OUTREACH NEWSLETTER

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KANE PRESENTS AT THE 9TH INTERNATIONAL SYMPOSIUM ON GENDER DYSPHORIA

by A. Kane

Held in Minneapolis, Minnesota on 12-15 September this year was the 9th International Symposium on Gender Dysphoria, focused on these major aspects:

- Gender Dysphoria -- some general considerations in light of 10 years of research and studies
- Endocrinological aspects
- Behavioral aspects and follow-up study
- Surgical treatment

John Money, world-renowned sexologist, professor at Johns Hopkins, gave the keynote address, stressing the need for rethinking and redefining our current ideas about gender identity/role, and revising the labeling of psycho-sexual phenomena. His talk was illustrated with slides showing how other cultures view gender issues and incorporate the local paraculture into the fabric of a general cultural pattern. His talk was quite stimulating and worthy of much thought.

There followed a panel discussion dealing with the spectrum of viewpoints regarding gender dysphoria. The apparent concensus was that the time is now appropriate to revise the past overview of the phenomenon and to incorporate new studies and improved techniques for diagnosis into the general literature.

Ari Kane, Director of the Outreach Institute, presented a paper titled "Cross-Gender Disorders: A Contemporary Approach to Volume 3 of the Diagnostic and Statistical Manual (DSMIII)". Kane's main points were:

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WOMANHOOD -- WHATEVER IS IT ALL ABOUT?

J. Thomas

Ms Thomas has been a frequent contributor to the Outreach Newsletter during the past three years in which she has lived as a woman in preparing for the final steps of her reassignment. - Ed.

"What is a woman?" The question itself sounds straightforward and simple, right? -- Well not really!!

In the mid-80's our society finds itself in transition: Gender roles seem to be in great flux. Women have striven for equal treatment -- inroads have been made. Fairer treatment is evident in some quarters, and for the most part the phrase "You've come a long way baby!" seems apt. All these changes, plus the new acceptances and diminution of old prohibitions have had their effects.

For over three years now I have sought an answer to this question. On a personal quest I had to determine for myself the real ingredients of woman. At best I now have only an inkling of the vast complexities, attributes and facets of womanhood. At worst I've pursued an unattainable goal.

No matter -- the journey has been an eventful education into another world of humanity. This has been more than a mind-blowing trip to see woman as the most complex creature that she is.

Popular media psychologist Toni Grant tells us that women are more complicated than men. He contends that men are judged to be successful by the things they can make happen. Men are doers, movers, action people. On the other

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WE GET LETTERS

Dear Ari -

This letter responds to your editorial, "A Decade on Which to Reflect".

I do agree that progress has been made over the (past 10) years. The Outreach Institute, and you in particular, deserve a rich measure of thanks for the important work which has been done. I truly believe, however, that one of the biggest blocks to progress is oddly not the attutude of society as such, as that of the paraculture itself. Let me explain what I mean.

Nowhere in my experience have I seen a house more divided against itself than in the paraculture. A recent example of this involved a strong healthy chapter of a leading CD organization being kicked out of the parent organization over what is best described as petty nonsense. (In this case the loss to one organization was a gain for another.)

Still the fact remains that one of the paraculture's most respected leaders was raked over the coals for essentially nothing. Time and again I'm reminded that our own internal pettiness and jealousy do little good in presenting a united front to the rest of the world. I was amazed at this when I first became aware of it and still am.

My second observation is that many of us actually believe we are doing something sinful when we crossdress. I am not suggesting that caution in dealing with the rest of the world is not prudent. Little is gained from telling people outside the culture about our interests. The fact remains, however, that in many cases we ourselves believe what we are doing is wrong. I am reminded of the CD who discovered that his son and similar interests and actually tried to talk his son out of doing what he himself did.

I have pointed out on several occasions that any human characteristic which breeds true, generation after generation, in all cultures, and is not inherently debilitating, must be considered perfectly normal. Otherwise "normal" has no meaning.

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The Human Outreach and Achievement Institute is a not-for-profit, educational corporation of the Commonwealth of Massachusetts. It serves as a resource for helping professionals, cross-dressers, androgynes and transsexuals.

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WE GET LETTERS

Dear Ariadne -

I hope you remember meeting me at the Tri-Ess Chapter meeting when you came to speak to the group in April. My sister Caroline and my ex-wife Shiela were with me -- you may recall that I was the only transsexual there, and seemed interested in their unique feelings about where I am going with my life. We each plan to write our impressions of this relationship.

The May issue of the Tri-Ess Newsletter includes (pg 5) an article from the national leader of Tri-Ess regarding Tri-Ess' relationship with other "open" groups. This posture greatly concerns me, and resulted in my being asked to resign from Tri-Ess at both Chapter and National levels.

My surgery in January will be the crowning joy of my life, and the fulfillment of my long awaited status as a woman! I too have had, and will continue to have some speaking engagements. I was invited to lecture to Pace University's Psychology Department last spring on Human Sexuality, and will continue regularly in the fall. I'll also address similar classes at New York University.

My fond regards ... Renata

FEMALE SEXUAL HEALTH

Ann Welbourne-Moglia, PhD

Reprinted from the SIECUS Report 11/84
on
Gender, Gender Role and Sexual Health

A quotation from Simone de Beauvoir seems a very appropriate introduction to this discussion of female sexual health: "It is in great part ... the anxiety of being a woman that devastates the feminine body."

CHILDHOOD: Up until the approximate age of two years, infants are learning to seek pleasure, warmth, and satisfaction, primarily through the mouth. The provision of safety from a trusted caretaker is a primary sexual health concern. Infants are also beginning to learn behavior patterns that parents and adults reinforce positively. This learning is so powerful that gender role differences in behavior have been noted within the first year. Girls are less physically active than boys but are more aware of environmental stimuli. Some researchers have hypothesized that this contributes to females becoming conditioned at a very early age to be aware of social demands, assess parental wishes, and receive rewards for being dependent and "good". The result is that women learn at the very beginning of their lives that their sense of value and self-esteem is dependent upon pleasing, especially men. Thus nurturing and accommodating behaviors are quickly incorporated. Being loved, based on being "good" is the most important goal.

