THE GATEWAY

Publication of
Golden Gate Girls/Guys

A Social/Educational Organization
for
Male-to-female and Female-to-male
Crossdressers and Crossgenderists

$1.25

Friendship is born at that moment when one person says to another, "What! You, too? I thought I was the only one." --C.S. Lewis

Volume 3, Number 4 November, 1980

'NOTHER MERGER

For the past few years a pre-/post-operative patient care facility has been operating in the San Jose area. In addition to out-patient care, the facility offered peer counseling for the transsexual. While both the male-to-female and female-to-male reassignee passed through or otherwise used the services offered, the facility is geared primarily for the FTM.

Since there were no meetings, per se, or a structured organization, and only a periodic newsletter, the WE ARE activity cannot be classified an "organization."

Effective with this issue of The Gateway, the WE ARE newsletter will no longer be published as a separate entity but rather will be supplanted by The Gateway.

Both the pre-/post-operative and professionals on the WE ARE mailing list have been incorporated in our mailing list and are offered the opportunity to join us as Attending (for the TV/TS individuals) or Professional members on a permanent basis.

WE ARE will continue to function as an out-patient care facility and offer peer counseling to both the pre- and post-operative transsexuals.

All mail concerning WE ARE should be addressed to P. O. Box 62283, Sunnyvale, California 94088.

Bill will continue to function as a peer counselor and operate the facility. Those seeking contact with FTM's or FTM's seeking peer counseling need only call Bill at [redacted] Next month will see this phone number added to our Hot Line "ad."

MEMBERSHIP DIRECTORY

At long last the Membership Directory has been distributed! If you have not as yet received a copy and think you should have, drop us a line to that effect at P. O. Box 62283, Sunnyvale, California, 94088.

We had to establish a cut-off date for the listings to be included. Since the initial preparation of this edition of the MD, we have received at least a dozen more Listing Forms.

For those who were to late for the basic issue, we will publish supplements throughout the year and your information will appear.

Some members have asked that we include pictures in the Membership Directory. We will be glad to do that. To have a picture included, we suggest you shoot a roll of black-and-white film. Select the best picture and send it to us. On the back of the picture PRINT your name (fem/butch), membership number and "Okay to print." Sign the back and mail it to us at the Sunnyvale P. O. Box. We suggest you use a felt-tip marker when writing/printing on the back of the photos since ballpoint tends to "write through" and may leave lines on the front. We will crop out any extraneous or distracting background features.

Please note that the MD is assembled in five digit ZIP Code sequence within state to make others near you easier to locate.

This publication is an amalgamation of the following publications: The Gateway, The Journal of the IAMF and the WE ARE Newsletter.

The Gateway is published monthly by The Golden Gate Girls/Guys, P. O. Box 62283, Sunnyvale, California 94088.

More on the "Anti" Campaign

In December 1979 the article "The Sex-Change Conspiracy," highly critical of both the provider and consumer communities, appeared in the nationally circulated magazine, Psychology Today. The article was reviewed in the January 1980 issue of The Gateway.

In June of this year, Ms. Lin Fraser passed a letter, dated January 17, 1980, written by her and an associate in rebuttal, to the article. The rebuttal, sent to PT, has yet to see the light of day in that publication. When we received the letter and rebuttal, we sent a copy to the article's author, Dr. Richard Restak, under cover of a letter indicating that we were providing the opportunity for his comments to the rebuttal and indicating that we planned to publish the Fraser/Casamajor paper whether he responded or not. To date, we have heard nothing from Dr. Restak. Apparently he cannot be bothered by opinions of peers or members of the consumer community.

Since the appearance of the Restak article and the Meyer Study(?) referenced by Restak, others in the field, specifically Drs. D. Daniel Hunt and John L. Hampson of the University of Washington and Dr. Sharon Satterfield of the University of Minnesota have published papers/studies which tend to refute the Meyer Study and by extention much of the information appearing in the Restak article.

There have been two articles entitled "The Sex-Change Conspiracy" published. One is the already mentioned Restak article and the other, by Emily Preager, appeared in the February 1980 issue of Penthouse.

We find it remarkedly odd that the commercial print media and ocassionally the visual media, i.e., television, gives periodic sensational "anti" coverage but no "pro" coverage. We suspect a conspiracy may actually exist, but it would appear to exist in the news reporting field, since they so seldom publish anything "pro" sex change and then it is usually buried on page 98 near the obits. It isn't that knowledgeable people are unwilling to comment or be quoted in the public media as indicated by Dr. Paul Walker, head of the Janus Information Facility, President of the Harry Benjamin International Gender Dysphoria Association, former head of the Gender Clinic at the University of Texas (Galveston), and now in private practice in San Francisco. In a letter to The Gateway which appeared in the May 1980, issue Dr. Walker is quoted as saying "I have given several interviews to the press regarding Ms. Raymond's book (editor's note: The Transsexual Empire), but I have not seen any of these interviews quoted. I am sure that my colleagues in the HBIGDA have also given comments which the press has chosen not to publicize.

