great work you are doing and thank you for helping me. I hope to save enough money to send for a life membership to help MMRF reach its goals.

It was a real honor and privilege to meet and talk with you. Thanks so much for all your kindness, support and help. It's a real comfort to know there is someone like you who cares enough to donate all their time and energy to helping others find peace with themselves. You truly are a remarkable person. I hope you will be able to escape the burn-out others have suffered from.* The TS world would be at a great loss without you. I've spent nearly every waking hour thinking about all I learned while I was in Toronto. My head feels like a whirlpool but thanks to you, I can see and feel things more clearly.

In brotherhood,

--Holly (F-M) from Massachusetts

[*I'm still suffering symptoms of burn-out (since May 1986) and can only devote my sparetime to MMRF now that I've begun a fulltime job plus my own professional counseling service, "Gender Worker". --R.R.]

Dear Mr. Raj:

I am a F-M TS, 47, and have been living as a male since 1977. I've been on hormones since June 1977 and had a mastectomy in Sept. '77. I'm sending you a copy of my manuscript entitled, Crossing The Line (my memoirs), which I hope you'll find the time and interest to read and consider for publication. I've had positive response from various publishing firms (eg. Houghton Mifflin) but "not suitable" seems to cover reasons for ultimate rejection. I'm told it is a "good book" so if you could find it that and suitable, we might all be happier.*

[*I called the writer and told him we do not have the financial means to publish books (and starting up a publishing firm specializing in gender and sex has been one of my lifelong aspirations), but I would be honored to review the book as a possible Intro', Foreward or cover blurb so as to facilitate its acceptance by another publisher. See the review in this issue. --R.R.]

And have you heard anything about a female surgeon in Los Angeles who does a different sort of phalloplasty? Rumour has it she drops the abdominal muscle, thus lengthening the clitoris, which is then built up with surrounding tissue. I've been unable to get a name or a hospital association through my limited grapevine. Can you help?*

--Michael from Boston, Mass.

[**I don't know of a woman surgeon doing this procedure ("metadoio-plasty" or "genitoplasty"), only 3 male surgeons: Dr. Donald Laub in Stanford, Dr. Michael Brownstein in San Francisco, and an unnamed surgeon in Portland, Oregon affiliated with Dr. Edward Tank. Addresses will be supplied upon request to 1988 paid-up members only. --R.R.]

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