This important gender role difference between boys and girls has been found in many societies. Barry, Bacon and Child (1957) indicated that over 88% of the cultures they surveyed encouraged nurturing behavior in girls. Not only is this an important behavioral difference, but, as shown in the recent work of Carol Gilligan (1982), it indicates that differences in values and moral development are also involved. Young girls place more emphasis on relationships and feelings than on the group expectations for conforming behavior which males come to value. Until recently girls were evaluated as being delayed in their moral development because of this difference.

As growth continues through childhood, there is a need to understand such topics as one's body, one's genitals, and reproduction. The Goldmans' research (1982) on children's sexual thinking demonstrated significant sex differences in this area. For example, girls place more value on romantic love, boys on companionship. Parental differences in what information they choose to share with girls versus boys also reinforce more loving and protective attitudes toward girls.

There are many sexual health implications related to the female gender and gender-role issues raised above. An example of this is the area of child abuse. The specific problem of sexual abuse is particularly alarming, with incest being the most common form of such exploitation. It is estimated that one girl in every four in this country will be sexually abused in some way before the age of 18. Given the very nurturing and pleasure-giving learning experiences of young girls, the difficulty in protecting oneself is compounded when sexual advances are made by a caregiving adult. How do you reject the source of your rewards, your self-esteem, and love itself? Thus from a very early age women are given powerful messages about who they are sexually and what is expected of them.

ADOLESCENCE: For adolescent females at the onset of puberty, during which they experience menstrual periods and other changes of a maturing body, the sexual health education needs center on the topics of body image, relationships, values, and decision making about sexual-social behavior and goals for the future. The challenge now is to separate oneself from a dependent childhood role with parents and establish relationships with peers that help develop identity and enhance self-esteem. Interestingly, however, both the female and male peer group value women who are physically attractive and socially and sexually conforming. Thus, while the personal need is to be independent, the social needs and rewards involve being dependent. The "good girl/bad girl dilemna of the 1950's and 1960's has been replaced by the more subtle form of "promiscuous/nonpromiscuous." In addition, the need to negotiate a career/wife/mother role is a clearly stated goal for a majority of adolescent women today. In this context,

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MALE SEXUAL HEALTH

Deryck Calderwood, PhD

Reprinted from the SIECUS Report 11/84
on
Gender, Gender Role and Sexual Health

From the beginning of life there are significant differences between the sexes related to health and sexuality. More male babies are born -- 106 to every 100 females -- but fewer survive past six months. Male babies succumb in greater numbers to SIDS (Sudden Infant Death Syndrome) and it has been suggested that this may be due to their having less cuddling and physical contact than girls. From birth to age one the male death rate is 33% higher than that of females.

Within their first three days of life 90% of males in the United States are subjected to circumcision, despite the stand taken by the Americ an Academy of Pediatrics, the Pediatric Urologist Association, and the American College of Obstetricians and Gynecologists that circumcision not be a routine procedure. Circumcision for other than religious reasons was begun in the late 1800's. The surgery was believed to improve sexuality and to prevent masturbation and venerial disease.

Indeed, lack of circumcision was thought to be a contributing cause to a wide variety of diseases, and as late as the 1940's circumcision was still considered a viable means of preventing syphilis and penile cancer in males, and cervical cancer in female partners.

Since we have no scientific evidence that it prevents any ills or improves sexuality, we might well now give up this initiation rite for males, except in cases where it has religious significance. More concern about undescended testicles would be of greater importance to sexual health. Boys should not go beyond six years of age without having their testicles properly ensconced in the scrotal sac. A medical check on this descent can help prevent problems later on in life -- infertility for example.

CHILDHOOD: Early childhood seems to be a crucial period for males in regard to developing a positive body image. Studies indicate that males are more likely than females to carry negative attitudes about their bodies into adulthood -- attitudes that stem from teasing or a lack of knowledge. Research indicates that children of nudists and of parents comfortable with their own nudity and accepting of their children's nudity in the home avoid such negative feelings as adults. These children measure higher in self-esteem than do children in homes where nudity is taboo.

The whole manner in which we indoctrinate boys into their gender role might well bear careful scrutiny. David Lynn's research (1966) indicates that boys who have no extended contact with their fathers as role models pick up clues for masculine behavior and attitudes from impersonal sources such as the media. As a result males are often more insecure than females about their gender role and cling more rigidly to stereotypic concepts of masculinity. They are more distrustful of females than females are of them, and they also tend to be more hostile toward the other sex. This greater rigidity and difficulty with their role affects their sexual health throughout their lives. It has been shown that transvestism, fetishism, and other paraphilias unique to the male have their origin in early childhood and are linked to problems of gender identification.

The years from six to 12 are crucial to boys' psychosocial sexual development. Throughout their elementary school years their socialization makes them keenly aware of the need to rigidly control their behavior so as to avoid any hint of effeminacy and the label of "sissy" with its dread implication of homosexuality. This early indoctrination is the root of the homophobia deeply imbedded in the American male.

While women do not totally escape homophobia, it certainly does not rule their lives to the extent that it does with males.

ADOLESCENCE: As Gagnon and Simon have pointed out (1978), boys' development of sexuality is presocial, while girls learn to be sexual within the context of social relationships. The experience of masturbation for boys contributes to this more genitally oriented view of sexuality. Boys begin conscious masturbation at an earlier age and engage in it with considerably more frequency than to girls. While some boys participate in group masturbatory experiments, the majority,

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9th GENDER DYS. SYMP.

1. The need for changing our terminology and definitions in the DSM
2. Distinguishing between a sexual and a genderal dysphoria
3. Deletion of the term transvestism in the paraphelia section of Psycho-Sexual disorders.
4. Inclusion of a section on cross-dressing as description of behavior, and then applying a relevant modifier to include motivations for this behavior, i.e., love of one or more items of apparel as sexual object choice, could classify an individual as a fetishistic crossdresser.
5. Care in the use of general terms and definitions to apply to both gender or sex.
6. To include a category for cross-gender people (non-transsexuals)
7. To move our thinking toward a recognition of the real state of being, genderally as androgynes, looking at masculine and feminine gender roles as extremes of the androgyne character.