"Regarding Dr. Meyer, Dr. Restak, The Johns Hopkins Hospital, Psychology Today and Penthouse, I cannot begin to tell you how much time has been spent by me, personally, and by many other members of our Board of Directors, in trying to educate the professionals and the public to put this controversy in prospective. I have literally given hundreds of interviews, in person and by phone, and have written as many letters in response to inquiries" . . . "to the best of my knowledge, the many hundreds of hours spent in these efforts have led to very little press coverage. Apparently the issue is so controversial and so complex that they cannot be bothered . . .. "Apparently the press feels that defenders of such things as sex change surgery deserve less attention than the attackers." May we ask "Do YOU smell a conspiracy on the part of the commercial print media to suppress "pro" comments while trumpeting from the highest roof tops the views of the 'antis'"?

Dr. Joseph Gobbels, late of The Third Reich, is credited with saying, "If you tell a lie long enough and loud enough, people become convinced it is the truth." Perfect logic for a propaganda minister and it seems to apply to the information being made available to the general public concerning sex change procedures and the need for it.

The Fraser/Casamajor rebuttal follows:

Richard Restak's broadside attack on the work being done with gender dysphoria demands an informed answer. His point of view portrays either ignorance of, or simple opposition to, the considered status quo of the field. By focusing on the work of minority detractors, he seems to have missed the considerable body of knowledge which directly contradicts most of his points.

He claims the Meyer Study is definitive and that the decision of Johns Hopkins to cut back the surgical programs leads a trend to other therapies. Neither is correct. The Meyer report has been roundly criticized and does not represent the thoughtful work typical of others in the field.

It must be remembered that the policies of an institution like Johns Hopkins flow from a variety of sources, including political pressures, professional dissent and personal prejudices of those in power. To label the Hopkins' attitude a trend is simply not accurate; to portray the field as Restak has to an audience such as the readership of this magazine (Ed. Note: Psychology Today) poses a serious threat to widespread understanding of the subject.

Restak makes the undeniable point that the transsexual's complaint is "essentially subjective," notes the inability of experimental science to objectify the syndrone, then decries a therapy which produces subjective relief. It is in effect a charge of psychic hypocondria: "If we cannot objectify and identify the cause of your condition, you must be willing it upon yourself or trying to deceive us." Citing object-relations therapy, he seems to feel he has disposed of the etiological puzzle. That done, it is a short step (and a non-sequitur) to belittling symptomatic relief, likening surgery to asprin for a headache. The clear consensus of the field is that the roots of gender dysphoria can be corralled into a ballpark but defy more precise definition. "Nature" factors, such as prenatal chemistry, and "nurture" factors, such as rearing and training, are suspected, but they appear in combination, varying seemingly with the individual. The syndrome cannot be pigeonholed. Later-life factors, like marriage and career, may influence one's ability to adapt to cross-gender compulsions, but it is not a matter of weakness, immaturity, or mental illness. There is no identified "cause" and no identified "cure," only theories and therapies.

Restak asserts that "wholesale efforts" to remove social stigma and ostracism from sex-inappropriate behaviour are eliminating the transsexual's raison d' etre. That would certainly help, but these efforts are clearly less than wholesale and clearly less than effective. Transvestic behaviour is still the standup comic's surest laugh and has seldom been treated intelligently in popular media. The crossdresser is still a fruitcake, a swish, or just plain crazy in the eyes of most people, although such a conclusion is grossly illogical and rooted in the darkest insecurities of sexuality. Restak's implication is that it is possible for a dysphoric to live, part-time or full-time, as a member of the opposite sex without suffering worse consequences than those which admittedly accompany reassignment. This is asinine. The medical profession turned to surgery because the shrinks had failed to change the mind and society would not and will not accept sex-inappropriate behavior even to the extent it accepts homosexuality. The gay world is a majority compared to the dysphoric world. Sexual preference and gender identity are not the same; dysphoric behaviour draws abuse from gays as well as straights. That men can cry and women work does not mean all the old barriers come down at once.

As for the "primacy of genital forms" being a retrograde social tendancy of the dysphorics, surely there can be little dispute that genital forms are primary to sex life, especially in an uptight society and, more importantly, seem part and parcel of self-image, which is the transsexual's complaint in the first place. To be an apparent female while hiding the vestiges of masculinity is to be a walking fraud, on the inside where it hurts. To propose that such a situation is preferable to the perils which attend reassignment is to invite psychopathology by frustrating fundamental needs. Further, society itself establishes and maintains the "primacy of genital forms," in dress, customs and even legal policy. If anything, further expansion of the field of gender dysphoria will aid the androgynizing forces in making the choices less black-and-white. As public awareness of the nature of the condition grows, greater role flexibility should result.