(Copies of this paper may be obtained by writing to the Outreach Institute. The cost is $2.50, including postage and handling.)

In the area of follow-up studies, several papers were presented. An international comparison study, conducted by S. Satterfield, et al, from the University of Minnesota in the United States, and F. Pfafflin et al, from Hamburg, Germany, reaffirmed that after sex-reassignment surgery both female-to-male and male-to-female patients have adjusted well with regard to psychological attitudes, sexual activity, and gainful employment opportunities in the preferred gender role. He also reaffirmed that all things considered, the complete transition to the opposite gender and sex role leads to an overall positive improvement in life style. (A major study, refuting the well-known "Meyers Study" conducted several years ago at Johns Hopkins.)

The general tenor of the meeting was one of sincere interest in the issues, and in how people's lives are affected by both the medical and psycho-social interventions.

Professors Kenney and Edgerton, along with Huang, Lewis and Webb presented papers indicating the surgical improvements that have already been made for male-to-female sex changers. In general, the techniques of using inverted penile tissue for lining the wall of the vaginal plast is the most effective method for the majority of cases.

Cosmetic aspects of the final surgery have vastly improved over the past decade. Rigid and rigorous use of the Standards of Care by all care-givers in this particular field was assiduously reaffirmed, and serves as the basis for decisions regarding sex reassignment surgery.

Drs. Gilbert and Laub presented papers on new and improved techniques for the female-to-male sex-changes. In general, the technique for formation of a neo-phallus, using tissues from the abdominal/groin area of the patient has made much progress. However, the remaining issues of spontaneous erection, neural stimulation and sexual gratification remain as problems for these patients.

In the area of endocrinology, several papers were presented. These centered on anatomical and psysiological changes that occur with the introduction of appropriate hormonal steroids to patients. In general it has been found that introduction of a combination of estrogens and progesterones in carefully administered doses over long periods of time, do change body form in the male-to-female, and that there is a limit to the changes over a long period of time. Large doses of these hormones taken over a relatively short period of time cause several unwanted physiological side-effects with no corresponding major increases in the development of breasts and hip tissue.

For the female-to-male patients, introduction of standard doses of testosterone and other androgens changes body form and induces several secondary sexual characteristics common to most biologically natural males, i.e. fast growth of facial and body hair, lowering of the voice, redistribution of fatty tissue and elongation of the clitoris. It was also reported that there is a positive correlation between introduction of these hormones and polycystic ovarian disease. A lively and productive panel discussion followed, which clarified many of the subtle issues, related to sex-hormonal interactions in the management of sex change patients.

WOMENHOOD cont'd

hand women can validate what is right for them by the way it feels. If a woman's work doesn't feel right, then it isn't right. But if it feels right, then that's all the validation she needs.

Men have the more straightforward task of looking to the effect their actions will have on their career, making the deal go through, as to whether it is right for them.

In growing up, men's task is easier in having only one thing to do: Becoming independent of his mother, the female that brought him into the world.

Woman's growing-up is much more complicated, striving for the four attributes of Amazon, Madonna, Mother and Whore, each at different times. They don't select any one of these stereotypes exclusively, but include parts of each into her personality -- the dutiful conscientious mother who (when out on a date with her husband) becomes a flirtatious and coy playmate -- the competent business woman who (away from her job on a weekend) assumes a more passive and retiring role in the company of her macho-male companion.

If women are truly more complex than their male counterparts, then it's an ironic contradiction to note the ease of acting the woman's role. Experts on feminine psychology have more than once stated "If you aren't having fun being a woman, then you're doing something wrong. Being a woman is fun and easy. Being a man is hard work." -- That's a complicated state of affairs, I must conclude!

So why do I conclude that I have even a partial answer in hand? Why should my perspective be any more insightful? My training as a psychologist teaches me to view human behavior objectively. Further my starting life as a genetic male provides me with a different vantage point for the female role than most other women.

For me, becoming a woman was something I had to strive for, rather than a birthright given me at the moment of conception. My womanhood was long in fruition, a lifelong journey filled with the frustrations and tribulations of not being able to live the role I felt should be mine.

In four decades as an acceptable male, I married twice, fathered three children, and developed a successful career. Only I seemed to know the real truth. Only I was aware that my outward maleness was a sham.

My earliest recollections told me I was different from other children. As I grew to maturity, it became evident happiness and fulfillment wouldn't be easy, but would require great strength from within.

Looking back, it's apparent that the four decades of maleness were not wasted. Although blinded then by the anger and frustration of not being able to live as a woman, I can see now that all that experience was preparing me to be a total human being.

Years later I would discover that most of the skills acquired as a male, were helpful in my transition into woman. In certain areas I was already ahead -- career, self-assertiveness and confidence. In a word, I avoided those years of acculturation to which women of my generation were exposed while growing up. As a result, my not having endured years of second-class treatment as a woman stood me in good stead as a career woman in the work place. I knew what it was like to be treated as an equal, and when facing discrimination as a woman I better understood what I had to deal with.

I had also experienced, as a man, solving the day-to-day problems of living an independent life. But there were experience voids I had to learn to deal with.

Not having reached womanhood through normal adolescence, I lacked the close social network of supportive female friends which most women develop throughout their lives. In a word, I was socially virginal in my fourth decade of life.

Of course I received the usual help accorded a transsexual crossing the gender line. Counselors covered the wide range from electrolysis, makeup use, fashion selection and deportment, to psychological introspection and endocrinological therapy. In adapting to this exciting new life, it was the psychological, rather than the physical changes that I found to be the most important.

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BOOK REVIEWS

A large portion of this issue is devoted to Book Reviews. Included are several titles which we believe will be of special interest to our readership. At the end of these reviews will be found a list of titles (with their identification numbers) and prices for ordering copies from the Outreach Book Service.