Objection must be taken to Restak's use of pejorative terms whose connotations feed the fires of prejudice and disapproval. The operation is no more "gory" than other major tissue-cutting procedures, nor drastically more prone to complications and infection than other urological surgery. The techniques that facilitate cardiac surgery do not, after all, vanish from the operating room because the scalpel moved lower. If the constructed parts cease to function, it is almost always a result of individual neglect. The methods of maintaining functional anatomy are effective and constantly improving. The use of "gory" coupled with Restak's later speculation as to the mental state of the surgeons, implies an unwholesome suggestion about dedicated medical professionals. Similarily, the article is replete with such usages as "bizarre," "tragic," and "shocking," all subjective descriptions of a most unprofessional nature. They have no place in an article which purports to explain and persuade in an extraordinarily obscure and misunderstood field.

"Masquerade" requires separate treatment and suggests ignorance and/or insincerity. To equate the dysphoric's crossdressing drives with a costume party is to trivialize something so fundamental that the person involved will risk humiliation and ostracism just for the emotional relief obtained. Further, laws prohibiting crossdressing, at least among pre-oprative transsexuals, have recently been held to be an un-constitutional intrusion into personal privacy and freedom. Chicago's

ordinance, one of the bluntest, was struck down by the Illinois Supreme Court, which reasoned that, while society could conceivably have an interest in regulating gender-specific behaviour, no good reason was offered. The court's opinion is a marvel of clear analysis, untained by outmoded prejudices. It shows the meaninglessness of rigid gender roles in a pluralistic society. Less can be said for the Appeals Court ruling which preceded it. The lower justices simply presumed that the state interests urged by the prosecution were valid and supportable. The two opinions, fortunately resolving the issue in progressive fashion, demonstrate the kind of blind opposition the dysphoric faces every day. When the culture catches up to the high court, perhaps Restak's "primacy" argument will carry more weight. As raised, it is a poorly-reasoned abstraction. Such acceptance as his "wholesale efforts" have produced is too little, too late for most adult dysphorics.

But it is Restak's blithe assumptions as to etiology that are most misleading. He refers to several theories as if they were graven in stone as The Truth. No serious practitioner claims to have located the origins of gender dysphoria, likely due to the paucity of authoritative research to date. This void explains the attention given Meyer's hipshot work. Attacks on his findings and the methods that produced them, have been nearly unanimous. Among the major criticisms: the sample was to small and fully half of it disappeared before final follow-up; the criteria were ill-suited to the complaint, representing external evaluation of an obviously internal turmoil; and the timing of the period of study ignored the period of greatest adaptation. Some comments:

Dr. Harry Benjamin, author of The Transsexual Phenomenon and undisputed pioneer:

"Dr. Meyer's report may be based on a differant method of evaluating patients before and after . . . surgery then is being used by other psychiatrists and psychologists. His unfortunate results are difficult to explain otherwise; they are not in accord with clinical facts, as we know them." In other words, if you change the rules to suit your own theories, you can "prove" your own theories."

Dr. Richard Green, Professor of psychiatry and psychology at State University of New York, Stony Brook, and author of Gender Identity Conflict in Children and Adults; an acknowledged expert:

"The fact that at follow-up few differences exist on the variables may well indicate that the Hopkins' technicians did a good job of patient selection for surgery vs. non-surgery. Had patients who met the criteria for surgery been denied any access to surgery at Hopkins or elsewhere they might well have turned out to be psychiatric or sociologic disasters. Had more of the surgically spurned patients been operated upon, they also might have constituted a disaster group."

This points up the complaint of timing the study period. Today's practitioners uniformly acknowledge the need for an extended "life test," in which the patient lives in the chosen role, on hormones, for a year or two as an experiment before less reversible steps are taken. It is only upon successful completion of the life test that a patient is considered for surgery. By using as his baseline an interview conducted shortly before surgery, Meyer stacked the deck. All of the major adjustments had been made during the life test and the patients would have been denied surgery if they had not made those adjustments. Little wonder, then, that both those who qualified for surgery and those who did not went forward with similar results. Indeed, the selection criteria must be accurate and effective if the choice of surgery, by itself, was not a significant factor in further adjustment.

Along those lines, Dr. Paul Walker, Director of The Gender Clinic and Janus Information Facility at the University of Texas, in Galveston, adds:

"To look for dramatic improvement as a result of surgery alone is illogical--nobody expects that. It is during the real-life test that the big improvement occurs. People come in in a state of emotional wreckage. But when they go through the trial period they get better. If they didn't, they wouldn't be approved for surgery. Dr. Meyer is comparing the patient's life just after the operation with her life just before, when most of the expected improvement had already taken place."

Dr. Stanley Biber, who operates at Mount San Rafael Hospital in Trinidad, Colorado:

"Our follow-up tells a very different story from Dr. Meyer's. Using all the same modalities . . . we find the life situations of our surgical patients improve tremendously in about 90 percent of the cases."

Dr. Charles Reynolds, working with Dr. David Foerster at the University of Oklahoma, Oklahoma City:

"According to our findings, the operation has prevented a lot of suicides and converted a lot of unhappy drifters into meaningful, productive people. Our program is healthier than ever."