FEMALE TO MALE TRANSSEXUALISM, HISTORICAL, CLINICAL AND THEORETICAL ISSUES
-- L. M. Lothstein

Reviewed by A. Kane

The large numbers of females interested in sex-change surgery is a recent phonomenon. This, combined with consciousness-raising about women's issues, has created a challenge for the helping professional in providing appropriate strategies and interventions for guiding females who are gender dysphoric. The stated reason for such request is to "correct her incongruence between preferred gender role and anatomy."

Dr. Lothstein's book is the first scholarly and systematic study which examines this phenomenon. The principal approach and basis is psychoanalytic, as opposed to the existential viewpoint. He regards female-to-male transsexualism as a disorder of the self. Based on a large clinical sample of female gender dysphorics, he advocates a psychotherapeutic approach as the treatment of choice.

A major portion of the book is devoted to detailed case histories which lend support to this approach. At times the author makes a strong, almost dogmatic statement of his ideas and approaches, but on occasion he shows compassion as a sensitive human being, while trying (albeit professionally) to be significantly helpful to his clients.

Of interest to this reviewer are Lothstein's selection of "myths about female-to-male transsexuals," and his analytic approach to their origins and persistence. For instance, he cites the myth that "female-to-male transsexualism is not a psychological disorder, but an alternative lifestyle." According to Lothstein this is not simply a matter of lifestyle option, but rather a compulsive, unrelenting desire to rid themselves of breasts and female sexual organs, and an obsession with the

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TRANSSEXUALITY IN THE MALE -- E. Koranyi, M. D. Dr. Koranyi is Professor of Psychiatry at the Royal Ottawa Hospital, Ontario, Canada.

Reviewed by M. Russell

Dr. Koranyi is not well known by the professional and paraculture community in the U. S., but he is well respected in Canada.

When assessing the value of still one more text on this subject, we cling to the hope that our consciousness will be raised and perhaps a new piece of the gender conflict puzzle will fall into place.

Dr. Koranyi draws a clear delineation between homosexuality, transvestism, and transsexuality. Even though he discusses the behaviors from a Freudian viewpoint, ie: that these are psychosexual disorders, and those he treats are patients -- a sensible approach.

Following an introduction with the usual Kraft-Ebbing Money & Tucker footnotes, is a very interesting chapter on Sexual Dimorphism.

Dr Koranyi states what many of us have believed for some time, "The administration of certain sex hormones during pregnancy is of the greatest significance to the ultimate sexual development of the offspring.

"Under certain conditions, the effects of such hormones may not show up as anatomical malformations at birth, but may also manifest themselves many years later in deranged sexual and social behavior." He backs up his argument by citing newer research in easy-to-follow language. The controversy between biological determinists and behaviorists, is also attacked. In summation there are components of both in the itiology, with the answers still to come.

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BOOK REVIEWS

APRIL ASHLEY'S ODYSSEY
-- D. Fallowell and A. Ashley

Reviewed by M. Russell

April Ashley is an incredible woman. Her odyssey is better described as a wild ride in a sports car. There are spins, crashes and victories, all eloquently documented by biographer Duncan Fallowell.

From humble birth as a boy in April 1935 through the trials of school to the disastrous attempt at manhood in the maritime service, she found acceptance by the gays of London. They pushed her into a career of female impersonation in Paris, working with Cocinelle and Bambi at Le Carousel. There she discovered her true identity.

Statuesque, with perfectly proportioned features and regal bearing, she might have succeeded in an acting career. But realizing the limitations of her theatrical ability, April never waivered in the pursuit of her ultimate goal of becoming a woman.

The excellent photos accent the written text without distraction. There is a fascinating account of her surgery with Dr. Burou in Casablanca. Performed in May 1960, this date places her in the pioneer era of sex-change surgery.

The story really gets into high gear in London. She successfully entered into a modeling career, and also played a small part in a Bob Hope movie. She consorted with the rich and famous, until she was exposed as a transsexual by the Yellow Press of Britain.

Her stormy marriage to an older crossdresser from British Aristocracy eventually led to a divorce. The trial, which created turmoil in the legal system, was disastrous for April, personally. It set legal precedent that makes marriage in the 'opposite gender' role tenuous and oppressive.

April's jet-set life style and indomitable spirit collaborated with Duncan Fallowell's writing to make this the most interesting book thus far to biograph a sex change, particularly as it deals with the 20-year life span as a post-operative personality.

This reviewer would certainly place April at the top of any party list, and as the girlfriend most liked for meeting at lunch. You'll both enjoy this book and fall in love with the lady. Don't miss it!

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MEN IN FROCKS -- K. Kirk and E. Heath

Reviewed by A. Kane

This book about males who crossdress, traces the crossdressing scene in England from World War II until the present. Included is the development of the important influence this crossdressing culture (both gay and non-gay) had on the liberation of sexual preferences for British society.

Amply illustrated with many stunning photographs of crossdressers -- both from the closet (TV and TS) and in public (female impersonators and street queens) -- this book provides personal portrayals of this paraculture, their aspirations, hopes and experiences in a changing cultural matrix.

There are several excellent vignettes of Boy Goerge and Marilyn, well known vocal rock stars. Yvonne Sinclair, a well known public heterosexual crossdresser and group organizer is included -- also many female impressionists, such as Danny LaRue and Adrella. It shows the variety of lifestyle options open to crossdressers, from the closet TV to the open and comfortable androgyne. This reviewer found the book unpretentious, dealing well with real people and issues, and refreshingly written. It is recommended reading.

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BOOK REVIEW

THE ANDROGYNE, RECONCILIATION OF THE MALE AND FEMALE -- E. Zolla

Reviewed by A. Kane

The androgyne has always been a symbol of the union of male and female, relating the masculine and feminine characteristics from earliest recorded time. It will be found in every cultural framework from ancient Egypt to the Polynesian cultures on the islands of the South Pacific.

Within the metaphysical sphere the androgyne has always been unavoidable. Men feel its shadow on them and relent, ceasing to cling to cramped masculine gender roles. Women awaken to a neat, clearly defined inner space from which they can feel free from their own gender prison.

When the mind soars above names and forms, it always bypasses artificial psycho-sexual diseases. Only then can a person become endowed with the spiritualism of the androgyne archetype.

Carl Jung, famous psychiatrist and unique thinker in psychological thought in the West alludes to this model of the androgyne in his treatise on the anima/animus. The androgyne is the highest identity form to which man and woman can aspire. It transcends the limited boundaries defined by geography and culture.

This book is an example of the use of the written word in combination with a variety of beautiful symbolic images of the androgyne spirit, including its art and literature. Its aim is to raise the reader's level of consciousness and glimpse her/his own sense of balance between the feminine/masculine spirit within.

This is a unique experience, provided by the publishing medium. It is richly illustrated with examples taken from Jewish esoteric tradition, early and middle Christianity, Talmudism, Chinese, Greek and Indian mythology. To follow the thread of the androgyne thfough Eastern and Western thought, from Caesar to Pahrvati to Plato and Castanada requires a subtle and dextrous guide. The quest on which the author leads us is not merely one of psychological literary or artistic curiosity, but rather a confrontation with the universal inner truth.

BISEXUALITY, A STUDY -- C. Wolff, M. D.

Reviewed by A. Kane

"Bisexuality is the root of human sexuality and the matrix of all Gro-psychocal reactions, be they passive or active. It is expressed first and foremost in bigenderal identity." -- quoted from Dr. Wolff's book.

This is the first scholarly book on the subject, and is based on the author's extensive research on the psychological, social, biological, historical and anthropological aspects of bisexuality.

Part of Dr. Wolff's thesis is that people who see themselves as exclusively hetero- or homosexual are socially conditioned to repress either one or the other part of his/her bisexuality.

Her study included interviews and autobiographies, some of which are reproduced in this work. These unique personal stories give us some insight into the agony and the ecstacy of people who acknowledge their own bisexuality.

This reviewer is struck by her thorough awareness of the work of others who have plowed this field of research -- this is illustrated in her chapter on Gender Identity and Sexual Orientation. -- For instance, Dr. Wolff believes that gender identity has a direct influence on sexual orientation, but the two must not be confused.

She cites a statement in *Man and Woman, Boy and Girl* by Money and Erhardt when they speak of "homosexual gender identity". She feels that other researchers in the field, such as Stoller and Green, confuse the sex preference issue with gender role issues.

Bisexuality as a subject, which has long needed a comprehensive modern survey, has been productively treated in Dr. Wolff's book. It is a benchmark for those seeking more knowledge about the issues and about themselves. -- It is recommended reading.

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For the reader searching for a different experience in higher consciousness, this book is highly recommended.

BOOK REVIEW

SEX AND GENDER: A Theological and Scientific Inquiry -- F. Schwartz, et al

Reviewed by J. Marshall

The papers contained in this book were presented at an invitational conference that grew out of the Second Workshop for Roman Catholic Bishops on "Human Sexuality and Personhood", held in 1981 in Dallas, Texas. The format of the book is that of argument and counter-argument, where a presentation is made by a secular scholar, and a counter presentation is made by a member of the Church, or a spokesperson for the Church"s perspective. Because of the number and diversity of presentations (16 authors are presented), it is impossible to summarize the book. The approaches taken in examining the crossdressing population (transvestites and transsexuals) include: anthropology, biology, medicine, psychology and sociology.

However, a difference may be noted between the Church and secular approaches to the question of how best to help those who are uncomfortable or unsure of their current gender identity. The Church's position derives from the philosophical perspective that anything which interferes with the natural ability of humans to procreate does not meet with Church approval. This includes any birth control method other than the rhythm method, interfering with the male's or female's reproductive system (such as administering hormones to either male or female transsexuals) and the homosexual lifestyle of males and females. It is the hope of the Church that all of those who stray from the intent of God (male and female heterosexual life styles) will somehow be made to understand their situation and eventually return to a "normal" lifestyle. The Church helps those with gender and lifestyle questions by helping them return to a "correct" behavior.

As their goal, the secular writers target the improvement of the quality of life of their patients. When the Church opposes reassignment, it does so on the basis that it is against the laws of God, namely that the purpose of sex is solely reproduction -- anything done to prohibit that natural course of events, including homosexuality, the alteration of sexual capability through hormones, or the alteration of anatomy through reassignment surgery is an abnormality of the individual, and the individual can be corrected through treatment to become a normal functioning heterosexual. The Church admits that there are instances when it is possible that the individual's anatomy may threaten his/her physical well-being, and should be corrected through surgery. There was no mention made of the Medieval Church practice of preserving the young male's voice through castration.

Of particular value to the helping professional is Paul Walker's paper, "A Contemporary Perspective on Gender Dysphoria: Gender Dysphoria and Transsexualism." In this article, Walker presents in concise definitions, what a transsexual is, different diagnoses, methods of treatment, and results of treatments to date (at the time of writing). Walker's conclusion recommends that more, not fewer hospitals offer "psychological, psychiatric, hormonal, and (where surgical expertise is available) surgical treatment to those who need it."

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TSism IN THE MALE

The various photos in the book are worthless, but the illustrations of Dr Egerton's reassignment surgical method seemed complete and adequate. The socio-legal aspects were well researched by Betty Lynch, M.P. and Dr. Selwin Smith, listed as contributors.

We found only one aspect somewhat lacking, namely the prescription of hormones for reassignment. This is treated on a single page, including four possible treatments. This reviewer's experience indicates that a full text could well be devoted to the administration, variety and effects of these hormones, prescribed for sex reassignment.

In summary, Dr Koranyi is to be congratulated for a well researched, up-to-date presentation which reflects his objective, yet caring viewpoint. By any standards this text is consciousness raising and a welcome addition to the Outreach Book Service.

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BOOK REVIEW

SEX AND GENDER

Anke Ehrhardt's paper, "Prenatal and Postnatal Factors: Models for Understanding the Development of Gender Identity and Gender-related Behavior" discusses similarities and differences between humans. She states, "The measurement of masculine and feminine behavior almost always reveals vastly overlapping curves and no true dichotomy. The terminology 'masculine' and 'feminine' is unfortunate, for it implies exclusivity of a specific behavior to one sex or the other."