It appears that the clear concensus of the field is directly opposed to the findings reached by Dr. Meyer. As such, his opinions must be regarded as unproven and therefore suspect as not in accord with modern medical thought. To claim he heralds a trend away from the surgical approach sadly overstates his contribution to the quest for knowledge. Further, Meyer's work is not new. His conclusions were first presented in Canada in 1977. The activity in the field in even the last two years is startling. Dr. Meyer is apparently dedi-

cated to changing the minds of freaks rather than dealing with the realities of most perplexing human condition.

The notion that the operation is readily available is preposterous. Stanford, for example, rejects an overwhelming majority of its applicants. All responsible gender centers require at least one year of life test and the trend is toward two years. Two years of psychotherapy, hormones, living full-time in the role and gathering the wherewithal for expensive surgery and convalescence is hardly "readily available."

More importantly, Restak, seems to have overlooked entirely the existence of the Harry Benjamin International Gender Dysphoria Association and evolving Standards of Care. This organization of related professionals, which has begun the task of compiling the collective experience of the clinics and formulating reliable standards for the treatment of dysphorics, counts among its members most of the experts quoted here. As of November, 1979, neither Restak nor any of the sources on which he relies belong to this pioneering group. The Standards of Care and the debate which is producing them have thus far emphasized extensive psychological, physical, and endocrinological workups, caveats and common pitfalls, ongoing psychotherapy and at least a one-year life test before the surgical decision is made. There are hardly the kinds of rules by which a self-serving "growth industry" exploits unfortunates; they are the guidelines by which those whose minds are open seek to resolve a baffling medical dilemma.

Much is made of the fact that the postoperative transsexuals seem to disappear into society, frustrating extended follow-ups. Restak and Meyer would have us believe that this is a negative. What gives these curious statisticians the right to demand that one be continually reminded of an unhappy past? The fact that so many disappear points to good adjustment, not bad, unless they surface in jails, hospitals or morgues. Although more and better follow-ups are important (and a goal of the gender centers), the failures of past follow-ups do not mean that the operation itself is a failure. If the patients go out and lead unnoticable, ordinary lives, isn't that the goal? Admittedly, it makes life more difficult for researchers who want to objectify their experiences, but for whose benefit does the system exist?

Restak cites authorities whose works are open to criticism as inconclusive. Barlow's input is so suspect it is almost laughable. Primarily a methodologist, his articles describe what is essentially retraining, with decidedly mixed results, of only three patients, one of whom was a life-test dropout. Another has serious drug abuse problems. The third, the 17-year-old described by Restak, appears to be a case of persuasive behaviour modification of a malleable adolescent whose history had limited male-role input. The crowning illogic of this approach is that the technique was simply an imposition of stereotypical behaviour. Restak says at the outset that we are breaking down gender-typed social expectations, then seeks to show that gender dysphoria can be treated by wiping "feminine" behaviour out of a youthful personality while imposing "masculine" behaviour. The "faith healing," in which the cross-gender demon was "exorcised" speaks for itself; it shows nothing of medical value. These cases, do however, point up the fact that the desire to change sex wages a running battle with the desire to simply not feel that way. Most dysphorics try and try again to be what others want them to be. To presume, as Restak seems to, that the desire for surgery is some sort of casual preference is to presume that dysphorics want pain, suffering, and meaningless miserable lives. That is an insult to a group whose members, aside from their gender problems, are generally indistinguishable from any other group. They are not crazy; they are not masochists; they are tired of the aching of the soul.

Nor is the assertion accurate that dysphorics are irrationally given to cosmetic surgery. The obvious answer is that transsexuals must attempt to pass as a member of the opposite sex. Would Restak find a woman with the face of Joe Namath or Howard Cosell normal-appearing? The burdens are enough without caring about feminizing one's features. The Adam's apple is particularly apt. Few women have prominent larnyxes; many men do. Those who scrutinize will "read" the apple as a giveaway. Therefore, the trachea scrape is almost an automatic for the male-to-female, as is mastectomy for the female-to-male. This is not irrational pursuit of perfection; it is merely ancillary alteration to facilitate a more fundamental change. Restak's argument would equally deny beard removal and voice therapy, condemming the post-op TS to freakishness.

Concern is voiced for the transsexual's apparent "urgency" to be transformed. Is not the cripple eager to walk, the blind person eager to see, the mute eager to speak? The observation speaks to the fundamental nature of the condition, not the neuroses of the afflicted. If anything, as the Standards of Care and the collective experience evolve, it seems the patients are learning the value of patience. This is the result of knowledge; knowledge of the condition, its effective treatment, and the experiences of those who have pioneered. Most of those who would today qualify for surgery have cross-lived long enough to know,

with the counsel of their therapists, which way to go. There is no unrestrained rush to the table, merely more practitioners and better techniques, bringing with them the inevitable improvements of a pluralistic approach to knotty riddles.