She later states that "Generalizing (about sex-typing human behavior) leads not only to imprecision, but perpetuates stereotypes." A propensity of boys, for example, to play roughly more often than girls should not lead us to extrapolate that girls are more passive. How much of boys' rough play is due to societal expectations, in addition, has not been defined. "In the meantime," she concludes, "it is best to keep an open mind, rather than to adhere to a closed model which will only explain a small sample of behavior and which may have devastating consequences for an individual if reflected in prejudicial social and religious mores."

The book is recommended for helping professionals who would like introductions to fields outside their specialty, who seek to enhance their perspective of gender issues, and who wish to understand some of the cultural pressures brought upon clients through religious education.

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F-M TSism

idea of having a penis. It is not as if they had a choice. The author has clearly made a value judgement in confusing a strong-willed option choice with classic psychoanalytic jargon like "compulsion" and "obsession". It reflects a rather confrontational attitude between the analytic and existential schools of psychoanalysis.

Lothstein holds out an olive branch between the diverse segments of the psychological/sociological professional community, in the form of "psychological androgyny". He reminds us of how the goals of civilization (power, wealth, success and position) have divided the human self-esteem by splitting the masculine and feminine elements in personality, leaving one fragmented and incomplete yearning for wholeness. He believes that the female-to-male transsexual represents an attempt at fusion of stereotypical masculine/feminine gender roles, including such experiences as tenderness/aggressiveness, caring/independence, warmth/assertiveness that could lead to a psychological androgyny.

He further states that "it is not ironic that at a time in history, when women's liberation has become such a focal issue, psychological research should be focusing on 'psychological androgyny' as one of the measuring rods of 'normalcy' in sex/gender roles".

The book is certainly a unique clinical contribution to the literature of transsexualism and contains the most complete bibliography on the subject to be found anywhere. It offers the inquiring professional and client alike some serious food for thought.

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Elsewhere in this issue will be found a list of titles and prices for ordering copies from the Outreach Institute.

WOMENHOOD cont'd

This new feminine way of life was so unlike the fantasy world of woman that I had created. Before living as a full-time woman I had envisioned the glamour of pretty clothes, the freedom of being able to wear cosmetics to my heart's content, and to let my hair grow to a decent length and to color it to a more feminine hue... and after years of frustration I could let my nails grow long with that manicured look that could previously be achieved only after a long holiday from work.

But actually being a woman was so much more! The glamour and excitement soon faded with the novelty. Ask any genetic woman how exciting it is to apply makeup every day of her life ... to spend hours fussing with her hair ... and having her toilette become the most important part of her life.

In my relatively few years of life as a woman I have discovered some of the myriad of wonderful unfathomed aspects of this alternative life. In the social area living openly allowed me, for the first time, to develop really close friendships. Such relationships require an openness and honesty that is generally incompatible with maleness -- men just don't allow close (intimate but non-sexual) friendships.

But as a woman, Jayne found openness and frankness came much easier, and she could share of herself and show more genuine interest in fellow human beings. This happy state of affairs exceeded my years of male fantasies.

In my theory, men don't place priority on developing friendships that women do, with the result that men typically don't have life-long same-gender friends, as women do.

Men, in a world of competing with each other (for promotions, etc) can't confide a personal weakness, as women often do. How often have you heard a man say to another male, "I did the stupidest thing the other day: I forgot to go to the bank to make a deposit to cover the check I'd written." -- Men just don't tell each other about their own weaknesses.

Women, on the other hand, don't seem to feel as threatened if they confide their personal imperfections to their friends. To be a success, women don't depend on being a perfect person. They're more open because imperfections in self seem to make them more human.

Actually it makes a lot of sense: Women aren't competing with each other for personal advancement, perhaps because their perceptions of success are more internal, and less dependent on external criteria (such as job status, salary, etc).

As Jayne, I found myself getting to know much more about my friends. Other women seemed as open as I in sharing details of their lives, with the result that I know and care much more for my friends than ever before. This worked both ways, and friendships rapidly became a most important part of my life.

These changing priorities didn't occur overnight. One's way of dealing with the rest of the world can only change in a gradual way, but it's obvious to me that my priorities have changed and are still changing. Whether or not they would have changed even without my gender change, I'll never know.

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THE PARTNER'S CONCERN

This item is republished, courtesy of the Femme Mirror, publication of the Tri-Ess Society.

In a conversation with my friend's wife, she remarked about transvestism, and its lack of acceptance by society. "It doesn't seem fair that we have to be so secretive about it -- it doesn't hurt anyone."

I didn't reply much at the time, but later concluded that I'd have to disagree. I believe I know what she meant. By comparison with other social/sexual practices which differ from society's norms, transvestism doesn't force itself on the rest of society.

However, in my opinion, transvestism CAN bring harm to people, and it is up to us who have this compulsion to minimize this harm.

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FEMALE SEXUAL HEALTH

feeling overwhelmed, powerless, and angry are understandable outcomes.

It is not surprising that unplanned pregnancy and eating disorders (e.g., anorexia) are significant sexual health concerns for adolescent women. In both instances there is evidence that confusion about sexuality, body image, autonomy, and self-esteem is involved. Young women with eating disorders are often struggling with conflicting needs for control and dependency. Those who become pregnant may be having difficulty making decisions that conflict with those of a "love-giving" male -- boyfriend or father. And, as some research has shown, young women frequently view pregnancy as one of their more attractive alternatives.

ADULTHOOD: The sex and gender role issues of gaining self-esteem through accommodating male and authority figures continue to influence sexual health during adult women's lives. For example, while the majority of adult women work outside the home because of economic necessity, they continue to earn less money than their male counterparts, and also continue to have primary responsibility for child- and home-care. The incidence of smoking, alcoholism and heart disease is increasing among women. This has been associated with work stress. Interestingly, it does not seem to be the responsibility of work that is the most stressful but, rather, the powerlessness involved. Women who are executives do not have the same stress-related health difficulties as women who wear pink collars. In contrast, however, women who work report less illness than homemakers.

The incidence of illness, physical and emotional, is higher among women than men. This may be because women are more likely to reveal illness to a health interviewer, are more aware of illness symptoms, and are more likely to take action in response. Women who are "middle-aged" use more medically prescribed psychotic drugs than men in the same age group. They also use physician and hospital services more often. This use increases with age, even when visits for obstetrical/gynecological reasons are excluded.

Four times more women than men are treated for depression. Classically the dynamic of depression involves turning anger inward -- at oneself -- rather than at others. Diminished self-esteem is also involved. Depression for women may be a sign that they have accommodated more than they can or want to handle.

Women have over twice the number of surgical operations than are reported by men. Data show that 36% of surgical operations on women aged 15 to 64 are gynecological or obstetrical procedures. The two most frequent procedures are diagnostic dilation /curettage of the uterus and hysterectomy. What is not clear from these data is what percentage of hospitalizations and surgical procedures are "necessary." Are decisions about health care interventions based more on need or on attitudes about women and their bodies?

Since most primary health care providers continue to be male, what implications does this have for women? Is it possible that women's "need to please" is so powerful that control over health is relinquished?

Cancer is the leading cause of death for women between the ages of 35 and 54. The two most frequent sites of the disease are the uterus and the breast. Women have great difficulty in carrying out the self-examination techniques which can be effective in terms of preventions. Certainly attitudes about one's sexuality and control over health are factors here.

Because of the difference in life expectancy for women and men, 75% of heterosexual women can expect to be living alone in the last years of their lives. For women who are non-white, this will generally occur at age 65; for white women, age 70. Women in this situation will typically have reduced fixed incomes and limited help from children and family. In addition to the familiar health problems of aging, there is one that is specific to older, post-menopausal women -- osteoporosis, a condition that leaves bones porous and weak due to loss of bone calcium. The disease appears to have strong connections with nutrition habits at earlier ages. Exercise has also been found to be a positive factor in both prevention and treatment. Again, attitudes about diet and exercise have strong gender-role implications. Despite the current popularity of dieting and exercise, there is a thin line between what is acceptable and unacceptable in regard to female exertion and appearance.

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MALE SEXUAL HEALTH

aware of parental and societal disapproval, do so in isolation as rapidly and silently as possible -- hardly ideal training for interpersonal sexual relationships later on! Lack of objective information about masturbation and the techniques involved can lead not only to practices that make ejaculation impossible but also, in extreme cases, to bizarre and dangerous methods of reaching orgasm -- such as cutting off the source of oxygen. (The actual death rate from such autoerotic experiments is not currently known.) When adolescent boys learn that their culture views masturbation as childish and as a definitely second-class form of sexual expression, they are pressured into precocious sexual behavior with girls, and the sexual health problems for these girls are concomitantly increased.

At present we have no uniformly adopted mechanism for effectively transmitting sex education to the young. This lack of informational help has a special impact on males. Their traditional role expects them to be all-knowledgeable about sexual matters and to be the initiators of sexual behavior. Yet at every age for which we have standardized knowledge tests, from early adolescence through adulthood, males measure lower than females in the amount of information they possess. This leaves them vulnerable in specific areas of sexual health. While adolescent girls generally have some awareness of sexual health-care practices such as Pap tests and breast examinations, the vast majority of adolescent males have no information whatsoever on testicular cancer or how to check for it at the age when it is most prevalent.

There is a 95% chance of recovery if the testicular cancer is discovered early and treated. Undetected, it travels up into the body and spreads to other organs. The delay in discovering early symptoms results in testicular cancer's metastasizing in 90% of the patients by the time they are diagnosed. The testicles are among the five leading cancer sites resulting in death for adolescent males.

Adolescent males, struggling to achieve their sexual identity, may over-react to any hint of homosexuality around them. Their homophobia is not merely "fear of homosexuals," but a fear of their own impulses toward any form of same-sex intimacy in thought or deed, and a fear of the opinion of others concerning their sexual orientation. They are unable to distinguish homosocial and homosensual from homosexual relationships. Homophobia becomes one of the most effective controls of male behavior and has serious implications for male health and safety. The pressures of the masculine role, as Goldberg points out in *The Hazards of Being Male* (1976), contribute to serious health problems for men and boys. Boys are seen in guidance clinics three times as often as girls, and they outnumber girls in mental institutions by 150%. Males are six times more likely to become involved with narcotics. The male suicide rate throughout adolescence and young adulthood is three times as high as that for females.

ADULTHOOD: One of the most clearly gender-linked concerns for adult males is the health of their prostate. The majority of men realize that they can expect to experience some problems with their prostate at some point in their lives and may be aware that prostatic cancer is the third leading cause of cancer deaths in the U.S., but there is probably no other part of the body more associated with misinformation and myth. The prostate exam is a dreaded part of the annual physical checkup and the cause of much anxiety and embarrassment for men, with the result that too often they treat prostate problems by ignoring them.

Cancer of the prostate is more common in men over 60, but prostatitis can affect males from young adulthood onward. While there may be a bacterial cause in some cases, prostatitis is more often associated with infrequent, irregular, or hyperactive sexual behavior (a real no-win situation!). Males who keep a calendar record of their various forms of sexual outlet for three to six months can eventually determine a personal pattern of frequency that is comfortable and effective for them and avoid efforts to conform to statistical norms or competition with boasting peers. A regular sex life, which will vary in frequency and intensity from person to person, is the best safeguard against prostatitis, and helps to extend healthy sexual expression into an old age.

A new and tragic gender-linked disease is Acquired Immune Deficiency Syndrome (AIDS). Data indicate that 93% of those with this

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MALE SEXUAL HEALTH

fatal disease are males, of whom 73% are homosexual or bisexual. The Centers for Disease Control has reported 6,122 cases to date (24 September 1984) since the disease first appeared in 1981, and 45% of these have resulted in death.