It appears that the dissents of Meyer, Restak and others who find themselves in that minority camp are based on the "aspirin" complaint, that surgery is symptomatic relief that does not address etiology, causation, and cure. Can it be denied that aspirin will silence the complaint of one with a headache? And is not the complaint the only reason for medical involvement? The situation is analogous to terminal illness. We do not deny painkillers to the terminally ill simply because they are not curative therapy. Indeed, much medical treatment is symptomatic relief, at least where etiology remains a riddle. Until cause and effect can be identified and replicated, we must consider full-blown gender dysphoria to be a terminal condition which admits of several levels of approach to treatment. Unless and until those who work in the field discover better answers to the questions the dysphoric asks again and again, surgery, after exhaustive selection, remains the state of the art and the bottom line.

That is why surgery and related procedures are considered rehabilitative rather than curative therapy; the condition is not removed, but the physical is realigned with the intractable mental. Such treatment does not address the unknown cause, but seeks to treat the symptoms in a lasting way, the problem is that many detractors consider all gender dysphoria to be symptomatic of something else. They want to get at the something else. That is understandable and such a move would be welcomed by the gender centers. It does not mean, however, that surgery should be drastically curtailed pending a breakthrough. Thousands of dysphorics may live miserable lives and die before it ever comes.

To impose the "experimental" label on the procedure could have far-reaching consequences:

*health insurance companies are beginning to recognize gender dysphoria as a treatable medical condition and are providing coverage for what is the major health problem of thousands of otherwise normal-risk individuals;

*governmental agencies are also beginning to treat it as a temporary disability and are trying to help dysphorics into productive life situations instead of relegating them to welfare and prostitution;

*medical graduates are becoming attracted to the field, since it is so open to new thought and pioneering methods; thus it is gaining the credibility needed to effectively treat the condition;

*legal authorities have based their indulgence of the day-to-day difficulties which accompany the transition on the medical necessity of cross-living; remove that foot and the doors of American sexual repression may come crashing shut again, leaving transitional transsexuals and all transvestites at the mercy of selective law enforcement;

*a host of ancillary services have arisen, from electrolysis to speech clinics to therapy groups; these would surely lose their tenuous community and institutional supports if the field enters a retrogressive period; all told, it would appear that Meyer's study is really of little significance in terms of increasing the knowledge of the field. He stands nearly alone in his conclusions against the experience of others who work full-time in gender dysphoria, accepting psychiatry's current limitations retaining a realistic desire to help.

Meyer's biased negativity adds nothing to the arsenal of the helpers. It is unfortunate that his position at Johns Hopkins allowed him to spread his half-truths so widely. It is also unfortunate that when Psychology Today chose to present the subject to its educated and influential readership it chose a spokesman as ill-informed as Restak. To elaborate on every point he made would take an entire issue (Ed note: an entire issue of Psychology Today) his thesis is faulty, as are his sources. Your readers should know that the dedicated professionals who work in this field doubt Meyer's study will have any lasting effect.

Editor's Comment

We realize that this article has taken more space than we usually devote to a single piece of work, however, we felt that its importance and the necessity for continuity of thought required publication of the article in its entirety. We would like, at this time to express our thanks to authors for making this fine piece available to us for publication. We say "Shame on you, Psychology Today for not printing even a small portion of it available to those who read--and accepted the data in the Restak article".

Ms. Fraser, a psychologist, has been practicing in the gender area for the past several years and is now enrolled in a doctorate program at the University of California, San Francisco.

Wishful Thinking

Being a transvestite is looking into a
mirror and wishing:

Your eyelashes were as long as
your feet.

Your feet were as small as
your eyes.

Your eyes were as wide as
the gap between your teeth.

Your teeth were as straight as
your hair.

Your hair was as thick as
your waist.

Your waist was as thin as
your lips.

Your lips were as red as
your nose.

And your nose was as small as
your chest.

Nancy CR-12

MORE POOP FROM MEYERS!

In the Sept/Oct 1980 issue of Science Digest a column entitled IDENTITY CRISIS provided some small amount of information concerning sex reassignment surgery. In the article Dr. Gene Abel, New York State Psychiatric Institute and Dr. Jon K. Meyer of the Johns Hopkins Gender Clinic were quoted concerning their views on reassignment surgery. Dr. Meyer offers the following explanation concerning the cessation of reassignment surgery at Johns Hopkins.

"After several years of "elation," a transsexual may discover a bitter fact. He realizes, "in a thousand subtle ways," that he is not, and never will be, a real girl, but is at best a convincing simulated female. Such an adjustment cannot compensate for the tragedy of having lost all chance to be male and of having no way to be really female."

Any comments anyone?

JANUS
INFORMATION FACILITY

under the direction of Paul A. Walker, Ph.D., provides referrals, pamphlets, reprint material and conducts research.

An advance contribution of $5.00 or more is requested since the Facility is dependant on donations and private funding. The Facility welcomes the names of professionals who are willing to be on our referral list. Letters from postoperative gender reassignment individuals concerning their adjustment in their new life are also welcomed. Address all correspondence to:

Paul A. Walker, Ph.D.
1952 Union Street
San Francisco, CA 94123

SCORE: US 1, THEM 0!