While it is believed that the virus causing AIDS has been identified, it will be several years before a vaccine that can provide immunity can be developed. In the meantime, the best medical advice recommends reduction in the number of sexual partners, avoidance of sexual behavior that will result in the exchange in body fluids (blood, semen), constant use of condoms, and the more frequent use of masturbation and of affectional rather than sexual intimacy.

It is not known whether such behavior modification will actually prevent AIDS, but the gay community has demonstrated that this modification is effective in reducing other sexually transmitted diseases. There has been a dramatic decrease in gonorrhea and syphilis in the past two years among homosexual males, while there has not been a similar decrease among heterosexual males. (And the incidence has actually increased among women.) This refutes the notion that the male sex drive is too strong to permit men to modify their sexual behavior.

For adult males, the constant pressure to "be a man" has even more serious consequences than health concerns that are merely gender linked. Playing their traditional masculine role, which demands that they deny any form of weakness, men typically disregard signs and symptoms of ill health. As a result, males are hospitalized 15% longer than females for the same disease or condition. Males make 25% fewer visits to doctors than females. Men are also less likely to seek counseling for emotional problems and are more reluctant to seek therapy for any form of sexual dysfunction. As Dr. Kenneth Solomon (1983) states, "The inability or difficulty of expressing feelings, including anger, is associated with development of hypertension which leads to stroke and renal diseases. An inability to express dependency needs and anger is frequently associated with the development of peptic ulcer disease, and men still die of perforated ulcers, hemorrhage, etc. Of the 10 leading causes of death, only one is not associated with the masculine role, and that is diabetes."

Illness lowers testosterone levels, which are responsible for the male's sexual drive. (Strain and anxiety also lower testosterone levels.) Thus ill health affects male sexual response sooner and more directly than it affects women. For the "older" male particularly, sexual health is affected by and dependent on his general state of health. And, unfortunately, maturity does not automatically lead to an accurate knowledge of sexual health or the wisdom to utilize such information.

The present picture of male sexual health is not an expecially bright one and leaves much to be desired. Better, more realistic, and earlier education in sexuality, along with drastic changes in the socialization pattern for males, will be necessary if we are to have a male population with a positive prognosis for sexual health.

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FEMALE SEXUAL HEALTH

In summary, there are significant physical, emotional, social, and value differences between male and female behavior that impact on the quality of sexual health for women. What is striking is the strongly important role that attitudes about being female play on health at every stage of the life cycle. There is a constant pattern of women struggling with issues of powerlessness, autonomy, and nurturing behaviors. Somehow, in a male-dominated culture, some women have come to feel that their concern about caring for others -- with love -- is less important than their concern about acquiring power and meeting group standards. This rearranging of values can result in a compromised understanding of oneself as a sexual human being and a compromised emotional and physical sexual health. Fortunately, there are more and more women who are putting it all together -- discovering that it is okay to be who they are, doing everything they have the ability and desire to do, whatever that may be.

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PARTNER's CONCERN

Social contact organizations, like Tri-Ess, try to reduce the unhappiness by demonstrating that transvestism can be accepted and enjoyed to the fullest possible extent, even though it's confined to a small section of the population. One can no more repudiate it than lose a liking for a type of music or a taste for sweets.

Rather, I'm concerned with the potential harm to wives, girl friends and children. Their acceptance requires a great deal of open mindedness, kindness and love, which I wonder if we adequately appreciate.

Consider the biological female, conscious of her feminine nature and appearance, when confronted by a partner trying to emulate the fact of her existence which distinguishes her from him. He wants to dress and act in the soft, delicate ways which distinguish her ways from his. At first sight this is not a compliment, but rather a threat.

The problem is compounded by the apparent fetishism involved in our liking for female clothes. "It's the clothes you love, not me!"

Worse yet is that some of us look so unpleasing to the eye, particularly on our early attempts. In my opinion and experience, younger women have more difficulty accepting us, than do their older sisters.

Even if a woman is sufficiently loving and tolerant to surmount these obstackes, her sensitivity to the views of society, at large, must drive her to fear the ridicule to which she and her transvestite partner would be subjected, if their security were breached. While we are so conscious of this for our own part, do we often consider the potential embarrassment to our partner?

Although much progress has been made, the day is still far off when crossdressing will be wholly accepted by society. While there are indeed partners who enjoy helping us, I'm convinced that there are far more who wish our problems didn't exist.

Basically, I am asking for more understanding of those who do so much TO UNDERSTAND US! Once we have overcome our own fears and uncertainties and become overjoyed at coming to grips with ourselves at last, we don't understand that corresponding elections will not be available to our partners. This is all to stress that where we owe so much to our partners, we must strive harder than we do to treat them with the greater consideration they deserve.

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LETTERS

It makes exactly as much sense to say that the desire to crossdress is abnormal as it is to say that having a high IQ is abnormal or artistic talent or anything else. It is most normal and natural for a relatively small percentage of people to have an identification with the opposite sex/gender and the desire to emulate their behavior. The fact that society in general may not approve is irrelevant. It is really no different from the fact that even in this enlightened day and age, a black man who marries a white woman can be severely ostracized in many parts of the country.

I have had people on occasion envy my most supportive wife. Yes, she is surely that, but it was no accident. When I was single I made certain after some point in any relationship to bring the matter out in the open. This meant that I dressed routinely around a woman, as is my normal practice. I have also dressed all my life around my kids -- both my own from my previous marriage, as well as those from my present marriage. If on no plane of consciousness I believe that what I am doing is in any way wrong or abnormal, why would I refrain from doing it around my kids?

Cautious, yes! None of my professional associates know anything about this for the simple reason that there is no need to involve them. Fortunately I am now in business for myself, as a softwhere designer, and do most of my work at home. ... When I professionally interact, I do so in a manner that is appropriate for the occasion. -- But am I guilty for what I am? ... HELL NO!

It's my hope and desire, then, that in the next ten years we ourselves can start to respect one another more, and exhibit less pettiness and to accept ourselves inwardly for what we are: perfectly normal people.

Glenda Rene Jones

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