Recently Toni Ann Diaz won $775,000 in a court settlement granted by a jury of 8 women and 4 men from the Oakland Tribune and columnist Sidney Jones for an article appearing in the Trib in 1977, which referred to post-operative Tina as "he."

Ms. Diaz charged that the article caused "two years of emotional hell" and that the item by Jones was a "callous invasion of privacy." Jones had written that "the student body president, Toni Diaz, is no lady, but in fact is a man whose real name is Antonio." At the time of the incident Ms. Diaz was the student body president of Alameda College.

The jury, in finding for Ms. Diaz, said the item was not newsworthy and would be "highly offensive to a reasonable person of ordinary sensibilities," and that the article was written "with knowledge that it was highly offensive or with reckless disregard of whether it was highly offensive or not."

Of course, the verdict will be appealed. Tribune attorney John Mahoney said the verdicts would be appealed on the grounds, among others, that Diaz was as a matter of law, a public figure and that therefore the newspaper has a right to factual comment about her.

Editor's Comment. Apparently because Ms. Diaz held an elective office, e.g. Student Body President, she was considered a "public figure," and therefore, fair game for any shots fared at her by the press. Can school or class officers in schools be considered public figures? If so, mayhaps you should think twice about letting your sons and/or daughters run for class offices. We would hate to see the Kindergarten Class President shot down in the press for some dictatorial act.

FEEL LIKE YOU'RE THE ONLY ONE?

WANT TO GET SOME INFORMATION?

NEED TO TALK TO SOMEONE ABOUT IT?

CALL THE GGG/G HOT LINE:

(408) 734-3773

(DAILY FROM 6PM TO MIDNIGHT-PST)

FEEDBACK

During the past month it has come to our attention that a portion of the Glenda Jones letter appearing in the October issue left the impression that the female-to-male was excluded from membership in the GGG/G. Nothing could be further from the truth. The GGG/G changed, early in our existence from the Golden Gate Girls to the Golden Gate Girls and Guys to accommodate the female-to-male members. Both our names and logos changed to indicate this portion of our membership. While we have had and continue to have a few FTM members, their number has not yet reached the level we expected or hoped for. It should be noted that the Membership Directory contains a separate section for the FTM members to make locating others easier.

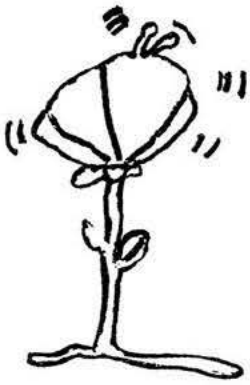
This organization has had an "open membership" policy since its inception and plans to continue with this policy. It is not our intention to exclude anyone needing or wanting our help or the help of the membership. This open policy is fairly unique in gender support organizations and is the basis for our non-alignment with other national support organizations.

SUPPORT THERAPY GROUPS are being formed by Maria Scafidi to begin the first week in November. Separate groups will be formed for the TV and TS and each group is limited to 8 participants. The fee is $65 for a one-month commitment. The groups will meet weekly for 2-hour sessions.

Ms. Scafidi has been working with people in the transgender community for 3 years. She has her Master's degree in Integral Counseling Psychology which integrates therapeutic disciplines from Eastern and Western modalities.

Please contact Ms. Scafidi at [redacted] for an interview appointment and more detailed information on the date, time and place.

With the October meeting of the GGG/G in San Francisco, Ms. Scafidi has also begun to facilitate a support group and invites you all to attend, participate and help the community grow.



Integral Counseling

Maria Scafidi, M.A.

San Francisco 824-3152

KANNON LTD

DIANNA [redacted]

PERSONAL CONSULTANT

SAN FRANCISCO

[redacted]

CALENDAR

In this regular feature we list the meetings of various gender support groups and special functions known to be scheduled. If your group wishes to have a FREE announcement in The Gateway, send the details to: GGG/G, P. O. Box 62283, Sunnyvale, CA 94088. Copy deadline: 15th of the month preceding the issue of The Gateway.

NORTHERN CALIFORNIA AREA

Golden Gate Girls/Guys: Locations as usual.
SAN FRANCISCO: November 12, 8 PM. Presentation by Dianna followed by rap session.
OAKLAND: November 19, 8 PM. Rap session.
SAN JOSE: November 7, 8 PM. Rap session.
November 21, 8 PM. Pot Luck and rap session.
BERKELEY: 2712 Telegraph. 1st & 3rd Wednesday, 8 PM, rap session.
Last Friday, 8 PM, special topic or guest speaker.

SOUTHERN CALIFORNIA AREA

TS Rap Group: Thursdays, 6 PM. contact Carol [redacted].
SALMACIS: Unstructured social get-together. Second Saturday each month, 7:30 PM. Contact Lynda or Ann [redacted].
SHANGRI-LA: (Scyros Chapter). First Saturday each month, 5-11 PM. Contact Nancy [redacted] for information.
OXNARD/VENTURA AREA: TS Rap Group. Contact Jean S. [redacted], P. O. Box 532, Port Hueneme, CA 93041, or [redacted] for information.

HARTFORD, CT

HARTFORD TVIC: Every second Saturday. Contact Patsie [redacted] P. O. Box 180, Hartford, CT, 06107 for information.
XX-CLUB: Primarily a TS Support Group. Contact Rev. Clinton Jones, 45 Church St., Hartford, CT 06103 for specific meeting information. Scheduled meetings: November 8, Workshop; December 13, Dr. David Wesser is the scheduled guest speaker; January 1981 meetings, 10th & 24th; February meetings, 14th & 28th.

BOSTON AREA

TIFFANY CLUB: Tuesdays and Saturdays, 7-11 PM. Usually a $5.00 attendance fee for non-members. Call (617) 891-8022 for information.
KAY MAYFLOWER SOCIETY: Every Wednesday, 7-11 PM. Call (617) 254-7389 for information.

CAPE CODE, MA

TS SUPPORT GROUP: Contact Rachia [redacted], PO Box 25, S. Orleans, MA 02662 for information.
FANTASIA FAIR: Scheduled for Spring, 1981. Contact Fantasia Fair Ltd, Kenmore Station, Box 368, Boston, MA 02215 for details.

NEW YORK AREA

TV Parties in Queens(?) Area. Contact Joyce [redacted], P. O. Box 1105, Woodside, NY 11377, or call [redacted].
TV Parties in the Long Island Area. Contact Casey, P. O. Box 708, N. Bellmore, NY, 11710, or call (516) 548-7736.
ALBANY-TVIC: Meeting every third Saturday. Contact Wm. Thordsen, 1104 Broadway, Albany, NY 12200, for specific information.

WHAT'S GOIN' ON!?

PEN PAL!

We recently received a letter from Sassie, a pre-op FTM, in a Louisana Confinement Facility. She is seeking contact with others, so here is the address to which you may write:

Reynaldo [redacted]
[redacted]
Angola, LA 70712

Anyone want to write to a Japanese sister? Her address is:

Misao [redacted]
[redacted]
Kanagawa-Ker
Japan

The postage is 31¢ for international mail. Drop her a line and let her know there is someone else out here. Even though miles separate us, we are close in spirit.

NEXT MONTH

Since Joan, Gerri and Shannon attended DREAM '80 on the Oregon Coast in Late September, we hope to prevail on them to pool their thoughts, notes and reactions into an article on DREAM for the next issue.

POTLUCK

The November 21st meeting in San Jose will have a buffet/potluck table. We plan to have potato salad, chicken, ham, cheese and fruit drink. If you want anything else, please bring it and maybe enough for someone else to share it with.

If you wish, we will plan the same type of thing for the December 19th meeting.

Andi, from the Marin County area is writing an article for the Pacific Sun, which has circulation in both Marin and Sonoma Counties. To expand the interest/content of the articles, Andi would like others in the two counties to contact her at P.O. Box 984, Cotati, CA 94928. Andi will use information supplied in the articles, but guarantees anonymity for all respondants.

SOME THOUGHTS ON PAIN

Marilyn S.

Pain is a part of the body's warning system. It is an indication that something unusual is happening to our body and requires our attention. A great deal of new research is going on in regards to pain and much new light is being shed on this age old problem. A headache can be eliminated in a matter of minutes with the proper concentration. Now we have all been told by a higher authority that electrolysis and going to the dentist are painful events, so naturally we believe it. Higher authority is always correct. The pain we feel is the body sending a warning message that something unusual is happening and requires some form of action on our part.

In the case of electrolysis we already know what is going on so there is no need for the message to be repeated. When we do not take action the body can follow one of two different courses. The pain signals diminish with each repetition or the body gets frustrated with our lack of concern and each signal becomes more intense. It is quite possible to relax and speak to the pain or even visualize it out of existance. Thank the pain for the message and acknowledge that you want to continue the therapy but have no further need of the pain.

Recently a doctor spoke of visualizing pain in a container and gradually reducing the size of the container until it vanished, taking the pain with it. Learning deep relaxation or self-hypnosis can be an invaluable aid in alleviating pain in situations where the warning is no longer necessary for the protection of the body. My own method of pain reduction during electrolysis or dental work is to get as comfortable as possible, relax the entire body and mentally leave the scene. Just because your body has to be there does not mean you have to be there mentally. We have all exerienced day dreaming, we take all sorts of mini-vacations during the course of the day. Just decide where you want to be and go there. You can choose one special place and go there each time or become a world traveler. A special memory is always a nice place to go and there are no surprises, you know what is going to happén.

A prisoner of war once reported that he was able to totally leave his body during torturous interregation, thereby eliminating the pain. Deep relaxation actually increases the Endorphis sent to the brain and these endorphins act as a natural analgesic. Relaxation does take practice and concentration, so it is necessary to work with it in a nonthreatening situation before you can expect it to work during a time of stress and pain.

There are also ways of reducing pain nutritionally. Our beliefs, attitudes and state of well being all play vital roles in how much pain we will feel at any given time. A bumped elbow is barely felt when you are having a good time, but the same injury can be unbearable if we are feeling sad. If at all possible, have any painful work done when you are calm, unworried and unhurried. By the very nature of his life style, the Transexual or crossdresser creates a life with added stress, learning some form of deep relaxation or meditation can be of tremendous value in reducing some of the seemingly unavoidable pain and suffering.

Editor's Note: Marilyn never has novacaine at the dentist. While she has not undergone the amount of electrolysis meny members have, she has the moustache area done with no difficulty. Can you say the same?

To have a good wife
that you want
One who is a joy
for all your life.

It is indeed rare
having one who will share.

The pleasure--oh, boy!
The trouble and strife
When she has a
TV in her life.
That's when you know
you have a good wife.

Alicia, OR-11

IMAGE IMPROVEMENT SEMINAR

Dianna [redacted] a professional in the area of Image Improvement is holding a 2-day seminar for Image Improvement on the 6th & 7th of December, 1980 in San Francisco.

All the subjects covered in her presentations throughout the year at the GGG/G meetings will be covered, plus many more.

Sessions start at 9:30 AM and run at least to 4:30 PM.

The cost will be $200.00 for the full seminar.

The conclusion will be a fashion show using TG models.

Additional information and registration forms may be obtained by calling Dianna direct at [redacted] or by writing PO Box 62283, Sunnyvale, CA 94088, attn: Image Improvement.

Additional information will be included in the December issue of The Gateway.

CLASSIFIED

HELP !

I am writing for help. I'm a recovered alcoholic and pre-op female to male transsexual. I am living in a small town and working as a teacher. I need some support and would like to know if someone out there is willing to correspond. I really need to connect with someone.

Jud P.
P. O. Box 391
Mission, SD 57555

HOUSE TO SHARE

Member in the Santa Cruz area has large 3 bdr, 2 bath house with attached garage and is looking for another FTM TV to share expenses. House is secluded, and privacy insures you can crossdress to your heart's content.

Located about 1 hour SW of San Jose.

Write us at P. O. Box 62283, Sunnyvale, CA 94088, Attn: HOUSE for additional information. Be sure and include your phone number in letter so you can talk to one another on this great offer.

BOOKS

We have a limited supply of the following books available. To order place a check in the ( ) preceeding the book(s) you wish to order. Return this order blank and the appropiate monies to PO Box 62283, Sunnyvale, CA, 94088. Make checks/money orders payable to Golden Gate Girls/Guys.

( )	A Schoolgirl in the Secret Service	$4.50
( )	The Birth of Barbara	$4.50
( )	Tales from the Pink Mirror	$4.50
( )	His and Hers and Theirs	$3.50
( )	From Martin to Marion	$3.50
( )	I Am a Male Actress	$5.00
( )	TV Panty Raid	$3.00
( )	Pure Deceptions	$3.00
( )	La Boutique Sissy	$3.50
( )	The Feminization of Jim Stanton	$4.00
( )	The Danielle Project	$3.50
( )	She Humiliated Me In Skirts	$3.50

Non-fiction

The Transvestite and		
( )	The Transvestite and His Wife	$6.50
( )	Understanding Crossdressing	$6.50

The two above books are authored by Charles "Virginia" Prince.

When the above stocks are exhausted we will no long carry these titles.

Five hundred copies of the First Annual Edition of The Directory of Information and Services were distributed!

To make the Second Annual Edition bigger and better than it's predecessor we need YOUR HELP. Each of you out there has information which should be included in The Directory.

Some of the catagories of information we are seeking additional data for are:

Places to go
Places to shop
Attorneys
Therapists
Medical Support individuals
Support organizations
TV organizations
TS organizations
Gender Clinics
Electrologysts
Hair care/Wig sales/care
Beauty Shops
Crisis or Hot Lines

and any other catagory YOU would care to add.

Send the information to:
Golden Gate Girls/Guys,
PO Box 62283
Sunnyvale, CA, 94088.

MOVING?

If you have moved or are planning a move be SURE and notify us so The Gateway will be sent to your correct address.
Complete the following and mail it to PO Box 62283, Sunnyvale, CA, 94088.

Hi! I'm moving.Please send my Gateway to the following new address:

NAME_____

STREET_____

CITY_____

STATE_____ZIP_____

OLD ADDRESS

Glue or tape your mailing label in the above blank space.

---SUBSCRIPTION COUPON---

PLEASE SEND ME MY OWN COPY OF 'THE GATEWAY' EACH MONTH!

NAME_____

ADDRESS_____

CITY _____

STATE_____ZIP_____

ANNUAL SUBSCRIPTION COST IS $15,00!

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